WHAT WOULD JESUS DO?

'What Would Jesus Do?': Toward a Grounded Theory of Born-Again Christians' Process of Sanctification and Therapeutic Implications

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At the risk of writing a clichéd award 'thank you' speech and adversely clouding the reader's judgment as they approach this text, it would be bereft of me to not demonstrate thankfulness.

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Abstract

Background: Integrating religious perspectives into psychological therapies is increasingly recommended by regulatory bodies (NICE, BPS, APA). However, there are no core competencies for clinicians working with a religious population such that for many therapists, faith (religious or spiritual), is treated as one aggregate psychological domain, if at all. This lack of nuance results in spiritually avoidant care, misaligned treatment goals between therapist and client, and poor therapeutic outcomes. Nowhere more so than with Christian clients who, due to the recent and rapid growth of 'born-again' Independent Protestantism, have largely evaded psychological inquiry. To address these shortcomings, a nuanced understanding of their self-concept and therapeutic implications are investigated.

Methods: A Glaserian Grounded Theory on nine participants was performed.

Results: The dominant reason born-again clients have poor agreement with therapeutic treatment is that their theory of sanctification conflicts with psychological theories of transformation. Their true-self, created by God, is discoverable only in relationship to Jesus and becoming like him through self-awareness, self-acceptance and self-surrender.

This sanctification process constitutes Christ-actualisation, with implications for psychotherapy centring around how their true-self is understood. This include Christians' distrust of emotions, specific types of cognitive restructuring, and spiritual aetiology of distress and fears around opening-up to any authority other than Jesus.

Conclusions: A redefinition of being 'Christian' is needed as being in relationship. The nature of this relationship can be ascertained in assessment, formulation and treatment plan. Several models are provided to help the Psychologist decide upon an appropriate therapeutic modality, to aid formulation and frame a nuanced engagement with emotions and cognitions, and to help ascertain treatment goals in alignments with sanctification.

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'What Would Jesus Do?': Toward a Grounded Theory of Born-Again Christians' Process of Sanctification and Therapeutic Implications

I am a client in my fifteenth session of psychodynamic therapy. We have already spoken in therapy about me being *sang-froid*, as the clinician once described it. I know this stems from my Evangelical grandfather's distrust of emotions, described as, "naval gazing; just fix your eyes on Jesus."

Therapy feels self-indulgent, and I feel awkward anyway, let alone talking with a man, but I want to be here. I share my discomfort about opening up to men, which is ironic, but poignant, since the therapist is male. I explain how my Evangelical Christian upbringing instilled in me a wariness about being vulnerable with any man except my father, and now, my husband.

He asks all the right Socratic questions to guide my introspection, but, I assume, in an attempt to help me open-up, he says, "I feel that your faith is used defensively, so perhaps you can leave it at the door?"

I have no concept how to disentangle my faith from myself, not least because I come from several generations of Evangelical Charismatic Christians that have undoubtedly shaped me and continue to do so. I reply, "It's not that I disagree, but it's like you're asking me to separate the black and the white from the grey, but they're so blended it seems impossible." There is a pause until he says, "You believe in God just as I believe in Psychoanalysis," and the session ends. His words, which were supposed to draw me in, haunt me throughout the week.

I contemplate why his words felt threatening to me. I journal a myriad of reasons: my faith, so important to me, was rejected from the session, he positioned his belief-system in opposition to my own, and so on. Yet, the thought that lingered longest was how being Christian was misunderstood as a mere adherence to doctrinal beliefs, an intellectual exercise like psychoanalysis, that could be suspended, or perhaps if it had been cognitive therapy, challenged and restructured by a non-Christian.

In our sixteenth session, I share how my faith is more than cognitions or group membership. It is a metaphysical reality; I am grey. I am Christian. This transcends cognitions or conscious thought, and yet I know that this is a thought, though it is experienced in the very fibres of my being. My "twice-born self" as James (1902, p.302) described it, is the source of my beliefs and therefore impossible to separate from 'me' (or 'I'?) and leave at the door.

These are just some of many considerations that led me to focusing on a Christian sample in clinical practice, which are reflected on more in Appendix J.

A Christian Sample

Because of the nomothetic doctrines and practices shared by religious adherence there is a tacit assumption that my experience is homogenous (See Appendix J). This stands at variance to the subjective ethos of counselling psychology but, I will argue throughout this introduction, that the evidence warrants exploration with regards to UK Christians.

The question at the outset is why study issues with regards to Christians, since it has been said that Britain is a Post-Christian society (Sherwood, 2018), with the Church of England [CoE] population decreasing by 48% between 1983-2014. However, Christianity remains the dominant religion in the UK (Office for National Statistics, 2015)¹ and worldwide, with its official decline offset by non-established church populations increasing by 500% during this same period (Faith Survey, 2016). This translates as 2,789 new UK

¹ 'Christian' at 59.5%, 'None' at 25.7%

congregations between 2008-2013 (Brierley, 2018), such that England is not Post-Christian, rather the expression of Christianity looks very different (Office for National Statistics, 2015).

Psychological interest in Christianity peaked between 1930-1945 (Google Books Ngram Viewer),² which was defined by either Catholic or traditional Protestant denominations (e.g. Methodist, Baptist, Anglican). With the emergence of Pentecostalism at the start of the 20th Century, however, a new movement of Protestantism was birthed that became a recognised movement from the 1960s onwards (Assemblies of God, Apostolic Church, Vineyard Churches; see Christerson & Flory, 2017). The majority of psychological inquiry specific to Christianity evades this newer population, which represents the second largest Christian tradition after Catholicism (Bowden, 2005. p.137), focusing instead on an older subset whose numbers, and relevance to clinical practice, are in decline (Clark, 1958, in Hood, Spilka, & Hill, 2009).

The changing-face of Christianity is not just a UK phenomenon, with only 61% of Independent Protestants [IP] being UK born. Outside the UK, IP accounts for 29% of an aggregate Christian population of 46% in Africa, and 28.1% of a 70.6% Christian population in Latin America (Pew Research Centre, 2006). In fact, religious anthropology highlights the international influence on IP in 'reverse mission' (Ojo, 2007), in which Christianity in the West is distinctly shaped by non-Western populations (Miller, Sargeant & Flory, 2013; Faith Survey, 2020). In the UK, for every 700 new churches, 400 are now Black Majority Churches [BMC] (Brierley, n.d.). This changing face of Christianity now demands greater religious and psychological literacy, rather than assumptions based on outdated white-westernised notions

² 'Psychology Christian' peaked in 1945; 'Christian Psychology' peaked in 1930; 'Psychology of Religion' peaked in 1930 and 2019.

originating from the early 20th Century, nowhere more so than in psychological services (cf. Mahmood, 2007; cf. Walsh, Mcsherry & Kevern, 2013).

Christians in Distress

The next question to be considered is whether the Christian population seeks secular therapy. An assumption in psychology has been that Christians are protected against distress by religious coping mechanisms. Research shows that church attendance is associated with lower levels of distress (Austin & Lennings, 1993), as are spiritual practices like prayer and worship (Zinnbauer & Pargament, 1998). These practices are positively correlated with faster remission of clinically depressed inpatients (Kœnig, Georg & Peterson, 1998; cf. Joshi & Kumari, 2011). This demonstrates the presence of distress, albeit at lower levels with quicker recovery, and does not suggest that Christians avoid psychological support. What is largely missing though, are theory-practice links showing how clinicians might integrate religious coping strategies into treatment.

An indicator that Christians experience psychological distress comes from several large-scale surveys commissioned by the UK Church. In 2018 the Church of England [CoE] named mental health, "One of the biggest social issues", with their survey of 1,000 clergy revealing that 60% believed mental health was a "major" and "significant" problem in their congregations (The Church of England, 2018). Comparable surveys from non-established churches found that 75% of pastors knew at least one congregant who had a diagnosis of bipolar disorder, 23% had experienced personal mental illness, and only 1% believed psychological therapy should never be used. The majority (71%) said psychotherapy should "be used in conjunction with spiritual principles" (Stetzer, 2018, para.18); an intervention, I will suggest, clinicians are not utilising.

Counselling Psychology's Ethos

The central tenet of counselling psychology (CP), with its humanistic origins, is its prioritisation of clients' subjective experience (Cooper, 2009). What the evidence shows, however, is a lack of specific research and training that makes it difficult for psychologists to know how to work with this population, despite recommendations to do so (Hathaway, Scott, & Garver, 2004; Schafer, Handal, Brawer, & Ubinger, 2011).

Historically, religion was seen as "lying outside the remit of the clinical encounter or as part of pathology when these are implicated in clients' problems" (Coyle & Lochner, 2011, p.264). Religion was a type of neurosis, a self-projection to defend against frailty (cf. Freud, 1927/1961). The American Psychological Association (APA) was the first to deviate from this pejorative perspective, in 1970 launching the Society for the Psychology of Religion and Spirituality. This society sought to integrate psychological practice and religion, in the first instance bringing "psychology to Catholics" and "a Catholic viewpoint to psychology" (Bier, 1975 in Reuder, 1999, p.91). The society is now non-sectarian and is leading research into the psychology of religion, albeit within an American context that is not always applicable to other cultural settings.

In the UK, the National Institute for Health and Care Excellence (NICE) repeatedly recommends that care workers must be "able to deliver care and support in a way that respects the person's cultural, religious and communication needs" (NICE, 2018, 1.3.14). The British Psychological Society [BPS] echo these guidelines by instructing clinicians that "spiritual beliefs are very often beneficial to the client's wellbeing and may be helpful to be incorporated into any intervention to achieve a positive impact where appropriate" (2017, p.34). However, neither recommendations offer core competencies on how to offer this support.

In 2013, the BPS Division of Counselling Psychology formed the Spirituality Special Interest Group [SPSIG] to explore "the influence of spirituality on clinical practice" (BPS, n.d., p.2), which includes "psychotherapeutic approaches and techniques rooted in or informed by spiritual philosophy and practice" (p.3). Similarly, the BACP and RCPSYCH UK regulatory bodies also recognise the importance of spirituality within clinical practice, advising that it ought to be part of "every mental health assessment" (RSCPYCH, 2015). While these are positive developments in the UK, there is no standardised means of assessing or formulating spirituality. Secondly, psychology's rapidly developing interest in spirituality (as distinct from religion, as discussed later) from late 1980s, peaking in the early 2000s (Google Books Ngram Viewer), evades more formalised notions of religiosity pertinent to our population, and so these SPSIGs offer few theory-practice links for IP.

Since the advent of IP, the psychology of religion's trend shifted regarding how cultural and racial diversity influence therapeutic practice, where religiosity was a subcategory (cf. Ade-Serrano, Nkansa-Dwamena, & McIntosh, 2017). This assumes religion is equally as influential as race or gender, but, ironically, is still largely understood as a 'belief' or group membership, rather than as an identity, as race and gender are (e.g. NICE [NG44], 2016). This advance conflicts with evidence showing religious identity as "a more potent social glue than the color of one's skin, cultural heritage, or gender" (Shafranske & Malony, 1996, cited in Cragun & Friedlander, 2012, p.379; cf. American Psychological Association, 2003). Beyond being a social glue, I will suggest being Christian informs all other identities.

Efficacy of Integration

A lack of theory-practice links into how mental-health practitioners integrate religion into assessment, formulation and treatment-planning means therapy is usually "spiritually avoidant" (Saunders et al., 2010, p.355). Despite the APA's advancements in spirituality and religion research, a study of 1,000 registered clinical psychologists revealed that while 72% participants agreed that religiousness was "an important area of functioning" (Hathaway,

Scott, & Garver, 2004, p.99) over half did not incorporate religion into formulations or treatment plans and 44% never asked after religious affiliations.

Crossley and Salter (2005) showed that even if religiosity emerges with prompting, nearly all clinical psychologists were uncertain how to respond, with the majority ignoring its reference altogether, believing that it demanded "considerable knowledge" (Coyle & Lochner, 2011, p.266) to be able to respond.

This was replicated in the UK, where a study of 71 mental-health clients in a UK Health and Social Care Trust revealed a significant discrepancy between the importance clients placed on religion and its relevance on clinicians' client-records (Walsh, Mcsherry & Kervern, 2013). This was attributed to a lack of practical training in how care plans could be constructed that incorporated spiritual care and religious concerns (p.153).

Training

The inconsistency between professional values and practice was quantifiably attributed to a lack of clinical training into religion and spirituality at university; only 28% of graduate practitioners received training (Hathaway, Scott, & Garver, 2004, p.100). This unfortunate statistic causes observers to conclude that, "the training received by counselling psychologists renders them less equipped to address issues of religion and spirituality, particularly if they are secular in their views, and hence lack clear guidance around this issue" (Mahmood, 2017, p.33; cf. McClure & Livingston, 2000). The question must be asked, why do psychologists not seek professional development later? Since there are no core competencies and therefore religion and spirituality are generally absent from graduate training programmes, perhaps clinicians, especially if they are areligious, are simply unaware just how important religion can be to therapy. It can be said then, that religion in therapeutic practice still exists "outside the remit of the clinical encounter" (Coyle & Lochner, 2011, p.264) as it did 100-years ago (see McClure & Livingston, 2000).

Implications

The incongruity between values and practice goes beyond failing best practice guidelines; the literature suggests that ignorance or avoidance of religiosity "predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth" (Bergin & Payne, 1991, p.201). This negative impact on growth is directly relevant to this research on sanctification as we ask, *why* does therapeutic mismanagement impact transformation?

The propensity for therapeutic mismanagement is echoed throughout scholarship. King (1978) showed 89% of Evangelical Christians felt their faith was misunderstood and unappreciated in counselling, while Cragun and Friedlander (2012) found that religiosity associated with more negative experiences therapy due to, "Poor agreement with their therapists on the goals or tasks of treatment" (p.379). This is unsurprising if most clinicians make no attempt to integrate religiosity into treatment plans. This will contribute to therapeutic ruptures and, as Challis' (2017) UK doctoral thesis revealed, the likelihood of clients dropping-out of therapy.

Conclusion

This research project focuses on an Independent Protestant [IP] sample from church networks that emerged in the 1960s because they are the fastest growing religious movement (Faith Survey, 2020). Despite literature intimating that this group experience distress and have some of the worst outcomes in therapy, they remain underrepresented in psychological research because of changing research trends that favour spirituality or other identifying factors (e.g. gender). Here, the notion of spirituality represents a nuanced departure from religion by indicating "mystical preference" (Saucier & Skrzypińska, 2006, p.1259) through its emphasis

on the subjective experience of a transcendental other(s) or deeper connection with themselves rather than a system of beliefs. Of the relevant, mostly American, literature on IPs there are few pragmatic solutions to the problems observed.

The task of this project is a question of process; how can a clinician integrate religion and psychology? If they can be integrated at all. The preliminary task must be to ascertain what this population's religious framework is, in order to know what is being integrated. This exploration concerns their self-concept: 1) who or what is a Christian 2) that they can become anything (ontology) and 3) how might they be helped therapeutically (praxis)? I will propose Christians' theory of sanctification underpins all of these research questions. The findings of this investigation will result in practical suggestions for clinicians working with IP to remedy the current inefficiency of clinical treatment in support of best practice guidelines.

Conventions

Asking *what* a Christian is, means definitions about being Christian will be supplied by participants. To begin this investigation though, I must draw upon informed conventions:

Christian. Based on the Nicene Creed, ca. 381C.E., (Early Church Texts, trans. n.d.), a Christian is an adherent of Jesus' teachings as recorded in the Bible that include the existence and supremacy of a Creator God. God took on flesh as Jesus who was both fully divine and fully man. Jesus was born of a virgin, lived, died and came back to life before ascending to Heaven. His death was for the forgiveness of sins and to bridge human separation from God.

Conversion. The moment an individual becomes a Christian, when forgiveness from sin is granted. In IP conversion is not synonymous with baptism, as it is with Anglicanism, but comes with a conscious choice to follow God, which later includes baptism. (Hulsbosch, 1966)

Born-Again. The majority of IP uphold adult, full-immersion credobaptism. This is an outward sign of inner repentance and spiritual transformation. (Balmer, 2002) The expression born-again comes from John 3:3, in which to be a follower of Jesus, people are told that they need to be born-again, both of water (baptism) and through spiritual rebirth (conversion).

Sanctification. The purpose of post-conversion life is to "be holy, therefore, as your heavenly Father is holy" (Matthew 5:48). This is an ongoing transformation process helped by conforming to the example and likeness of Christ, who was God but lived as a man. The same concept is present in all branches of Christianity (e.g. *Theosis* in Eastern Christianity).

Pentecostal. IP was born from Pentecostalism, a movement taking its name from the Day of Pentecost (*Acts* 2) when the Holy Spirit (part of the triune God) gave spiritual gifts including glossolalia and other miraculous signs that are believed to still be available to *all* Christians (Pew Research Center, 2006a, 2014).

Charismatic. Similar to Pentecostalism, Charismatics believe in the gifts of the Holy Spirit, but that glossolalia is not for *all* Christians. Charismatic may also describe non-IP Christians (e.g. Catholics who receive the Holy Spirit; Pew Research Center, 2006a).

Evangelical. Evangelical describes IPs who believe the Bible is objective truth and an ultimate authority from God. This generally results in its literal reading. (The Concise Oxford Dictionary, 1978) At the extremity of Evangelicalism is the Reformed tradition, which can still be Charismatic, but is less compatible with Pentecostalism because of its emphasis on encountering God rather than knowing Him.

Literature Review

In what follows, because of the dearth of literature specifically on IP, I will review a wide body of psychological literature on a general Christian population. I will then narrow the research focus to material relevant to Christians in psychotherapy to show how they have poor therapeutic outcomes linked to misaligned treatment goals. I will also consider whether the therapeutic relationship contributes to these outcomes, especially if the clinician is areligious. I will posit that the main factor in poor outcomes is a discrepancy between Christians' theory and goal of transformation, namely sanctification, and that which underpins the therapeutic modality.

This leads me to narrow the focus again onto the smaller number of articles written, mostly by Christian psychologists, on integrating religion into treatment. To assess their validity I consider whether these integrative proposals correspond or conflict with the Christian's worldview (e.g. why might Christians refuse mindfulness techniques?). This leads me to consider the Christian self-concept (e.g. who they are and how they conceive of change) in order to understand why therapeutic techniques and goals are often ineffective. To do this I first explore psychological theories of religious transformation based on classical theories, from James' (1902) research on religious experience to contemporary models, and whether these account for the experience of Christians outlined in other literature. I then review theories of self (ontology) and whether these account for the Christian's perspective, and how this impacts psychotherapeutic praxis, often resulting in unethical recommendations for working with Christians that explains their poor therapeutic outcomes.

The conclusion of this literature review demonstrates the need for research into the Christian's self-concept; who they are as linked to who they are becoming in sanctification. This leads me to consider the methods needed to research this area.

Religion and Distress

I have already established that Christians in the UK currently experience psychological distress and seek secular support. To further evidence this assertion I now review a large body of literature linking Christianity and psychological distress, both its aetiology and its recovery.

Religiosity Contributing to Distress

The traditional psychological position espoused by Freud (1961) and in later psychodynamic schools viewed religiosity as a form of sickness in itself. Religious adherence was an "obsessional neurosis" (p.43) because belief in God was an illusion resulting from the "urgent wishes of mankind" (p.30). These wishes were, in typical Freudian terms, linked to an interruption in infantile psychosexual development, such that relationship with God was nothing but a projection of "his father in the flesh" (Freud, 2001, p.171). Although more sympathetic to religion, Jung (1970) similarly posited that a relationship with a wise father-God figure was a projection of the collective unconscious that needed to be reintegrated into an aspect of the self. Although both men acknowledged the comforting role religion played, the underlying proposition framed religious clients as pathologically infantile whose neurosis alleviated unbearable emotions. These theories orientated psychological positionality and research questions toward associating negative outcomes like judgmentalism and anti-intellectualism with religiosity (Coyle & Lochner, 2011; Mahmood, 2017).

Ellis (1974), a significant contributor to cognitive psychotherapeutic theory and founder of Rational Emotive Behaviour Therapy (REBT), took this pejorative view further. He asserted that religious beliefs were actually the source of many psychological mental health problems (Ellis, 1958; cf. Bernard, 2011). He demonstrated this through his research in sexology where Christian sexual ethics often resulted in emotions based in guilt. Ironically, this contradicted Freud's belief that religion alleviated such emotions. Later in Ellis' career however, he acknowledged that rather than just a belief in God, it was the types of cognitions they had about God that influenced the severity of mental distress, but nevertheless still caused it (Ellis, 2000). The inference is often made that Christians have "overdeveloped superego cognitions" (Gil, 2014, p.636) that set unrealistic standards of behaviour and result in negative emotions because of the dissonance between belief and behaviour (see Delacroix, 1922 cited in Lagher, 2020; see Boisen, 1936). Ellis represents the zeitgeist of psychological literature that repeatedly associates religious belief, namely sexual ethics, with emotions like shame and anxiety, such that the outcome of "psychology and religion are perceived to be most at odds" (Donahue & Nielson, 2005, p.279).

Terms like "religious guilt" are commonplace in this body of literature preoccupied with sexual ethics, but what repeatedly emerges are non-significant correlations between religious belief and distress (see Gil, 2014; see Heinemann et al., 2016). One of the most cited researchers, Murray, explored "the relationship among levels of religiosity, shame and guilt on sexual attitudes and experiences" (Murray, Ciarrocchi, & Murray-Swank, 2014, p.222). He ascertained self-report measures from students (N = 176; mean age = 37) and anticipated that the more an individual subscribed to traditional Christian ethics (e.g. no fornication), the more their "standards for proper sexual conduct" (p.244) would be overt, and the more obviously violated these were the more distressed they would be. However, their study found that because religiosity linked with having fewer sexual partners, guilt was not significant among that community, leading to the conclusion that Christian belief had "no relationship to shame and guilt" (Murray et al., 2014, p.222).

Similarly Kenneth-Davidson et al.'s (1995) study of 868 female nurses found that those who attended church weekly engaged in significantly less sexual activities because of their religious beliefs (e.g. breast fondling, oral received etc.), but despite the difference in frequency and types of sexual activities, there was no significant difference between levels of sexual satisfaction or distress between Christians and non-Christians.

This conclusion was also echoed by Gil's (2014) research into sexual fantasy linked with guilt, that found while engagement with fantasy generated guilt this was not "significantly associated nor linearly correlated" (p.635) to distress. Therefore, a couple who hold conservative Christian beliefs that inform behaviours do not necessarily experience psychological distress. This is apparent in the majority of results, with Hernandez and Mahoney (2008) even evidencing that the more sex is viewed as sacred by a Christian couple, the more "frequent intercourse, sexual satisfaction, and marital satisfaction" (Hernandez & Mahoney, 2018, p.425) they experienced, that in turn increased well-being.

All this is to say that religious (sexual) beliefs are not predictors of, or associated with, distress. Rather, this monolithic topic signifies a category fallacy in which Christianity is defined as belief, behaviour or church attendance. This takes our inquiry deeper than Christian sexual ethics or behaviours, by asking how the Christian understands themselves and the impact this then has on their emotions, beliefs and behaviours.

Religiosity Improving Distress

The research above demonstrates no significant relationship between Christians and experiencing distress. Elsewhere psychological investigation actively shows a positive effect of religion on mental distress. This constitutes a shifting zeitgeist in UK psychological and psychiatric attitudes towards religion as represented by newly established regulatory bodies like the Spirituality Special Interest Group [SPSIG] founded in 2013. Their website states that, "there is *now* good evidence that spirituality and religious faith can be protective factors in helping to sustain patients and improve the outcome" (RCPSYCH, n.d., italics mine). This corresponds to a recent statistic where only 7% of clinicians saw religion as harmful for

mental health (Delaney, Miller, & Bisono, 2007). Rather than a new discovery though, James (1902) had long asserted through his qualitative analysis of religious experience that it offered the "all-saving power of healthy-minded attitudes as such, in the conquering efficacy of courage, hope, and trust" and these protected against "doubt, fear, worry" (James, 1902, p. 123). This second body of research follows this thought, albeit taking a quantitative approach, by investigating how religiosity can alleviate, not cause, distress.

Prayer and worship are viewed as religious coping mechanisms, such that religiosity was inversely associated with distress (Zinnbauer & Pargament, 1998). Elsewhere, these practices were positively correlated with faster recovery from clinical depression among Christian inpatients, with the nuance that it was neither church attendance nor private religious activities, but intrinsic religiosity that significantly related to improved mental health (Kœnig, Georg & Peterson, 1998; see Joshi & Kumari, 2011). Nevertheless church attendance was proposed as a coping mechanism, which was linked to lower levels of psychological distress (Austin & Lennings, 1993). This challenges the aforementioned research, asserting that the more an individual is embedded in a religious community, the more they subscribe to overt standards and greater guilt (Murray et. al., 2014). Austin and Lennings (1993) were directly contradicted by O'Connor (2003), but his results were then disproven by Francis et.al. (2004) who argued that a positive attitude towards Christianity, not just its practices, predicted higher levels of general health. Their finding is perhaps indicative that being Christian is more than religious practices but somehow linked to attitude. Regardless, all this demonstrates the fraught relationship religion still has within psychology, despite growing recognition of its efficacy in alleviating some distress. Yet the ambiguity about what specifically helps and why has led some to the omission of how religious coping mechanisms can be integrated into clinical practice (Trice & Bjork, 2006).

In a move towards pragmatic scholarship, Wade et. al. (2014) researched the 'Efficacy of Psychotherapeutic Interventions to Promote Forgiveness'. Their meta-analysis of forgiveness-based treatment to over 2,000 participants, including non-Christians, found that delivering these interventions in individual therapy "resulted in greater changes in depression, anxiety, and hope" (p.154). Their findings supported James' (1902) correlation between Christianity, hope and worry. Both the Enright-model (Enright, 2001), a four-phase treatment based on explorative questions, and Worthington's REACH-Model (2008), a fivephase treatment, based on forgiveness, had equally positive outcomes. Of course, forgiveness is not an exclusively Christian concept, despite it being a central tenant, but Worthington's research intentionally sought to provide psychological interventions for Christians, even developing a handbook for religious leaders to use in their communities. This is one area where psychological research undoubtedly demonstrates *how* Christian practices can be utilised in therapy to enhance well-being and a buffer against distress.

Christians in Therapy

Unlike above, where faith-based therapy delivered to any client-group had positive outcomes, in what follows, a smaller body of literature specifically investigates Christians' experience of 'secular' therapy. The majority of findings were summarised in my introduction, namely that Christians often feel misunderstood and mismanaged (Bergin & Payne, 1991, p.201). It is now within our scope to explore why Christians feel this way, so as to inform how the therapeutic process can appropriately understand and manage them.

Misaligned Goals of Treatment

Cragun and Friedlander (2012) found that the more religious the client, the more negative their experience of therapy. Three preliminary questionnaires were used to measure: religious commitment (RCI-10; Worthington et al., 2003), perceptions of therapeutic alliance (WAI-S; Tracey & Kokotovic, 1989), and counsellor's characteristics (CRF-S; Barak & LaCrosse, 1975). Eleven participants' questionnaires and semi-structured interviews were discussed by a Consensual Qualitative Research (CQR; Hill et al., 2005) panel to produce reliable and insightful results.

Results inferred that negative therapeutic outcomes originated from a "poor agreement with their therapists on the goals or tasks of treatment" (Cragun & Friedlander, 2012, p.379). This study demonstrated that since clients' CRF-S and WAI-S scored highly, this misalignment was less about quality of relationship and more about the treatment (*pace* Narramore, 1973; *pace* Giglio 2006).

A closer reading of their qualitative exerts reveals two thematic reasons why treatment was misaligned with clients:

- Living a dual life [...] I did feel like I had to be perfect because she was looking at me through rose-colored glasses because I was a Christian and I make mistakes
- [...] Christians are supposed to be perfect [...] And I said things and behaved in ways that Christians should not behave (Cragun & Friedlander, 2012, p.384-386)

Clients' distress resulted from intrapersonal conflict that was projected onto the therapeutic relationship, so that in their therapeutic phantasy they would be misjudged, rather than actually being misjudged, hence the positive CRF-S and WAI-S scores. The client anticipates judgment because of their own conflicted sense of self; feeling unable to reconcile their mistakes with the goal of sanctification, of Christ-like perfection. This signified how participants conceptualised themselves "as now experienced and an imagined ideal" (Ogilvie, 1987, p.379).

Participants depicted a worldly-self and a godly-self that were irreconcilable and not compatible with psychological theories of integration (see Klein, 1998). The secular therapist was perceived cautiously because, "I didn't know if he was speaking in a godly

way or speaking in a way that was wise unto the world" (Cragun & Friedlander, 2012, p.386). This caused Christians to fear that therapy's worldly wisdom might endorse their worldly-self to the detriment of who they were supposed to be (Christian) and how they ought to act (perfectly).

Zone of Toleration. This comported to Bergin, Payne and Richards' (1996) findings that Evangelicals were apprehensive about psychotherapy because secular therapists, and arguably the modality, might presume to share the same morality (e.g. fornication, divorce) and thereby promote behaviour in opposition to their own moral values.

Worthington's (1988) work elaborates this; he explained that Christians had a subjective zone of toleration in which they positioned their therapists according to their perceived value system. The greater the difference between client-therapist the worse outcomes of therapy, since both therapist and treatment are placed outside of the zone they can tolerate. This assumed the therapist was aligned with their therapy. What may be of additional interest was whether a subjective zone of toleration exists between Christian and therapeutic modality rather than just the therapist. This might support Cragun and Friedlander's (2012) findings that explain why Christians have misaligned treatment goals than those generated by the modality.

To compensate for this zone, Worthington (2011) recommended spiritually matching therapists with clients to reduce the "religiosity gap" (Bergin, 1991, p.396). Perhaps the same principle could be applied to matching clients with therapeutic approaches.

While Cragun and Friedlander (2012) takes us a step closer to understanding why Christians have negative experiences, the generalisability of their results is questionable. All participants identified as white American graduates, (nine women, two men). This does not represent the 21st Century Christian population, at least in the UK, where IP are approximately 39% non-Caucasian and with higher rates of non-graduates than established church traditions (Brierley, 2018).

Religiously Informed Interventions

A more nuanced and pragmatic proposal to reduce Christians' apprehension about therapists' worldly wisdom, or the wisdom of the therapy itself, might be found in Span's (2009) work. Span suggests clinicians integrate the Bible into sessions with Evangelical clients. The Bible is considered the primary Christian text, but to Evangelicals, and so relevant to my sample, it is the highest form of authority and ultimate epistemology (cf. Johnson, 2009). The premise of Span's proposal parallels Cragun and Friedlander's findings (2012), namely that the Christian's goal is "to live Christ-like and to mirror the character of Christ" (e.g. perfection), achieved "when the words of God in scripture are becoming an integral part of living" (Span, 2009, p.26; see Moon & Crews, 2002). If the therapist uses scriptures, then they draw upon Christian wisdom and reduce the threat of worldly wisdom, as well as working within their theory of transformation regardless of the modality.

The question remains whether religious interventions appealing to an objective truth are compatible with psychotherapeutic modalities. Historically, psychologists argued that it was incongruous to use authoritative scriptures as these contradicted the non-judgmental or value-free ethos of counselling (Shafranske & Malony, 1990); if one acknowledges an authoritative text then one infers right and wrong. Span challenges this by exploring how his Christian intervention might be applied to three modalities: Cognitive behavioural therapy [CBT], 'Post-Modern Therapies' (Span, 2009, i) and grief counselling. I will refer to the first two. **Cognitive Models with Evangelical Christians.** Span focuses predominantly on the Cognitive component of CBT, suggesting that the Bible demonstrates Beck's (2011) cognitive errors: "perfectionism, magnification, discounting the positive, mind reading, all or none thinking" (Span, 2009, i). Johnson (2001) similarly argues that it is these distortions, rather than the religious belief itself, that cause distress; "because I am a Christian, I should be perfect" (p.45). However, challenging these distortions, as in normal cognitive restructuring, is dangerous because of their basis in Scripture.

On this premise, Ellis (1973) stressed that for counselling psychology to be truly humanistic it must accept "no supernatural 'force' in the universe that gives a damn about" (p.16) the client in order for cognitive distortions to be challenged. Cognitive restructuring is pragmatic, if it seems true then it is, which exemplifies CBT's behavioural experiments and rational formation of new beliefs. Unfortunately, religious beliefs are largely unfalsifiable. Yet, to dispute the implausibility of perfection through rationality would be a direct challenge to biblical authority (e.g. "be perfect, therefore, as your heavenly Father is perfect" Matthew 5:48) as well as the lived experience of Christians' sanctification process. The irony is, this humanistic rationalism assumes the authoritative place of scripture.

To integrate religious interventions into CBT, Span (2009) quotes Johnson (2001), who proposes demarcating biblical content from the client's evaluative expression of it. This aims for objectivity through subjective appropriation of it. Practically, challenging distortions means recognising their imperfection and inviting alternative biblical texts that add nuance to these beliefs (e.g. 1 John 9:2-2). Thus the Bible's authority remains unthreatened because it is used to interpret itself, and so counteracts the humanistic assumption that the Bible is "not a valid epistemology" (Bergin, Payne & Richards, 1996, p. 315).

Holistic CBT. Garraway (2018), as a practicing clinical psychologist, developed a holistic CBT formulation to include spiritual influences (as well as cultural and environmental influences) on core beliefs, behaviours and emotions. This is underpinned by the premise that "distress arises from the outside inwards" (The Midlands Psychology Group, 2014, p. 3-4, cited in Garraway, 2018, p.2), similar to Vygotskian Sociocultural Theory. This model allows the Christian to reflect on their cognitions as influenced, for example, by biblical texts, preaches or religious upbringing. This spiritual inclusion helps participants see how even Christian influences might be helpfully or unhelpfully contributing to distress. This reduces the risk of directly challenging God's influence or biblical authority because it keeps discussion on subjective interpretation rather than objective truth. It also successfully integrates spirituality into the CBT formulation, which might include a core belief "I am a sinner", rather than just an intervention.

Central to Garraway's model is the philosophical belief that "a person consists of a physical, psychological (cognitions and emotions) and spiritual components" (2018, p.4). While this tripartite model possibly maps onto the Christian concept of heart, mind and soul (Matthew 22:37), Garraway adopts Goddard's (1995) definition of spirit as an external force for change (e.g. the spirit of the age). This supports the formulation's spiritual influence *on the* person, but it is less clear how the Christian's internal spiritual component is then represented in the formulation. Is there a spiritual self (inside outwards), or just the person influenced by social influences (outside inwards)? It is a question of which direction the formulation should capture the Christian's spiritual self to influence behaviours, or all other identities.

Third-Wave Approaches. Garraway's language of 'spirituality' represents the changing zeitgeist of psychological inquiry since the 1990s (Google Books Ngram Viewer),

which accepts no other-worldly object except a subjective transcendental experience. Spirituality, or force for change, long adopted by Alcoholics Anonymous, is a palatable element of religion within psychology because it is not about objective truths.

Span (2009) describes how newer psychological therapies have incorporated "spirituality in the post-modern context" (p.98), naming third-wave approaches "post-modern therapies" (p.i) because of their philosophical foundations. He argues for those that explore unhelpful narratives to replace them with hope-filled narratives, as in solution focused therapy or narrative therapy, or for promoting living congruously to your value-system in acceptance and commitment therapy [ACT]. Span's rationale is that these interventions can be biblically founded. Whereas Span is less endorsing of modalities that draw upon Buddhist mindfulness-meditation, though he offers little rationale as to why (see Kabat-Zinn, 1994). This integration has been discussed by the British Association of Christians in Psychology [BACIP], writing as to how Christians often assume "mindfulness will open us up to malign spiritual influence" (Bretherton, Collicutt & Brickman, 2016, p.19). This expands Garraway's (2012) concept of spiritual influence and the fear of being infiltrated by "wisdom unto the world" (Cragun & Friedlander, 2012, p.386) by understanding ontological forces in operation.

Arguably, ACT is the product of this spiritual integration with CBT, and so its underlying tenants, much like existential therapy, is that there is no meaning so one must accept themselves as a free-agent to construct their own values, rather than as a moral-agent created to obey God's nomothetic principles (see Christian Discernment Publications Ministry, 1996). It seems odd then that Span should promote ACT.

Despite offering practical means of working therapeutically with IP, the definition and centrality of spirituality negates the *quidditas* of being Christian (e.g. is Christianity incompatible with mindfulness?) This brings to our attention to: 1) what is a Christian 2) that they can become anything (ontology) and 3) how might they be helped therapeutically (praxis)? We have so far explored question 3, we now turn our attention to question 2 then 1.

Process of Becoming

In what follows we explore how literature conceives of transformation with specific reference to a Christian population to address our second research question '...that they can become anything'.

As Christian writer C.S. Lewis (1952) posited, becoming godly "is not idealistic gas. Nor is it a command to do the impossible [...] The process will be long and in parts very painful" (pp.174-175). This illuminates the dissonance outlined in Cragun and Friedlander's (2012) findings, where becoming perfect was perceived as a realistic goal. Yet, despite its allusion in psychological research (e.g. about perfectionism, spiritual dissonance...) and centrality to this IP population, in psychological literature there is nothing, apparently, on the process of sanctification or becoming god-like.

The closest psychological research comes to addressing sanctification is Ford's 1913 PhD thesis, and more recently Pargament and Mahoney (2005). However, the latter focus on the way a Christian sanctifies objects, like sex, rather than on the self as subject (p.179). There is more research however into how Christians conceive of change, which is inherently linked to religious conversion when they *become* Christian.

Classical Theory of Conversion

In what follows I begin by drawing on the available literature, which is largely from classical sources like James. There are obvious problems with focusing on older scholarship, namely that psychological research has developed greatly over the past 120 years such that some may dismiss his findings as irrelevant to psychology of religion today. From the outset it is

important to note that James' (1902) sample were those within a then 'new' Christian movement, Pentecostalism, at the turn of the century. Pentecostals were the first IPs and birthed the Christian movements that we now see worldwide today, the adherents of which are our participants. While James' research on Pentecostals is anachronistic to my IP focus, their theology and emphasis on conversion, relationship with God and experiencing Him was foundational for today's IPs and remains unreplicated by later research.

James (1902) is most known for his work on religious experience in which he analysed diary entries and testimonies from individuals who had "direct personal communion with the divine [...] grounded in genuine, first-hand experience" (p.43). This led to a conceptualisation of religion not as cognitions or sociocultural influences, but as a "true sense of communion" (p.48) with God. It is interesting that his inductive approach found that participants defined being Christian relationally, and yet in recent scholarship, as outlined above, being Christian is defined largely by behaviours possibly because relationship with God is unscientific or unmeasurable.

The main focus of James' research was on participants' conversion as a profound moment of divine communion such that they were instantly transformed. They were transformed into their "twice-born" (James, 1902, p.320) self. This adheres to the IP emphasis of being "born-again" (John 3:3) and shows relevant links with this classical scholarship.

Original Sin and Distress. James' conceptualised the first-born self, or pre-convert self, as the organismic state of everyone who is born in Original Sin; the theological belief that humanity is inherently bad and needed redemption. Half a century later Rogers (1961) would propose the humanistic belief that people were inherently good and could therefore potentialise in a positive direction. Expanded by Maslow (1981) this human *in potentia* had the ability to

self-actualise and reach optimal psychological development. The role of the therapist was to utilise patients' innate drive for actualisation by removing obstacles in this process, by fulfilling their bodily and ego needs. This later scholarship deviated from James' findings in which Pentecostals believed that the biggest obstacle to fulfilment was their organismic self separated from God. Therefore the ultimate "underlying cause of all sickness, weakness, or depression" (1902, p.80) was a lack of communion with God rather than bodily or ego needs. True change or actualisation, James concluded, demanded that the schism between humanity and God was reconciled through rebirth in conversion.

The different findings in psychological scholarship within a century demonstrates how psychology as a paradigm (Kuhn, 1962) developed faster than the theological paradigm of IPs that was at its conception in James' participants. Therefore, while classical psychological literature may seem outdated in contemporary discussion, its conservatism possibly reflects the ongoing paradigm of IPs and is therefore relevant to our research focus. In fact, echoes of James appear in some contemporary, American religious psychological literature. Powlison (2009) suggests that counselling psychology cannot heal "the woes and wrongs of the human condition" and therefore its efficacy is limited to "common-grace goods" like "sweetening a marriage" or "sobering a drunk" (p.259, cited in Johnson, 2009). Transformation and genuine alleviation of distress can only be wrought after becoming a Christian.

James (1902) summarises conversion as a person's conscious choice to surrender themselves (e.g. volition, cognitions):

To say that a man is "converted" means, in these terms, that religious ideas, previously peripheral in his consciousness, now take a central place (p.150) [...] and is actuated by spiritual enthusiasms, differs from his previous carnal self in perfectly definite ways (p.203) [...] In it the inner man rolls over into an entirely different position of equilibrium, lives in a new centre of energy from this time on, the turningpoint (p.244)

Although change was understood as dispositional it was first metaphysical; a sinner now saint. These metaphysical concepts might be framed by CBT's concept of a core belief ('I am a sinner', 'I am bad') but to transform this ('I am good') the patient must rationalise why they are 'good' and through a series of behavioural experiments prove it to themselves until they start to believe it. Change is self-motivated and active, whereas in conversion the Christian's core-belief or metaphysical reality is transformed by a force beyond themselves that they are passive recipients of. After conversion, Christians learn to live from their new religious centre of energy and this then impacts their behaviours; behaviours do not make them Christian, but Christian behaviours follow conversion. This change is aptly named "theopathic saintliness" (Lectures XIV and XV), which is depicted in close parallel to the process sanctification. This post-conversion life is one of the "fruits" (p.250) synonymous with external signs of internal transformation (e.g. Christian behaviours).

Pre and Post Conversion. Post-conversion, distress is no longer the result of their metaphysical condition but caused "by the clash between his inner character and his outer activities and aims" (James, 1902, p.142). This reintroduces us to the problem outlined by Cragun and Friedlander's (2012) results in which Christians behaved in a way that was perceived as incompatible with who they were. This leads us to consider who the Christian's 'true self?' is since their organismic self is reoriented at conversion but it cannot have disappeared since research demonstrates the dissonance Christians experience at not living according to their twice-born self (Cragun &Friedlander, 2012). Perhaps Ogilvie's (1987) "undesired self" or Sullivan's (1953) "not me" better describes this pre-conversion self since it is sullied and hindered by sin. Whereas their true-self is increasingly realised post-conversion in an unfettered process of actualisation since they are in communion with God.

In answer to our first research question 'what is a Christian?', James defines this as the individual who has come into divine communion in conversion.

Self-Abandonment

As I have discussed contemporary scholarship focuses on morality, rather than communion, as the key component of Christianity albeit based on the correct premise that Christians perceive themselves as moral not free-agents. However, I have asserted that for the IP, morality and behaviours proceed from conversion and communion with God which makes them 'Christian'. This definition is more pertinent to classical psychological literature where James (1902) unequivocally shows that Theophanic Saintliness is not about "self-responsibility" but "simply relaxing and throwing the burden down. This abandonment of self-responsibility seems to be the fundamental act" (p.220), of transformation.

This phenomenon of self-abandonment in transformation is well-documented in other classical scholarship like anthropology of religion but less so in psychology. Anthropologists, Van Gennep (1960) and Turner (1964) observed how religious rituals transformed individuals by their voluntarily separating from their cultural milieu, including their "status, property, insignia of rank, role" (Turner, 1964, p.47). This separation phase was termed *limen*, defined by being "structurally indefinable" (Turner, 1964, p.47) so deconstructing sense of self and meaning. This antistructure enabled the individual to be rebuilt and remerge transformed, with parallels in the therapeutic process (Slater & Coyle, 2017).

In psychology, Gordon (1984) corroborated anthropological theory by asserting that individuals underwent a similar process of transformation when they converted to Christianity. Gordon's observations and interviews resulted in a theoretical four-stage model: "1) self-dissatisfaction, 2) self-abandonment, 3) self-reconstitution, and 4) self-authenticity" (p.41). Unlike James, Gordon situated this model within a church community rather than divine communion, which again emphasises psychological trends for defining Christianity as socially constructed. Despite similarities to older pejorative brainwashing-models of conversion (see Conway & Siegelman, 1978) Gordon posited that becoming Christian had a positive impact on mental wellbeing.

Contemporary Theories of Conversion

In transformational psychology, focus has moved from Jamesian theory to motivational models for conversion: Attachment theory (Beck, 2006; Granqvist & Kirkpatrick, 2004; Rizzuto, 2006) with echoes of Freud's (2001) projection theory, or social network models (Lofland & Stark, 1965). All consider crisis is the foundational motivation for conversion in which change is gradual.

Hood's (2009) meta-review of conversion theories concluded that current models depicted conversion as gradual, rational, and pertaining to meaning-making and purpose rather than a sudden divine encounter and subsequent reorientation (Hood, Spilka, & Hill, 2009, p.216). However, it is ambiguous as to whether conversion was actually tested for; Hood reviewed studies that focused on apostasy, which naturally occurs post-conversion (see Altemeyer & Hunsberger, 1997). It seems that his concept of conversion might be a misnomer for sanctification. Not that I want to create a strict taxonomical distinction, but we do want to understand the post-convert IP in therapy and how sanctification changes them from their once and twice-born selves.

Paloutzian (1999) controlled for classical and contemporary conversion theories when testing for personality change post-conversion. Paloutzian found these models demonstrated no significant variation, nor did personality traits change post-conversion. Instead selfdefining functions like meaning, "goals, feelings, attitudes, and behaviors" (p.1047) all changed (*pace* Zinnbauer & Pargament, 1998). While transformation occurred, less explanation was given to why these components changed; were these changes the outcome of internal unconscious processes? This question is problematic to current psychological research since current trends favour discursive and socially constructivist methods, which preclude the belief in internal processes or structures for a sense of self. I will expand this under the next sub-heading. So, at the risk of reviewing seemingly outdated literature, I will return to psychological scholarship that helps us address his question.

James (1902), building on Starbuck (1899), explored this process of internal changes. He proposed that an oscillation occurs in sanctification between the once and twice-born selves, although they are technically indivisible. The old-self with its attitudes and goals recedes through self-surrender towards the margin of the "personal centre" (p.205). It is then over-taken by a new "determination" (Starbuck, 1899, p.160 cited in James, 1902, p.205) that assumes the centre of the "inner man" (James, p.244). I might infer that closer communion with God reasserted this determination while separation from God weakened this such that features of the old-self might return towards the centre of the will. James concluded that when temptations arose (outside) to behave in a pre-conversion manner, "there is nothing WITHIN to respond to them" (Starbuck, 1899, p.160 cited in James, 1902, p.205). Applying this to Cragun and Friedlander's (2012) participants, James may infer that those who behaved in an ungodly manner could be seen to not be walking in communion with God such that their old-self was more central and able to respond to temptation.

Building on our first research question 'what is a Christian?', being a Christian means living out of a renewed motivation and will that respond to the things of God.

An Inner Self?

The reason contemporary scholarship is unable to explore these processes of "HOW anything operates" (James, 1902, p.205) is linked to the post-postmodern belief that there is no inner-

man (p.244) to be discovered. This also explains why modern research emphasises a behavioural or social definition of what a Christian is since discussion of selves receding and personal centres of energy rebirthed have more to do with theology, or folklore, than psychology. Rather the Christian self is merely a collective of socio-cultural memes (Blackmore, 1999), and it is these external factors that construct the appearance of an inner life (see Dennett, 1992).

Despite the penchant for contemporary psychological inquiry to adopt qualitative methods, little research has asked what it means to *be* Christian and the process inherent in being so. I will now suggest that this omission in literature of the Christian self-perception contributes to the "poor agreement" (Cragun & Friedlander, 2012, p.379) between Christians, therapists, and their psychological therapies since they are shaped by the current Psychological zeitgeist. I will reach this point by outlining three research paradigms and the impact they have on epistemology, findings and therapeutic recommendations for working with Christians.

The following three paradigms also help us address our first research question 'what is a Christian?' or more plainly, 'what is the self?'

A Mulitplicitous Self

To return to the classical work of James (1890), he posited that while there was a real inner self it was also a social phenomenon, knowable through social interactions. James names this socially situated self 'Me', which refers to the self in relation to the physically experiential world. This self is directed towards something corporal and therefore existing in the phenomenal world, *ipso facto* it is empirically observable. This philosophical underpinning in James' (1902) research on conversion moves away from "the PROCESS of transformation

altogether", and onto the observable "fruits of the religious condition" (p.205). This approach, as I have shown, set the tone for scientific research into religion in which religiosity was measurable according to these fruits, (e.g. church attendance, sexual conservatism). However, this trend also contributes to the misunderstanding that being Christian is synonymous with living a lifestyle people generally consider to be Christian.

James (1890) did posit that Me was one aspect of the self though, conceiving of an internal I. This was based on his theological apprehension of God who "knows himself, then, in one eternal indivisible act [...] is both object and subject of his own activity" (1902, p.334). The I, as the inner man (p.244) is the self in relationship, even within himself as God demonstrates, which is distinguished from Me in relationship to the world. I has a spiritual (non-physical) experience of the world. Buber (1957) frames this as the '1-Thou' relational reach of the self that can also exist in relation to itself. Here the self is simultaneously the knower and the known, implying that scientific observation is indivisible from the self. James (1890) concluded that the self is multiplicitous and exists, meaning it is known, in the perception of those who "carry an image of him in their head" (p.294). The self is thus ontologically real, albeit inaccessible unless expressed through Me, and therefore paradoxically "constructed over time and depends on functional relations with the objects and persons of the 'external' world" (Leary, 1990, p.109).

The Dialectic Self

Despite a unity of I and Me they are "in rivalry and conflict" (James, 1890) because of the way Me exists in other's perceptions contrary to how I knows themself. This philosophical discussion is central to Counselling Psychology since it works with concepts of self (ontology) in order that the therapist knows how to relate and help (praxis). For example, if we were to extend the concept of a dialectical self to psychological literature mentioned earlier, there is scope within the Christian to behave (Me) in a sinful way that conflicts with

who they are in relation to God (I). This dialectic can cause conflict or distress which may then present in psychological therapy.

Hegel (1807) helpfully understands this dissonance by naming this multiplicitous self, 'The unhappy consciousness', as it is in conflict. Here, the self is not either I or Me but exists within the dialectical process between inner and outer worlds. To be a Christian and exist in "a godly way" (Cragun & Friedlander, 2012, p.386) means the Christian has to know what it was to exist in a sinful way. This dialectic relationship illuminates James' proposition that the once-born self oscillates towards the margins of the new twice-born self, but never disappears.

The Atoning Self. Hegel (1807) takes this concept of self further. If the self is "never fully at-oned" (Shanks, 2011, p.48), or unified, because of the ongoing dialectical process within and outside of themselves, the Christian self has a different trajectory towards atonement (at-one-ment), or unification. This concept is compatible with Original Sin, in which the human self (I) is separated from relationship with God, causing internal distress. For Hegel (1807), in Christian conversion the self is awakened (see James, 1902, *noetic* religious experience), bringing the I into relationship with God, and also into greater self-perception. This process unifies consciousness because of its relationship to an Omniscient God, so from then on, the self is continually being atoned and is less unhappy (e.g. less worried and more hopeful vis-à-vis James 1902).

So, to come back to the first research question, 'what is a Christian?' this philosophical paradigm would suggest they are in the process of unification such that their social self is congruent with their internal self. The inference for counselling psychology is that the clinician must help the Christian live according to their twice-born internal self to alleviate distress, which is done by identifying and overcoming obstacles that lead them to act incongruently.

No Self

A paradigm shift occurred in psychological research with the emergence of postpostmodernism (Kuhn, 1962). Compared with the multiplicitous self, proponents assert that there is only a social self. This radically redefines our research question 'what is a Christian' since constructivists would propose this is a social self constructed by of socio-cultural memes (Blackmore, 1999). These memes are internalised and give the semblance of a real inner self (Dennett, 1992); being 'woman' or 'gay' or 'Christian' are culturally constructed but take on a reality. Conversion is a process of internalising Christian social memes then. It is thus anachronistic to attempt to ascertain 'what is a Christian?' without understanding the socio-cultural ontology of this identity. Such that this body of literature deconstructs social discourses to "locate it in its web of connections and constraints" (Charmaz, 2006, p.187) that frames distress here as the result of interpersonal conflict between the individual and Christian memes (see Subhi & Geelan, 2012; see Rodriguez, 2010; see Schuck & Liddle, 2001). The practical implication for psychological practice is for therapists to advise distressed Christian clients to reconfigure what being Christian looks like for them and internalise new memes; in other words, find a new community, read new scriptures and get new theology.

Relativist Recommendations. Levy's (2008) study investigated the conflict resolution process between the homosexual self and the religious self. Here "religion is [a] subjective" (Levy, 2008, p.143) social phenomenon in comparison to sexual identity, which is understood primarily as a biological reality. This means she does not conceive of the dissonance between religious and sexual orientation as equal realities. Instead religiosity, in Levy's study, is the socio-cultural result of religious upbringing (external), in contradiction with sexual preference (internal). Levy's study offers theory-practice links for clinicians to disentangle religion from their client's sense of self after they renounce their faith. These are less helpful in working with current Christians who experience intrapsychic conflict where religiosity is just as integral to their sense of self as sexuality.

Levy's (2008) paradigm and constructionist grounded theory [GT] methodology (Charmaz, 2006) does facilitate qualitative analysis to understand, "What process(es) is at issue here? How can I define it? How does this process develop?" (p.83). To answer these questions, Levy begins by exploring the memes of sexuality and Christianity through a critical lens, remembering that any processes are socio-culturally located (p.22). The irony is Levy's use of axial coding during data analysis which "forces the data for professional concern" (Glaser, 2004, Para. 23). Here she prioritises her *etic* position, as one who can trace clients' self-perception back to social memes. This results in her assertion that by removing the client from their social context (e.g. church, Evangelical theology) then the potency of religious memes in conflict with sexual preference is reduced. One might also note that by her own argument, Levy's position is similarly no more than the result of her accepting social memes which position her interpretation of psychological practice as 'superior' to the 'memes' which 'produce' Christianity.

Levy's work might be pragmatic, but it negates any view that being Christian is more than group membership or observing doctrine. For instance, if being Christian is synonymous with sanctification, then the question must be, how can I reconcile my sexual preference with becoming Christ-like? Rather than the other way around.

On the same topic, Mahaffy (1996) identified greater dissonance among lesbian IPs because of the conflict between external social-cultural adhesion and internal sexual orientation. Unlike Levy (2008), Mahaffy positions Christian identity as a reality equal with sexual identity such that "dual identities" (p.392) exist. The assertion is that dual identities need not cause dissonance, but rather it is the "environment which often perceives them to be

incongruent" (p.392) which causes distress. To help clients, the therapist must help them change their environment, or perception of it, such that both identities can co-exist without conflict. These clinical recommendations include altering "one's religious beliefs" (Mahaffy, 1996, p.392), which for an IP's belief in God's objective truth in the Bible is hard to do. Thus her second recommendation is to leave "the church" (p.392). Unfortunately this is a reoccurring recommendation in contemporary literature, and entirely unethical. As Richard and Bergin (2005) showed "therapists should not attempt to coerce clients into decisions or lifestyles that are contrary to the clients' values, wishes, and *cultural context*" (p.195, emphasis mine). This holds that moral values and their religious context are equally important as sexuality in who the client truly is.

Mahaffy (1996) proposes one final recommendation for clinicians to permit clients to "live with dissonance" (p.392), but offers no practical support in how they might do this. These post-postmodern well-meaning, but misguided recommendations contribute to persecutory "goals or tasks of treatment" (Cragun & Friedlander, p.379; see Span, 2009, pp.190-191).

Conclusion

Christians do experience psychological distress and seek therapeutic support, however for this population the efficacy of treatment is negligible. We know that being Christian can help and hinder wellbeing; at the least it clearly interferes with normal therapeutic interventions and goals. Yet few studies offer practical theories as to why, or how this interference can be addressed. Regarding those that do integrate spiritual practice (e.g. holistic CBT), there is little research into whether these integrative principles actually align with being Christian; can, for example, a Christian self-actualise as well as Christ-actualise?

An ongoing question is how to measure, and therefore investigate, being Christian. The question naturally touches upon issues, that will be addressed in my next chapter, of ontology and epistemology. However, what literature shows is that the definition of Christianity impacts upon the scope and results of the research; is being Christian a selection of religious practices that can be correlated against distress? This has led, because of the phenomenal relationship between belief and behaviour, to a preoccupation in literature with Christianity and sexual ethics. Or does being Christian have a sociocultural ontology and its internalisation is what causes dissonance, *ipso facto* removing those sociocultural memes is the easiest way to remove distress? Whichever theory of self is adopted, counselling psychology's praxis is affected, yet in most of these studies there is no foundational inquiry into how the Christian understands being Christian. Without this, assumptions lead to unethical recommendations which contribute to "poor agreement with their therapists on the goals or tasks of treatment" (Cragun & Friedlander, 2012, p.379). Since James (1902), the lack of investigation in this area is notably due to the post-postmodern epistemology. So, despite a qualitative approach, the meaning attached to being Christian and its inherent processes (conversion and sanctification) are analysed through an *etic* position that deconstructs client perception and attributes it to external sources. This invalidates the Christian's religious epistemology concerning objective truth, ontological realities, and metaphysics. All this contributes to Christians' apprehension that "sanctification has been thwarted through psychological counselling, theories and techniques" (Bobgan, 2010, para.2). This fear is certainly justified by the unethical recommendations I have described, and led clinicians to "misinterpret, misunderstand, mismanage, or neglect important segments of a client's life which may impact significantly on adjustment or growth" (Bergin & Payne, 1991, p.201). Not because of the therapeutic relationship, but due to a lack of research into

what being Christian is and how to align therapeutic treatment with Christians' theory of transformation, namely Christ-like sanctification.

It is imperative that my investigation allows IPs to explain what being Christian is, and move away from assumptions around religion, spirituality, behavioural or cognitive models and critical theory. Once a theory emerges, then these approaches may be relevant to a psychological understanding of how treatment can help alleviate distress. For example, in learning that being Christian is linked to Christ-actualisation, then seeing a Christian's rejection of psychological interventions (e.g. masturbation) becomes not just about behavioural or environmental pressures, but because they are incompatible with who they believe they are (Christ-like).

Research into, "What process(es) is at issue here? How can I define it? How does this process develop?" (Levy, 2008, p.83) develop Levy's inquiry. However, the approach must vary by assuming an *emic* philosophical framework that can conceptualise the theory of an inner man (James, 1902, p.244). This means suspending judgment on IPs belief that they have encounters with an ontologically real God leading to transformation, and not dismissing this as neurosis or the product of sociocultural memes. To frame this research, an inductive approach ought to be adopted, as it begins with the Christian self-concept, rather than imposing the therapist's axiology onto the Christian. This helps validate client epistemology, foster client-therapist agreement and reduce unethical recommendations.

Among the theories of self discussed, it is best not to analyse the data according to a particular theory, but rather adopt a "Theoretical agnosticism" (Henwood & Pidgeon, 2003, p. 138). Yet the Hegelian view of dialectical selves that go through a process of unification seems to illuminate research on Christians' process of conversion and sanctification.

It is important to capture Christian participants through self-report, rather than measuring for religiosity, since this assumes something about what being Christian means. This also reflects the nature of the therapeutic relationship in which the client is unlikely to answer a questionnaire, and more likely to explain their religious affiliation "progressively within the context of a secure" (Coyle, 2010, p.267) relationship. It is important, though, that this study researches what it sets out to, namely the post-conversion process of sanctification that is inherent within all forms of Christianity, and especially so to born-again IPs, because of their emphasis on transformation and relationship with the divine. The nomothetic belief in sanctification lends itself to researching generalisable theories about processes common to all IPs, but ascertained through qualitative methods to view their subjective appropriation of this.

The outcome of this enquiry truly adheres to the person-centred and empathic ethos of counselling psychology, as well as best practice guidelines about integrating faith into treatment. This will occur through an emergent theory rooted in Christians' self-perception, the ideas of which could be abstracted into diagrammatic models as an aid to psychological assessment, formulation and treatment plans to ultimately realign the client and therapist's goals for therapy.

Methodology

Counselling psychology takes as its central principle the enhancement of the client's wellbeing, but the translation of this into practice depends upon the philosophical commitments of the therapist (Lee, Neimeyer, & Rice, 2013). They must first reflect on who their client is—do they have a well-being to be enhanced (ontology)? How can they understand their client (epistemology)? What is the therapist's role (axiology) that they might help (praxis)?

Having explored the ontological and epistemological stances in previous research, in this chapter I will present a rationale for my positionality underpinning this research. I will outline my philosophical commitments to a realist ontology and a critical realist epistemology, and discuss how these cause paradigmatic tensions with the metaphysical nature of my research questions:

- What is (or what constitutes) the Christian self?
- Can it become (or transform into) anything?
- If so, how does transformation occur?

I intentionally replace the term 'sanctification' with 'transformation' in these initial questions so that participants are able to specify this process in their terms and a nuanced understanding of sanctification can be supplied.

The challenge faced by my research questions is whether any methodological framework adequately investigates the internal process of *being* Christian. I will end this chapter by outlining my research design and procedures created to meet this aim, including participants, data generation and analysis with reference to ethical considerations.

Ontology

Belief in the Christian God intrinsically perceives "immutable natural laws and mechanisms" (Guba & Lincoln, 1994, p.109). God, as Creator, established objective principles with standards of how to live in this ordered world, which assumes a level of morality (right and wrong) inherent within nature and humanity. The self, then, is not just the reification of socio-cultural memes. God and His created order, including humanity, exist as ontologically real beings whose objective reality is independent from human knowledge (Wright, 1986; see Romans 11:13). Regardless whether someone believes in objective truth, these objective principles remain true and can still impact their life or contribute to distress without their acknowledgement. Just as a disbelief in gravity does not enable us fly, neither does the belief that humanity are free agents release us from the consequences of being moral agents.

The implication of this means the I exists beyond phenomenological observation, (Me), simply because God exists omnisciently as an eternal Observer. This ontological framework aligns many Christians, including myself, to a realist paradigm.

Epistemology

My epistemological position is informed by my belief that God has created humanity with a capacity to know Him. I believe humanity can come into increasing knowledge about God and itself primarily through sensory perception akin to James' (1902) *noetic* experience. This might be through seeing design in nature, through a bodily sensation of God's presence, or through language, especially in the Bible. I position language not just as the construction of reality, but, because of God's creation of language (*Genesis* 11), as the arena for revelation and expression of it. Therefore, language is framed as a God-given gift for expressing discernible truths about the created order, including the reality of an inner self.

Of course, humanity is not omniscient, so there are realities whose contents are not totally knowable (e.g. God, Heaven) but that does not diminish from their existence. This view leads me to consider the debate in theology about cataphatic and apophatic language, and how truth, or how much truth, is communicated through language (McGrath, 2011, p.188).

For the sake of this research, I posit that language can make positive claims, but these are limited in their description of reality to "the shape and texture of lives that respond to" these truths (Higton, 2008, p.61). So, any emergent results from this qualitative research are probabilistic rather than certain.

This positions me within a critical realist paradigm, and more specifically to a representational epistemology, which recognises an interface between the natural and social world (Bhaskar, 2008; see Block, 1996). Truth is understood only in part, like seeing only a dimly lit "reflection as in a mirror" (1 Corinthians 13:12, NIV) or perceiving a shadow of a true reality (e.g. Plato's Cave). This view posits that humans can have a true, and trustworthy, experience of the world, but through sincere representations and not in totality.

It is important to consider my positionality in relation to social constructionism, "a theoretical perspective that assumes that people create social reality(ies) through individual and collective actions" (Charmaz, 2006, p.189). In seeing language as representing truth I also acknowledge that language is constructed by and within culture. For example, Tyndale in translating the Hebrew Bible constructed the English word 'escapegoat' that later dropped its 'e' to read 'scapegoat' for the Hebrew word Azazel. His translation imbued the English word with its theological meaning found in its original form; a sacrificial goat that escapes into the wilderness. Here, then, is a word that reflects a truth about the thing in itself (the goat and its role) but has also been constructed and throughout the centuries since, has taken on its own reality in its usage ('scapegoat') apart from its original context. As such I see how truth

is constructed *and* revealed or represented, such that these theoretical perspectives are not mutually exclusive. This allows me to ask, 'how is language being used to represent the truth of a phenomenon?' which is distinct from a social constructivist approach that would claim my findings are themselves a construction.

This epistemological stance occupies the space between positivism and pragmatism or symbolic interactionism from a social constructionist perspective (Mead, 1934; see James, 1907). I reject the notion that something is true insofar as it works but I concede that, because of the nature of language development, knowledge is ecological. For example, Christian baptism is symbolic (dying to self and being born-again in Jesus) *and* metaphysical (John 3:5), so it is socio-culturally constructed, but that does not diminish its transcendental reality. Perhaps it is useful to separate transcendental <u>T</u>ruths (God, morality, rebirth...) from everyday <u>t</u>ruths (prayer works because I feel calmed), which is similar to Margolis' (1995) distinction between existence and reality; God might be real in the lives of Christians because their behaviour is transformed (truth), but God also has an existence (Truth) separate from their transformation. This is pertinent to psychological research because it allows us to investigate the reality, or truth, of Christians' self-concept and process of sanctification without asserting claims about God's existence. This means a counselling psychologist does not need to believe in the existence of God to work with a Christian or adopt my research suggestions.

Within these epistemological parameters, I am interested in Christians' imaginative and pragmatic language. Imaginative language concentrates on the "stories and images and metaphors and parables" (Higton, 2008, p.62) used to illuminate their self-concept and postconversion processes. This adheres to the centrality of language used to describe a reality within a strong representational epistemological position (Block, 1996, 2003). Secondly, pragmatic language keeps our focus on practice-based knowledge, rather than theoretical theology, by analysing *how* Christians become more Christ-like. This allows me to explore the way in which Christians use language to construct their representations; for example, if a participants refers to a scriptural passage to help them articulate what sanctification is they are choosing to use a certain construction based on their bible translation (i.e. NIV, ESV, NKJ) for example. This choice constructs the phenomenal reality of sanctification through its expression. However, rather than getting stuck in the "web of connections and constraints" (Charmaz, 2006, p.187) of the hermeneutical process as Social Constructionism does, my representational epistemology acknowledges the shared essence encased in all biblical translations whether or not the participant uses one construction over another. This means I can research the event itself and not just the interpretation of the event. In other words, I can see the wood for the trees, or a wider theory rather than just the minutia of expression.

Since my representational epistemology holds that truths, or constructions, are a shadow of larger Truths, my results can be generalisable across a similar population, albeit in probabilistic terms. This is due in part to a supposed smaller gap between "representational content and phenomenal character" (Block, 2003, p.4) where a participant's (true) sensory experience of transformation is closely related to its (True) properties. I liken this to the allegory of looking at the sky; that I am actually looking at the sky is the event in itself, the phenomenon, but what semantic properties I ascribe to this event are the representational content. For example, if looking at the sky makes my face feel tingly with warmth then this describes my subjective experience of the sky; someone else's face may not tingle. Yet it also describes something objective about the sky and the event; I experience warmth because something about the sky is warm. Similarly, I may describe the sky as blue and this construction 'blue' represents its character as I perceive it, but it also refers to the sky's phenomenal character because its property is 'blue'; the sunlight entering the earth's atmosphere allows more blue light and at a quicker speed than other

colours from the sun. 'Blue' is not an exclusive property but it is a True one. This allegory demonstrates how I can ascertain phenomenal characteristics (the Truth of an event and the thing observed) through representational content (semantic properties based on the truth of an experience) such as metaphor, since metaphor can accurately represent phenomena (Block, 2003, p.5). This means that qualitative data and its more subjective representational content, when collected from numerous participants increases the reliability of uncovering True characteristics of the transformation process.

Deselection of Other Methodologies

In view of my positionality and assessment of post-postmodern research in my Literature Review, I will not labour why I have deselected a social constructivist approach, not least because such would be incongruent to the rationale above. I also see that it would deconstruct and externally locate the Christian's self as socio-cultural memes that invalidate the metaphysical existence they purport to have. Neither will I detail why I reject a purely positivist method, except to rearticulate my comment in the previous chapter that this approach reduces Christianity to behaviours, church attendance or doctrinal adherence, making it less about Christians' dynamic self-perception.

In what follows, I demonstrate my considerations of a phenomenological methodology; given my sympathy towards pragmatism evidenced in James' (1902) concept of an observable Me. The result of these contemplations led me to adopt a classical Glaserian grounded theory (1967, 1992) for its congruence with my nuanced representational epistemological position.

Interpretive Phenomenological Analysis [IPA]

IPA, as a qualitative methodology, would explore the way in which an individual understands and experiences being a Christian (Smith, Flowers & Larkin, 2009). This 'being' is socially located (Me) and therefore an observable phenomenon that underpins James' (1902) Multiplicitous Self, in which what it means to be a Christian is as various as the observers of the phenomenon. This leads to a double hermeneutical process, in which the participant offers their interpretation on experiencing sanctification that is then interpreted according to the researcher's own experience. This means any objective truth is unknowable.

The emphasis of IPA is on understanding of idiosyncratic lived experience that is not congruent with my belief in nomothetic principles and knowable, or generalisable Truths. While I like how IPA conceptualises language as laden with meaning, I see that language has the scope to communicate the existence of something more than intersubjectivity. For example, if a client uses C.S. Lewis' (1952b) allegory of a dragon losing its scales and becoming a young boy again (an allegorical of conversion), but the therapist has no experience of this and interprets the allegory contrary to the participant's intention, I would suggest the researcher is simply wrong. This incorrect interpretation might indeed reflect the researcher's experience, but it does not pertain to the real characteristics of the phenomena experienced by the participant. A truth, I believe, it is grounded in the participant's expression and independent of the observer such that it is accessible without double hermeneutics. The question then is how this truth is deciphered from expression.

Descriptive Phenomenological [DP]

I considered a DP methodology (Matua & Van Der Wal, 2015) that focuses on the way something is expressed, its description of the phenomena. I hoped that this might take me closer to ascertaining the truth of a phenomena as DP purports to purely describe a phenomena's characteristics; in this case, what it is to be a Christian and how individuals become more Christ-like. In describing the phenomena, the intention is to copy the truth of what is expressed as "one (and only one) genuine mode of knowing" (James, 1907, p.91). This methodological framework aligns with my belief that something of reality can be represented through language. If I purely describe the phenomenon that Christian participants express, then the results might adequately represent its real essence. Yet DP's emphasis on the way something is described overlooks my focus on the process inherent in the description, namely sanctification. This is a small but important nuance; if the method focuses on description then practitioners might appreciate what it means to be a Christian in the world, (see Heidegger's *Dasein*, 1962), but it offers less practical insight into how the Christian becomes anything and how treatment might align with this. Of course, description as a representation of the Christian's reality is central to discovering these processes, but by analysing description rather than processes it is harder to make relevant theory-practice links.

Rationale for Grounded Theory

Given my nuanced critical realist paradigm my method needs be flexible but also able to analyse processes. Grounded theory is one such "paradigmatic bridge" (Fassinger, 2005, p.157) that builds on "subtle Positivistic premises" (Charmaz, 2000, p. 510) about transcendental Truths, adhering to my realist ontology. However, these Truths can be accessed by drawing on symbolic interactionism (everyday truths) since it appreciates how "social interactions affect our meaning" (Spencer et al., 2014, p.88). This is congruent with my epistemological view of language as an ecologically limited representation of Truth. The impact of GT's philosophical integration means that the methodological focus does not remain solely on the experience or meaning of becoming Christ-like, but on the event and process of becoming Christ-like. Transcendental Truth emerges from the truths expressed by each participant and ascertained through constant comparative analysis. The similarity of truths within and between participants generates codes to represent these Truths. These codes are verified through an iterative process of comparison until truths stop emerging or can account for other variations in the data (Ralph, Birks & Chapman, 2015). The collection of codes, representing a collection of truths, quantifiably indicate a transcendental Truth that is grounded within and permeates all the data. This Truth is the best explanation, or theory, for an event, aligning with inductive reasoning. This theory can therefore be applied probabilistically to other Christians within the same population whilst also appreciating participants' idiosyncratic expressions.

Selection of a Grounded Theory [GT]

This broad methodology means there are numerous forms of GT, spanning the epistemological continuum. In the 1960s Glaser and Strauss developed GT as a move away from positivism's essentialism, to contextualise research theories relevant to people's experience. From there they established separate approaches, nuanced by their epistemological positions; for example Strauss and Corbin (1998) use axial coding to analyse data, which is a more deductive approach to knowledge closer to the Positivist end of the spectrum. However Charmaz (2014), having studied under Strauss, deviated "from axial coding in that [...] analytic strategies are emergent, rather than procedural applications" (p.148). Instead Charmaz's GT emphasises symbolic interactionism, such that her methodology aligns with a more social constructionist epistemology than fits with my epistemological positionality. Therefore, even her emergent theory is a construction of reality; another truth rather than the Truth. These GTs represent both ends of the epistemological spectrum, neither of which are entirely congruent with my positionality.

Most consistent with my paradigmatic position is Glaser's (1967, 1992) GT, that posits an extension of the classic approach. This classic GT represents the most flexible epistemological position between Strauss and Charmaz in which transcendental Truths emerge from contextual or representational truths collated through free and open coding (Glaser, 2004). Glaser's data analysis utilises outliers, or contradictory events and ways of expressing them, to bring nuances to emergent theories and avoid essentialism or unusable relativisms (Ralph, Birks & Chapman, 2015). I see that this approach supports counselling psychology's ethos too; valuing individual experience yet being informed by generalisable evidence-based theories around distress.

'Big Q/Small q' Qualitative Research

Kidder and Fine (1987) helpfully classify research methodologies along a qualitative continuum to help demonstrate the extent to which the approach adopts qualitative data and techniques and the extent to which these are used within an overarching qualitative paradigm. They posit that qualitative data collection and analysis methods may not necessarily be used according the qualitative values and beliefs of the wider qualitative community ('small q'), which can undermine the perceived validity of research. The question is to what extent is my appropriation of Glaser's classical GT a 'small q' or 'Big Q' qualitative research.

The following reflections borrow from Braun and Clarke's (2013) definition of qualitative paradigms. My research design understands language as both a construction and representation of language (see Epistemology) and therefore this methodology generates a rich data set for deep and detailed analysis. GT's complex but comprehensive iterative process immerses the researcher as in 'Big Q' albeit in a formulaic and prescribed method less linked to the qualitative paradigm. Unlike axial coding that draws on a more deductive method ('small q'), however, Glaser's open-coding aligns more with a qualitative paradigm ('Big Q') by using thick description when coding and generating a larger quantity of data before categorising codes.

In this process, Glaser's GT does not value reflexivity ('Big Q') since it posits any research findings are grounded in the data rather than co-constructed by the researcher. This suggests my qualitive research is 'small q' since it does not subscribe to the qualitative value of intersubjectivity. However, the researcher in Glaser's GT analytic process, is not seen as objective but their positionality is transparent in the memo phase and then continually woven into the "constant comparative analysis" (Glaser, 2004, para. 12; see Appendix J: Reflexivity). This means the research makes no claims at researcher objectivity, but it does claim generalisability of findings and replicability of the study since the researcher's influence is minimised. This is suggestive again of being 'small q' research, yet GT's claims of being replicable and trustworthy rely upon including different and divergent data sets which is a value within the 'Big Q' qualitative paradigm. Outliers are not excluded, but in my MVS they have been intentionally sought so that findings are more likely to represent the population. Yet, reference to 'population' and 'generalisable theories' belong less to the 'narrow' homogenous sampling within 'Big Q' research.

The ambivalence above demonstrates that in some areas my qualitative research adheres to the discipline's paradigmatic values, aims and assumptions. Whereas my critical realist beliefs and aims for this research, which are not narrow, intersubjective or idiosyncratic deviate from this paradigm. So while my research borrows qualitative techniques, generally, it closely avoids being 'Big Q' qualitative research because of my divergent paradigm to that of the wider research community's.

These methodological distinctions are crucial to my next discussion, concerning how I have designed this research project. By being mindful of other GT approaches, my research will be congruent and consistent with my own positionality and that espoused by Glaser's classical framework, while also increasing my awareness of its limitations especially as a 'small q' piece of research.

Methods

In the following section I will outline the classical Glaserian GT methods adopted to research what it is to be Christian and how sanctification occurs. I will do this by sharing the main elements of my research design, from sample to data generation to analysis. For personal reflections on how I arrived at this design see Appendix J. This section will also include ethical and wider reflections made with hindsight.

Research Data

A critique of some research was their non-representational samples (see Cragun & Friedlander, 2012). Most studies took white, American graduates, who did not adequately represent the IP population, especially in a UK context. I have already argued for the importance of psychological investigation of this group.

Representational Sample

To ascertain a generalisable theory about the process of sanctification among Christians, it was important my sample was representational. However, within IP there are an array of churches with varying expressions of worship and teaching. Arguably all adherents subscribe to Evangelical Charismatic descriptions, believing in full-immersion credobaptism as part of being born-again (John 3:3), so there was a level of homogeneity.

I adopted two methods to ensure my sample represented this diverse population. A maximum variation sample [MVS], as a type of purposive sample, was congruent with the smaller research size of a Glaserian GT because of its links with qualitative data generation. It was also congruent because of its incorporation of extremes, or outliers. This results in finding larger variations within GT's "constant comparative analysis" (Glaser, 2004, para.

12) and therefore any aggregate codes better represent the populations because of its statistical regression towards a mean (List, 2004, para.1).

I was keen to recruit participants from numerous IP networks, including Assemblies of God, New Frontiers UK, Grape Vine UK, Groundlevel Network, Hillsong UK, The Redeemed Christian Church of God (RCCG), The Fellowship of Independent Evangelical Churches (FIEC), and Fresh Expressions UK. (Brierly, n.d.) Six of these networks were birthed in the past 40 years, and two are charismatic renewals of older Protestant movements; all of which represent the fastest growing IP communities across the UK.

The second way I obtained a representational sample was, initially, recruiting an expert sample of influential IPs. Influence was defined not by academic prowess but influence within their community. Congruent with GT's inductive reasoning, preliminary interviews with the expert sample generated initial codes to inform subsequent interview questions. Participants not only generated the data but they each shaped the focus of the research through questions raised in interview.

Inclusion Criteria

For the MVS, homogeneity was required to ensure that a grounded theory would emerge pertinent to this population, namely that they identified as a born-again IP. I was confident that within that criteria alone a theory linked to sanctification might emerge, because inherent in the term born-again is a process that spans pre-conversion, conversion, and postconversion.

I contemplated an inclusion criterion of adult baptism, but this precluded those baptised as infants in Anglican traditions who later considered themselves born-again and did not want to be re-baptised because of a biblical conviction (*Ephesians* 4:5). While church membership was not a criterion (*pace* measuring for church attendance), it was pragmatic for recruitment and ensuring the sample was IP, but it also suggested participants' faith was not transitory or just culturally normative. It also inferred that their data represented these church communities, and ethically, it enabled me to refer participants to their church pastoral teams if any concerns arose. Within these ethical considerations, participants were over 18-years, which is legally the age of responsibility. It also meant that theories were generalisable to an adult population. Of the sample, participants' ages ranged from 27-87 years with a mean of 44 years.

Since 47.5% of UK Christians are not UK born (Brierley, 2018), I wanted to utilise the MVS to capture an ethnically diverse sample. However, my fourth criterion was that participants were fluent in English and have UK residency. Not that I saw language as a barrier for communicating Truth, but fluent English reduced the chance of misinterpretation. It also ensured the sample represented a population living in the UK, rather than those here temporarily (e.g. on student visas). Of nine participants: three identified as black, one as multiracial and six as white British/Irish.

The MVS also helped me select clients from a variety of religious backgrounds (e.g. Catholic agnostic, Atheist, tribal ancestry; Appendix A; see Table 1). All respondents had a conversion experience between six and 22 years old, and while there are, of course, those who convert in older adulthood, they did not respond to this study.

I considered whether participants needed to have experienced psychotherapy to offer insight into their own treatment goals, and whether faith influenced these. Given that research showed how Christians have a distrust in secular counselling, I thought it might be interesting to include those whose views prevented them from engaging in therapy. Rather, therefore, than being an inclusion criterion, it informed my MVS selection.

Recruitment Process

I will now outline how I recruited the sample. It is important to note that before I began recruitment, I completed the Research Integrity and Ethics online module (25th Jan 2019; Appendix B). This certification contributed to my research application to the School of Psychology for ethical clearance, which was approved on 8th May 2019 (Appendix C), with a small amendment as to how I sent interview transcripts to participants to be reviewed. I began my recruitment process in July 2019.

Expert Sample

I sourced my expert sample by first considering arenas of influence in Christianity (e.g. preaching, teaching, music). This generated various bloggers, authors, teachers and artists, and I approached six people via email addresses found through Google.com, three of whom were able to participate. These included: a pastor and blogger for ThinkTheology, a Christian musician who has released three worship albums, and a four-time author and Anglican vicar with a doctorate in Christian ethics who currently works for a pastoral advisory group and tutors ordinands at a Russell Group university.

This recruitment email, was the same as my general recruitment email to other participants (Appendix D). After receiving replies from two experts (musician and blogger) I sent a demographic form. After interviewing eight participants, in May 2020 I interviewed the final expert, who had the availability and could answer the remaining focused questions linked to emergent theories.

Maximum Variation Sample

Concurrent with interviewing the expert sample, mentioned above, I recruited other participants (Appendix D). Of course, there are hundreds of congregations, so in line with MVS I limited my emails to one church from each network across a wide geographical spread. In one instance a church leader was known to me because I had approached him to be an expert, but in his place the invitation was circulated to some in his congregation.

Demographic Forms

A demographic form was sent (Appendix E) to ten respondents and returned by all. This demographic form helped the MVS by capturing the information about recruits including: age, gender, ethnicity, number of years in England, relationship status, any children, preconversion affiliations, conversion age, baptism age, current church affiliation, county, occupation, experience of therapy. In hindsight, asking whether respondents had children was superfluous, but added to the MVS process. Information was input into a spreadsheet using their words but with names omitted (Appendix A). This form enabled me to make decisions about who to interview on the basis of differences in their demographic information.

Table 1

Example Demographic Information

Name	Age	Gender	Ethnicity	Years in UK	Marital Status	Children	Pre-conversion	Affiliations		Conversion Age	Baptism Age	Current Church	Affiliation	County	Occupation	Experience of	Therapy
Ρ7	32	ц	Black British African	32	М	0	Celestial white garment church before 10yrs. Bapticostal (Baptist + Pentecostal); Restored Church of	God (5yrs); evangelical charismatic (2 years)		10	11	United Reformed Church	(I'm just a child of God)	South London	English Teacher	Yes after returning from missionary trip after 2yrs in	Lebanon. Christian counselling for several sessions.
P8	87	Μ	White British	87	Μ	5	Atheist		21		22		Evangelical Free	Dorset	Retired engineer	No	

Participants were emailed a participant invitation letter and consent form (Appendix F). Those that consented were invited one-by-one for interview per GT's iterative process of analysis before subsequent interviews.

Data Collection

Participants were invited to meet either at The C3 Centre, a church community venue, or be interviewed via Skype. Two clients, from Cambridgeshire and Sussex, met me in a meeting

room at the centre while the others chose to Skype. Meeting in the church centre had the potential for performance bias, namely they might have felt the need to be "Christ-like" (see Cragun & Friedlander, 2012). Yet, interviewees ultimately chose the location (Mero-jaffe, 2011). This adheres to the ethical principle of autonomy "to respect the rights of people to make choices concerning their own lives" (Dixon, 2017, p.7). Within this scope, P6 and P7, a married couple, were interviewed together via Skype, despite only P7 responding initially. I contemplated postponing this interview so as to conduct it on an individual basis, but I believe that the event itself revealed something relevant to psychotherapy (e.g. being vulnerable with someone other than one's spouse and wanting another to be present for accountability). The presence of another might have tempered answers, but that would have made little difference to the aggregate grounded theory.

Participants were asked for their consent to have the interviews audio-recorded, to which all agreed. 60-minute interviews were recorded using two Dictaphones and were transferred to my password-protected laptop.

Semi-structured interviews suited the GT methodology, enabling investigating a research area without imposing a strict interview schedule. This allowed theories to emerge freely, rather than facilitating "what we discover will depend in some degree on what we are looking for" (Dey, 1999, p.104). It could be argued that a focus on sanctification emerged from a preliminary literature review that generated the initial interview questions (see Figure 1), but these shifted and developed during data collection, and before amending the literature review and ultimately the final thesis title (see Appendix B). Therefore, any theories which emerged were grounded in the participants' data.

Figure 1

Preliminary Interview Questions

1. What is (or what constitutes) the Christian self?

- a. What is a Christian?
- b. What does 'born-again' mean?
- c. What is a person and how do they connect/relate with God?

2. Can it become (or transform into) anything?

- a. When did you <become> a Christian?
 - i. Can you elaborate what that looked like for you?
 - ii. What changed for you?
 - iii. How would you explain what was different?
 - iv. How are you changing now?
 - v. What was/is this process like?
- b. How did you know what to do? Or how you were supposed to <be Christian>?
- c. Have you ever experienced a clash between being a Christian and being in the world?
 - i. How did you reconcile who you were and who you became?
- d. Do you ever experience a tension between who you were and who you are now?
 - i. How have you navigated these tensions?
 - ii. What was this process like?
- e. (Expert sample) What is 'Sanctification'?

3. If so, how does transformation occur?

- a. Can you think of a time when you've found being Christian hard work?
 - i. What made it hard?
 - ii. How did you negotiate this?
 - iii. What was helpful? What was unhelpful?
 - b. What is changed? (e.g. emotions, personality, behaviours, metaphysics etc.)
 - c. Was change instant/ongoing?
- d. Do you actively try and change or is it a passive process?
 - i. What helps transformation?
 - ii. What hinders transformation?
- e. What is the point/meaning/goal of transformation?
- f. Can transformation be encouraged by non-Christians?
- g. Are transformative processes compatible with other theories of transformation (e.g. self-actualisation?)

Other (e.g. related to therapy)

- a. Have you experienced a time when you were psychologically distressed?
 - How did you understand this distress/ conceive of mental health concerns?
 - ii. What was helpful? What was unhelpful at this time?
 - iii. What role, if any, did your faith play at this time?
- b. Did you consider speaking with anyone during this time?
 - What was your experience of this?
- c. Did you ever attend/consider 1:1 or group counselling during this time?
 - i. What was your experience of this?
 - ii. What was helpful? What was unhelpful?
 - iii. How was it relating to the counsellor?
- d. Has your sense of self/being Christian impacted your experience of <u>counselling</u>

The first three core questions pertain specifically to the research questions. Despite recruiting born-again IPs it was important that participants defined this themselves to ensure we had a mutual understanding of key concepts and that I worked with their representational content rather than my own. Question two centred on the conversion process, this is a welldocumented phenomenon in psychology (James, 1902) and a way-in to talking about transformation (e.g. from rebirth to becoming Christ-like) without assuming it. Sub-questions on dissonance between their once and twice-born selves sought to illuminate whether being Christian contributed to any distress (see Arens, 2011; see Donahue & Nielson, 2005). In focusing on conversion, I could ascertain what changed, and whether participants were active or passive agents (see Hood, Spilka, & Hill, 2009). If participants saw they had agency, then it was appropriate to ask question three, about their role in ongoing transformation that was directly pertinent to my research area. This moved the investigation from imaginative language to pragmatic language, from the what and why of transformation to how it occurred (see Higton 2008). The fourth question related to any experience of psychological distress or talking-therapies. This was not a prerequisite for participation, but I was interested whether being a Christian was linked to distress (see Austin & Lennings, 1993) or impacted therapy (see Cragun & Friedlander, 2012).

Questions were reformulated after interviews with the 'experts' and morphed throughout because of theoretical sensitivity to emerging theories (see Table 2).

Table 2

Who	Transcript	Memos	Coding	Future Questions
P1 34	[] I have needed to face-up			What is the difference between a defence vs.
	to my own character; that has			being wise and not receiving everything as
	flaws and defects that only I			wisdom?
	and God can work on.			How do you know when you are 'willing' to
	Because I have got to be			change?
	willing; God is always			What is the (Christian) character? Why does
	willing. And He has a remedy			it matter? Is this distinct from personality?
	to my flaw [laughs] flawed			Is change through reading the Bible just
	ways. And I find through			behavioural modification?
	reading the Bible there is			How might a therapist react to these
	wisdom to be able to change.			perceived 'flaws'?
				Can others/therapists enter into the divine
				dyad to help the client change?

Afterwards, to avoid priming, interviewees received a debrief form stating the nature of the study (Appendix G). It reminded participants that they had three weeks to withdraw from the research and who to contact with any concerns. It also reiterated that they had two weeks to comment on their interview transcriptions.

Naturalised transcripts were sent to the participants via a Dropbox link which was

password protected. They were unable to alter the transcript itself but were free to add

feedback or comments, which were considered equally as data (see Figure 2 for an example).

Figure 2

P2 Member Checking

6	You replied	to this	message o	on 09/07	/2019, 11:47.
---	-------------	---------	-----------	----------	---------------

Show Reply

Good to chat last week.

The one thing I should have added is this: that I do believe that sin is real and powerful and can affect our psychological and somatic sense of well being. So if someone's problem is actually that they are caught in sin and what they really need to do is deal with their lust or greed or anger or whatever it might be, any therapy (chemical or talking) which doesn't deal with the root problem will only deal with the symptoms. So this is something distinct we as Christian pastors engage in: we're not just trying to deal with the symptoms but wanting to get to the root problem, which the gospel has power to do.

This member-checking enhanced the reliability of my qualitative research, in accordance with Guba and Lincoln's (1985) model of trustworthiness. While Glaser (2002) saw member-checking as an arbitrary addition, his critique was based on checking the researcher's analysis rather than the transcription. Three participants reviewed their transcripts, offering nuances that were analysed as part of the data generation process. This process gave a more accurate representation of their reality.

Theoretical Saturation

While my sample size was small and therefore could be argued that theoretical saturation could not be realised, I see that this concept is a fallacy and not coherent with Glaser and Strauss' (1967) initial methodology:

One is constantly alert to emergent perspectives that will change and help develop his theory. These perspectives can easily occur even on the final day of study or even

when the manuscript is reviewed in page proof; so the published word is not the final one, but only a pause in the never-ending process of generating theory. (p.40)

This links to GT's method of theory generation; each time the transcript is read, new memos are added in response to constantly comparing it to other interview data. This is especially pertinent given my inductive approach, since the researcher's knowledge grows in relation to emerging theories, and only then begins a focused reading of relevant literature. This develops the ongoing analysis and adds "conceptual depth" (Dey, 1999) so that theories are never saturated but are continually nuanced. After seven interviews, I noticed there were fewer emergent codes. Instead, alternative metaphors or allegories were used to express similar concepts; for example, becoming a son in God's household in P2, and becoming a tree in a forest in P7, that represented their changed identity within something larger.

Theory Generation

In what follows, I explain the clear GT procedure used to analyse my qualitative data and categorise similar concepts from which my results have emerged. For more on my positionality see Appendix J for reflexivity.

Memos

Both during and after transcribing, I recorded initial thoughts and observations that continually captured, "the frontier of the analyst's thinking". (Glaser, 2002, para. 62) This was called memoing, used as a preliminary type of open coding by breaking down the transcript and analysing each part.

Table 3

Memos Example

Who		Transcript	Memos	Coding	Future Questions
P5	46	[] I suppose things	"not an option" demonstrates her		What does
		like, you know,	choices and also her lack of choices-		"watching over
		bitterness is not an	of course she can be resentful, but it		your heart" mean?
		option for me.	is just not part of becoming Christ-		
		Resentment is not an	like, why? Because Jesus wasn't		
		option – it doesn't	resentful. In this way God is like a		
		mean that I don't ever	prototype and model. Interestingly		
		feel those things, but I,	she says she experiences resentment,		
		part of my	but she works through it – she		
		responsibility as a	process and transforms and journeys		
		Christian is to work	through or moves forward (all her		
		through those things.	metaphors). There is nothing 'wrong'		
		[] that is what I think	with emotion because it is natural but		
		of when I think of	it is aligned with old self. Something		
		dying to self because	ungod-like about settling with an		
		those things are really	emotion (or being ruled by it?). A		
		difficult.	distrust of emotion? This is what it is		
			to "die to self" – to renounce feelings		
			however justified.		
			Difference between how therapist		
			frames emotions and the Christian.		

Behaviour shows belief. The heart is considered as emotions, the idea that you need to keep attention to your emotional wellbeing.

Memos meant there was a clear audit trail of how I interpreted metaphors or compared data, and ultimately how theories emerged. This process is at odds to others method, in which reflexivity is key to understanding the co-construction of knowledge, rather than its discovery. Instead, my interview questions emerged from participants and my reactions, thoughts and subsequent questions were recorded as memos and "woven into the constant comparative analysis" (Glaser, 2004, para. 12). These memos therefore replace formal reflexivity processes, seeing them as "paralyzing, self-destructive and stifling productivity" (Glaser, 2001, p.47). Instead, memoing allows the researcher to non-concretely explore the data, which includes self-reflection but emphasises analysis through comparison; allowing the text to interpret the text.

Abstraction of Ideas

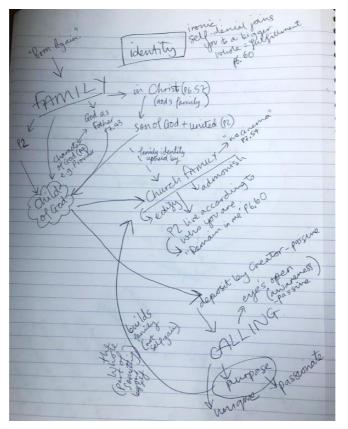
The initial memoing occurred at a "substantive coding level" that generated "higher levels of conceptual abstraction" (Holton, 2007, p.265), which were then physically mapped out. These maps helped conceptualise theories and processes. For example, Participant 6 (P6) explained:

Like Jesus says "Remain in me, I am the vine you are the branches." Now to me that is a beautiful picture of adoption and the fullest image of Christ we will ever see is when each person is just living like how they were meant to live. Like, living their best life for Christ and having been born-again, within the family, within the body of Christ, is a beautiful image [...] being born-again like we need that to be whole (P6.66)

This transcription gave rise to memos, and as part of this process a conceptual map was produced as shown in Figure 3:

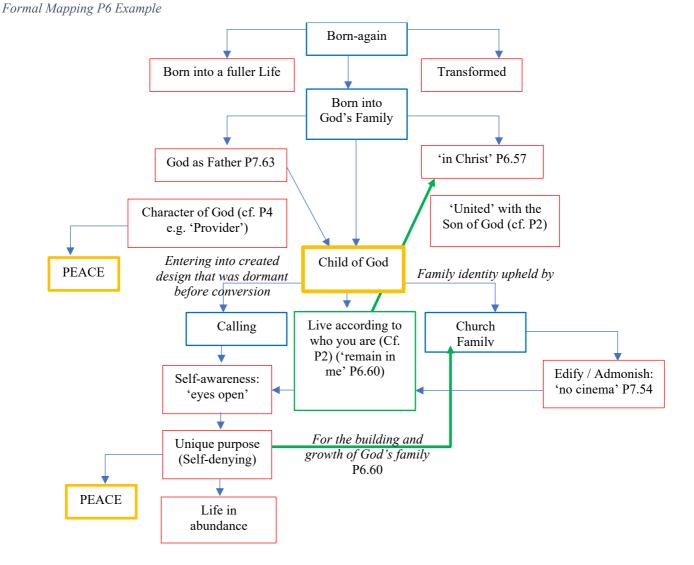
Figure 3





This map incorporated other comparable references that helped synthesise an abstraction of ideas. This included P6's link between being a Christian and peace, which seemed relevant to mental distress and counselling psychology. This rough map was then formally conceptualised (see Figure 4).

Figure 4



This mapping process facilitated methodological rigour by clearly demonstrating the procedural mechanics in how I was grouping ideas and understanding emerging theories (see Birks and Mills, 2015).

Selective Coding

Selective coding was a subsequent dimension of analysis that built upon my open coding (or memos). It used symbols to represent ideas within the data and grouped core categories

between all data according to "relations of similarity and difference" (Dey, 1999, p.63). The symbols used in this research were mostly *in vivo* codes; direct quotes that encapsulated the true sentiment or meaning. For an example of my memos and coding, see Appendix H.

Categorising Codes

As a means of testing the reliability of these codes I copied them into a text analyser (www.online-utility.org/text/analyzer.jsp), a free online app that scans text for the most frequent phrases and words. I repeated this process using each transcript and compared frequencies to see whether the codes represented the data. This helped check internal validity and reveal dominant topics and common expressions; for example, P1 framed answers with "I believe" around 60 times. While this method assumes prevalence is an indicator of Truth, it might just indicate one participant knows more vocabulary than another, especially if they were UK born. I saw that there was no substitute to manually analysing codes by immersing myself in the data and making links between categories, which aligned with the *modus operandi* of a counselling psychologist and a central element of Glaserian GT 'pacing' (2004).

Codes for Entire Data

B	υ	ш 0	ш.	T U	-	×	-	W	0 N	٩	۵	œ	S	∍	>	M	×	>	Z	A	AB	AC	AD
Selective Codes	in vivo codes			Participant	ant			in vivo codes			Par	Participant				in vivo codes			Partic	Participant		+	in vivo codes
Absolutes: Black and White / All or nothing thinking	'ignore, accept, or d 2		80	-		-		:	\vdash	\vdash		ŀ	\vdash		-	2		L		,[+	
	We take on stuff tha 22							The Holy Spirit is the	24 30	4	4	82 94											
aetiology of distress: - link to community / shame																						-	what are they goir
Aetiology of distress: 'a lordship issue' (P1.44)	You want to get it ou 44		F																				
Aetiology of distress: faith /testing / temptation			F			-							\vdash									>	when I explained m
Aetiology of distress: general life's hardship - link to meaning																							
Aetiology of distress: ontological problem/born into sin - link to weight	and I could feel a lig 38	-																				ž	not just limited to
aetiology of distress: spiritual enemy/opression / general spiritual aetiology	there is a sense of gu 46	56	70 7	78				And because im a 0 112	112						Ont	On the other hand,	, 1 101	103					
Agency: Striving for godliness (active vs. passive)																							
Authority: Jesus' power given to us																							
Authority: Lordship in conversion								when we come into	1	18 24	1 72				Wha	What does it mean	1t 29						
Authority: Opening-up: inviting God in / vulnerability with others (counsellors Rather than saying, 52	Rather than saying, §52	64	68 7	70 74	78 80	-		You can learn from 80	80 82	8	108	112 1	114 116		in p	im probably a lot md 7	È	6	8	101	<u>5</u>	5	105 I then felt like she h
Authority: Other: Common Grace / counselling / opening up			F					if there are things t 84	84 86	5							87					=	like to think that
Authority: Scepticism about medicalising moral/spiritual issues / spiriutal heal, he is roaming and s	, he is roaming and s 74							he has profound p; 82	82 98	100	104				you	you don't want to p	p 113						
Behaviour: act like your new self	think differently, tal 14	40	46					So that means I the 50	50 72														
Belonging - identity linked to family of God (P6 trees)																							
Bible: transformative	power in these word 30	34						I think scripture is 120	120						a we	a weird circular tho	0 67					0	oh the Bible does s
Bible: handbook for life / direction?																						F	The Bible cares wha
Bible: role models / encounter Jesus - character of God	people were grappli 28	30											_		l nee	I need to find my wa	va 49					×	when I read the Bib
Bible: self-effacing by focusing on God	28												_										
Bible: source of purpose / meaning / hope /framework for understanding						-		biblically speaking 6			8		_									=	the Bible is clear th
Biblical authority: created order /common grace / Truth vs. reality /self-concept		19						which is contrary t52	52 80	120			_				_					=	the bible talks abou
character of God - comfort / promises / faith step	10												_		P	do believe that I kn	19 19					0	God, yeah in love ir
Choice: decisions - linked to wellbeing (expulsive power of new affection)	I see it like two weig 50							But while we are st 48		2	76	92	94 100	120									
Choice: freedom / free to choose / options / acceptance	'ignore, accept, or d 2	4	8	10 16	22 22	8	6	where before relat 48	48 50						Itru	trust you Lord. I tru	th 47					<u>=</u> .	im looking after yo
Church teaching						-				_			_										
Community transformation / other relationships	full of purpose, full q74							The bigger story ac 42	42 52	_			_		tob	to breathe into som	m 57	6	8			Ξ	I think the main po
Community: shame (holier-than-thou)													_									-	what are they goir
Conversion: 'Saved from'		_				_			_	_		_	_				_						
Conversion: Hole or Whole /filled with Jesus (holisticself)	to be full'we have 12		H												And	And I think it comes		45	47	49	57		
Conversion: Instant follow and process of choosing to follow (follower of Jesus fol	follow me 'simple 8	38	74					discipleship. So to 6	6 76	8					l do	l do intertwine my n	/r 19					=	think it takes a lot
Conversion: rebirth / new nature / new core-self	old has gone, new ha 14	16	22 2	24				'Status fundament 48	48				_										
Conversion: Relationship with God	new people who this 10	16	20 3	ş											that	that personal relatid		5	31				
Core Self: Christian changes the heart / 'there was a compulsion' P8.26	'it's the core of who	52						scriptures talk abo 12	12 16	36	62	104											
Core self: God changes 'from the inside out' / sinful self	someone with that § 14	1 22	32 6	64				Baptism is the exte 70	70													×	you can believe in y
Core self/Conversion: instant and process	someone with that g 14	-						So salvation is now 8	8 20														
Culture clash: Christianity vs. West / East morality / 'therapeutic' arpproaches e.g.	e.g. Bible in China/S 8	8	32					in Christianity love 28	28 38	42	78	8	104 106	108	12 Ido	112 I do intertwine my n 19	/r 19	41	87	66	101	÷	that are good for m
Dissonance - heart (emotion) and head (belief). Revelation: pace. Head knowledge	lge									\square			\vdash									=	I think I understand
Alphabetical Selective Codes Frequency Selective Codes	des Entire Data	ata	8	CC-Intrave		00		╞															
			Ì	LINON.	\$	S	Helati	CC-Helationship	CC-Sin	Ĭ	о С	Iture (CC-Culture Clash		C-Aeti	CC-Aetiology of Distress	stress		00	Jubmi	CC-Submission	+	

Whenever a code appeared in an interview, I recorded the reference beneath the participant identifier in an Excel spreadsheet, as illustrated in Figure 5.

Once this spreadsheet was complete, accounting for all coded data, I organised the references to ascertain the most recurrent codes. This allowed me to identify whether a code was shared and used by numerous participants or was just used repeatedly by one participant. This indicated to me core variables, as shown in Figure 6.

Figure 6

Frequency of Codes

•		le (F1.44)			
A	8	C D E F G H I J X L M	N O P S S	V W X Y Z	AB AC AD AE AF AG
Number	Selective Codes	PI	P2	Partucipant.	P4 P5
 Absolutes: Black and White / All or nothing thinking 		2 8 80 23 73 83 62			
2 Absolutes: God's Truth and creation's truth: paradox		22 70 24 30 42 44 82 94 32 60 64	10 52 56 113 24 36 62 7	70 74	
	me	25			
		27 10			
5 Aetiology of distress: taich /resting / temptation 6 Aetiology of distress: nameral life's hardeble. [Init	Actiology of distress: faith /testing / temptation Antiology of distress: support life's bardekin . link to meaning	10 12 06 05 05 12 12 12 12 12 12 12 12 12 12 12 12 12			
Τ	o weight				
Τ	ology	56 70 78 112 101 103			
Τ		17 38 4 14 20 62 78 4 20	44 82		
10 Authority: Jesus' power given to us	1 to us				
11 Authority: Lordship in conversion	sion	12 18 24 72 29 8 30 32 54 56 58	74 20		
12 Authority: Opening-up: Inviting	Authority: Opening up: inviting God in / vulnerability with others (coursellors) /ope 52	64 68 70 74 78 80 80 82 98 106	112 114 116 7 87 99 101 103	3 105 36 68 96 10	22 74 75
	Authority: Other: Common Grace / courselling / opening up	86 104 87 32			
Τ	Authority: Scepticism about medicalising moral/spiritual issues / spiriutal healing /874	82	104 105 106 107 44 48 70	74 78	
		40 45 50 72 24	3		
Τ		42 44 58 60			
Т		34 120 67 4 12			
Т		30 Z3 53 19 Z1 40 50			
19 Bible: role models / encouncer Jesus - character of God 30 Bible: role affective for formulae on Cod		25 30 43 12 13 14 25 23 18 40 80			
Т	Mercanic for and starting of				
	oncept		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
T		19 7 10 11 12 20-21	55		
24 Choice: decisions - linked to we	oower of new affection)		8		
		4 8 10 16 22	47 3 28 16 60 6 7	76 96 120 4 28	
26 Church teaching		52			
27 Community transformation / other relationships		74 42 52 57 91 99 17 18 26 28 46	50 64 50 42 48		
28 Community: shame (holier-than-thou)	un-thou)	25			
29 Conversion: 'Saved from'		28 30 54 44			
	lied with Jesus (holisticself)	12 43 45 47 49 57 60 14 12	66 8 30 78 82		
	t to follow (follower of Jesus) / sav	8 38 74 6 76 90 19 27 2 32	6 12 14 22 26 34 33	58 78 2 20 40 44	
Т		16 22 24 48 57 44 50 58			
Т		0 16 20 36 5 9 31 57			
Т	mpulsion' P8.26	52 12 16 35 52 104 45 5 22 12 16 15 52 104 45 5	4		
Т		22 32 54 70 5 32 15			
T	the state of the				
Т	Outure clash: Christianity vs. West / East morality / "therapeutic" arpproaches	30 32 28 33 42 78 38 104 105 108	112 19 41 87 99 101 30	31 23 24 25	R R R R R R R R R R R R R R R R R R R
Т	Urssonance - neart (emotion) and nead (pellet), Nevelation: pace, Head Knowledge				
Т		58 90 92 13 26 35 24 50 1	50 50 50 50 50 50 50 50 50 50 50 50 50 5		
	Distress: God with you / comfort /security / presence of God	39 43 73 36 73 86 90 92 28 70			
41 Ethne / unline /morality - ones	crimitoriment: uncriangeatre: anapea oy environment/outoing/ood - tension. Sthee / values /morality - ananiaeum to comone with different percentities	20 00 27 00 00 00 00 00 00 00 00 00 00 00 00 00			
Т	Γ		87 67		
Т	terengement - more encourted for with God (after mistake)				
Τ	be all that Godhas made you				
		28 39 38			
		24 33 12			
	son	45 75			
49 Hollstic Belief: active and practical	tical	4 35 112 2			
	A laboration of the second secon		Partice Partice Party	00	An Poloticación An Ala

I then began researching literature relevant to the emerging core variables (e.g. 'Using Scripture with Evangelicals', Span, 2009). I then re-read the transcripts with greater knowledge so I could find deeper nuance in the data and allow me to consider its relevance in scholarship (Thornberg, 2012). While it deviates from a specific Glaserian approach, this method is widely endorsed (Stern, 1985; Dunne, 2011), as it adds dimensions to analysis by integrating comparisons with wider research as part of its iterative process.

I then grouped codes around core variables to discover any over-arching theory or see if processes interlinked (see Figure 7). For a detailed analysis step-by-step see Appendix I.

Figure 7

Grouping Codes

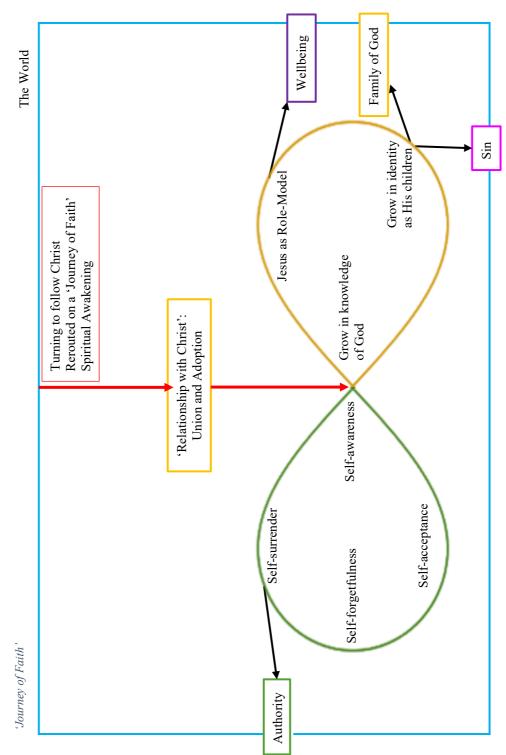
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Figure 8

Data Grouped According to Core-Categories. Coloured Tabs Pertain to Different Core-Categories.

All data was then categorised in Excel according to core-variables. Colour codes were used for quick-referencing and cross-checking (see Figure 8).

Once these core-variables and their sub-categories accounted for the majority of data, I simplified it again to emphasis what being Christian looked like with reference to its sanctification process, summarised by 'Journey of Faith'. Coloured codes are represented accordingly (Figure 9).



81

Figure 9

Figure 9 above will be explained in the following chapter as I present the Results elicited by my GT research.

Results

This section explores three core variables, "The journey of faith" (P5.10), "Relationship with Christ" (P2.18) and "Lay that identity down" (P9.58). These categories conceptualise all emergent theories about the process of sanctification, which are outlined through subcategories that correspond to specific mechanisms of transformation. In view of this process, the chapter ends with emergent theories about Christians engaging in psychotherapy and psychological interventions. These emergent theories can be summarised into one broad maxim:

Being Christian is an ongoing relationship and union with God, their Father, who leads them on a journey of maturation to become more like His Son, Jesus. By growing in knowledge of who God is, Christians' increasingly know whose they are, which uncovers who their true-self is. This requires self-awareness, self-acceptance and self-surrender of their emotions, desires, thoughts and behaviours in conformity with Jesus.

Core-Category: "The Journey of Faith" (P5.10)

The preliminary core-category, and the second most frequent code underpinning all the emergent theories, was "The journey of faith" (P5.10). This refers to the initial moment of "turning" (P3.77) from their previous lifestyle and toward a "God-oriented" (P8.38) direction: "You realise that when you're a sinner, 'right you know, I'm away from God, I'm going in the opposite direction; I need to repent of that and come back and go his direction" (P8.30.) "I've become a follower of Christ, and there's no appeal for that to me and I don't want to go down that route" (P8.8.)

The immediacy of change at conversion rerouted their "assumptions and values, presuppositions" (P2.12) desires, self-confidence, behaviours and character and with it came

a new way of living. This way was no longer in the opposite direction from God, but a journey reoriented towards Him.

While being redirected was instantaneous, moving in this direction was an ongoing journey "It's never an ended journey, salvation, it goes on and on and on" (P8.54.) "I don't see it as a linear, I see it as back and forth and up and down and yeah, everything it means to be in relationship—in true relationship" (P2.53).

P8, the oldest participant at 84-years-old spoke about continually learning and choosing to follow Jesus at every stage of life, despite converting at 21 years old. He, like the others, considered salvation not just as a historic moment, but a continual event; he is continually saved from journeying down a route that is not "God-oriented" (P8.38).

The post-conversion journey was described as non-linear (P2), like an ebb and flow that "hasn't been straight at all" (P6.69) and like "a walk through a garden" rather than "a walk on a tight rope" (P5.38).

Being Christian was not a static state or title, defined by fixed observances or behaviours, but a dynamic relationship. P5's metaphors of a garden along with P2's relational depiction signified growth and conjured images of Eden in Genesis, in which God walked with humanity as He had designed. This meandering journey allowed participants to conceive that God was patiently with them and interested in their journey, rather than the destination: "...tools to navigate my life rather than instructions to make my life better" (P4.37).

We've been travelling the mountain that you come to and you forget that God has actually helped you climb many mountains before but this present mountain problem in front of you [...] that's where faith comes in and trust comes in, and God comes in (P7.29) Participants conceived that hardship and distress were a natural part of their meandering path as a consequence of the Fall described in *Genesis* 3; not sent by God but allowed by Him who could also bring good things from it (P9.40; P8.86). Hardship was an unavoidable reality and obstacle in life, but it provided opportunity for participants to deepen their relationship with God by journeying deeper into faith in Him.

Faith was synonymous with trusting God with every step on a journey into the unknown, beyond their control or resources, which fostered total reliance on Him who had control. Therefore, participants did not automatically want to remove these obstacles, but expected God to help navigate through them.

This impacted the experience of therapy for P4, who shared her discomfort when the therapist sought to alleviate her hardship through a well-intended intervention. Instead of wanting to make her life better, P4's primary goal was to elicit practical ways of managing and making sense of her problems, because what mattered was how she walked the path rather than taking shortcuts. That way, she would be able to journey into faith by navigating, not just clearing, what God had allowed on her path:

You can't help noticing as a Christian that you get transformed through suffering and you get changed for the better through suffering [...] the *great* thing about suffering is it makes me realise I don't have the resources in my own strength, so I have to turn outwards to God and seek His help (P9.40)

An appropriate Christian response to hardship was to acknowledge their finite limits in order that they might reach beyond themselves to God who could help them navigate "the mountain" (P7.29). This contributed to a hopeful expectancy during trouble that God would intervene and bring transformation, either to the situation or in the participant's relationship with Him. All of which had the potential to change the individual: So where is God? What's going on in you on the journey you know? What's the transformation that's taking place on the way? [...] What are the, urm, how are you changing you know? (P5.32)

P5's questions demonstrate her perception of suffering and her desire to grow in awareness of what God might be doing in the midst of it. This exemplifies the way participants seek to grow in this "garden" (P5.38); through an awareness of God in distress and openness to being transformed for good. This raises the question why participants considered God wanted them to be transformed. The overarching reason was again understood through the Genesis creation narrative and God's role as Creator; He had designed all creation, including humanity, to grow to maturity:

... Jesus would have become incarnate even if we hadn't fallen because he saw it as urm, he thought there was a maturing that humanity still needed. So the garden in Genesis 1-3 is not the same as the city in Revelation 21 and 22 [yeah] so there's a storyline. There's a growth in Scripture which is more than just kind of undoing of human sin; a coming of fulfilment – humans coming to fulfilment of what God wanted us to do. So, Jesus is (as it were) is part of his work is to urm, redeem from sin, but another part of his work is to bring us to maturity as human beings. So, some of what we are in transformation and sanctifying work, some of it is, is restoration work but some of it I think is maturing work (P9.30)

Being Christian was not only a removal of the things (sin) that separated participants from a relationship with God after the Fall. Central to God's creation was growth from a garden to a city, a development and maturation process. This metaphor inferred development, potential, intentionality, increased knowledge and resources. This suggested that being Christian meant growing-up to maturity through this relationship, which could be fostered through suffering. Maturation was not becoming something other than itself, but P9 suggests transformation was a restoration and fulfilment of the way God had designed it. As such, the Christian has the potential to become all that God had intended them to be when He created them. Sin had thwarted their true, created self but salvation had restored it, such that the transformative journey of faith is synonymous with a restoration of their true-self.

What this initial core-category has revealed is that being Christian is an ongoing transformative journey into a deepening relationship with God, intrinsic with a maturation process of living as their true-self.

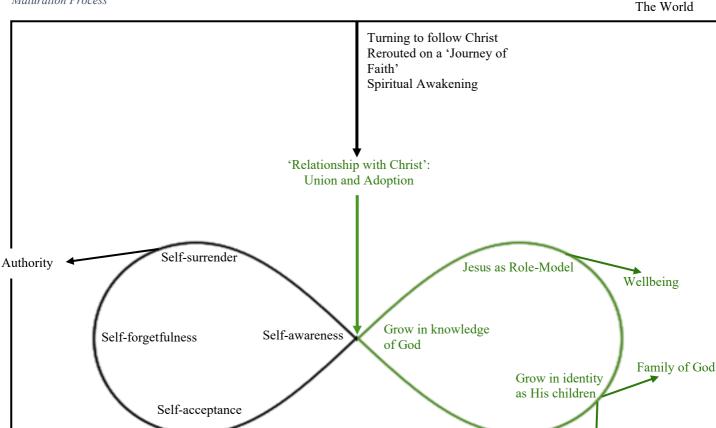
Core-Category: "Relationship with Christ" (P2.18)

I now unpack the largest core-category, 'Relationship with Christ' (P2.18), which is the crux of being Christian and foundational in understanding their maturation process.

We will begin exploring the type of relationship through participants' metaphors. We will then follow inferential links between relationship to maturation and wellbeing. In so doing we will look at the green sections within the transformation process as depicted in Figure 10.

Figure 10

Maturation Process



In turning to God, irrespective of their background or age at conversion, participants described transitioning from religion to relationship:

...a religious understanding of God to a personal relationship with God, knowing Him as your Father not just repeating it as your prayer but the knowledge and assurance because of Christ as I'm in Christ, and Christ is in the Father; "The Father and I are One" (P8.24)

Participants demarcated religion, including its spiritual practices like prayer or reading the Bible or attending church services, from being Christian. Instead, each described a moment of revelation or spiritual awakening when they experienced God as real, and this

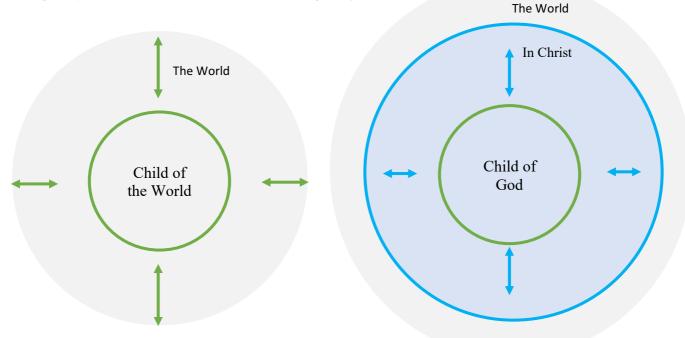
Sin

transcended any previous knowledge about Him. Part of this revelation was understanding His invitation to a personal relationship with Himself. At this point, being Christian had nothing to do with belief or behaviour, and everything to do with coming into relationship at conversion.

This relationship was depicted as 'enveloping'; participants were welcomed *into* Christ. Being 'in Christ' referred initially to being in a relationship 'with Christ' and journeying 'in Christ's' direction. This metaphor was extended to demonstrate not only a new interpersonal relationship, but an intrapersonal, or metaphysical, shift in which their being was now within Christ's. To illuminate this relationship between humanity and divinity biblical references of Jesus in God and God in Jesus ("the Father and I are one", John 10:30 quoted in P8.24) were drawn upon. It is within this divine union (see Figure 11) that P8 situated himself post-conversion; "Of God, are you in Christ" (1 Corinthians 1:30 quoted in P8.24). In the first image the participant located them as a "child of the world" (P2.30) in

Figure 11





which the green arrows represent the reciprocity of relationship between them and the world;

its values, constructions and ontological positionality. After turning to God, the participant is now located in Christ and experience a shift in status to "a child of God" (P2.30) that reorients who and what they are shaped by, namely Christ. Being in Christ acts as a mediator and boundary between the participant and the world. All of which will now be explained in detail.

Sub-Category: "Union with Christ" (P2.18)

When asked to unpack this complex theory of being in Christ, P9 answered:

....the whole of the person belongs to Jesus, that by the Spirit – the Holy Spirit – we are united to Jesus [...] you're not plugging into Him so much as He has taken you to Himself [...] Christ is your inner life - the whole of you, who you are has been inseparably wrapped up with Jesus and therefore inevitably would stuff change you (P9.18, 20, 82)

Union with Jesus was reciprocal; Jesus is in them and they are in Him. This was then understood as belonging to another, not by way of sharing a joint resource (e.g. 'it belongs to us both') but by being fully joined with and living inseparably from each other (e.g. 'we are both').

This is a holistic reality in which the whole person is united with Christ, rather than just the soul, like in Greek anthropology (P9.8). Instead their whole being (mind, soul, body) belonged to Christ and His paradigm. Therefore God cared about every facet of their life; what they did, thought, felt, desired and so on. Now, being in Christ was the beginning of maturation such that participants anticipated an inevitable transformation from the inside out (P9.82).

Despite this abstract concept, all participants adhered to this belief and made sense of it through the everyday metaphor of marriage to describe their union with Christ: "The biblical metaphorical language of Christ as groom and Church as His bride, His people. There is the moment of consummation, there's a coming together where you have a shared identity in a way" (P2.24).

Two people know they love each other, they know they want to be together but there's that something special about bringing everyone in a room and saying [yeah] "Hey look, we love each other and you're going to see this a lot more because this is who we are" and baptism is just like that (P4.6)

It is interesting to note the frequency of metaphors, which were understood as "essential but that doesn't mean that they are, that they represent and imagined unreality [...] those metaphors help us to grapple with what is objective truth" (P2.44). Therefore, biblically-founded metaphors enabled participants to communicate their supranatural relationship with God without undermining its literalness. In that way, metaphor of marriage revealed the deeply intimate relationship experienced. This was likened to consummation, where two distinct beings became one being. This personal union was so complete it constituted a "shared identity" (P2.24). As with a marriage, there was also a public element to this private union, linked with the example of baptism. This was the outward symbol of a changed inner reality and public declaration of commitment to another:

...the marriage metaphor; when I married my wife 25 years ago, I was making the decision I was no longer the sole master and lord of my day to day decisions [...] Now the decisions I made, would have to be decisions that we made [...] being a Christian is analogous to that in terms of decisions I make, the way I live, the things I do (P2.64)

Union with Christ was not just a theological ideal, but a practical reality and source of transformation in participants' lives. While being Christian was dependent on relationship, not religious behaviours, the result of a shared identity with Christ meant transformation in the way participants lived, as well as in their general 'character' (P5.32). This transformation

emanated from their love and commitment to following Jesus on their journey. Therefore, change was both active and passive in response to this union and conscious decision to live as one. This meant practically involving God in decision-making, in lifestyle, behaviour as the result of relationship.

Sub-Category: "My Real Parent is God" (P4.5)

The second metaphor that described the type of relationship inherent to being in Christ was adoption. Christians had been adopted by God and now they learnt to live as His children. This filial relationship served to heal and rescript relational patterns, role-procedures or beliefs based on earlier experiences through experientially understanding God as their Father: "When I think of the Father that's like [raises hands] 'arghh' that's like you know, [sighs] that's just too awesome for me" (P3.22). "...you know some people might have 'daddy-issues' and so you know it might be a bit harder to see God as a Father in that relationship even though they try and seek it, it might be difficult" (P7.43).

P3 experienced what P7 described as daddy-issues and so relating to God as Father was a challenge. While P3 found solace in relating to Jesus as her "human best-friend" (7), no substitute metaphor for God as Father was given. This raises two points: firstly, that objective Truth encased in metaphor cannot simply be reimagined according to the participant's preference (e.g. God as nature), as this might lead to an incorrect view of God. Metaphors had to be biblically founded (P9.36). Secondly, because God was a Father who offered unconditional love, being brought into this relationship meant P3 could "practice vulnerability" (P3.73). This meant that in Christ, as God's child, she was freed from trauma, albeit over a period of time, such that she could maturate unfettered by her past. This metaphor was a lived reality and a transformative relationship that led P3 to conclude how God had freed and "healed more people who are hurting emotionally" (P3.91).

Sub-Category: "Your Status Fundamentally Changes" (P2.58)

Not only was their relationship with God emotionally transformative, but participants saw that relationship wrought a fundamental change to their nature. There was no neutrality; either you belonged to the world as a child of "wrath" or you belonged to Christ as a child of God (P2.40). Who they were was bound to whose they were, so in maturing in an understanding of God (e.g. relationally), Christians grew in awareness of who they were:

...your status fundamentally changes. I'm no longer outside the household of God, I'm now inside it. The door of the fridge is open, I can take what I like. So that means I then have freedom to act as a son of the house. Or if I'm foolish I can fail to act as the child of the house (P2.58)

Children of wrath, outside God's house, were conceptualised as slaves who were bound by sin and "habitual patterns that are negative" (P1.22). Here, participants lived under a worldly system (see Figure 11) that was as equally broken as they were, such that it was impossible for them to ever self-actualise or reach fulfilment. This was the antithesis of freedom found in Christ, in whom worldly systems were reoriented just like living as an orphan differs from a living in a family. In Christ, participants not only had provision and protection but, most importantly, they had a sense of belonging which freed them from who they once were, transformed their identity and how they lived. This allowed them to actualise, or mature, according to their true-self by identifying as a child of the house.

Sub-Category: "God Would Meet me and Help me Feel Better" (P9.70)

All participants saw that being a child of God increased peace and mental wellbeing, because it was the opposite of being a child of wrath (P2.30). Again, this belief was founded on relationship; they were united with a God who had experienced distress and suffering. This meant God could empathise with their distress and that alone offered comfort and peace: "God is present within pain and suffering and urm, you know he bears on the cross [yeah] pain and suffering on himself [...] He absorbs pain and suffering but then the next step is in order to conquer it, to overcome it" (P9.38).

Beyond empathy, God could alleviate their pain by carrying it upon himself. Of course this refers to Jesus' historic death, but P9's use of the present tense 'absorbs' signifies the continuation of Jesus' support. This was not just theological belief but a lived reality in which Christ's absorption of their pain was immanently practical. He understood grief, helped them figure out what steps to take (see P3.39) and inspired hope that they too could overcome adversity like Jesus had.

This Christocentric view of distress led the more Evangelical participants to conceive that Jesus was the true antidote. Jesus had promised "peace I leave with you not as the world gives peace" (John 14:27, quoted in P8.80) which signified that God's peace superseded worldly interventions. Consequently for P2, P8 and P9, true peace was ascertained by coming to Jesus, rather than solely something achieved through secular interventions:

This is a moment of real crisis and it says, "he strengthened himself in the Lord" [...] the way that the story is told is that he didn't go on a 3-week retreat to gather himself [clicks fingers] [...] he just, somehow, found resilience and looked to the Lord to find strength [clicks fingers] ...] there is a spiritual robustness, resilience, which we should learn, which means we are empowered to navigate through crisis by finding strength in the Lord (P2.90)

The clicking of P2's fingers sarcastically intimated that retreats are not as effective or as simple a solution as they purport. By snapping his fingers again, P2 juxtaposes this claim with that of going to Jesus and finding healing in him as a simple but effective solution. This contributed to a pervasive scepticism around therapeutic interventions (cf. P9.76). God was sufficient for making and instilling peace and able to guide His children through crisis, which was at the heart of their journey of faith. Therefore, being in Christ was seen as a buffet against mental health problems because Jesus was enough if only Christians strengthened themselves in Him. This view permeated all male interviewees, who found it hard to reconcile the access to "joy and satisfaction and contentment and peace with God" with feeling overwhelmed, "even when you get times of trouble" (P8.86). This dramatically shaped the way they managed crises:

...worship and prayer and spending time with God would be things that would make me feel good, so again I guess baked into my spirituality were mechanisms humanly speaking - or I would say, God would meet me and help me feel better (P9.70).

Traditional spiritual practices were mechanisms for building their relationship with God; it was not the ritual itself, but their encounter with God through the act that elevated their mood. Again, change was both active and passive; engaging in spiritual practical but also receiving peace when God encountered them. This was an important distinction, because participants were not seen to position themselves as the source of peace, only God was. This was linked to tapping into an objectively real source, rather than fabricating their own peace like that in a retreat.

"Knowledge and Assurance" (P8.24). God was objectively real, so in "spending time with God" (P9.70) participants learnt about His character, which offered legitimate hope: "...it's really good knowing that somebody doesn't sleep, they don't get distracted, they don't fail, they're not human [...] No matter how things look on the outside because you believe in God and He's that anchor" (P4.6, 10).

The character of God gave participants certain hope that even in the worst pain God was both caring and actually able to help them because He transcended human limitations

(e.g. sleep, distraction, mistakes). This metaphor revealed the way in which God, objective in nature, existed outside of humanity and therefore had a bigger, authentic view of reality. So, even in the storms of life, when participants could only see the waves, God was their anchor and navigator; a solid reality that could hold them in times of turmoil. This was contrasted with some psychological interventions that were seen to be "in the air" (P2.32) because they were built on worldly truths rather than God's Truth. To extend the metaphor, worldly support was just another boat tossed around by the storm of life. It is important to note that while some psychological support was "airy-fairy" (P8.10) it was not viewed as totally irrelevant or unhelpful as I will discuss later, but it did contrast to the intransience and security of God's support.

Knowing God was experiential, based on encountering His character, and therefore metaphors were central in describing the Indescribable. Most metaphors were drawn from biblical accounts because the Bible was also a source of knowing God, but participants distinguished between knowing God intellectually and knowing Him experientially. By basing language about God on scripture, their conception of Him was secure and not just built in the air or how they felt about Him (e.g. God is neglectful because I feel forgotten). Being Christian was a unity of both types of knowledge in which biblical stories became their lived reality. This was not just a biblical epistemology but a narrative epistemology in which their faith in God was built on testimonies about His character biblically and experientially (P3.65; P4.11; P6.73; P7.29).

There was one exception in the link between wellbeing and relationship with God. P4 described that knowing God's kindness led her to feeling ashamed because His forgiveness "can feel undeserved or maybe you shouldn't love me this much" (P4.22). The immediate impact of this caused her to consider, "How can I even come into your presence when I'm

this tainted and you remain perfect?" (P4.22). In this instance God's character highlighted the disparity between her and Christ even while being united to Him.

"Sin is Real and Powerful" (P2.124). Another consequence of belonging to God's household and believing objective Truths about His character was the reality of household rules. To "obtain that peace" (P6.33) and freedom, participants had to adhere to God's moral standard. This was conceived of as "right-living" (P6.27). Conversely, doing the opposite was not only foolish but considered sin, which hindered relationship with God and caused distress:

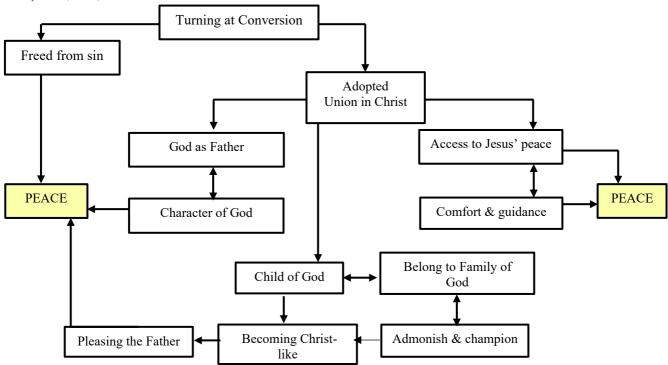
Sin is real and powerful and can affect our psychological and somatic sense of wellbeing. So if someone's problem is actually that they are caught in sin and what they really need to do is deal with their lust or greed or anger or whatever it might be, any therapy (chemical or talking) which doesn't deal with the root problem will only deal with the symptoms (P2.124).

Since sin led to distress, an underlying reason behind participants' scepticism about the efficacy of therapeutic interventions was that morality was medicalised. This meant therapy did not account for moral issues like "lust or greed" (P2.124) or "holding onto something like unforgiveness that's leading to actions and decisions which is causing this" (P7.103). Instead, participants believed that in living as an obedient child of God, a weight was lifted from them (P1.38; P3.24). Interestingly, anger was considered an attitude and equally sinful as greed or lust, rather than *behaving* angrily or seeing it as a benign emotion. Therefore lessons in anger-management might be seen as a medical mis-management of a moral problem.

These connections between mental wellbeing and relationship with Christ are mapped out in figure 12 and will continue to be explored.

Figure 12

'Obtain peace' (P6.33)



Sub-Category: "To Become more Christ-like" (P1.18)

How participants understood what God's family rules were and how to live as a child of God was linked to Jesus' example. How do you learn to live as a child of God? You look at the example of the Son of God. Jesus was their inspiration and goal of maturation, because He exemplified being fully human and fully divine, in total union with God (P4.29). Therefore to act like a child of the house, in union with Christ, participants conformed to His likeness: "… not become a better person, though I do hope I will become a better person – but to become more Christ-like. And to be more like the role model" (P1.18). "What would Jesus do?" (P3.61):

So my identity becomes who I am in Christ Jesus, who am I as a person? What defines me? Is it primarily my ethnic or cultural, or gender, urm or whatever else we might use? No. It's primarily Christ Jesus that's—He's one in whom I identify myself. (P2.24) Participants were no longer bound by their culture or worldly paradigms, because as children of a new house they had become united with Christ Jesus such that what Jesus did, they sought to do, what Jesus thought, they sought to think. So Jesus did more than defining participants as society had, but actually located who they were within Himself. This meant that self-actualisation was only achievable through identifying with Christ, or Christ-actualising. Who were they? They were in Christ, which was both a qualifier and subversion of the question. This is what freedom in God's family looked like; participants did not conceive of themselves as bound by human definitions. This was especially evident for P2, who crossed-out 'gender' replacing it with 'sex' in his demographic form to demonstrate his nativist views in which sex is synonymous with gender as determined by God, rather than society's construction of it. This was echoed by P9 who, as a direct rejection of socially constructed conventions, defined his sexuality 'male' rather than 'gay'.

Therefore, the goal of journeying was not to become a better, more fulfilled person according to worldly standards (e.g. self-actualisation), although this was often the result. The purpose of transformation was to become like Jesus, and in pursuing Christ "above his own heart" P1 ironically unleashed "the potential of his own heart" (P1.46). This was true maturation as a child of God in which transformation was likened to:

...a self-reinforcing circle that as we understand and experience the love of God, we grow in knowledge of God, and as we grow in knowledge of God the more we know about God and the more we love Him. And as we do that, we grow in our understanding of who Christ is and what it is to be identified as His people (P2.28)

Participants saw a direct link between knowing Christ and understanding who they were. With each step of the 'Journey of faith' cycle (see figure 9) participants were transformed through encounter, then experiential knowledge of God's character that not only increased wellbeing but also brought them into alignment with Jesus. By increasingly knowing what Jesus would do, participants could do similarly and "think differently, talk differently, act differently, love in a way that they could never have probably loved before they invited Christ into their life" (P1.46). This process of change brought Christians into growing conformity with Christ and therefore with other children in the household as they shared the same goal and source of transformation. Conformity to other Christians was a biproduct of sanctification in becoming like Christ rather than group membership.

Sub-Category: "Becoming More Your True-Self" (P9.24)

If participants grew in understanding of who they were through understanding who Christ was, there was the potential that in Christ-actualising they were freed to self-actualise, or become the person God designed them to be:

...there's a coming together where you have a shared identity in a way, which is, you're still distinguishable but just not a Borg you're not merging into one unidentifiable urm unity. So there's still that urm, diversity, duality, but there is a taking on an identity that is shared in common (P9.24)

Just as their role-model, Christ, was able to grow in Himself (*Luke* 2:52) whilst being united with the Father and the Spirit, participants conceived they could do the same. Being in Christ meant participants were inseparably wrapped up in Him (P9.82), they were becoming *like* him, not becoming him. P9's marriage metaphor extends here since a couple shares an identity while also being distinguishable; the husband is not the wife. Sanctification does not make Borgs; an allegory from Star Trek in which 'the Collective' forcibly assimilate individuals to achieve perfection. This reinforces the nuanced goal of sanctification, or purpose of being Christian, it is not perfection but Christ-*like* perfection. This emphasis means that in Christ, He perfects who they are such that Christians are not "bland and samey" (P9.24). Instead, becoming *like* Christ means following his example of how to flourish as "the self God always intended you to be but which none of us are able to on our own" (P9.24). This was their true-self located in Christ's identity such that in the sanctification process of Christ-actualisation, Christians are truly able to self-actualise.

Participants deduced that anything incompatible with Christ (e.g. sin) belonged to their false-self. This false-self included their organismic-self since this was reoriented after being born-again into Christ and sharing His identity. However, this organismic-self was not totally "wiped away and eradicated" (P9.46) at conversion, but part of sanctification was discovering who God had intended them to be and learning to live congruent with that reality.

"Each Other" (P8.46). A significant means of living as their true-self was through "dual-holding accountability" (P3.97) with other children of God. Part of being within God's household meant living within His family, each on their own journey, but to whom they were responsible for encouraging along the way (P2.18). There was an understanding that if one family-member acted foolishly by "back-sliding" (P8.66) on their journey (e.g. "compromises my relationship with Christ" or "was contrary to the commands and instructions of scripture" P2.42), then it could damage the entire household. This strengthened the resolve to journey together by championing as well as admonishing one another: "...if you're doing things that you shouldn't be doing someone can pull alongside you and say actually is this how you think you should be behaving?" (P6.8). "... knocking the spots off each other" (P8.46).

Admonishment was depicted across a spectrum of severity, ranging from gentle observation about behaviour incompatible with being in Christ to direct rebuke, which was paralleled to a knocking-off of their former false-self. P3 had experienced this knocking-off and described it like "judgment, punitive, holier-than-thou" (P3.79) because it was done unequally. P3 described a power-imbalance that could occur in which only one Christian might admonish and likened this to her experience of psychotherapy. Instead godly admonishment was worked out in "dual-holding accountability" (P3.97) first from relationship with God and awareness of His patience and then to ministering that grace to others (P2.42).

This false-self was like an insignia that spotted their true-self, but it was not just from sin. All participants suggested that presenting a perfect image of themselves, or holier-thanthou, was as equally as damaging as sinful behaviour and needing knocking-off:

...politeness and other things which has been confused at times for Christianity because you at times - the manners, giving-up your seat and these politeness things you do get this in the established church where this is taken for a Christian [...] it's not coming from a more pure sense of acknowledging God and being ordinary people. So I don't want to create a false image (P8.46).

This false-self was the appropriation of stereotypical, albeit good, Christian behaviours and beliefs. Despite their emphasis on right-living, theirs was an 'inside-out' transformation from relationship. P6 used an oxymoron "carnal Christian" in reference to those who professed Christianity but "lived and moved for themselves" (P6.35), which was similar to P8's critique of established religion. There, individuals might confuse being English as being Christian. Carnal and cultural-Christians may do "a godly-deed" but what really mattered was their "personal reason behind doing it" (P8.80), which for participants was doing everything out of relationship with Christ and wanting to become like Him.

Living authentically meant living wholly for God, which included, in the hope of transformation, recognition of their ordinariness. This posed a tension in wanting to move towards Christ-like perfection while accepting one's fallibility. Tension was mediated by the belief that God was more interested in cultivating an honest relationship about "whatever is going on, right or wrong, good or bad" (P4.23) rather than just presenting a Christian veneer.

Therefore admonishment necessitated that "vulnerability or weakness" (P8.50) could be expressed because part of the ordinariness of being Christian was ongoing repentance and growth.

P1, P3 and P7 struggled to find others they felt safe to be vulnerable with, which was complicated by the belief that being in Christ meant they were "an ambassador for God" (P5.31; cf. P2.46; cf. P8.46) so needed to be mindful of how they represented Him. This played out in member-checking when P1 and P6 rephrased and omitted sections for fear that they misrepresented Christ (see P1.32; see P6.82). This came to the fore in relationships with non-Christians who might misjudge their ordinariness as hypocrisy or something negative in reference to Jesus. Perhaps worse, that non-Christians might endorse their fallibility, rather than help them journey beyond it. This has obvious relevance to vulnerability in psychotherapy, especially with a secular counsellor to whom they are seeking to represent Christ in a way they might not among themselves.

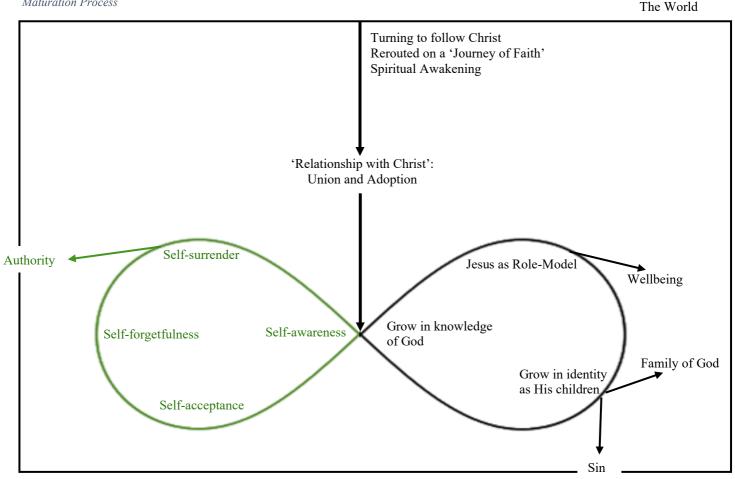
Core-Category: "Lay that Identity Down" (P9.58)

I have so far introduced the maturation process of sanctification: By growing in knowledge of God, helped by community, they become like Jesus and live like their true-self. In what follows I will show a particular mechanism, highlighted green in figure 13, that participants use to help them move away from a false-self towards sanctification: self-awareness, selfacceptance and self-surrender.

An awareness of Christ was directly proportional to participants' self-awareness; selfawareness led to self-acceptance on the basis that Christ had accepted their ordinariness. However, acceptance did not equate to tolerance, but God's kindness motivated participants' change. The final mechanism was their conscious decision to surrender everything to the authority of Christ in conformity to Him.

Figure 13

Maturation Process



Sub-Category: "Shine a Light onto Yourself" (P8.40)

The first mechanism in transformation was self-awareness: "As we daily read the word of God, there's different things shine a light onto yourself [...] I'm not seeking to analyse myself when I read the Bible, I'm - but that happens because you're seeing Christ and his teachings (P8.40).

The Bible's testimony of Jesus is described as shining a light on its reader, because in understanding Christ participants see how He defines them, and this raises an awareness about any disparity between how they are living and how they ought to live. Since Christ is the goal and means of transformation, P8 denies self-analysis, as this would place him as the source of transformation, whereas at conversion he had turned away from being his "own master" (P2.24). The false-self had its "own way of doing things" (P1.78), and was equated with "self-ambition [...] selfish, or self-oriented" (P8.32), which posed a threat to sanctification. Conversely, self-awareness allowed participants authentic insight areas that were not Christ-actualising (e.g. were they selfish with their finances?).

The preeminent source of self-awareness was from an experiential encounter with God, followed by clear guidelines in the Bible and accountability with church family. Eight participants also described how non-Christians could shine this light, since Christians did not "have an exclusive monopoly on truth" (P9.74). Self-awareness was one of the perceived benefits of psychotherapy: "I then felt like she had control over me; like I would go in, tell her what's wrong, she'd give me suggestions, solutions, set me a task, send me off again" (P4.36).

My counsellor wasn't a Christian, we never talked about faith but [...] I would share at the end with a friend what we explored, and they would pray for me. So it was, I did bring it into my conversation with God. But I think, I realise now that I really lacked self-awareness (P5.58).

The difference between P4's negative and P5's positive experience of therapy was the level of self-awareness they derived from sessions. P4 saw that therapy was too solution-focused and posing conflicts between her Christian paradigm and the therapies, so discharged herself. She wanted self-awareness, which is what P5 received and whose goal was to reveal areas that had not been sanctified (e.g. unforgiveness; P5.60). Although neither therapist

integrate their relationship to Jesus, P5 completed the process therapy initiated through prayerful discussion after sessions with a friend.

Sub-Category: "Acceptance is the Starting Point for Change" (P5.32)

Given participants' desire to change, it seems paradoxical to posit that self-acceptance is the secondary mechanism in transformation. Or similarly paradoxical that God accepts participants and yet demands they become like Him:

God loves us the way as we are, but He doesn't want us to stay that way [...] acceptance is the starting point for change [...] I think it provides a real great environment for change because change is messy urm and it means that there's room for mistakes, there's room for getting it wrong (P5.32).

...saying I was gay meant I was really owning and accepting that part of who I was, rather than denying it. So, even though I did come to a point where I felt I needed to lay that identity down and lay that label down [...] actually at that stage in my journey it was about self-acceptance (P9.58).

God's acceptance of them included their ordinariness, so despite awareness of their fallibility participants could also be self-compassionate. This was not based on self-generated positivity, but on God's attitude towards them, which was objective and consistent (e.g. an anchor). This acceptance created that "safe place to practice vulnerability" (P3.73) necessary for change. So beyond mistakes, what mattered was that participants were growing-up in Christ and messiness was just part of this process.

This was explained in concrete terms by P9 who became aware of his same-sex attraction. He described moving from awareness to acceptance; knowing that God accepted his biological sexual orientation, so he could too. He described this acceptance as a moment in his journey when he was a "gay Christian" (P9.52). However, being on this journey P9

also anticipated that this might not remain the same, but this conceptualisation of himself might mature in Christ.

Sub-Category: "It's Ultimately Surrender" (P1.44)

Self-acceptance motivated P9 to journey deeper into Christ, and in doing so believed he was to surrender the cultural appropriation of his sexual orientation to Christ:

...if I had said at that point "I'm not gay" it would have been an attempt to more run away from how I felt. For me now, I don't, I wouldn't—I mean it's not like I think I'm straight you know, like I'm not saying that, for me it's not about denying I'm gay to adopt a straight identity. It's more a case of moving beyond both of those [...] there's actually a great level of maturity in coming to say, "Well I accept that about myself, but I don't necessarily accept how my culture, the dominant way my culture invites me to construct that and understand that" – and I think there's a more biblical way of constructing it [...] it enables you to have much more accepting and nuanced engagement with your orientation and feelings, without that, but whilst saying the constructions of sexual orientation, or sexual identity, that culture offers me is not necessarily adequate for who I think I am (P9.62).

It is important to note that self-surrender does not, in the traditional sense, contradict acceptance or constitute self-denial or repression. Self-acceptance meant P9 did not deny his natural feelings or biological desires but did deny his culture's appropriation of them. P9 practically demonstrates the difference between how being gay is lived out by children of the world and children of God, but in neither does he repress or deny the actuality of his desires. Instead, the freedom found in Christ meant a transcendence of taxonomical concepts like 'gay'.

P9's process of sanctification did not seek to appropriate another cultural selfdefinition (straight), but instead to accept how He was created (gay) and reorient this around Jesus. This did not necessitate or result in a changed sexual orientation, but did determine the way his desires, emotions and behaviours were expressed according to a biblical epistemology. This was a rediscovery of "the self God always intended you to be" (P9.24) and so accepted his orientation but also determined how it was expressed. The consequence of this was defining himself as "post-gay", not "ex-gay" (P9.59), as it represented the fact that he transcended cultural narratives whilst also being same-sex attracted.

This clash between how culture informs self-expression and God's created design had significant impact on how eight participants approached psychotherapy; namely resisting "everything my clinician said to me because I don't think we shared the same ethos, background" (P3.87). This prevented participants from seeking therapy around issues of identity and morality, such as "counselling for their sexuality" (P9.56) because of misaligned cultural systems and values that might re-enslave them.

Therapeutic Implications: "Distrust in Emotions" (P8.110)

As P9 demonstrated, sanctification moved from the inside out by reorienting his emotions and cognitions around Christ's, which then informed how he behaved and expressed himself (P9.82). This section offers a nuanced explanation of sanctification, with due attention to emotional and cognitive components.

Sanctification, as an ongoing conscious decision to grow in awareness, acceptance and surrender of emotions in order that they may align with Christ's: "I think in your emotions is different to how you would experience it in your spirit [...] God take us on that journey of actually going from happiness to joy" (P1.38). ...bitterness is not an option for me, resentment is not an option – it doesn't mean that I don't ever feel those things, but I, part of my responsibility as a Christian is to work through those things. So you're always processing those things [...] that work of really watching over your heart which is something that the Bible talks about (P5.46).

P5 was aware of her emotions, but understood them as being outside of Christ and therefore part of her false-self, so if she acted upon them she would be living as a child of the world. She referred specifically to ongoing conflict with her stepdaughter in which bitterness was justified, but rather than surrender to circumstance she wanted to surrender to Jesus. Since Jesus taught about loving one's enemies (Matthew 5:44) bitterness was incongruous with this. Participants were less sure about anger, since 1 John 3:5 equated hate with murder just as P2 equated anger with lust and greed (P2.124). So though anger was an emotion it was treated like a behaviour (e.g. lust with adultery). Yet for P1 and P3, since Jesus demonstrated righteous anger it was permissible for them too, albeit in moments of injustice rather than everyday outbursts (see Mark 11:15-18; P3.55; P1.52).

This emotional processing was integral to participants' journeys of faith; not just in feeling emotions but sanctifying them. P1 described the process as moving from organismic emotions to Christ-like ones; from happiness to joy. Organismic emotions were transient and built on circumstance whereas spiritual emotions were based on God's Truth in Jesus' example. Therefore the Christian could feel joyful amid sorrow, peaceful amid conflict. This was not a repression of feelings since they were "an essential ingredient" (P9.70) to being human, but a substitution and maturation of them so that they were led by Christ and not their feelings.

For P5, sanctification required ongoing self-awareness, described as watching over her heart. The biblical metaphor of 'heart' was used by all participants to describe "the centre of our emotions, desires, longings, passions, sense of identity, all that stuff" (P2.16). This warranted vigilance from all, but for the more Reformed participants this vigilance was framed as protecting against emotions: "There is certainly a distrust in emotions that one could be led through emotion and into situations or being dragged into emotions and things like that" (P8.110). "I'm wary of emotions; just the guard goes up—is this coming from God, or is this coming from the flesh?" (P8.114)

P8 referred to his distrust of emotions because of their volatility and intransience compared to the stability he perceived in Christ. Emotions were seen as potentially leading him off journey, either forcefully or by deception. This was typified by P2 who was concerned with "where are you wanting to go with that question?" (P2.86). Distrust led to defending against emotions because of the uncertainty about their source (e.g. false or true-self) that resulted in downplaying "negative feelings and getting help when they are feeling bad" (P9.70).

Therapeutic Implications: "Realign my Thoughts now With the Ways of Christ" (P1.38)

It was not enough for participants to be vigilant of emotions, but they expected to grow in knowledge of God that would become the basis for how they felt. This constituted restructuring "how you think" (P6.12) and helped participants access Christ-like emotions like joy or peace: "Things cross your mind, right? You know, you know, birds flying around your head, but you don't let them make a nest" (P8.70).

I'm choosing to live under those things, but I can also choose to let them go and choose to receive what God says about me as Truth and I think realising how much stuff because a personal truth for you. So things happen and it becomes a personal truth. Urm but it's not The Truth (P5.60)

Part of awareness was understanding how participants had been shaped by their environments, which was seen as personal truth. For example, believing they were unlovable because they were rejected by their parents. As a Christian, this belief demanded restructuring according to God's Truth; He had adopted them and loved them unconditionally. Now in Christ, participants saw that not every personal truth was True. This demanded that, just like behaviour, thoughts incompatible with who they were in Christ needed to be knocked-off, like a spot or a bird in the sky (P8.46).

P8's analogy of birds positions thoughts as being above the person and under which they live, which is an image of submission. As a child of God, sanctification meant submitting to God's Truth and not allowing any other truth space or authority in their life. This required an ongoing process of restructuring thoughts to align with Christ's, these being discoverable in the Bible. Cognitive restructuring outside of this paradigm was seen as an arbitrary exchange of one personal truth for another that only perpetuated a false-self, however positive or pragmatic it was.

While personal truths could emulate God's Truth, participants were wary of seeking encouragement from non-Christians since their promotion of truth did not originate from 'the Bible and praying to God' (P6.31). This contributed to participants' scepticism about therapeutic "advice" and its efficacy in helping them "to journey on when I am down" (P6.31). Whereas God's Truth was full of advice and encouragement that could result in a genuine positive attitude.

This view of objective Truth and participants commitment to it contributed to their fear of judgment: "It's been unhelpful when counsellors have been quick pointing out that 'Oh but that was irrational'" (P4.40)

God is my provider and I trust God will help me find another job and He'll help me find an income and so on. So for me it was a step of faith to resign but actually for my husband at the time (who was actually new in his faith) he was anxious and thought "Oh I don't think this is a good idea" (P5.8). ...when you say Jesus is "the Way the Truth and the Life" it's pretty absolute—and seeing all absolutes as a negative. So, I think that's potentially unintelligent. So you take the consequence of people misunderstanding or purely hating you for what you believe (P1.79).

All participants shared stories where they had been misunderstood or directly challenged by family, peers and mental health professionals for the Truth they lived by. For P5, her decision-making was based upon the Truth of God as Provider even though resigning before receiving a job offer seemed illogical to her ex-husband. This was echoed by P4's counsellor, who considered her decision-making was irrational because it was based on what made "Spirit sense" (P8.24) rather than what were seen as rational principles. P1 elucidated this as the conflict between post-Enlightenment rationalism and faith, or a post-truth society against Christians' absolutism. In either paradigm being in Christ clashed with these.

Therapeutic Implications: "Wrongful Authority" (P2.104)

Participants' rigid commitment to living upon Truth, did not infer that participants saw Truth as exclusively theological. Instead, God's revealed Truth was discoverable in places like nature and therefore accessible through science. This implied that non-Christians could be used by God for common grace (P2.104) purposes:

God in His grace has given us the ability to understand increasing amounts about human psychology. But I wouldn't take that as authoritative as I would the word of God revealed through scripture (P2.84).

...the Bible talks about "Be transformed by the renewing of your mind", well psychology is all about renewing your mind: recognising patterns, recognising patterns in relationships, recognising why you do the things (P5.58).

Psychology was likened to getting your car fixed or seeing a GP, in which Christian credentials were irrelevant to the insight offered because these insights were founded upon observing God's design. This meant clinical interventions, like psychotropic medication to redress hormonal imbalances, were seen as based upon God's principles in creation. P5 even found biblical justification for psychological therapy in that its aims of increasing awareness of thinking patterns helped her renew her mind by aligning these to Christ's. Therefore engagement with non-Christian interventions were permissible with the proviso they were compatible with God's Truth:

...the cultural narrative is strong in terms of "you need therapy" and it's trained qualified therapists who can provide that, I think there can be, at times, an unhealthy dependency upon worldly means. It's analogous to the chemical treatment, that are gifts from God, but I'd like to help people come to a place where they're not dependent on that (P2.104).

Support of medicine and talking-therapies delivered by professionals is mediated by the theory of self-surrender and authority. Is the Christian reliant on antidepressants? Is the Christian dependent on their therapist? The underlying belief that Jesus is Lord (see P8.32) precludes participants from being controlled by emotions, medication, or on anyone else since. Therefore secular interventions must not be in conflict with Christ's lordship, or subvert participants surrender to him; can a Christian take medication as the psychiatrist recommends while seeing sin as the root problem?

These provisos signified to participants which psychological therapies were more compatible with being Christian than others: "...if there's a clinically robust basis for therapeutic methods, great. But if it's found essentially in Eastern mysticism, or whatever else it may be, I'd run screaming for the hills" (P2.108). "...[yoga] is a physical practice but I would also say, as I understand it, an explicitly spiritual practice and therefore, you know,

why would you do spiritual practices from other faiths?" (P9.76). "...the more philosophical, the more abstract the more, the more [pause] urm blurred it becomes and I guess the more sceptical isn't the right word, but the more sceptical I'd be" (P2.82).

Participants' critiques of therapeutic modalities were threefold; fantastical practices not based in scientific discovery might be ineffective, but they also represented "unhelpful spiritual influences" (P2.102), as well as worldly philosophy, none of which participants wanted to be exposed to. If therapeutic interventions were empirically based, then they were more likely to align with God's Truth as found in nature. Whereas P2's hyperbole of running to the hills shows his vehement rejection of therapies founded on non-Christian spiritual practices, or alternative spiritual domains in conflict with being in Christ. Therefore, practices like yoga, mindfulness and homeopathic medicines, however physically beneficial, were sarcastically associated with "witchdoctors", "mumbo-jumbo", and "nonsense" (P2.96).

P3 was the only participant willing to engage in Eastern-influenced therapies, whose decision to engage was based on her pragmatism that others did not share; if yoga works for trauma then it cannot be wrong. However, P3 stated that to engage in these forms of therapy, she needed to "open myself up and let go of some of the teachings" (P3.101). Even so, even P3 was only willing to open herself up to a point such that she integrated yoga with Christian spirituality and used "that time to just be with Jesus" (P3.49).

"Potentially Dangerous" (P2.102). All participants agreed that engaging in therapy required opening-up. In this process participants might come out from under Christ and surrender to other influences, be them philosophical or spiritual beings. There was no neutral space; either you were surrendered to the authority of Christ or to another power. This led to significant hesitancy with therapies, believing they could "be potentially dangerous because you're encouraging people to burrow into stuff they [the clinician and the therapy] are not equipped for" (P2.102). To burrow into spirituality could lead the clinician outside of their competency:

I just don't think our discipline of psychology does a good job of "how do we help people" in whatever their spiritual domain is [...] I need to respect that and have the tools to be able to have that conversation and not just ignore it and pretend like that's not part of who she is (P3.105)

P3 referred to her counselling psychology programme, stating that clinicians are not trained to navigate working spiritually with clients. She conceived that different people had different access into spiritual domains, like Muslims or Spiritualists, and therefore therapists need psychologically informed tools to be able to adequately frame these within treatment. Perhaps it was because P4's therapist was ill-equipped for incorporating Christianity into therapy that she wanted to "discuss the problem" without bringing "religion or spirituality into it" (P4.35). Whereas P3, as a clinician herself, wanted her spiritual domain to be brought into therapy because of how central it was to who she was, namely united with Christ and increasingly identified with him.

Not only was poor mismanagement of spiritual domains in therapy a concern to Christians, but the omission of spirituality from psychological theories of distress resulting in misdiagnosis and misguided treatment plans:

... when you open yourself up to things like drugs it's not just the drug that you're opening yourself up to, the chemical imbalance that will take place, there's a consequence of that. But there is a darker, sinister thing at work which I believe is demonic that is attached to that stuff and will, given room, manipulate, abuse, and control a person (P1.73).

Linked to participants' apprehension about spiritually influenced therapies, they also saw that aetiology of distress could be spiritual, namely as the result of demonic activity. Behind physical manifestations spiritual forces were at work, and therefore things like drug addiction was a doorway for these powers to manipulate, abuse and enslave them. These forces had physical repercussions; if the presence of a sinister spirit triggered a chemical imbalance in the person's brain causing depression or psychosis, then locking the person away "in prison or a psych ward or in a home" and treating with medication "cannot solve and does not solve" (P1.73) the underlying cause. Arguably, since mental-health professionals were seen as ill-equipped to deal with spiritual matters, spiritual aetiology of distress ought to be treated in conjunction with faith-based interventions.

More generally, participants saw that the more evidence-based a therapy the safer it was to engage in, because it was within the competency of the clinician even if they risked medicalising moral or spiritual issues. To help assess the compatibility of therapies, figure 14 plots out participants' concerns.

Figure 14

Spectrum of "potentially dangerous" therapies (P2.112) with grounded examples

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"wrongful authority"
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(P2.104)
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"Unhelpful Spiritual	"burrow into stuff they are	"Clear clinical	"Draw on the Christian
influences" (P2.104)	not equipped for" (P2.102)	basis" (P2.104)	tradition" (P9.76)
Direct spiritual influences: ⊃ Occult practices ⊃ Tarot cards ⊃ Yoga ⊃ Meditation	Other faith-based resources: Yoga Meditative mindfulness Analysis Eastern Mysticism	 Empirical truths: Medication Physical Health (chemical imbalance) Behavioural Therapy Cognitive Therapy Relaxation techniques 	 Christian-based resources: Meditation on Scripture Worship Knowledge of God's character Testimony Community Talking to God

 Ongoing repentance / surrender

Christ's authority

Ultimately, participants considered the best therapy would address their specific "spiritual dimension and need to address the you know physical dimension" (P9.78). They wanted to be viewed as "embodied souls" in which therapy ought not to "separate the mind, soul, from the body" (P2.28). This required the therapist and treatment "to put in multiple supports and interventions for them to address the different aspects of who they are" (P9.78). To do so the clinician need not burrow into domains they are ill-equipped for, but it does necessitate a nuanced understanding about the Christian's concepts of distress and how being in Christ is central to who they truly are and their recovery. When integrated into formulation, the goals and aims of psychological treatment can be aligned with the process of sanctification.

Conclusion

Being Christian is defined by participants' dynamic relationship with God. This resembles but exceeds all other types of relationships, like marriage or parenthood, because they are metaphysically united to Christ. This union and adoption directly shapes their self-concept; who they are is based on whose they are. Now they are in Christ they live according to His paradigm. Similarly, this resembles but exceeds their cultural paradigm, such that all labels and narratives about who they are and how to live are surpassed by their new shared identity with Christ.

This therefore necessitates an ongoing discovery of Christ's identity and appropriation of it; "What would Jesus do?" (P3.61). This is sanctification, a maturing work requiring several mechanisms to help Christians Christ-actualise. Self-awareness was the paradoxical result of reading about God in the Bible, which shone a light on them. Selfawareness was not intended to be punitive but was generally pejorative; "...causing one to realise they're sinful and need a saviour" (P8.4). This was mediated by self-acceptance based on God's acceptance of them, but this did not necessitate tolerance because they still needed salvation.

God's acceptance motivated participants to change because it allowed room for mistakes. Mistakes were inevitable because sanctification caused conflict between participants' false-self, who they were before and outside of Christ, and their true-self united with Him. This tension required ongoing self-surrender by submitting their whole being to the authority of Christ and moving away from their false-self.

Self-surrender had several sub-mechanisms relating especially to emotions and cognitions. Emotions easily originated from the false-self, which, if followed, might lead away from Christ's direction and into turbulent waters. They needed to be sanctified by giving emotions to Jesus and bringing them into alignment with His emotions. This was both passive and active, as Christians chose to reject some emotions in order to receive substitute spiritual emotions like joy or peace, which were dependent on God's Truth, not circumstance.

Similarly, thoughts originating from personal truths were a false-image that needed realignment to Christ's Truth. Living according to absolutes meant Christians were fearful of persecution and, according to worldly wisdom, being misunderstood as irrational.

Generally, being located in Christ alleviated and mediated distress but did not prevent it. Suffering was seen as a natural part of life that God allowed to mature them through dependency on Him. The second aetiology of distress was sin and its demonic influences, which the Christian was liberated from at conversion and continued to be so if they walked with Jesus. In Christ, Christians were also freed from socio-cultural labels and enslaving patterns of thinking, feeling and behaviour. Now, the potential of their hearts could be realised, which was the restoration of their created true-self.

This process of sanctification has implications specifically for psychological and psychotherapeutic practice. If a client is to submit to the authority of Christ only, secular therapy poses potential threats: therapists may offer worldly advice and frame Christian cognitions as irrational; treatment may be founded on abstract philosophical ideas or borrow from other forms of spirituality; a dependency may develop and emotions and desires may be positioned as pre-eminent and so promote a false-self. Evidence-based therapies with scientific rationales were preferred as there was less danger of opening-up to unhelpful spiritual forces. However, misdiagnosis and the propensity to medicalise moral issues was seen as inefficient and could result in disengagement or reliance upon medication rather than Christ.

Christians saw that effective treatment treated them holistically, offering physical and psychological help like relaxation techniques and highlighting maladaptive behavioural patterns, as well as incorporating their faith. This was not a vague set of spiritual principles,

but directly relevant to their goals of sanctification; "So where is God? What's going on in you on the journey you know? What's the transformation that's taking place on the way?" (P5.32). This goes beyond integrating religious coping mechanisms as it invites Christians to focus on their relationship with God and grow in meaning and knowledge. It is this relationship that alleviates distress, not just the perfunctory practice because in it they find their source of hope, peace, joy and security amidst storms of life. To do this, participants acknowledged that clinicians need to be open to talking about Jesus specifically, who becoming like is their goal in sanctification.

Discussion

My analysis contributes to a practical understanding of working therapeutically with bornagain IPs. Participants described being Christian as a deepening and corrective relationship with God through experiential knowledge of His character, in which they increasingly shared. This sanctification process required self-awareness, self-acceptance and continual selfsurrender of feelings, behaviours and cognitions in conformity to Jesus'. Christ-actualising, paradoxically, freed them to become their true-self, which correlated with peace.

Given, especially, their theories of distress and transformation focusing on emotions, cognitions, and behaviours, this has obvious implications for counselling psychology and psychotherapeutic practice. These matters will be now discussed, beginning with a redefinition of what a Christian is. The goal of this section is to elucidate practical means for clinicians to work competently and in alignment with IPs in assessment, goal setting, formulation, treatment plans and endings.

Being Christian

Being Christian is a relationship. Participants viewed the terms religion and religious as pejorative because of their connection with rules or doing the "right" thing, rather than seeing their faith "as more relational. That obeying comes because of love and trust" (P7.40). While morality, absolutes and obedience are all components of being Christian, these follow from living according to their true-self motivated by God's love, not perfunctory observance to rules. This concept supports Pargament's (2007) definition of spirituality as "the search for the sacred" (p.52). He likens this search to a "journey people take to discover and realise their essential selves and higher order aspirations" (p. 58) which encapsulates my findings linking Christianity with rediscovering one's true-self. However, this essential self and transcendent

aspirations are found only within Christ-actualisation and God's intended design for them, which is discoverable in reading the Bible and experiential knowledge of these Truths.

Despite the centrality of Jesus in being Christian, his name is almost entirely absent from psychological literature. Instead, language of 'higher order' or transcendent realities is used, or more generally 'God'. This dehumanises Christian spiritual connection, making it abstract and nameless, whereas participants experienced authentic personal relationship with the person of Jesus. He was both ontologically and pragmatically real because they had a "true sense of communion" (James, 1902, p.48) with him, and were shaped practically by "what would Jesus do?" (P3.61). So, while transcendence was an attribute of God, participants emphasised His immanence. God was manifest in the material world as Jesus, and this had significant implications on knowing His presence in suffering, decision-making and how to live "because Jesus is God in human form, or came down in human form, it is so much easier to just talk about my relationship with Jesus because He looks like me, walks like me, talks like me" (P3.21). This meant IPs had a clear example and rules for living, which contributed to black and white thinking styles (e.g. did Jesus do it? did Jesus feel it?). Given these specifics of relationship with the sacred, being Christian synthesises elements of both religion and spirituality as objective and subjective (see Pargament, 1999). However, IP participants rejected both formalised definitions, namely that religion referred to carnal or cultural Christians while spiritual was too "airy-fairy" (P8.10). Underpinning these was participants' wider distrust in secular taxonomical principles that they believed sought to enslave them. Instead, participants preferred speaking about being Christian as being in a dynamic relationship based on Truth and personal encounter.

This definition is a broader and more holistic definition that touches upon every element of Christians' lives as "holistic as psycho-somatic wholes" (P9.8), that exist within Jesus. This is closely aligned with, but an extension of, an attitude that encompasses feelings,

behaviours and cognitions "towards socially significant objects, groups, events or symbols" (Hogg & Vaughan 2005, p.150; see Argyle, 2002). This attitude is shaped primarily by relationship with Jesus, being located in him and through him Christians interact with themselves and the world. This accounts for the findings of Francis et-al. (2004), Kœnig, Georg and Peterson (1998), and Joshi and Kumari's (2011), who found that positive attitudes linked to *intrinsic* religiosity, rather than church attendance or behaviours. Of course, religiosity is a misnomer. It also corresponds to Paloutzian's (1999) study, in which "goals, feelings, attitudes, and behaviors" (p.1047) all changed at, and following, conversion. My findings build on Paloutzian's though, in that the process of sanctification and becoming like Christ is the source and reason for this change in attitude and shift in goals.

If being Christian is understood as a relationship that reorients attitudes, then there is scope to see why IPs have both an objective view of God but a subjective experience of Him. The dominant example was the objective belief based on scripture that God was their father and they His children. However, depending on participants' experience of father-figures, how they related to God varied. This pertains to the "representational content" (which is subjective) of "phenomenal character" (which is objective) in my epistemology (Block, 2003, p.4). This bore similarities to Freudian theory of religion as a projection of "his father in the flesh" (Freud, 2001, p.171) where P3's abusive relationship with her father was unwillingly mapped onto God. For this reason P3 found it easier to relate to Jesus, who Freud negates to mention, but whose clear account in the Bible made projection difficult. Jesus' example of relating to God as father therefore invited P3 into a correct view of His character that challenged projections. These projections were her personal truths (e.g. "daddy-issues" P7.43) but were corrected by God's objective Truth (e.g. unconditionally loving) such that relationship with divine became a healing and corrective experience. So while growing in

relationship with God was subjectively experienced, this is distinct from Levy's generalisation that "religion is subjective" (Levy, 2008, p.143).

An implication of this for psychological practice is to not just integrate behavioural or cognitive elements of Christianity since these do not adequately investigate being in relationship with Jesus and growing in His likeness, which is the *quidittas* of being Christian. Instead the practitioner could also ascertain divine attachment styles or reciprocal-roles as in cognitive analytic therapy for example (see Ryle & Kerr, 2002). There the use of God or Christ as 'other' may help formulate exit strategies from negative reciprocal role procedures; 'I must be perfect to be accepted by friends' in a conditionally-accepting relational pattern can be rescripted by integrating God as unconditionally-accepting.

It is imperative that counselling psychologists ask Christians about Jesus during assessment, especially as part of collecting client history. They can ascertain when the client turned to Christ and information surrounding this: what led them to do so, what changed for them, how life has been since, what their faith-community is like and so on. On the surface this signifies to the client that they are understood holistically, which in conjunction with a "clear clinical basis" (P2.104), might increase confidence in the efficacy of the treatment.

My findings also indicate how the client conceives of their distress, including contributing factors from within their relationship to Christ (e.g. feelings of guilt at being stuck in negative habits while God is so kind). It also signifies whether the client is Christactualising (e.g. "I used to desire x but now I don't" or "I thought x but now I know that's not what God would say") which should inform treatment plans and interventions, as will be discussed later.

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If the goal of transformation, even in suffering and distress, is towards sanctification then this must impact the aims of therapy. It is not necessary for the therapist to uphold the same views in order to have mutual treatment goals. Just as the therapist might help non-Christian clients live as their true-self, they can do likewise with Christian clients, albeit aware that this true-self is based on their "shared identity" (P2.24) with Christ.

Winnicott (1960) conceptualised the true-self as the consciousness of being alive which begins in infancy and develops as the person experiences life and are validated by a parental figure. There may be crossovers here with God as the new validating parental figure. The false-self is created when "Other people's expectations can become of overriding importance, overlaying or contradicting the original sense of self, the one connected to the very roots of one's being" (Winnicott, quoted in Klein, 1994, p.241). Participants' conceptualisation of this false-self adheres to Winnicott's, in that they can live with a façade according to external pressures. Yet Winnicott's "original sense of self" (p.241) equated with the true-self, is radically reoriented at conversion, making Christians view who they were before Christ with the false-self. Instead, the true-self is found in Christ, because this is a restoration of who God had created them to be. In which case, their true-self is their originaloriginal-self, namely the one God created before sin corrupted it.

This means that the psychologist must help the Christian become their true-self *in Christ*, whereby this sense of self is discovered by identifying with Christ (see P2.24), rather than organismic desires for example. In living according to their true-self, therapists might help Christians recognise "patterns in relationships, recognising why you do the things" (P5.58) that belong to their pre-conversion self: addictions, gossip, self-hate for example. This assumes an essentialist belief in a true "inner life" (P9.82) that God created "full of purpose" (P1.74) and is discoverable not by introspection, because humanity's brokenness makes this arbitrary and self-oriented, but by becoming like Jesus. He is their true-self. All

other processes of subjectification or a constructed sense of self according to dominant cultural narratives are seen as untrustworthy.

Arguably, the Bible's narrative of Christ is an aid in constructing a sense of self for Christians, but participants understood the Bible as illuminating who they were and how to express this, rather than creating it (*pace* Dennett, 1992). This is why participants rejected culture because it enticed them to be free-agents to construct a reality of their choosing, but saw this as the ultimate deception derived from the false-self (P2.24).

Dissonance was experienced between the Christian "self as now experienced" (Ogilvie, 1987, p.379) with its true Christ-like-self, and also between participants and the world (see figure 17). This threefold concept of self resembles Stern's (1985) categories, private, disavowed and social-self, acknowledging a gap between their reality and the world around them. However, this is not to say that participants have a multiplicitous self, rather it appears they conceive of one true-self that is growing towards an atoned, unified whole namely Jesus (see Hegel 1807; Johnson, 2009, p.92).

While this concept of true- and false-self pertains to psychoanalytic and objectrelations theory it is also transferable to Roger's (1961) humanistic psychology and Jung's (1999) *persona* too. Both the Christian and Jung's concept of *persona*, see a danger in identifying with a false-self. For Jung this might be "the tenor with his voice" (1983, p.416) but for the Christian it might be being identified as gay because of their same-sex attraction, in which being a tenor or gay are conceived as *personas*. The Jungian therapist seeks to disintegrate this *persona* in a similar way the Christian sheds their false-self to unveil who they truly are. However, the basis for individuation is not introspective "disorientation" (Jung, 1983, p.277) but rather reorienting themselves towards Christ, and so rejects a period of absence or negative restoration as found in Jungian theory, since Christians' are filled-up with Christ (P3.47); Him in them and they in Him. Either way, this all demands a "nuanced engagement" (P9.60) with who the Christian believes they were, are and are continuing to become, which is why ascertaining pre and post-conversion history in assessment is fundamental.

A Compatible Psychotherapeutic Treatment

Inherent within participants' self-surrender to Christ was an acknowledgment of His authority. This prohibited submission to that "wrongful authority" (P2.104) like worldly wisdom or "unhelpful spiritual influences" (P2.102). This made opening-up in therapy especially difficult because they were uncertain what they may be exposed to and where it might lead them; if credence was given to organismic emotions rather than spiritual emotions they might submit themselves to personal truth rather than God's. This confirmed and added nuance to Cragun and Friedlander's (2012) findings that Christians were tentative and sceptical of the efficacy of treatment because they were "wise unto the world" (p.386). However, my findings revealed that some influences were worse than others; demonic spirits were more dangerous than non-Christian advice because, despite being worldly, Christians did not "have an exclusive monopoly on truth and on insight" (P9.74). This view was held in tension with the level of wisdom they might be exposed to. For example, if it was not biblically founded "you don't have to take it in" (P6.86) and agree with the treatment plan. This reticence explains Christians' reserve and disengagement from treatment, contributing to poorer outcomes (Challis, 2017; Esau, 1998; Worthington, 1988; Cragun & Friedlander, 2012).

While it is not in my scope to apply my findings to every psychotherapeutic modality, participants did discuss types of treatments that they felt more comfortable engaging with (see figure 18). Belief in God's revealed Truth in places like nature, made discoverable in science, meant "clinically robust" (P2.108) treatments like chemical interventions were

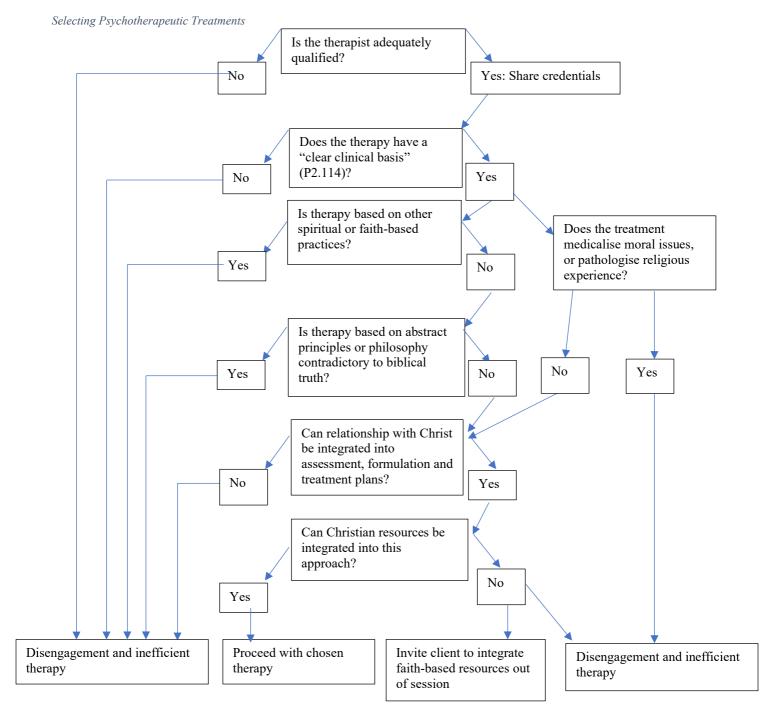
viewed as "gifts from God" (P2.104). While these interventions may lead to dependency on medication and coming under its power, or the propensity to medicalise moral issues, this was less dangerous than engaging in other forms of spiritually-integrative treatments like yoga.

"Post-Modern Therapies" (Span, 2009, i), were seen as dangerous because of their links to spirituality, which was ironic given Christianity is often defined as such. All links to spirituality were perceived, albeit humorously, as "demonic", and that they might worsen distress, not alleviate it. Therefore, if therapeutic models integrate spirituality Christians may be apprehensive about engagement. Included in this was specific mention of meditative practices based on Buddhist mindfulness in coherence with Span's (2009) research. Similarly, trauma-informed yoga and anything under the banner of transcendental psychology were rejected, since not all spiritual experiences were good even if they were genuine or effective.

All psychotherapeutic treatments, to some degree, were "potentially dangerous" (P2.102). Another factor in this was participants' experience of therapy (10 in total) in which clinicians never ascertained or integrated being Christian into treatment, or conversation. Therefore the only way to abate fears is for the clinician to engage with them – that participants can see "where are you wanting to go with that question...?" (P2.86) – through transparency beginning at assessment by making them aware of the type of treatment offered. This gives awareness to the Christian as to the task of treatment, its underlying philosophy and intent behind interventions. They are in control of treatment rather than in submission to it and can discuss its compatibility with process of sanctification inherent within Christianity.

To aid clinicians in discussing psychotherapeutic treatments, and so help participants' decision-making processes, as they pertain to psychotherapeutic treatments, an apparatus is provided in Figure 15.

Figure 15



This apparatus can be used across modalities to frame discussion around fears and factors of disengagement and to help the clinician reflect on the treatment they are offering the Christian. While some therapists may prefer working with one pure modality, they can invite the client to integrate faith-based resources outside of sessions, as P5 did through

prayer and accountability with a friend. The main point is being able to openly discuss their relationship with Jesus in session as they would their relationship with parents, without fear of judgment or misunderstanding, even if the therapeutic approach does not perfectly frame or formulate this.

Aid to Formulation

A problem with making specific treatment recommendations is the plethora of therapeutic approaches and their various methods of formulating distress and treating it. However, what emerged from interviews was Christians' "nuanced engagement" (P9.60) with emotions and thoughts, especially as these were subject to ongoing processes of awareness, acceptance and surrender. This process was mapped in figure 16 and serves as a useful tool for psychologists or for use alongside therapy to formulate the transformation in each component.

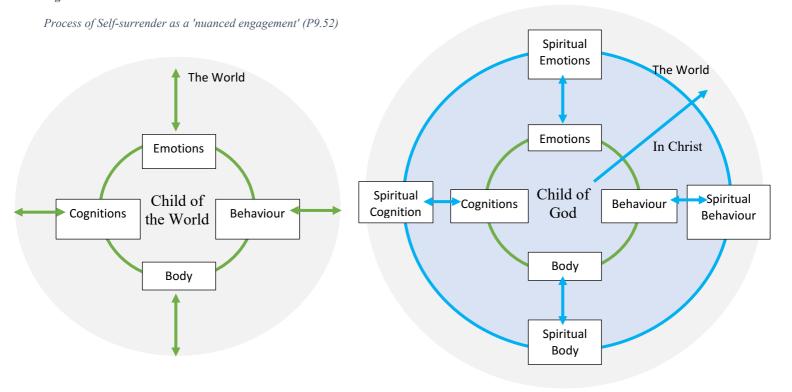


Figure 16

This figure illustrates the difference between pre- and post-conversion, in which the Christian situates themselves *in* Christ and His paradigm, which radically transforms the way they think, feel and behave etc. In the pre-conversion state, because they are children of the world, each component is mutually shaped and influenced by their sitz im leben, represented by the green arrows. This is an organismic process in reaction to their world. Post-conversion in Christ, while they are still in the world, they live through Christ and His paradigm. How did Jesus live in the world? What does Jesus teach about sexuality? Christ mediates and is in dialogue with the world, but the Christian is in dialogue with Christ, represented by the blue arrows. Connection between Christians and the world around them is one way. They are not to submit to its wisdom or dominant narratives but are to reform and influence them by being Christ's ambassador. However, since Christians conceive that their false-self was not "completely wiped away and eradicated" (P9.44) but rather a restorative process of sanctification helps them live as their true-self, there is a dialectical process, represented by the blue arrows. This corresponds to Starbuck's (1899) and James' (1902) assertion that the convert has a new "personal centre" (p.205) that pushes previous attitudes and desires towards the margins because there is no longer anything "to respond to them" (Starbuck, 1899, p.160) since they are in Christ. Moving beyond that traditional concept though, my findings demonstrate how "fruits of the religious condition" (James, 1902, p.205) are produced, namely through conscious surrender of non-compatible emotions or thoughts to adopt those displayed by Christ.

This demonstrates how sanctification occurs from the inside out, beginning with selfperceptions (whose am I? who am I? how should I feel?) before sanctifying the world around them, as Pargament and Mahoney (2005) noted, like marriage or sexuality. Unless the self is sanctified first, all other attitudes however 'Christian' are a façade and not authentic. Arguably, since Christ is the referent, change occurs by looking outside oneself. Yet the metaphor of being *in* Christ subverts this such that His spiritual influence works from the inside of the person. This is unfortunately at odds with Garraway's (2018) useful holistic CBT model because she supposes that spiritual influence works exclusively outside in.

Cognitions

Organismic cognitions are linked to personal truths while spiritual cognitions linked to Transcendental Truth and determined how the Christian lived (e.g. as a loved or rejected child). This was why being in Christ was healing; because there was a chance to authentically restructure cognitions. While this comports to treatment interventions within cognitive therapies, including Beck's (2011), cognitive errors are revealed through God's Truth in the Bible rather than pragmatism, which is like "building castles in the air" (P2.32). So while "perfectionism, magnification, discounting the positive, mind reading" (Span, 2009, p.i) are revealed as distortions of God's Truth, my study revealed that "all or nothing thinking" was compatible with this Truth, *pace* Span, because of the objective nature of sin.

While the Bible was essential for helping IPs sanctify their thoughts, and possibly beneficial for therapists to utilise in session, as Span (2009) proposed, my findings suggest that biblical narratives or Christian testimony were more transformative. This contributed to a specific type of narrative epistemology held by Christians, which is an extension of Johnson's (2013) general biblical epistemology. This includes stories recorded in the Bible, especially the creation narrative in Genesis and Gospel narratives about Jesus; the first told the story of God's perfect design and nomothetic principles and the second demonstrates how humans are to live in this world whilst in connection with God. This narrative epistemology was not a series of abstract truisms, but real accounts of people who were considered family (e.g. "to find ourselves actually in Father Abraham"; P6.62) and intimately part of their own story. Participants' stories about God's character and work in people's lives were a source of encouragement. If the client was in need, and they read a testimony about God's provision, then they sought to experientially know God as Provider that had practical impact on things like job-applications or mortgages (P5.8). So, it is not necessary for the therapist to utilise biblical passages or theological concepts such as 'Isn't God loving?' but to draw upon stories about when God has been loving for example. For the therapist who does not share the authority of scripture or who upholds the value-free ethos of counselling psychology, using stories offers nuances and the chance to challenge cognitions in a way that using Bible verses might not ethically allow (see Bergin, Payne & Richards, 1996).

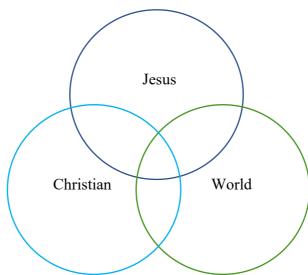
A reason using narrative is effective with IPs is because of its inherent use of paradox and metaphor that Christians are very familiar with. These narrative devises help "represent an unimagined reality" and communicate it in order to "grapple with what is objective Truth [...] understand them and apply them" (P2.44). This means that while scripture is literally true, an inquisitive therapist has room within narrative to explore representations of truth and the thoughts that arise from it.

It is likely that Jesus, as the goal of sanctification and source of peace, will be central to these stories because the dominant question in being Christian is, "what would Jesus do?" (P3.61). This is not just a matter of religious behaviours in silo, like a list of rules Christians adhere to, but an outworking of wanting to be Christ-like. Therefore it does not particularly matter if behavioural activation, modification or exposure work (e.g. masturbation or sexual fantasy; see Gil, 2014) violates church culture or normative group behaviours. Instead all interventions must be compatible with Christ's example, for example did Jesus lust (*pace* Mahaffy, 1996)?

Emotions

Similarly, since Christians are in Christ, and He in them, there is a multidimensional understanding of emotion. They experience automatic organismic emotions, spiritual emotions and move toward Christ's emotional example. Sanctifying emotions requires "self-forgetfulness" and not dwelling "on yourself too much" to be able to "focus on Jesus" (P9.76). This is the mechanism behind processing emotions that takes Christians on a "journey of actually going from happiness to joy" (P1.38), or bitterness to peace. It is imperative that the therapist in whatever modality understands this engagement with emotions, else the client might see that their organismic feelings and desires are given credence over Christ's emotional template. It will also illuminate why a client experiences dissonance within themselves and with the world, because they may feel something contrary to Christ who is in them and in contrast to the world. This is represented by the overlaps in figure 17.

Figure 17



Dissonance within themselves, in Christ, and with the world

My study reveals that only two out of ten experiences of therapy were considered beneficial because they increased clients' self-awareness in agreement with their sanctification process (see Mayers et al., 2007). If the therapist understands Christian emotions, then they can be integrated into formulations, goal-settings and treatment plans, which might include "probing into somebody's heart" (P2.104). This probing was synonymous with raising to IPs awareness their organismic emotions in order that they may begin processing these emotions (e.g. awareness-acceptance-surrender), either in or out of session.

Self-Awareness

Self-awareness was a key mechanism in change, beginning at conversion (being aware of their sinfulness and need of saving) and continuing throughout sanctification. The centrality of "conscious awareness of those feelings" and "interoceptive detection of emotional signals" (Beauregard & Paquette, 2006, p.189) in Christian religious experience is well-documented in spiritual neuroscience. This experience of God shining "a light onto yourself" (P8.40) could be mimicked by the therapist in which therapy serves as an extension of, or another means of helping the Christian grow in self-awareness. There is the risk that awareness becomes self-analysis if it is removed from consciousness of Christ, but it does support the process of sanctification because the client becomes more aware of "the option to change" (P1.16).

Self-awareness was largely construed as "recognising patterns in relationships; recognising why you do the things" (P5.58) and the emotional, cognitive components accompanying those behaviours. Less common was the belief that self-awareness helped Christians discover who God had made them to be in terms of skills and talents that could be used for His purpose. This helped some connect with hope, meaning and purpose that helped bolster wellbeing. Most common though, and less documented in psychological literature, is that self-awareness was linked to fallibility or sinfulness. While this caused participants to feel inadequate, most seemed to have a positive meta-cognition that a pejorative view of the self reminded them of their dependency on Christ, in whom actualisation was found. This therefore protected them against "self-ambition" or being "self-oriented" (P8.32) transformation. However, knowing their fallibility was not the same as having a low self-esteem, but an appropriate view of humanity who were "unable to do the right thing in our own strength" (P9.86) and needed God. This awareness motivated them to change. Therefore all therapeutic interventions bolstering self-esteem without reference to God's creation or value of humanity were seen as "self-generated" (P8.86) and unable to bring about genuine transformation.

Self-Acceptance

True and lasting transformation depended on God's Truth, not least His acceptance of participants. God was aware of their fallibility and still accepted them and this served as a blueprint for their own self-acceptance and acceptance of others. Acceptance however led to change because once the participant was accepted into Christ "the potential of his own heart" (P1.46) could be realised. Acceptance was not only the means for transformation, but it was also the method too because it was a "safe place to practice vulnerability" (P3.73) required in change. This is closely aligned with the Rogerian (1961) theory for a helping therapeutic relationship:

Can I meet this other individual as a person who is in process of *becoming* [...] 'accepting the whole potentiality of the other ... I can recognize in him, know in him, the person he has been *created* to become ... I confirm him in myself, and then in him, in relation to this potentiality that...can now be development, can evolve. (Buber 1957b. cited in Rogers, 1961, p.55) Rogers draws on Buber's philosophical belief of an inner essence *in potentia*, such that acceptance galvanises becoming all that an individual can be and corresponds to my findings. Christians' *created* potential however is based on their view of God as Creator, and only realised in Christ's acceptance within the sanctification process. However, a humanistic therapist adopting this principle can finesse the trajectory of actualisation and confirm the potential the Christian client has in becoming Christ-like, since it is "not idealistic gas" (Lewis, 1952, p.175) because they were "*created* to become" (Rogers, p.55) like Him. This ties into the continual debate concerning whether existence precedes essence. It is not the scope of this chapter to discuss this, but to note that Christians align with the traditional view of essence which impacts their engagement with alternative philosophical underpinnings of therapeutic modalities.

Existential therapy, for example, emphasises humanity's freedom and potential to create meaning however they chose. While Christian freedom is a similar concept their definitions are vastly different. Freedom for the Christian is freedom to become all that God purposed for them in Creation and rediscovered *in* Christ. People could deviate from this, like carnal Christians or those outside the "household of God", but their idea of freedom was a false-image because they were enslaved by sin, whereas God offered actual freedom. Practically, as an example, while P9 accepted his homosexual orientation, he saw that freedom was not in being free to copulate with whomever or express this however he desired, despite society's endorsement. Instead freedom was found in Christ and how he conceptualised homosexuality. This opposes Mahaffy's (1996) suggestion that being a gay Christian resulted in "dual identities" (p.392) because being Christian was a total defining identity that defined all others like "ethnic or cultural, or gender" (P2.24).

Self-Surrender

Since self-acceptance did not mean acceptance of cultural narratives, the next stage of change was self-surrender. Having accepted himself as a gay Christian P9 surrendered what being gay meant in order that Christ may define this, which resulted in referring to himself as "post gay" (P9.59). This change of meaning post-conversion links to Paloutzian's (1999) findings. Self-surrender of organismic desires, cognitions, behaviours and emotions may look like denial or repression in the traditional Freudian (1937) sense. Technically though self-awareness and acceptance prohibit denial from being a defence mechanism, because denial would oppose conscious acknowledgement and actually hinder sanctification. In therapy therefore, discomfort in talking about emotions, desires, thoughts and behaviours does not necessarily infer defensiveness but a bigger reality that Christians desire to conform to at the expense of self-surrender.

Self-surrender is not a new phenomenon; James (1902) observed that Theophanic Saintliness was "simply relaxing and throwing the burden" (p.220) so that the individual could be transformed. He emphasised this surrendering at the moment of conversion though, such that he saw that it was an "abandonment of self-responsibility" (p.220). My findings demonstrated that surrender was ongoing, and therefore demanded conscious responsibility, such that "the process will be long and in parts very painful" (Lewis, 1952, pp.174-175). There was an interplay between active and passive agency in change where Christians were agents of change but also recipients of it.

In agreement with my results, Gordon (1984) saw that self-surrender (selfabandonment) was the key mechanism in the process of transformation and preceded by selfdissatisfaction (see Table 4).

Table 4

Stages of Transformation

	Gordon (1984, p.41)	My Findings
1a	-	Self-awareness
1b	Self-dissatisfaction	Self-acceptance
2	Self-abandonment	Self-surrender
3	Self-reconstitution	Christ-actualising
4	Self-authenticity	Self-actualising (True-self)

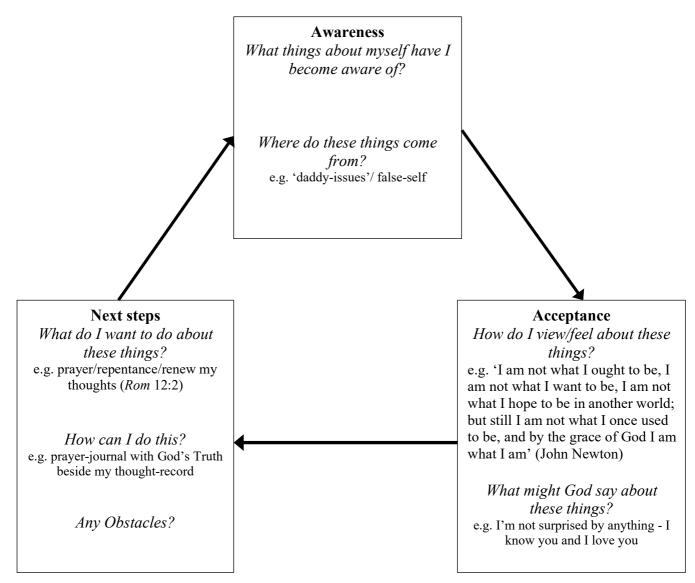
A theory supporting the efficacy of change through self-surrender is opening-up and letting-go. This is why Christians fear opening-up in therapy, because it was linked to surrendering to something other than Christ. Should the therapeutic space be perceived as safe, then it could become an equally "safe place to practice vulnerability" (P3.73). This assertion supports the vast body of literature about therapy being a liminal space, and a place of self-abandonment (Nolan, 2014; see Slater & Coyle, 2017).

Unlike Gordon's (1984) self-reconstitution stage that took group membership and conformity as its goal, my findings emphasis that self-surrender leads to Christ-actualisation. Group conformity may be a by-product of conformity to Christ as participants share the same goal, but it is not the goal itself. In fact, the only way to self-authenticity, or living as their true-self, was in Christ-actualisation, such that stage 3 and stage 4 are directly proportional.

These sub-mechanism provide insight for clinicians as they conceive of how therapy might agree with sanctification: What are they now aware of? How does God feel about these things? What will they decide to do next? Stages 1-2 have been mapped out in figure 18.

Figure 18

Mechanism in Christ-Actualisation



Rather than assuming Christians will surrender desires, emotions, behaviours and so on, the section is labelled 'Next steps'. The next steps are will determine whether Christians continue to become Christ-like and live as their true-self, which is why considering obstacles in doing this may also be useful in increasing their self-awareness and so on. This diagram, whether utilised in session, or as an aid for discussion, directly informs therapy review sessions, endings and treatment goals.

Religiosity Gap

Having explored implications for therapeutic treatment, I will now look directly at the impact my findings have on the therapist. My findings supported Cragun and Friedlander (2012), that Christians are able to build good therapeutic alliances. However, the validity of this is questionable, since only one out of 10 therapists asked about being Christian, with one directly refusing to talk about God in session. So how good can the alliance have been if participants were unable to talk about something so significant that resulted in most disengaging? This constitutes what Saunders et al. (2010) called "spiritually avoidant care" (p. 355). What emerged was how Christians understood this avoidance as emblematic of a "religiosity gap" (Bergin, 1991, p.396), in which their different ethos and value-systems prevented them from talking about Jesus. This only enhanced the fear that psychologists were "speaking in a way that was wise unto the world" (Cragun & Friedlander, 2012, p.386). My findings discovered that the majority (seven out of 10) cancelled therapeutic contracts because of this lack of integration and conflict of values. This evidenced Worthington's (1988) subjective zone of toleration of values, but with the therapeutic modality as well as the therapist. I have already proposed a means of assessing the compatibility between therapy and IP (see figure 15) and now consider the therapist.

This disengagement must be held in tension with the fact that all participants said they would seek secular therapy and viewed it as a common grace (P2.104). This implies that it is not just about reducing the religiosity gap by assigning Christian clients with sympathetic clinicians, which is far too idealistic given pressure on waiting times and higher population of areligious clinicians than IPs (Delaney et al., 2007; see Shafranske & Cummings, 2013). Instead, clinicians must be better equipped to work within clients' spiritual domains, whether that means actively integrating their relationship with Jesus into formulations or simply inviting Christians to pray about their sessions with someone else. This would constitute

"spiritually conscious care" (Saunders et al., 2010, p.355). If the clinician fails to do this, then therapy can easily become unethical (Richard & Bergin, 2005).

While there is no substitute for referring to God, especially Jesus, in session it is important for clinicians to recommend or invite recommendations of Christian resources. Since relationship to Christ is essential, these may not be behavioural resources, but ways in which Christians can deepen that relationship. This might include silence and solitude by physically taking time out to spend with God to hear from Him (P1.24). It might also include a number of behavioural interventions, especially reading the Bible, that might necessitate finding a reading plan or suitable audio version. This is not something the clinician needs to do in silo, but they must be aware of faith-based resources and their efficacy in treatment. For example, the therapist may direct the Christian to a "Spiritual Pathway Assessment" (Ortberg & Barton, 2001) tool, developed by Christian clinical psychologists to help them grow in awareness of how they build their relationship with Jesus.

To feel confident doing this, clinicians must have a level of clinical competence so that they do not burrow into things they are not equipped for. Vieten et al. (2013) outlines useful self-assessments that highlight gaps in knowledge in order that these may be bridged per BPS' instructions (BPS, 2010, p.12). These measures include areas like helping "clients access the resources of their faith" (Vieten et al., 2013, p.133) as part of holistic care.

Curricula Development

The predominant way counselling psychologists can bridge knowledge gaps and be better equipped is through receiving specific and nuanced training on spiritual domains, which includes redefining Christianity. This was stated explicitly by P3, who had trained in America as a counselling psychologist and found the course lacking. This assertion is evidenced by a growing body of literature; in 2002 the APA found 13% of clinical psychology programmes included coursework on spiritual domains (Brawer et al., 2002) and by 2011 25% did (Schafer et al., 2011). Despite the increase, training was described as informal and unsystematic compared to specific competencies for gender, sexual orientation, race and even ageing (Vogel, 2013; Vieten et al.,2013). While these statistics refer to American curricula, given the BPS' slower uptake of religion and spirituality it is likely that statistics are worse for the UK. To develop training curricula, the BPS must continue to promote religion and spirituality not as a fringe interest but a core competency for all future clinicians.

The best place to begin is by developing core competencies for clinicians to ensure standardised training. This means moving beyond lectures on the historic, fraught relationship between psychology and religion and towards theory-practice links to ensure trainees gain capabilities "to fit them for work with specific populations" (BPS, 2006, p.i). While this requires ongoing research, like this project, these competencies may reflect those already identified, like working with older adults, which this list borrows from (BPS, 2006):

- Able to recognise and manage any religiosity gap between psychologist, psychological therapies and client
- Able to recognise and minimise psychological barriers to treatment due to faith-based concerns
- Able to determine psychological formulations that integrate clients' interpretation of emotions, cognitions and distress, including supposed spiritual aetiology and morality
- Able to recognise and integrate the client's theory of transformation and other religious coping mechanisms into treatment goals and interventions
- Able to recognise and contextualise the impact of faith on; physical, psychological, spiritual, cultural, sexual and social areas, including the therapeutic relationship
- Able to effectively communicate philosophical underpinnings of psychological techniques based on a scientist-practitioner model and integrate these appropriately

- Have a basic knowledge of authoritative scriptures and spiritual practices (e.g. talking with Jesus, the Bible vs. the Quran)
- Able to work effectively with other pastoral support to inform/integrate spiritual principles into treatment

These suggested competencies invite clinicians to understand different spiritual domains rather than treat religiosity as a monolithic conglomerate, thereby reducing Christians' fear of being exposed to spiritually integrative therapies. While the brevity of training prohibits teaching on all spiritual domains, trainees might, for example, be required to formulate one religious client and develop a sensitive treatment plan to gain practical experience of the relevance of sanctification to therapy for example.

Dissemination of Knowledge

To this end, as a member of the British Association of Christians in Psychology [BACIP], I plan on presenting these findings for peer review. Subsequently I will approach psychological and psychotherapeutic journals in connection with BPS, BACP, UKCP. While this study is more suitable for special interest groups linked to religion and spirituality, I will be 'preaching to the converted'; those who already acknowledge the importance of a nuanced integration of faith with therapy. Therefore, I would prefer submitting this research to a less specific readership to challenge stereotypes about Christians and assumed knowledge about this population, before presenting a relevant theory with practical tools for professional practice.

Specific Therapeutic Recommendations

Given the breadth of our research findings, I will now distil key recommendations for therapeutic practice.

Generalisability

The first implication of this research is not limited to the IP population but to any religious convert who has willingly chosen to reorient themselves towards a new way of being. This includes apostasy; conversion from Christ-actualisation often referred to as "backsliding" (P8.66). It also includes conversion away from any other religious way of being since conversion is not exclusive to Christianity even though the specifics of sanctification are.

For most converts there is a transformation process that occurs. I may just be a cognitive-behavioural adherence to new guiding principles like Ahimsa in Buddhism or it might include emotional practices as in Islam where ritualistic reading of the Qur'an has an emotional trajectory (Q. 5:83). In instances like these it is important to know what changes in conversion and how these might be pertinent in therapy. The tripartite model of self-awareness, self-acceptance and next steps (i.e. self-surrender) as proposed in figure 18 is generalisable to most converts. It provides a discursive framework for considering ways in which the convert is transformed or transforming. To some degree figure 16 is also relevant as it focuses specifically on ways in which conversion transforms emotions, cognitions, behaviours and even bodily responses by recognises a dialectical process between pre and post-conversion.

There are limitations to the generalisability of these models however. This model of self-acceptance is based on Christ's acceptance of the IP. While not directly transferable to other converts, they may display a form of self-acceptance especially in reference to their post-convert self. For example a Buddhist self-concept may be that there is no self other than their present consciousness and so self-acceptance is similar to mindfulness and letting-go of things in the past outside of this.

For the Buddhist convert, a belief that no self exists beyond their present consciousness then ongoing transformation is an inevitable part of living since it continually responds to the present. However, not all converts conceive that conversion is ongoing. Instead conversion might be seen as a momentary decision in which any future offspring, for example, will inevitably be born into that religion without the need of conversion. In this instance, figure 16 and 18 are still generalisable and relevant to the convert but not necessarily in an ongoing capacity that 'next-steps' or 'self-surrender' infers.

A final limitation then is the goal and purpose of Christian transformation, which is Christ-actualisation a past, present and future process. The means and methods of change is specific to the person of Jesus and relationship to him. For other converts, change may be wrought by enlightenment or scriptural texts or prophetic sages, but the reason *why* change at all will be answered in very different ways, if ongoing change post-conversion is necessary at all.

Counselling Psychologists

While IPs are one the fastest growing religious movement, add in other religious converts and this population is increasingly prevalent in society. It is likely therefore that converts will seek out therapy such that practitioners need adequate frameworks for discussion, formulation and treatment plans for working with distress.

Central to the IP's self-concept is suffering because of Jesus' model, that is not generalisable to other converts. This means IPs have a distinct understanding of the aetiology of distress, which may be problematic to therapy. Since Christians are to become like Jesus then they are also to "share Christ's sufferings" (1 Peter 4:13) joyfully. Firstly, this normalisation of suffering might delay IPs in seeking treatment, which might have a negative impact of the efficacy of treatment when early-intervention is important (i.e. eating disorders). When the IP does attend therapy, the credence given to their emotional suffering may also be downplayed because they are to "rejoice in [their] sufferings" (Romans 5:3) and not be emotion-led as our findings show. Linked to this is the IP's belief in being an ambassador for Christ to the secular therapist. This enhances the downplaying of distress or their inability to cope since they are to demonstrate a "spiritual robustness that is also reflected in a mental robustness" (P2.88). Therapy may feel like a spiritual failure then, causing significant ambivalence in wanting to talk openly as "ordinary people" (P8.46) but remaining defended. Even more so given IP's scepticism about secular wisdom and approaching therapy with the mindset of "just politely just kinda like listen to it but you don't have to take it in" (P6.86).

One way the IP may navigate this is by fragmenting their perceived problem or even themselves to depersonalise being in therapy. For example, by not talking about perceived moral failings or demonic attacks that disturb their sleep despite believing these to be the reason for their distress. Unfortunately, these things make therapeutic outcomes less likely to be successful unless spoken about from the outset of therapy in assessment ('What's it like coming to therapy as a Christian?'), formulation ('How do you understand why the distress has arisen?'), and essentially in treatment plans ('How can we use sessions to address your distress in a way you agree with?').

The centrality of suffering to IPs self-concept means that treatment plans that aim to remove distress through psychological techniques are not always shared with the client as P4 demonstrated. Instead therapeutic aims of building a model of coping of distress based on Christ's example may be preferable to IPs, to help them to navigate or find meaning in suffering. I have addressed the suitability of certain therapies for IPs. However, this desired approach to distress may cause professional conflict if the therapist disagrees with the way the Christian frames distress or views it as actively unhelpful in contributing to distress. Drawing on P4 and P5's example, it may be that the IP is living financially beyond their means because they are living in faith of God's provision for rent money or employment. The therapist may see that living in faith is contributing to their client's distress psychologically perhaps by negatively impacting upon relationships. In such instances it is important that the therapist's interventions are still within the IP's framework lest they disengage or feel persecuted. This may be borrowing from their authoritative sources, like scripture to examine negative case examples by way of cognitive restructuring. For the Anorexic client who sees that Jesus modelled self-control, 40-days fasting and "not liv[ing] by bread alone, but by every word that proceeds out of the mouth of God" (*Matthew* 4:4) as a justification for their restriction, the psychologist might invite them to look into biblical claims that "The Son of Man came eating and drinking, and they say, 'Here is a glutton and a drunkard'" (*Matthew* 11:19).

Future Research

Given these recommendations a fruitful investigation would be to explore what Christians consider distress worthy of seeking therapeutic support rather than within the confines of normal Christian suffering. Within group comparison would be insightful to ascertain whether Born-Again sanctification process and identifying with Christ places a higher threshold on distress because of demands on spiritual robustness, as compared to more established Christian movements (i.e. Methodism). The findings of this research might inform early intervention work within certain Christian communities and generally help with better therapeutic outcomes.

Limitations

In contemplating curricula development, therapeutic recommendations and future research, it is essential this research is reliable and aware of its wider limitations. For reflections on researcher positionality and its potential limitations on the research, see Appendix J for reflexivity.

Data Set

In evaluating the representativeness of the sample, and therefore the generalisability of the data and results, it is important to ascertain the context. While no Hispanic or Asian IPs responded to my recruitment messages, and since there is no specific data on this population in the UK, it might be that they constitute a significantly small percentage of the population, so my sample is representational. Available statistics demonstrate that 61% of IPs are UK born (Faith Survey, 2020), 57% of new Protestant churches are Black Majority Churches [BMC] (Brierley, 2018). Table 5 demonstrates how comparable my sample is.

Table 5

Representative Sample (Faith Survey, 2020; Brierley, 2018)

Participants	Sample Statistics	UK Statistics
White	56%	43%
Non-White	44%	57%
UK Born	66%	61%
Non-UK Born	33%	39%
Mean Age	44 years	38 years

The majority of UK statistics on IPs focus on churches rather than individuals, in which BMC were the fastest growing of all new congregations and suggestive of higher rates of non-white adherents. This would suppose I needed a higher percentage of non-white participants. However, these church statistics do not detail congregation sizes and so BMCs may have comparably smaller membership than white majority churches.

According to the 2005 English Church Census, only 16.6% of the broader Christian population were non-White (10.4% Black specifically; Brierley, 2008). These statistics make my sample look non-representative because I have 44% non-white participants. However since black people are only 3.8% of the UK population this equates to 17% of black Christians, which is three-times higher than white people (Brierly, 2008). Therefore, with a marginal difference between white and non-white participants, and comparable statistics around being UK born, my sample is probably representative of IPs in the UK. More importantly, since I have posited that being Christian is a bigger identifier than "the color of one's skin, cultural heritage, or gender" (Shafranske & Malony, 1996, cited in Cragun & Friedlander, 2012, p.379), this is less of a concern.

Nonetheless, age was also representative. The mean age of IPs (inc. Pentecostal, 'new' and independent congregations) was 38-years (Evangelical Alliance, 2008). This was marginally younger than my mean at 44-years (mode=32, median=40) which was due to adopting a MVS and the inclusion of the 87-year-old outlier (see Appendix A).

Classic Grounded Theory

Confusion arose over whether Glaser's GT was inductive or abductive. He asserts it is inductive because the researcher can approach data as a *tabula rasa*, which I pursued through my expert sample so as to remove myself from the initial question generation, followed by grounding subsequent questions in the data. Two things undermined this inductive process. My university demanded a literature review prior to data generation, so while I attempted to make this a broad investigation of Christianity in psychology, gaps linked to inadequate definitions of being Christian and its inherent sanctification process became a source of inspiration prior to data generation. The expert sample prevented deriving a hypothesis from this area of interest and forced me to remain open and sensitive to coding all data before rewriting my literature chapter. Secondly, even before reviewing literature I had begun questioning the issue of *becoming* after reading Rogers' (1961) *On Becoming a Person* and the implications this had on my own experience of being Christian as well as experience of

being in therapy, outlined at the start. I consider that both of these were not purely inductive because I had *a priori* knowledge that, at the least, made me think it was an interesting and worthwhile research area (Thornberg, 2012). Throughout this study, despite following Glaser (2001), I see that my GT was abductive, because in knowing about the theological concept of sanctification I saw that this was "a worthy candidate for further investigation" (Douven, 2017, para. 4) and might elucidate why Christians had misaligned goals in therapeutic treatment (Cragun & Friedlander, 2012).

Interpretation

These reflections naturally lead me to consider the potential for bias. For a deeper and more extensive reflection on my positionality and how this may have influenced this research see Appendix J. In my introduction I recorded my experience of misaligned goals and distrust in therapy due to my faith, and therefore when reading similar phenomenal characteristics in Cragun and Friedlander (2012), their work became significant for me in a way it might not have for someone else. I recognise how their work set the tone for much of my initial investigation, and so comports with Dey (1999), that "what we discover will depend in some degree on what we are looking for" (p.104). Perhaps I wanted to understand my own therapeutic experience, and so this research was based on the assumption that other Christians, like myself, have a poor agreement with the therapeutic process. Nevertheless, this assumption was probable, demonstrated widely in the literature, and attested to by my results.

My experience also somewhat shaped my interpretation of the results. While I used *in vivo* codes to minimise my interpretation of categories, and followed a transparent and lengthy analytic process, the way in which I unpacked these codes in my results section necessitated interpretation. While the emergent theories are probably 'true', my presentation of them is interpretative; if another researcher wrote-up the same results their wording would

inevitably differ. For example I used the verb 'shed' when considering one participant's restoration of their true-self, and while this was a sincere appropriation of the data grounded in the transcripts, I also had in mind Lewis' (1952b) analogy of Eustace shedding the dragon's scales. There is scope however for this minor interpretation within my epistemology; since I can apprehend the objective characteristics of sanctification through representational context, whereby I conceive of sanctification's characteristics through my sensory experience of Eustace (see Block, 2003).

Conclusion

Wider research makes it increasingly clear that psychologists and psychotherapeutic treatments must encompass a nuanced understanding of spiritual dimensions (see Shafranske, 2010). Inherent to their spiritual domain is a dominant process of transformation, with specific mechanisms bringing Christians to maturity and Christ-likeness. In understanding "What process(es) is at issue here? How can I define it? How does this process develop?" (Levy, 2008, p.83) the clinician can respond ethically and beneficially to born-again Christian clients' experience, values and beliefs. Without an apprehension of this, the Christian's aetiology of distress, goals of therapy and change, more specifically, will be misaligned and result in poor outcomes (Cragun & Friedlander, 2012).

It is hoped that this research challenges assumed knowledge about what being a Christian means and contributes to more nuanced definitions of spiritual domains to improve psychotherapy with Independent Protestant Christians, among whom mental health is "one of the biggest social issues" (The Church of England, 2018).

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Appendices

		ppenuix A. I articipal		graphic find					
38	8	P7	P6	PS	P4	P3	P2	P1	Nam
8	87	32	32	41	27	52	49	8	Name Age
2	≤	-	Z	-		-	≤	<	
White British 40	White British 87	black British African	Ghanaian Black British	White Irish	Black Zimbabwean/ 16 Mozambican	Multiracial American	White British 49	White British 35	Gender Ethnicity
8	87	32	32	27	16	7	49	35	Number of Years in England
Married	Married	Married	Married	2nd Marriage	Single	2nd Marriage	Married	Married	Relationshi Status
4	5	0	0	4 step- children	0	4	4	-	P Children
Anglican Agnostic	Atheist	Celestial white garment church before 10yrs. Bapti- costal (Baptist+Pentecostal); Restored Church of God (5yrs); non-denominational evangelical charismatic (2 years)	Ghanaian Presbyterian; Elim Pentecostal	Catholic agnostic	christian + tribal ancestry	presbyterian	Evangelical Free Church	Baptist Church	Relationship Children Pre-conversion Affiliations Status
16	21	10	14	18	12	21	5	3.5 years	Conversi Age
baby	22	11	14	19	13	12	13	11.5 Years	on Baptisn Age
Charismatic Anglican	Evangelical	(URC) I'm just a child of God	United Reformed Church	Charismatic Free Church	Pentecostal	Pentecostal	Reformed Free Church	Charismatic Free Church	Conversion Baptism Current Church Age Age Affiliation
Avon and Somerset	Dorset	South London	South London	Northamptonsh ire	Nottingham	Manchester	Dorset	Cambridgeshire	County
Theological educator	Retired engineer	English Teacher	Ordinand	¹ Marketing / Divorce Recovery Coach	Physician's Assistant	Psychologist / Director NGO	Church Minister / Theology Blogger	Musician/ Indie Record Label Owner	Occupation
No but I'm involved with Pastoral Care Network	No	Yes after returning from missionary trip after 2yrs in Lebanon 2 years. Christian counselling for several sessions.	pre-training psychological assessment but definitely if I need it in the future I would go and be the first to advocate for it.	Yes. university counselling, 2 sessions then I never went back! Followed by a year of psychodynamic after my divorce. Ongoing sporadic occasional coaching/counselling.	Yes. Short term therapy in year 13 (CBT), at university for year-long perseon-centred counselling. Several sessions with a black male therapist I found at a <i>Promoting BME</i> <i>counselling</i> ' event.	Yes, personal psychoanalaysis, person-centred supervision and therapy concurrent, and I worked as a counselling psychologist in trauma work		Yes, a 4 - 6-month period in London 2009. Counselling, processing some past experiences including my dad's death, but also developing confidence in areas of concern.	Experience of Individual Therapy

Appendix A: Participants' Demographic Information

Appendix B. Research Integrity and Ethics Online Module

CERTIFICATE of ACHIEVEMENT

This is to certify that

ELSPETH DARLEY

has completed successfully

Research Integrity Modules

25 January 2019

End of course quiz - Social and Behavioural Sciences Grade: 75.00 %

University of East London

Appendix C. Application for Research Ethics Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Andrea Giraldez - Hayes

SUPERVISOR: Virginia Lam

STUDENT: Elspeth Darley

Course: Doctorate in Counselling Psychology

Title of proposed study: What is the post-conversion process of sanctification for Born-Again Christians? A Grounded Theory.

DECISION OPTIONS:

- **1. APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
- 2. <u>APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES</u> (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is <u>not</u> required but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.
- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved, but minor amendments are required before research commences

Minor amendments required (for reviewer):

How secure is to email copies of the transcriptions? Could you please consider another option for sharing this? (See p. 9). Thanks!

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*): Elspeth Darley Student number: U1614916

Date: 08.05.19

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (for reviewer)

Has an adequate risk assessment been offered in the application form?

YES

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.



MEDIUM (Please approve but with appropriate recommendations)

LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*):

Date:

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard



University of East London Psychology

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS

Please complete this form if you are requesting approval for proposed title change to an ethics application that has been approved by the School of Psychology.

By applying for a change of title request you confirm that in doing so the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed then you are required to complete an Ethics Amendments Form.

HOW TO COMPLETE & SUBMIT THE REQUEST

Complete the request form electronically and accurately.

Type your name in the 'student's signature' section (page 2).

Using your UEL email address, email the completed request form along with associated documents to: <u>Psychology.Ethics@uel.ac.uk</u>

Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

REQUIRED DOCUMENTS

A copy of the approval of your initial ethics application. Name of applicant: Elspeth Darley Programme of study: Counselling Psychology Professional Doctorate Name of supervisor: Dr. Virginia Lam

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
Old Title:	

What is the Post-Conversion Process	The nature of Grounded Theory
of Sanctification for Born-Again	[GT]methodology normally alludes to a large
Christians? A Grounded Theory.	sample size and saturation. While I argue
	against saturation, I am aware that with nine
	participants my research is toward a GT,
New Title:	rather than a GT itself. The second reason for
	the change is that I wanted to integrate an <i>in</i>
'What Would Jesus Do?': Toward a	vivo code into the title which reflects the
_	study's inductive nature and demonstrate that
Grounded Theory of Born-Again	the focus and theory is grounded in the data.
Christians' Process of Sanctification	Hence using a quote in the title seemed
and Therapeutic Implications	relevant to this. The third rationale is that an
	emergent theme linked directly to therapeutic
	practice and I saw this important to include in
	the title so readers knew the relevance of the
	work from the outset.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree	YES	
to them?		
Does your change of title impact the process of how you collected		NO
your data/conducted your research?		

Student's signature (please type your name): Elspeth Darley

Date:

11/09/2020

TO BE COMPLETED BY REVIEWER								
Title changes approved	APPROVED							
Comments								

Reviewer: Glen Rooney

Date: 15/09/2020

Appendix D. Recruitment Email

Dear x,

I found your contact details via my church office, The C3 Church, in Cambridge.

I am a doctoral student in the process of recruiting Christian participants for a study into what it means for them to be a Christian, their conversion experience, and any experience they may have had of counselling (Christian or secular).

The aim of this research is to equip therapists (in and out of the church) to work more effectively with Christians in psychological distress.

If this is something you might support, I would appreciate the following message being circulated among your small groups, teams, church office, or directly to members you know might be interested! Please don't hesitate to get in contact with me if you have any questions.

Born-Again Christian?

Recent church surveys suggest mental distress is on the rise in UK congregations, but reports also suggest Christians don't agree with the treatment aims of secular counselling. I'm a doctoral student interested in exploring this by understanding what it means to be a Christian and what difference it makes to you and the way you live in the world.

If you're 18+, interested in sharing your story in English, and have experienced therapy (however brief) please introduce yourself to me via <u>U1614916@uel.ac.uk</u> and I can offer more details about the nature of this study and arrange to chat.

Thank you for your help, Elspeth Darley



Appendix E. Demographic Form

Thank you for showing interest in our study. For the benefit of our research, we want to capture some demographic information about participants prior to interviews. The information will help us select our applicants based on the maximum variation between participants so that our data captures a wider range of the population. This anonymous information will be kept on a password protected computer until September 2021 when the research will be complete, and this sheet will be destroyed.

Please answer each question as you wish to be identified.

 Age:

 Ethnicity:

 Gender:

 Sexuality:

 Relationship status:

 (If applicable) Number of years in UK:

 County of residency:

 Occupation:

 Age of conversion:

 Current church affiliation:

 (*i.e. denomination / network / self-identified form of Christianity*)

 (If applicable) Pre-conversion religious history:

 (*i.e. were you affiliated with another religion prior to Christianity*? Grown up in a Christian household?)

 (If applicable) Any experience of personal therapy/counselling:

(Please state when, how long for, and the type of therapy if known)

Does your church offer pastoral support? Is there someone in your community that you can contact? (*If applicable please write yes/no, with details of this person or group*)

Appendix F. Participant Invitation Letter and Consent Form



PARTICIPANT INVITATION LETTER

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a doctoral student in the School of Psychology at the University of East London and am studying for a Professional Doctorate in Counselling Psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research into what it means to be a Christian: What it means to be a Born-Again Christian; what life was like before and after conversion; who you are now and how you live out this faith. I am also interested in your experience, however brief, of personal therapy or counselling either within the church or outside.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking to involve those who consider themselves 'Born-Again', are over 18 years old, with some experience of personal therapy however brief, historic, and with any type of counsellor.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate and sign the consent forms, you will be invited to an interview lasting approx. 60 minutes. This interview can either occur face to face at The C3 Centre, CB1 3HR, in a private space within the coffee shop. They have free parking and you will be offered a drink on arrival. Alternatively, we can conduct our interview over a Skype video call.

I will have two Dictaphones with me to audio record the interview. The interview itself will be informal; I will have prompts and an initial set of questions but I am keen to allow you space to tell me what you see as important. These questions will prompt you to tell me about being a Christian, your testimony, and what life is like for you now. I am also interested in hearing about your experience of counselling, however brief; you may want to integrate this into our main conversation.

I will not be able to pay you for participating in my research but your participation would be very valuable in helping to develop knowledge and understanding of my research topic

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times. The C3 Centre is a public space with a continuous flow of people, and the private rooms are sound-proof with small windows that overlook the public areas. I will ask you to use a pseudonym if you prefer, before we begin recording so that you have the choice of concealing your name.

You do not have to answer every question I ask and can stop your participation in this interview any time you like.

Following the informal interview, I will immediately type up the recording onto a password protected laptop. All names and identifiable details, i.e. church name, company names etc. will be replaced like for like.

I will then email you a copy of this transcription; you will have 14 days to read and respond to this transcript with any observations, comments, editions, via email. It might be that you felt you could have expressed something differently, so can now do so via writing. Or that you are unsure if you really meant what was said, then it is the chance to qualify what was said and question it. These comments will be taken as data itself and included as part of the research as a way for me to nuance the interview.

What will happen to the information that you provide?

Your personal details; demographic details, email address, and name as they appear in emails will be stored electronically on my password-protected laptop. Audio recordings will also be stored here, but will be labelled 'Interview 1' 'Interview 2' and so on, or with your chosen pseudonym so that audio recordings cannot be traced to your personal details. What I will do with the material you provide will involve is store it electronically on my password protected laptop. It will be stored here indefinitely but you will be able to withdraw your details and recordings either A) in the 3 weeks from the time of your interview, B) after the completion and submission of the study.

Only you and I, my supervisor, examiners will view the raw data itself (still anonymised). However, the study will be reduced and submitted to numerous academic journals which means your data might part of a published article; this will be in no way traceable to you.

What if you want to withdraw?

You are free to withdraw from the research study during the interview and in the following 3 weeks from your interview without explanation, disadvantage or consequence. However, if you withdraw I would reserve the right to use material that you provide until the completion and submission of this specific study.

Personal details, including demographic forms and any contact details will be destroyed within 2 years of the completion of the study.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Elspeth Darley U1614916@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Virginia Lam. School of Psychology, University of East London, Water Lane, London E15 4LZ, Email: <u>V.Lam@Uel.ac.Uk</u>

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London E15 4LZ. (Email: t.lomas@uel.ac.uk)



UNIVERSITY OF EAST LONDON

Consent to participate in a research study

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant's Name (BLOCK CAPITALS)
Participant's Signature
Researcher's Name (BLOCK CAPITALS)
Researcher's Signature
Date:

Appendix G. Debriefing Form



<u>University of East London</u> DEBRIEF INFORMATION

What is the post-conversion process of sanctification for Born-Again Christians?

Thank you for your participation in today's interview. All the information we collected in today's study will be confidential, and there will be no way of identifying your responses in the data archive. Please also be reassured that were no right or wrong answers, nor was I assessing the truth of your experience.

This study is interested in what it means for you to be a Christian in the world, possible compared to who you were before knowing Christ. I am interested in whether there is any tension between your old self and new self (*Ephesians* 4:22-24) and how these are navigated; what the process of living to Christ is. I am curious to know whether this has had, or might have, an impact on therapy or the way counsellors work with Christians, so I have waned to draw on any experience you have had of this.

Your participation today is appreciated and will help inform how therapists, counsellors, psychologists and other professionals might better work with Born-Again Christians.

I will email you with the written transcript of today's interview. Please read it, and email me back with any amendments, clarifications, additions etc. within 14 days of the email being sent. After that time I will be unable to process these. You also have a 3-week period during which you can request the destruction of your details and data. After that period, this data will be used as part of the project and non-retractable until after the completion of the project.

If you have any questions you are welcome to talk with myself at U1614916@uel.ac.uk. If you have any questions about the wider nature of this research, you may contact my supervisor, Virginia Lam, V.Lam@uel.ac.uk.

THANK YOU FOR YOUR PARTICIPATION ***

If your participation in this study has caused you concerns or distressed you, please contact the pastoral support within your church community given in your initial demographic form. Alternatively, if you would rather seek help outside of your community, please contact Association of Christian Counsellors via their website <u>https://www.acc-uk.org</u> and find a counsellor near you.

If you would prefer impartial or anonymous advice, please contact your GP or phone the Samaritans, 116 123 (<u>https://www.samaritans.org</u>).

Appendix H. Example of Memos and Coding

Who		What	Memos	Coding	Future Questions
ED	1	If I begin with definitions, then? If you could maybe define what being a Christian, or a Christian is?			
P2	2	[pause] Do you want the short definition or a long one? [smiles]	• Complex, feels distancing perhaps because it feels mildy patronising or intellectualising?		
ED	3	Sorry?			
P2	4	A short definition or a long one?			
ED	5	A medium length? However you feel led			
P2	6	[laughs] errr well a short one is being a Christian means a follower of Jesus. A longer one means that, the reorientation of your life because it involves the transformation process of the Spirit of God indwelling in us, changing our hearts, making us new, giving us hope now and for all eternity.	 All- encompassing definition which is why P1 could not imagine life without Jesus. More than just belief. Indwelling spirit 	 Christia nity is more than just belief or set of rules/co gnitions , but central to the God's Spirit in us 	
ED	7	So you say, making us new, and you spoke about a transformational process; is it past, ongoing, future?			
P2	8	It's both and. So salvation is now and ongoing and future.	 Transformation isn't just linear. It is outside of time. Transformation is also conceived as salvation (not sanctification) Non-linear model of transformation. 	Transfo rmation : ahistori c /non- linear	
ED	9	And so you've mentioned 'salvation'. Just say what you mean by that.			
P2	10	It's coming to this relationship with God where we know that He holds us safe in relationship	Sense of passivity? Being held by God. Compare to P1	Relatio nship	 Tension between activ and passive: being held by

Green highlight represent special interest, red highlight represents significant interest, while yellow represents questions I have.

	with Him, now and eternally [pause]	 where humans open up and invite Jesus, whereas he human's come to Jesus. Reiteration of salvation 'now and eternally' – so being a Christian is not just a momentary decision but an on going relationship and being held-by. Nothing cognitive 	Jesus vs. following Jesus
ED 1	l Okay. You spoke about a reorienting of life and you mentioned heart. What do you mean by that?		
P2 1		 'centre of authority' is this linked with 'core-self' in P1. Stone and flesh (not pejorative) metaphors for being hard or soft, dead or alive. The core or central self reorients everything – not so much transformation then. 	 Scriptur e: answers questio ns and provide s framew ork Authori ty: 'centre of authorit y' Dead vs. alive: cold vs. hard Reorien tation vs. transfor mation 'all our assumpt Reorien tation: 'all our assumpt

ED P2 ED P2	13 14 15 16	And so when you talk about heart stone and flesh, I mean, I'm assuming you're talking metaphorically, or? Yes. [laughs. Pause.] So what does 'heart' mean? So biblically speaking, heart is about the centre of our emotions, desires, longings, passions, sense of identity, all that stuff. So a change of heart means a transformation in all those areas.	•	Bible frames answers New heart is true transformation because it alters the place of authority / submission. So it is no longer about what my heart of stone felt or thought, but about what Jesus as new Lord feels and thinks. Note he says 'sense of identity' and not just 'identity'. Why? Is it because emotions, desiresare all part of but not exclusively	•	ions and values, presupp ositions get shifted. " Use of metaph ors Biblical framew ork for underst anding; spiritual underst anding Heart change transfor ms all areas.	
ED	17	So all the areas of identity, all the areas of emotions, who you are as a person?		identity?			
P2	18	Yes. So obviously you remain yourself but in terms of your [sigh] there is this fundamental reorienting that now you're no longer your own master, but you recognise the Lordship of Christ. Urm and, urm, the great hope of union with Christ, that we actually, organically, somehow connect with him, that is both metaphorical but also eschatologically real in some way. And that binds us into relationship with Christ and	•	Reorienting over transformation because 'you remain yourself' – reroritenting is about <i>what</i> you are orienting around, <i>i.e.</i> 'now you're no longer your own master, but you recognise the Lordship of Christ'.	•	Reorien tating: "you remain yourself " Lordshi p: 'now you're no longer your own	• Community are ambassadors/m irrors of Christ. So belonging is more than in/out group participation but about one's ontological union with Christ.

		binds us into relation - his with 1	-	C - 41 - 47 · ·		mester		
		binds us into relationship with all of Christ's people, which gives	•	So the 'I' is no longer the centre,		master, but you		
		us a community to whom we		but rather		recogni		
		belong and to whom we are		'Christ' is the		se the		
		answerable; as well as the Lord		centre, which		Lordshi		
		to whom we belong and are		changes the 'Me'		p of		
		answerable.	•	Role of		Christ'		
			•	language: real	•	I and		
				but not literal per	•	Me		
				se.	•	Use of		
			•	Permanent	•	metaph		
			•	language		or: real		
				'eternity, binds,		but also		
				held by'		not		
			•	Community		literal.		
				representing	•	Union		
				Christ; parallel in		with		
				language.		Christ:		
				Community are		relation		
				ambassadors/mir		ship		
				rors of Christ. So		'binds		
				belonging is		us into		
				more than in/out		relation		
				group		ship'		
				participation but	٠	Union		
				about one's		with		
				ontological union		others'		
				with Christ. See		binds us		
				P1 about being		into		
				friends with		relation		
				people one		ship		
				wouldn't normally be		with all of		
				friends with but		Christ's		
				the 'spirit'		people'		
				connection goes	•	Christ		
				beyond and	•	and Self		
				deeper. The		are		
				image of an atom		insepara		
				comes to mind		ble cf.		
				with the central		P1		
				nucleus and the		about		
				orbiting electrons		belief		
				(emotions,				
				behaviours)				
ED	19	And so there's two things that						
		are changing; a transformation						
		within, urm but there's also the						
		binding or a union that occurs as						
		well?						
		One that is a following, maybe						
		quite active; so I would follow						
		something? And then there's a						
		binding or a union that occurs. Is						
		that active, or is that, would I be						
P2	20	a passive recipient of that?	-	It's not -1	<i>.</i>	Dorra J.	-	To what and a
r2	20	Urm I think, well we're talking about regeneration and	•	It's not about a	•	Paradox	•	To what extent
		sanctification both are active and		paradox,or		: 'both		is there
		sanctification both are active and		resolving the		and'; 'a		paradox, or is

believe God works in us. So, in that sense it's passive – God's doing the work – but it's something which we also do and respond to, so it's active in [sic] our part. So, there's the moment of regeneration – the moment we come to faith in Christ – which is a passive receiving of God's grace to us, but an active response in faith. That's urm, a once for all event, but it's an ongoing event because we have been made new and are being made new. So, the scriptures which talk about being transformed day by day, 2 <i>Corinthians</i> 3:18 or 1 <i>Corinthians</i> or 1 John talking about "We shall be like Him, for we shall see Him as He is" so there's his hope of ongoing transformation. Urm, and that catches us up in the sanctification process but sanctification happens at the moment of regeneration as well. We are made, declared to be holy, but here's the expectation that that's an ongoing process as well in which, by which we are to increasingly conform to the glory of God in Christ	 tension, but about living in the parados: "regeneration and sanctification both are active and passive" so salvation is historic but it is also ahistoric because it is always being worked out. So conversion is not a one off moment but an ongoing conversion- process <i>pace</i> Catholic baptism. Passive/active: I've heard it said 'be a lazy Calvinist or an anxious Arminian' what impact might this have on presentation of distress i.e. fervently trying/praying/fa sting to feel better (active) or rather being passive in recovery waiting for God to act. Changed and changing still Hope <i>because</i> we can change is inherent in the Christian understanding of the self: 'this hope of ongoing transformation' and there is the expectation for change. The therapist can 	 all event, but it's an ongoing event' Regener ation: 'have been made new and are being made new' Bible: answers / frames cognitio ns Hope of change: 'this hope of ongoing transfor mation' Holines s: ('we are to increasi ngly confor m to the glory of God in Christ.' Change: 'expect ation' for change. 	 within Christianity? What's the impact of passive and active in therapy? Which parts of 'us' are being made new? The whole self? What does it mean 'the glory of God in Christ'?
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ED	21	And so just staying there with the "conformity to the glory of God in Christ." You've already	 change into the conformity of Christ Declaration 'declared' holy reminds me of P1 'command' and the role of declaration or power of words cf. P1 		
		mentioned from <i>1 John</i> being like Him, that we will become			
P2	22	like Him. Him being? Jesus.			
ED	23	Jesus. And in what sense being			
P2	24	like Him? Urm, I think in every sense, so again the Biblical metaphorical language of Christ as groom and Church as His bride, His people. There is the moment of consummation, there's a coming together where you have a shared identity in a way, which is, you're still distinguishable but just not a borg [sic] you're not merging into one unidentifiable urm unity. So there's still that urm, diversity, duality, but there is a taking on an identity that is shared in common. So, again in scripture <i>I</i> <i>Corinthians</i> 15 talks about the resurrection body; that we will somehow be like Christ in that. So there's a sense of Christian hope that we will be like Jesus is now in some way in terms of sharing in His glory. Our bodies like His, urm, yeah so, it's not just, just a metaphorical or spiritual thing. It's a physical, organic transformation as well.	 Heidegger's 'Moods' comes to mind here, when P2 refers to 'sense'. Consummation is a great term to describe the union or oneness between two people. Image of 'taking on' like clothing- being clothed in the identity of Chist. This is more than just adopting a shared identity, but a consummation is a bond/union/relati onship in which there is <i>one</i> identity. Not only a spiritual transformation. or a cognitive reorientation, but the belief that the body will also become like Jesus'. This must impact how the body is viewed 	 Relatio nship with Christ: marriag e Union ('consu mmatio n') Metaph or Shared identity Shared identity Paradox 'duality Paradox 'duality in commo n' 'sense' - the way in which we are like Jesus Bible frames belief Hope: in 	 Where does Christ end and I being? Or where does the groom end and bride begin? What is the experience of duality with Christ? How is the body viewed in Christian thought/practic e?

ED 6:4 1	25	Mmm. So you talk about the identity shared or in common urm, what do you mean by the "identity of Christ"?			•	becomi ng like Jesus Bodily/ physical transfor mation		
P2	26	[pause] So, this would be in terms of this reorientation of no longer "I am no longer my own master, but He is my Lord". So my identity becomes who I am in Christ Jesus, who am I as a person. What defines me? Is it primarily my ethnic or cultural, or gender, urm or whatever else we might use. No. It's primarily Christ Jesus that's, He's one in whom I identify myself. [Hmm] My, who am I? I am someone who belongs to, and in Christ Jesus	•	Identity is not conceived of as self-oriented; who am I, or who I am, or even who am I in relation to this group. But identity and the self is oriented and submitted to the identity of Jesus. Identity is understood to mean 'what defines me' Becoming: linked with idea of changing, it is imperfect tense, which means present continuous 'in whom' is thoroughly relational because it speaks of locating the self in another, Jesus. It is not Jesus' cognitions define me, or Jesus' teachings define me. It is ontological- my self is located in Christ and therefore I am identified in Him. Christ-like identity supercedes all other taxonimcal definitions or labels within identity-theory, 'gender, sex' it	•	Identity of Christ: 'what defines me' Transfo rmation /orientat ion 'Becom ing who I am in Christ Jesus' In Christ Belongi ng / relation ship / union 'I belong to' Relatio nship 'in whom I identify myself'	•	What does it mean to be 'in Christ Jesus'? What happens to other forms of self- identification i.e. gender, culture, sexuality if Christ is the primary identifier?

ED	27	And how – You've already quoted a lot from Scripture, the Bible, and you've spoken a bit about authority. How do you come to know the identity of Christ?	•	doesn't say that these don't 'exist' or even that they are arbitory, but simply that identity in Christ must impact and permeate these. Huge implication if working with an Evangelical with gender, race, sexuality concerns – appeal to higher identity i.e. not about earthly nationality but about heavenly/spiritua l nationality DIAGRAM 4				
P2	28	[pause]. Oh, I'd say primarily it's a revelation of the Spirit; that the eyes of our heart are opened. Urm, and then there's an ongoing growing in knowledge of Him, so think of the way Paul prayers in some of his epistles. He prays for the believers to grow in love and knowledge; <i>Philippians</i> 1 "Pray that you'll grow in love, your love grows in knowledge of God". So there's a, a, in Christianity love isn't the vague, unrooted concept it is in the late- modern West, urm it's something that is solid, tangible because it's rooted in God Himself. So there's this, we see it in Paul's prayer, a kind of urm, self- reinforcing circle; that as we understand and experience the love of God, we grow in knowledge of God, and as we grow in knowledge of God the more we know about God and the more we love Him. And as we do that we grow in our understanding of who Christ is and what it is to be identified as His people, or His disciples.	•	'eyes of our heart' suggests not rational self per se but the 'centre' of the person, their emotionssee above. Knowing Jesus is firstly an unveiling/revelati on/awareness of who he is. Knowledge therefore is experiential and has to do with love. Knowledge and love are reciprocal Prayer: asking for growth, so prayer as an antidote for stagnency Change is Rooted in God Himself – you can growth and become but in so	•	Revelati on / awarene ss Bible characte rs as archety pe/ prototy pe Love : relation ship / belongi ng to. Criticis m of westurn philoso phy / material ism Knowle dge is experie ntial: knowle dge reciproc	•	If love is rooted in God Himself and therefore love is not simply an intangible concept – can we define and adequately describe love/ the experience?

	r	[
				much as it's in		al with	
				Christ, like		love	
				Christ, rooted in God. All	•	Growth	
				experience is		– changin	
				linked to Christ,		g/	
				love/knowledge/		g/ becomi	
				growth/self		ng	
				All is Christ.		trajector	
			•	Critical realist		y of	
				epistemology		increase	
				then – because		– prayer	
				we can know		as	
				what knowledge		antidote	
				and love is		for	
				concretely, and		movem	
				tangibly- which		ent	
				means it is not	•	Rooted	
				just a concept or		in God	
				something		Himself	
				constructed or	٠	Christ-	
				relativist. It is not		centric	
				the denial that	٠	Knowle	
				the West has		dge:	
				relativist,		also	
				idiosyncratic concepts of love,		True/Re	
				but that these are		al/Tangi	
				vague and		ble/Soli	
				transient		d – not	
				(unrooted). It is		just constru	
				the different		cted or	
				between human		created,	
				truth and God's		but	
				Truth. The		discove	
				Christian can		red and	
				then grow in		knowab	
				Truth, which		le.	
				means moving	•	Critical	
				away from or		Realist	
				submitting their		epistem	
				truth to the Truth		ology!	
				rooted in God	•	Truth	
				Himself.		and	
						truth	
ED	29	Brilliant. Then you mentioned					
1		"Spirit" a couple of times; you					
		mentioned an indwelling Spirit,					
1		you've also spoken of a					
1		revelation of the Spirit, by the					
1		spirit. Just tell me your definition					
		of Spirit and how it fits in with the heart					
P2	30	The Holy Spirit is the third	-	Spinit in	-	Tm+h	
ГZ	30	person of the Trinity. He is the	•	Spirit is conceived of as a	•	Truth. God is	
		one who enables us to see the		person /		God is Truth	
		truth of who God is in Jesus		person/ personified.		God has	
		Christ. He is the one who		Perhaps this is	•	God has a Spirit;	
1		sanctifies us, the One who		contributes to the		a Spirit; we have	
1		catches us up in the process of		Christian		a Spirit	
1	1	catches as up in the process of	I.	Christian	I.	a spirit	

		becoming increasingly Christ- likeness. He's the, deposit God gives us, by which we can have a certainty and assurance of our salvation and by Him we are able to call out to God as our Father. So, the Spirit is the One who applies the promises and blessings of God to us.	•	understanding of the self with a spirit because God Himself has a Spirit 'who catches us up in the process of becoming increasingly Christ-likeness.' The idea of being caught up in a process- as though we have entered a dynamic relationship where we are caught up in Christ's relationship with the Spirit and the Father- and we too are caught up in this dynamic exchange with God. The spirit applies / opens-up the promises and blessings of God, which are positive and hope-filled. The belief in god to come.	•	Dynami c relation ship – 'who catches us up in the process of becomi ng increasi ngly Christ- likeness .' – growth Spirit: Certaint y (hope) Positive future: 'promis es and blessing s of God to us'		
ED	31	Okay. And in terms of this question, you may want to dispute, but where does the Spirit dwell in the person, in the self, or does it not dwell there?						
P2	32	Urgh [sighs] I don't think there's, it's like questions of soul. I don't think there's an anatomical part of the body that you can dissect and say this is where the Spirit would dwell. I think the Spirit dwelling in us , I think about biblical metaphor, so the Spirit is a person, not an impersonal force. But the metaphors Scripture uses of water and fire, and wine and oil and wind and so an experience of the Spirit dwelling is much more like that. Like a ship sails a trim to catch the wind. It is like being plunged in water, it is this sense of encounter with God. Urm, an awareness of a reality of God in,	•	Non-scientific or tangible aspects of the self. Compare to the use of tangible in P2.28 where the experience of 'Love' is tangible, real, solid but here the soul is not physical or visible and therefore. Stream of consciousness 'I think' framed by 'scripture'	•	Metaph or Indwelli ng spirit Spirit as person: relation ship Encount er with God (spirit) Scriptur e Awaren ess / revelati on: 'an awarene	•	Is 'the spirit dwelling in us' metaphorical? Does metaphor exclude reality?

		and in us, and at work through us.	•	'an awareness of a reality of God in, and in us, and at work through us.' – not only a revelation of God but also a revelation of who we are in Christ (see elsewhere). Within us links to the indwelling spirit metaphor, and through us is community focused? Or the self expressed, where person is God's instrument. Is this like an I and Me?	•	ss of a reality of God in, and in us, and at work through us.' I and Me : 'God in, and in us, and at work through us.'		
ED	33	So is it intellectual, this awareness, this revelation?						
P2	34	No, I'd say it was more sensual. More, gut, heart.	•	Bodily experience? Innate knowledge	•	Experie ntial / sensual knowle dge		
ED	35	Heart then? Okay, that's really helpful.				-		
P2	36	Urm but because as I've just said, Paul's prayer in <i>Philippians</i> 1 urm, knowledge is not incidental. So there is a knowing, knowing of relationship more than just a knowing about. But the biblical framework always are relational, so God is our Father. How do you get to know your father? We get to know the Father through knowing Christ because He's the Son. And the only way you can know God as the Father is by knowing the Son that's defining of who God is; God is Father. How is God Father? Because He has a Son. Well, how do we get to know the Son? Because the Holy Spirit opens the eyes of our heart, so we can see who Jesus is [Mmm]. It's a much more kind of urm, relational, heart thing, than simply a head thing.	•	Personal knowledge of the characters in the Bible – like friends not just archetypes but 'the biblical framework always are relational' Implications of God as Father in attachment theory	•	Knowle dge: relation ship: 'God is our Father', Christ the 'Son' Biblical framew ork is relation al Heart Knowle dge 'It's a much more kind of urm, relation al, heart thing, than simply	•	Are there implications for attachment theory and timeline and genograms with God as Father? Or conversion history What does knowing God as Father mean for how one lives? Is there space in therapy for heart and relational knowledge, and not just head knowledge? Is head knowledge akin to rationalisation? Or intellectualisin

						a head		g (as a kind of
						thing.'		defence?)
ED 11: 56	28	Hmm that's helpful. So you've mentioned Spirit, you've mentioned heart, and you've touched on the word soul. Urm if you had to explain to me what the view of a person is, how would you, how would you imagine that? Urm. We are, my definition is, we are embodied souls. So there	•	Links between body and soul	•	Embodi ed	•	What are the implications of
		is no separation between body and soul. And, between sarx and psyche. The urm, the modern kind of definition of mind and consciousness often parallel and eross over with religious concepts of soul but also fall short. I think the Christian view would reject the modernist concept of, of the mind as somehow being software and the body being hardware. When does the body effectively, temporary and obsolete? So of course think about transhumanist and some of those moves in terms of postulating or actually desiring the possibility of downloading human consciousness and some kind of abstract way on some cosmic hard drive. I think, from a Christian perspective, that would be impossible because you cannot separate – and I also think scientifically - you cannot separate the mind, soul, from the body. We are embodied souls. So what it means for me is that we are physical bodies and so we sense and perceive the world around us through the senses, taste, smell, touch [Mmm], but we are soulish as well. We are spiritual. We have this urm, we're, we're what - human beings are what bridge the gap between heaven and earth because we are of the earth – made of dust – but we are also of heaven because we are filled with the breath of God, made in His image.	•	 'embodied souls' – which means the soul is tangible only because it is linked with the body, but also why perceived or sensual knowledge is so important, because the body is given significance and importance. Distrust of 'modernity': 'hardware and software' Does P2 compare with P1 by seeing only a soul and body and then the Holy Spirit of God indwelling, rather than body, soul, spirit and the Holy Spirit? No because she includes 'mind, soul, body'. I find the dialogue confusing because there are lots of sub- clauses. I also find it confusing because there are a lot of comments said by rote, or quoted from the bibleas though it is common knowledge. I find this causes 	•	souls: the importa nce of the body and experie ntial knowle dge Distrust of moderni ty Sense percepti on – physical and spiritual : 'human beings are what bridge the gap between heaven and earth'	•	an embodied soul mean for things like cognitive therapy? E.g. if sensual knowledge is just as or more important than 'head knowledge' how can we target this in therapy? What type of epistemology? Sense perceptionpe rceive the Truth, but also spiritual knowledge. What does it mean to be made in the image of God? Simply that we have his life- breathe in us (genesis) and so art disctint from animals?

							1	1
			•	minor contradictions in what is said. also find, ironically, that the answers are very intellectual and 'headish' rather than experiential despite suggesting that heart and gut knowledge tump head knowledge. 'human beings are what bridge the gap between heaven and earth' and so knowledge is both spiritual (untangible and more heart and gut), and also physical and created (5 senses) and perception. Epistemology is still critical realist – we perceive through the senses but we don't construct what we perceive subject to experience?				
ED 14: 14	29	Do you think there's a distinction then, between the Christian, or somebody who is regenerate, versus the non-Christian in terms of that soul/flesh, or the interaction with the Sairit?	•					
P2	30	interaction with the Spirit? Well the difference where your union is. So the bible talks about those who don't know God as children of wrath. So, those who do not know God, they're embodied souls just as Christians are, but they are not in relationship with God. So, they are not experiencing what it is to be adopted children of God, they are living as children of the world. So, there's that fundamental difference in terms of the salvation question. But	•	Union: belief that we are all ontologically connected with something or someone. All embodied souls. Adoption: whose you are not who you are No distinction in terms of what it is to be human, but in terms of salvation. How is	•	Union / relation ship / metaph ysics / adoptio n Child of the world (wrath) or children adopted by God.	•	Is salvation metaphysical?

ED 3	mentioned "The modern West", "rejecting modernity", "children of the world". Can you just explain what sounds like a culture clash between maybe Christian principles or worldview [Mmm] and that of	salvation conceived of? A relational product not a metaphysical one, or both?	• Whose you are, not who you are.	
P2 3	 the modern West? [pause] Well the modern West is entirely dependent upon, built upon Christian values and virtues; wouldn't exist without the Christian story. Urm so I think often culturally, philosophically, historically, we reference the Roman-Greek world and look at that as being the fountain head of western culture as why we are what we are now, which is true to an extent but not really true. The bigger story actually is the kind of the smashing into of Christianity with the Greco-Roman world, and a radical transformation of, of essential values. So, the Roman world didn't really have any space for love, compassion, mercies, as would be understood in the Christian worldview, which are now embraced within late-modernity, particularly tolerance, love. These are our authenticity; these are the buzz-words of our culture. They all have their foundations in Christian values but because western society has now by and large rejected the Christian message, there isn't the foundations, the legs have been kicked out from under the stool. So, people are still wanting to hold onto objective moral values, but don't really have the foundations for explaining why that is so [mmm]. I think that is partly why our contemporary debates are so fractious and 	 what does he mean by 'authenticity'? suggests the West adopted Christian values (love, tolerance) but have rejeceted the message, which is the gospel about Jesus and tried to keep the message. How does this relate to therapy? That therapy deals with 'common grace' principles like 'sobering a drunk' (Johnson) but might not deal with the 'heart issue' or 'relationship woe' because they have removed Jesus from the equation. Does this mean that therapy is seen to do something but not all? Image of stool legs being kicked out suggests things are shakey, uncertain, turbulent? In comparison to image of Christian love in 	 Culture clash / distrust of the West Christia n actiolog y Anticonstru ctionist epistem ology 'people are scrabbli ng for truth but are unwillin g to, they want to constru ct it in the air rather than on the foundati ons to which it actually belongs ' 'Object moral values' – Truth Christo centric: "that we need to 	 Does the westurn rejection of the gospel contribute to mental distress because of the uncertainty (shakey, unrooted) of its values? Whereas Christian values are rooted in God (P2.28) and have their 'legs'? What does it look like, a life ''lived in pursuit of Christ looks like?'' what happens to the self in this pursuit? What is it to pursue Christ whilst also being united and adopted by him?

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aggressive because people are		P2.28 where the		recogni	
scrabbling for truth but are		experience of		se and	
unwilling to, they want to		'Love' is solid.		build	
construct it in the air rather than	•	Epistemology:		upon	
on the foundations to which it		people want truth		the	
actually belongs [what		but construct it in		foundati	
foundation?] I think actually		the air (again		on, and	
biblical Christianity and the		image of being		the	
contemporary Christian world		shakey) whereas		foundati	
because I as a Christian would		Christianity		on is	
want to say that we need to		affords certainty		actually	
recognise and build upon the		and Object Truth		found	
foundation, and the foundation is		and moral values		in	
actually found in Christ. And the		– people are		Christ."	
values that we have as a society		moral agents	•	Morals	
needs to be built on what is		even if they think		and	
revealed by our understanding of		they are free		values	
Him and what life, lived in		agents. And that	•	Epistem	
pursuit of Christ looks like. And		is why they fight		ology	
if you do that, then you can have		to aggression for		'to be	
true diversity and inclusivity and		certain values as		built on	
tolerance be genuinely authentic		if True whilst		what is	
and know what real love is. But		also denying		reveale	
without that foundation you're		objective Truth.		d by our	
just building castles in the air.	•	It is denied, or		underst	
		objective truth		anding	
		cannot be		of Him	
		accessed while		and	
		Christ is rejected		what	
		is the foundation		life,	
		for Truth.		lived in	
	•	Epistemology:		pursuit	
		'to be built on		of	
		what is revealed		Christ	
		by our		looks	
		understanding of		like.'	
		Him and what	•	Authent	
		life, lived in		icity –	
		pursuit of Christ		not of	
		looks like.' –		self but	
		truth, which is		of a life	
		Jesus is		'lived	
		discoverable.		in	
	•	Redefine		pursuit	
		authenticity - a		of	
		life not in		Christ	
		relation to the		looks	
		self being lived		like'	
		out, but the life	•	Anti-	
		of Christ being		constru	
		pursued and		ctionist	
		emulated. 'But		"But	
		without that		without	
		foundation		that	
		you're just		foundati	
		building castles		on	
		in the air.' What		you're	
		doe this mean for		just	
		Existential		building	
		therapy and the		castles	
	I	rj and the	ł		

ED	33	And so you spoke about moral	 pursuit or construction of meaning, rather than discovering and having true meaning revealed. A castle in the air – are therapists setting their client up to fail? Meaning is important – not to make it but to discover the True objective, moral meaning and live in pursuit of that and built upon that. Assumption is that there is less distress in doing so? Speculate that it's because humanity is united with their Creator and Saviour and therefore fulfilled and living out their original design? 	in the air." <u>Meanin</u> g	
		objectivity and not only as the building blocks but as the foundation, urm, how do you reconcile that then with the use of metaphors? Particularly in the Bible to do with the Spirit. But also to do with diversity that you talk about; is everything absolute?			
P2	34	[pause] I don't think you can understand anything without metaphor. Everything has to be explained through metaphor; that's how we interpret the world. So, metaphors are essential but that doesn't mean that they are, that they represent and imagined unreality. So metaphors help us to grapple with truths, understand them and apply them. So is the holy spirit wind? No. Does Jesus talking about the Holy Spirit being like a wind, help us understand what He does? Yes. So those metaphors are essential, and	 Symbolic interactionism? Is this a paradox to the above comment about objectivity? That there is a real ontological reality of Christ, morality, and values that the Christian must build upon and orient around – not about self- authenticity but living Christ- 	 Metaph or: "metap hors help us to grapple with what is objectiv e truth." Contrad iction / paradox 	• Does this simply lend to a critical realist perspective?

ED	35	That's helpful. So we've touched a little bit on the culture clash I suppose in terms of its foundation blocks, and by the sound of things, possible trying to attain the same goal i.e. inclusivity, diversity, but going around it the wrong way. Building it in the air you say. So, maybe speaking a bit more personally then, you as a	sense something that is nonsensical?	
ED	35	So we've touched a little bit on the culture clash I suppose in terms of its foundation blocks, and by the sound of things, possible trying to attain the same	without experience and so metaphor helps us makes sense something that is	
		truth.	 also only having understanding and knowledge from metaphor. However the metaphor is a way of communicating and interpreting the reality (cf. imaginative language, Mike Higton) does this lead to lots of conflicting metaphors about Truth and therefore lots of truth in its place? Answers this by saying, metaphors helps us understand Truth – why? – because the Divine is so otherworldly that we cannot understand 	

ED	37	Mmm that's helpful. So if that's the inter-personal clash or conflict, what about the intra- personal conflict? You spoke about regeneration or sanctification happening in the past but also ongoing, so in the life of the follower of Christ, can they know a conflict between maybe who they were and who they were becoming?				model and display the grace of God to'	your therapist? Maybe avoiding the not so Christ- like features? (cf. Cragun, 2012)
P2	38	[pause] yeah, as you know this is a thorny theological issue. A lot comes down to one's interpretation of <i>Romans</i> 7. So, my, my understanding would be that we are, we come to Christ and we are made new; the old man (in biblical language) has been crucified with Christ, dies, we are made new. But there's a fundamental, part of this reorientation is that we are now born into a place where before relationship with Christ our freewill is not actually as free as it might appear because we are unable to choose what is pleasing to God. Once we've come into relationship with God, we are brought back into this place of freedom where we are able to choose what is pleasing to God. But while we are still in this body, this life, we still, all of us, choose to sin sometimes.	•	'one's interpretation of <i>Romans</i> 7.' Is this subjective? Surely if God is truth and uses metaphor to illuminate that truth, where does Biblical interpretation come in? Putting the 'old man' to death in order to be reborn. This sounds pretty finite and not about intrapersonal conflict per se. instead the conflict arises in the choice that is now open to Christians. Or rather an awareness of choice. The true self or original self is the self that is in relationship with God who 'chooses with is pleasing to God' Not fully perfect; sin conceived of as not choosing God.	•	Truth / epistem ology: 'one's interpre tation of <i>Romans</i> 7' Two selves: 'the old man (in biblical languag e) has been crucifie d with Christ, dies, we are made new.' Life and death Freedo m to choose / choice 'where before relation ship with Christ our freewill is not actually	

	1	[c. C	
ED	39	And so there is the emphasis there on choice. When you become a follower of Christ, you		 as free as it might appear because we are unable to choose what is pleasing to God.' Conflict in choice (not in selves per se) Restorat ion of self (not just new) 'brough t back into this place of freedom '. Our true self. 	
P2	40	are given a choice to? Given the ability, the power to because you're, your status fundamentally changes. I'm no longer outside the household of God, I'm now inside it. The door of the fridge is open, I can take what I like. So that means I then have freedom to act as a son of the house. Or if im foolish I can fail to act as the child of the house.	 Speaking in metaphor here; 'your status fundamentally changes' so not an ontological shift, i.e. he hasn't become an animal or angel but remains human but under a different condition. A new set of parameters for existing. So perhaps an existential shift? Now has access to the things of God. So being Christ-like is also having Christ's access all areas. Freedom to be like who God has 	 Convers ion: 'Status fundam entally changes , Metaph or Either / or 'So that means I then have freedom to act as a son of the house. Or if im foolish I can fail to act as 	• In salvation in what way does 'your status fundamentally changes'? e.g. as a child of God, and what pragmatic difference does that make?

			made you in yourthesecond birth. Notchild offree to be thethe'old man'. Thishouse.'is very different• Freedoto psychologicalm to ^concept ofBe likeorganismic selfwhoand beingyou areauthentic.• Authent
ED P2	41 42	What would that look like?	
P2	42	That would look like doing anything which compromises my relationship with Christ, which is contrary to the commands and instructions of scripture. Which does damage to my brothers and sisters in Christ, which fails to minister to God's grace to others.	 Bible as instructive and commanding but not cold and harsh but conceived of relationally. That the 'commands' are about how to maintain relationship. Sin impacts others – other focused. (im thinking of CAT, self-self, self to other, other to self). Again is there a sense that sin or even confession might damage the hearer, and therefore fail to model (P2.36) and offer grace to therapist? Bible as instructive and commanding but not cold and harsh but e scriptur e is that strictly behavioural or cognitive too? Sin / other / therape utic relation ship '[sin] fails to minister to others.' Sin impacts other, other to self). Again is there a sense that sin or even confession might damage the hearer, and therefore fail to model (P2.36) and offer grace to therapist?
ED	43	What might that be like, I don't	
		know, in terms of personal experience; people you've encountered who maybe in the household but are not acting like the rest of the family?	
P2	44	[pause] sorry, can you refine your question?	
ED	45	Yeah, so what might that be like? Speaking from examples of people that you know, or maybe yourself maybe being inside the household but not acting like	 I am trying to ascertain Abstrac t / pragmatic and genuine over experiences and not purely al metaphorical or theological concepts. This is not fully engaged with for many reasons, one of which might be Abstrac Abstrac t/ rational over emotion al

	1			1:			
				discomfort in			
				speaking more			
				vulnerably.			
P2	46	Examples of sin?					
ED	47	No, just an example of what that might be like for somebody?	•	Im keeping it vague so that P2 might use himself as an example, but P2 does not. Does this demonstrate discomfort? Definitive change in mood at this point.			
P2	48	What it would be like? Well it	•	New self	•	Real	
		always puts, if you're in that position, it always puts you into an uncomfortable position because you're not being true to who you actually are. So this question of authenticity; what is it to be authentic? So if you have come into relationship with God but not living in a way that reflects that, that creates some internal dissonance. Urm I've just been looking, thinking about the number of times the apostle Paul talks about the conscience a whole bunch of different contexts, he speaks about his conscience, how important to that was for him. And I think if you, it is possible, it is easy actually to harden your conscience. And maybe to have areas of life that where you harden that particular area of your conscience and well, in other areas, you seem to be still living faithfully. So part of the discipleship process for us is to be those of good conscience in all areas, and not allow, not to have hardened areas of conscience that would keep us from enjoying the grace of God.	•	conceived of as real self and to be authentic is to be Christ-like. Otherwise it leads to feeling 'internal dissonance.'. not between real self and idealised self but between new self (Christ-like self) and the 'old man'. (use for presentation) Is hardening conscience like erecting defences? Hardness is and immoral living is conceived as a lack or absence of enjoyment 'would keep us from enjoying the grace of God'	•	self/ authenti c self internal dissona nce: 'So if you have come into relation ship with God but not living in a way that reflects that, that creates some internal dissona nce.' Moral compas s / conscie nce 'the disciple ship process'	
ED	49	On a day to day basis, how					
23:		would you know if your					
46		conscience was being hardened?					
P2	50	[Chuckles] By the eternal witness of the Holy Spirit. By the instruction of Scripture and by the council of God's people.	•	Is he laughing at my question? Feels derisive and his answer feels very sure	•	Formul aic respons es	

ED	51		•	and polished and formulaic. God, self, other: like CAT, self- self, self-other, but with God-self and self-God. One's relationship with God is seldom explored in comparison to with other people/systemic.	•	God, self, other		
ED	51	So you mention that that might feel uncomfortable, urm for the believer who is maybe experiencing that hardness, urm, so there's an active hardening at first that takes its toll? Or?						
P2	52	[Chuckles] Well I think if there's, all of us do things we shouldn't do [pause] and could be aware of those and sought them out with the Lord and with other people. I think what, there's a difference, the Bible uses this heart metaphor; so if our heart becomes hardened by habitual sin and refusal to repent and resolve that with the Lord and other people, that's where conscience becomes hard and that's where we start getting into real trouble.	•	The chuckle still feels derives, and feels as though he is not wanting to engage with this question – why? Is the pause significant because he has referred to himself. Is the heart a good choice to uses in therapy to speak of the 'core self' or central person ? Repentance linked with orientation because it's the focus or orientation of the heart that counts.	•	repenta nce	•	What type of 'real trouble' is this?
ED	53	I was struck by the way you said, being true to who you are. That 'are' being true to your new kind of identity, i.e. the son in this household who has access to the fridge. So almost, act like who you are called to be, or called to become, not who you were? [Yep] Yep okay. So then going a little bit – we're spoken a bit abstract I just wonder for you, your experience of deciding to follow Jesus, possibly of getting baptised?	•	My question possibly in reaction to P2's chuckling.				

P2	54	[pause] so, I remember a moment when I was about 5 of clearly deciding that I wanted to follow Jesus. I remember a clear moment when I was about 10 when I felt I had a particularly clear encounter with the Holy Spirit	•	2-stage process, or marked by 2 important moments: the initial decision and then an encounter with the Spirit- previously he has described the Spirit as empowering. So from 5-10yrs he followed Jesus but at 10 he felt an empowerment.	•	3 stage process (not just convers ion – see baptism p2.56)	
ED	55	What did that look like?					
P2	56	Well it didn't look like anything, but it felt like something [laughs]. [Yeah?] Yeah, I think it was a (how to describe it?) a quickening of spiritual temperature. An accelerated desire to know and love God and to experience more of Him. I was baptised when I was 13. I would have been baptised younger, but in our church context at the time there was an anxiety about baptising children, so 13 was when it happened.	•	Encounter not considered to be phenomenologic al. Distinction between intrapersonal knowledge/sensi cal knowledge and observable events 'An accelerated desire to know and love God and to experience more of Him.' Described like notes on conversion (James), a shift in desire and a 'new seated energy'. Doesn't feel like the death of old desires but a re- orienting of them. Baptism as a sign of the previous 2 stages: conversion> encounter> declaration or declaration or	•	Sense knowle dge Shift / change in desire Baptism as sign of convers ion and encount er	
ED	57	And what was the anxiety about		ter>sign			
P2	58	baptising children?	-	Dantism			
r2	38	I think the anxiety is that if children, that children's minds change very fast, and what happens if you baptise a child at 10 and by the time, they are 13	•	Baptism conceived of as a mental decision, much like stage 1. Ties into the			

ED 5	 they have decided not to follow Jesus anymore? I think pastorally this is diagnostically wrong because the same applies for any age; if somebody at 50 and gets baptised, they've got no guarantee that in 3 years' time they still want to follow Jesus. So it's actually a question. And so what does baptism mean? 	feed of changing one's mind. That we can choose to follow Christ, that we can choose to get baptised, and we can choose to no longer follow. Whereas stage 2 is more passive? Where we encounter God.	
P2 60	What did it mean for you?	 His encounter was not phenomenologic al but his baptism was. So the baptism is not a sign of reality in itself but is an indicator of another intrapersonal reality. The decision, encounter, sign, inaugurate a process of 'Dying to self dying to sin and being made alive in Christ.' The 3-step process: baptism is describes as 'so I don't believe in baptismal regeneration, but I do think baptism is an essential part of the regeneration process.' The tripartite process is not ubiquitous but it is 'normal' and 'proper' rather than 'weird' 	 Baptism phenom enologi cal vs. intraper sonal Ontolog y:

	<u> </u>		ning? in
			sion' is not a word used
ED 28. 05	61	Mmm. So you mention 'die to self' just unpack that a bit for me.	
P2	62	That is back to the authority question in terms of "I am no longer my own master, but I recognise the Lordship of Christ"	The process is about "I am no longer my own master, but I recognise the Lordship of Christ"
ED 28: 19	63	And so, what might that look like practically, dying to self?	
P2	64	It means that [coughs] well even in the decisions I make, needs to be orientated towards pleasing God and reflecting the reality of my relationship with him. So again, the marriage metaphor. When I married my wife 25 years ago, I was making the decision I was no longer the sole master and lord of my day to day decisions, but I would have to give due regard and, to her will and decisions as well. Now the decisions I made, would have to be decisions that we made and that I would need to live in a way that honoured the commitments I've made to her. So, being a Christian is analogous to that in terms of decisions I make the way I life, the things I do.	 Reflecting Jesus is hugely Reflecting inportant ng relation suggests all cognitions, emotions, needs, desires, urges. Marriag desires, urges. Marriag e Marriag e Marriag metaph otherwise are to be pleasing to God and reflect nship) analogy The self must reflect and mirror who they are in Christ. Reflecti ng relation Reflectin ship Reflectin ship Reflectin ship Marriag M
ED	65	And how – you spoke a little bit about the discipleship process as well, does that feed into that sense of dying daily and submitting to the Lordship? That process of discipleship?	
P2	66	Yeah that is discipleship. So to be a disciple is to be whole- hearted follower of Christ. Involves your head and your heart in terms of attitude. So it's a determination to follow, to be like one who you're following [Mmm].	 Discipleship instead of sanctification – the same idea but discipleship suggests the same theme of following Christ. It makes it more active and ongoing rather than a passive background Disciple Bible / Disciple Christ – like 'to be like one who you're following Monte one you're following Active choice

			•	irrespective of human agency. Being a disciple links Christian to those in the Bible The tripartite self; head (cognitions) heart (desires), attitude (perspective?). Where is behaviour in this- or is behaviour simply conceived of as an outworking of these other 3?	•	Self: Head, heart, attitude.		
ED	67	You spoke a little bit about – we keep coming to the point of Lordship and authority and you've appealed to Scripture, obviously Jesus first and foremost, and to community as well, so being held up by this authority. How is it (I'm thinking how to frame the question) then in terms of whether those outside of that household of Christ, what authority do they have and how you live your life?						
P2	68	Urm God in His sovereign plan has instituted different authorities around the world. So, scripture is clear that we are to be obedient to the authorities that are set in place because actually in some way by obeying them we are obeying Christ because he is the ultimate authority. Though we are responsible to obey the governing authorities that God has set over us.	•	While there is a distrust of the modern west, there is also a submission to authorities rather than a subversion of them because they see that God has put things in place. This suggests a dutiful or obedience or acceptance of things.	•	Soverei gn plan / purpose / meanin g Accepta nce		
ED	69	So, obviously you speak about truth and what that's built on. Would there be a distrust of those outside of Christ with their wisdom, or knowledge or understanding if it wasn't based on that same foundation?						
P2	70	Urm, in God's grace there is wisdom and [pause] insight, which is commonly given but it remains worldly wisdom. So it, it isn't authoritative in the same	•	Common grace. This concept is useful when it comes to pharmaceutical	•	Commo n grace Authori ty		

	r		1	• •		1
		way that Scriptural authority		interventions and	hierarch	
		would be [Mmm]. You can learn		other	y D'l l	
		from those who are not followers		medicinal/therap	• Bible;	
		of Christ, because God in His		eutic advice as	total	
		grace means we can learn things		there is the	authorit	
		but it doesn't have the same		recognition that	y /	
		authoritative validity in my life		God has graced	Truth.	
		as, as, as the word of God		professionals		
		through Scripture [Mmm].		with wisdom and		
				resources that		
				Christians can		
				access. Common		
				grace must be an		
				'attitude'		
			•	Authority		
				hierarchy so		
				although grace is		
				given to non-		
				Christians, if it		
				subverts or		
				conflicts with		
				scripture than it		
				is not heeded.		
			•	Non-christians		
				wisdom doesn't		
				necessarily mean		
				the same validity		
				in life. This also		
				suggests Biblical		
				authority is valid		
				and authorative		
				in life. Suggest		
				therapists might		
				use or draw on		
				Bible in session		
				since this not		
				only frames life,		
				but also has		
				ultimate		
				authority as the		
				very words of		
				God – peculiar to		
				Evangelism?		
ED	71	And practically then, how would		U		
		that look if you were receiving				
		wisdom or from somebody that				
		doesn't have the same validity?				
		What would that look like?				
P2	72	It means if I go to the dentist,	•	Suggests P2		
		I'm trusting the competence of		might be open to		
		the dentist because I don't think		secular therapy		
		the fact that they are not a		- PJ		
		Christian invalidates their ability				
		to put a filling in my tooth. God				
		in his grace has given the human				
		race the ability to learn what				
		teeth are and how to treat them,				
		irrespective [laughs] of whether				
		you're a follower of Christ. It				
		means if I take my car to the				
	1	means if I take my called the	1		1	

		garage, the credentials im interested in are "Is this man competent to fix my car." Not, is					
		he a follower of Christ. Urm.					
ED	73	Where are the limits of that, what professions?					
P2	74	[pause]. I think the limits are - that's good – the next example I was going to give was I can listen to Jorden Peterson and I think he has profound psychological impact and insights which are very helpful because God in His grace has given us the ability to understand increasing amounts about human psychology. But I wouldn't take that as authoritative as I would the word of God revealed through scripture. Urm. Yeah. [Yeah] But I think the more, the more philosophical, the more abstract the more, the more [pause] urm blurred it becomes and I guess the more sceptical isn't the right word, but the more sceptical id be. So with something that is very objective, urm, the head gasket in your car has gone and it needs to be replaced, your tooth has got decay and needs to be drilled, your hair is too long and needs to be cut, then those are very urm [pause] they are much more definable. But as soon as you get into the realm of ideas, becomes – I mean – which is true across the board isn't it? That's why equally intelligent people vote labour, conservative, liberal democrat, whatever else because it's not of knowledge but of feeling and intuitions, culture and history and all the rest.	•	P2 acknowledges there are limits to being 'treated' by a non- christian. Interestingly he refers to a psychologist – I wonder if this is because he knows I am a psychologist or because it is pertinent to him specifically. 'has profound psychological impact about human psychology' shows P2's attitude towards psychologist, that they have been gifted by God to help him. So God is involved in the therapeutic space. 'sceptical' about psychology which is conveyed as not necessarily disbelieving but more about distrusting or not agreeing with. The reason given is because of its lack of empirism. This might be peculiar to P2 as he comes from a biology background. 'your hair' is surely subjective, not objective like the other 2 examples. Slip of the tongue or demonstrative of	•	Commo n grace 'has profoun d psychol ogical impact and insights which are very helpful because God in His grace has given us the ability to underst and increasi ng amount s about psychol ogy' Sceptici sm about psychol ogy' Sceptici sm about psychol ogy' Sceptici sm about psychol ogy' Sceptici sm about psychol ogy' (philoso phical underpi mings) Contrad iction / paradox : subjecti ve knowle dge of God but distrust of subjecti ve philoso	Is there a type of therapy / philosophical underpinnings that you would be sceptical or tentative about?

ED	75	You've touched on psychology a	•	black and white thinking. References more constructionist or at least phenomenologic al epistemology but believes their 'truth' is emotion-led rather than knowledge in a definable sense. Distrust of being emotion-led. <i>Ipso</i> <i>facto</i> feelings aren't knowledge. I find this contradictory to above where he talks of sensing God but not in an empirical sense.	•	phy/ psych. Black and white thinking Epistem ology; critical of constru ctivist Distrust of being feelings -led (emotio ns)	
ED	75	bit, and earlier you said, you know, in modern Western society there's a separation or duality between body and psyche. And when it comes to science then and psychology, how would you relate to things like hormone levels, neuro- imaging? But then maybe more ideas based principles in terms of treatment?					
P2	76	[pause] Urm [sighs] well I would see all this coming within the realm of God's grace to us, so if there are things that can help us as human beings to live healthier lives, I would see that all as the gift of God, [mmm] that even if someone doesn't recognise God or even acting hostility denies him, if through their skill my life is some way better, I see that as God's grace. So, [pause]. Yeah.	•	Belief that God wants people to 'lives healthier lives' – does this preclude mental distress?			
ED	77	Mmm. I'm just think in terms then of experiencing distress. You've already mentioned <i>Romans</i> 7 the author Paul writes, "oh what a wretched man I am" he talks a little bit about that conflict between flesh and spirit. You've already mentioned that actually chose can lead to discomfort or uncomfort [sic] – feeling uncomfortable – can you maybe just tell me what you	•	I'm trying to use the Bible to ascertain P2's interpretation about intrapersonal conflict.			

P2 78	 think about what Paul is getting to in that <i>Roman</i> 7 passage where he feels wretched that he does what he doesn't want to do and vice versa? Mmm, well I personally think he's talking about Adam [slight laugh] and the [Yeah?] initial and original turning against God and Adam's wretchedness in that. That's how I would interpret that passage rather than describing the internal struggle of every believer. 	 Laughs? Because we disagree, is it patronising that I had a different understanding? Or is it an awkwardness. Belief in the blueprint of humanity and the impact of original sin. 	• Original sin / creation of humanit y	• Where is God's Truth in two different interpretations ?
ED 79	And so do you think that was peculiar to Adam then? Or just explain a bit more			
P2 80	*	 Separates Christian from non-Christian (Adam or Christ) Human condition speaks of the negative impact of original sin (Adam) who chose to rebel against God, and Christ who through his obedience reconciled people to God in relationship. In essence all 'firstborn' people are like Adam because they are out of relationship with God. So in the choice to follow Jesus, the freedom that is offered is a freedom to chose again (like Adam had). This human condition is very different to humanistic psychology (all good) and different to Freudian (negative view) 	 Human conditio n Choice / restorati on of choice Intraper sonal wrestlin g Freedo m (agency)) 	

			 because it has the potential to be made good again. And not neutral like existential or ACT (2) or psychodynamic approaches. It is made complicated because there is are 2 different conditions for humanity depending whether they are in Christ or Adam The human condition is one of moral agency (and ironically free agency but not in the usual sense). To be free one has to submit first (paradox) Is intrapsychic wresting like Hegelian idea of the discipleship process the conflict but in 'the discipleship process the conflict ccases as the desire of Christ outweights the 'desires of'
ED	81	So, in terms of that wrestling (I'm thinking practically), what does the discipleship process look like (apart from that conscious submitting and willing to do good, or willing to follow Christ)? What does it actually look like to be wrestling and to journey through that?	our flesh'
P2	82	Well that obviously varies hugely doesn't it? Depending on the intensity of the issue, of the temptation. Urm [pause] a lot of	Black and white thoughts choosing good white choice rather 'choosi

		times it's just making, day by day, constantly choosing good choice rather than bad choice. Other times it could be a much more intense wrestling with something, and again particularly in our culture (and I think it is in our culture) everything always comes down to the sexual in our culture. So, often the biggest thing for people to wrestle with is in our cultural context is sexual desires which are not appropriate for a believer to pursue. And because sexual desires are not only emotional but deeply physically implanted, those, that can be intense.	•	than bad choice.' Because of 'objective morality' 'not appropriate for a believer to pursue' – behaviours must be in submission to Jesus and not flesh – adam vs. flesh. The denigration of desires Non-segregated categores of emotion and behaviour, e.g. sex is an emotional act it doesn't just have emotions. Perhaps this leads to a definition of heart and head and attitude instead – it is less taxonimical? 'can be intense' suggests a gradation between wrestling. Contrast to P1's example of wanting ice cream. But both examples of morality and subduing (carnal?) desires.	•	ng good choice rather than bad choice.' Moralit y / moral agent denigrat ion / distrust of desires		
ED	83	So, in terms of, so bringing that then into the discussion of transformation and experiencing a transformation in your life, you've mentioned that we remain the same but also transformed. What happens to those desires then? Are they obliterated? Are they transformed? What, what happens?						
P2	84	Both and. So, I believe that there is a fundamental reorienting that we desire to know and live for Christ, and that changes everything. And that can, thing [sic] that we have wrestled with just ceased to be issues; that God in His mercy seems to destroy	•	The goal and focus changes everything because the centre of desires has shifted – and this is desire in the terms of	•	Paradox : 'both and' Reorien ting of desires of what	•	Is there alleviation of distress in denying the self and in orienting life around Christ?

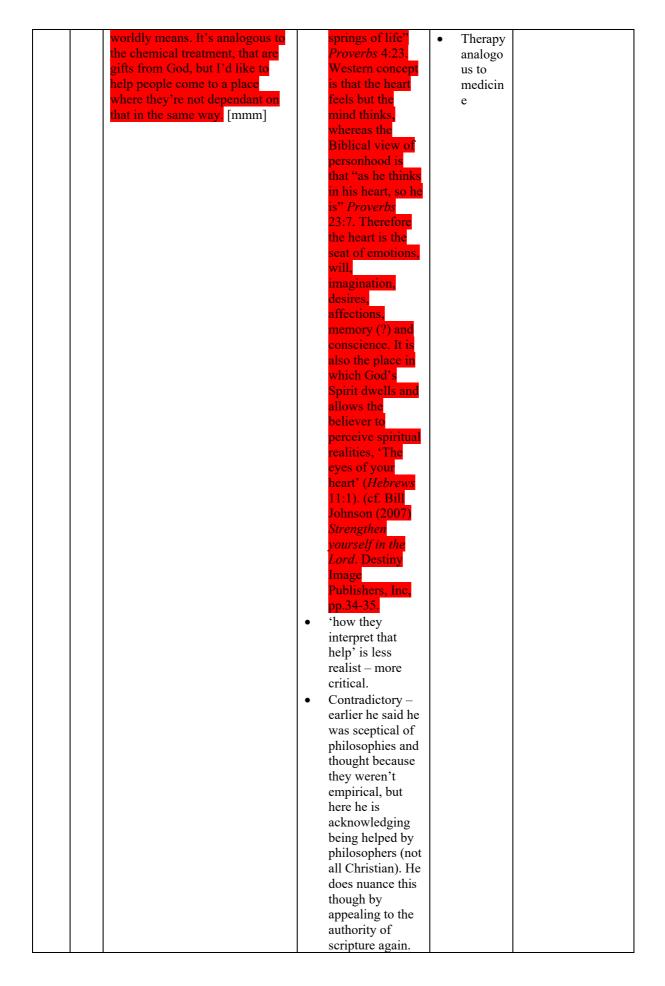
		them, But, often (perhaps more		wanting or		we	Even when it's
		them. But, often (perhaps more often) these remain and become things that we have to learn to subdue. That's this discipleship, sanctification process, is learning not to be mastered by those things but submit them to Christ and deny their power.		wanting or choosing. This doesn't nullify other desires but it does supercede them. There is an act here too, God doesn't always remove conflicting desires and so the Christian must 'learn to subdue and deny their power.' This learning process is a denial of self and understood through the concept of mastery/Lordship	•	we choose. Process: 'learn to subdue and deny their power.' Denial of self.	Even when it's costly?
ED	95	So just to change tong a little bit	•	This denial of desire sees that not everything is good or of God and definitely not in equal importance as a desire for the things of God. The Bible verse 'for the hope set before Him [Jesus] he endured the cross despising its shame' – the thought that self- denial is devoid of distress but there is a great joy and hope and meaning to be had.			
ED	85	So, just to change tone a little bit. You write for blogs, do a lot of writing, but you're also a church leader. Just thinking a little bit about mental health, mental health problems and concerns particularly; have you noticed anything under that category within church community?					
P2	86	[laughs] well there's lots of mental health problems for sure. [laughs] where are you wanting to go with that question?	•	Laughing because it's a seemingly obvious answer. I also sense the	•	Defence to opening up	

				laughter defends	•	Control	
			•	against the question which is confirmed by his question in response. Implicit suggestion that I have an agenda behind the question which makes him uncomfortable about; needing to be in control of where the conversation is going otherwise? Does this demonstrate fears about mastery and control? There is almost a sense of vulnerability in the question; it's easy to talk theology and rationally or critically, but another thing to talk from experience close to home which might tap into	•	/ mastery Distrust of emotion s	
ED	07	W71 1 44 4 1 40		emotions.			
ED P2	87 88	Where do you want to take it? [laughs. coughs] obviously I've got my own observations and suppositions many of which can be improved. Not necessarily empirically based, but I think just, mental health clearly is a big topic in the west at the moment. I think there are questions about how much of that is how, what really, empirically, is increasingly mental health issues and what is simply a higher recognition which brings things out into the open. So, is mental health really worse now than it was 500 years ago when people were scrambling for survival pulling turnips out the ground with their teeth? [ED laughs] or, don't know because we don't have the	•	Self-depracating immediately which indicates ot me that he feels now out of his comfort zone. West is mentioned again, previously in a pejorative sense so I wonder if MH is also viewed equally sceptically. He answers a question with a question – defensive rather than talking about the statistic from his church	•	The west 'mental health clearly is a big topic in the west at the moment .' Defensi ve Easier to say 'I think' or 'I believe' (P1) than it is to say 'I feel'	

same psychological measures.	•	Coherent and	•	Mastery	
Urm so I think that's a question.		logical		/	
But obviously many are suffering	•	Easier to say 'I		control	
with different levels of mental		think' or 'I believe' (P1)		medicat	
health issues. I think many		than it is to say 'I		ion 'I	
people talk about being		feel'		would	
depressed and I think that's	•	Gets more		see	
unhelpful because clearly there	•	personal and		medicat	
are those who are clinically		talks of 'pastoral		ion	
depressed and those who are		issues' in which		within	
suffering with low mood because		having		the	
we all suffer with low mood at		deciphered mood		grace of	
some time. And I think probably		from diagnosable		God.	
too quickly we jump from low		depression he		Somethi	
mood to "I'm depressed". So		offers		ng that	
pastorally there's people come to		reassurance		helps us	
say "Im really depressed. Gone	•	Interesting that		and	
to the doctor, got some		his congregation		God's	
antidepressants, what do I do?"		seek him out		gift to	
So I think referring to my earlier answer my lord, urm I would see		about medication		us it	
medication within the grace of		– reassurance. I		might be that	
God. Something that helps us		wonder if it's because of the		we're	
and God's gift to us.				over-	
		mastery issue. While P2		dependa	
I think I do perhaps feel		endorses		nt'	
concerned (and this not purely		medication as a	•	Other /	
pastoral or Christian concern,		common grace,		commu	
more general social observation,		he is also		nity	
but) in the nation of 60million		tentative about		focused	
people, if we're dishing out		the wider		:	
60million prescriptions of		sociological		medicat	
antidepressants each year [mmm]		impact. This ties		ion as a	
it might be that we're over-		into the concept		nation /	
dependant [laughs. coughs]. And		of other.		social	
I think part of my role as a pastor	•	Distinguishes		meme	
is to be tender towards those who are suffering with those kinds of		between which	•	Gospel	
issues. But to also be hope, to be		hat he is wearing		offers	
able to work through them and I		so as not to be		'spiritia	
think what the gospel does or		misunderstood or		lment al	
should do is to develop a		give a false impression of		robustn	
spiritual robustness that is also		Christianity?		ess'	
reflected in a mental robustness.		'role as pastor'.		linked	
	•	Tender to		to hope.	
So one of the things I would kind		suffering;		1	
of find most satisfaction in		focusing on			
finding those who've had a		hope;			
history of significant mental		working/developi			
health issues and high		ng spiritual			
dependence on medication, do		robustness =			
then come to the point where		mental			
they can emerge from that		robustness and			
[Mmm] and no longer be dependent on medication and		sometimes			
live in a different way. [Mmm]		'victory' - an			
urm and that doesn't always		interesting			
happen, but for those it does, it		provocation for			
feels like a victory	1	the counsellor.	l		

ED	89	Yeah. And you spoke about that spiritual robustness which can then have an impact on a psychological robustness. What would a spiritual robustness look like?					
P2	90	[chuckles]. Urm my go to example there is <i>I Samuel</i> 30 the story of when David before he was king, was with the Philistines and he was away with his men and his camp got raided. And all the wives and kids got taken away and the men came back and find that everything has been taken away and they want to stone David. This is a moment of real crisis and it says, "he strengthened himself in the Lord". And it seems that David had this spiritual resilience, and that somehow in that moment, and the way that the story is told is that he didn't go on a 3-week retreat to gather himself, but it was a [snaps fingers] momentary thing. But he just, somehow, found resilience and looked to the Lord to find strength [snaps fingers] and that allowed him to make a decision which lead to a positive outcome. [Mmm] so I think as we're disciples of Christ, in our knowledge and love for Him [pause] there is a spiritual robustness, resilience, which we should learn, which means we are empowered to navigate through crisis by finding strength in the Lord.	•	Narrative knowledge. Literal understanding of scripture 'the way that the story is told is that' Perhaps a derisive or patronising tone 'he didn't go on a 3-week retreat to gather himself' if it is not in that vain, there is a comparison being drawn here between the supremacy of encounter with God 'it was a [snaps fingers] momentary thing.' The snapping of fingers demonstrates the suddenness and instantaneousnes s healing of and empowering of God. This empowering and strengthening links to P2's discussion on the Holy Spirit. The empowering 'allowed him' ties into the sense of freedom in which the believer in God has greater choice. 'By finding strength in the Lord' is the antithesis of dependence on medication. The	•	Bible frames answers : Narrativ e knowle dge. Spiritua l robustn ess /resilien ce: 'This is a moment of real crisis and it says, "he strength ened himself in the Lord".' Holy Spirit: power: 'navigat e through crisis by finding strength in the Lord' Medicat ion: depende nce on God to navigat e through crisis.	

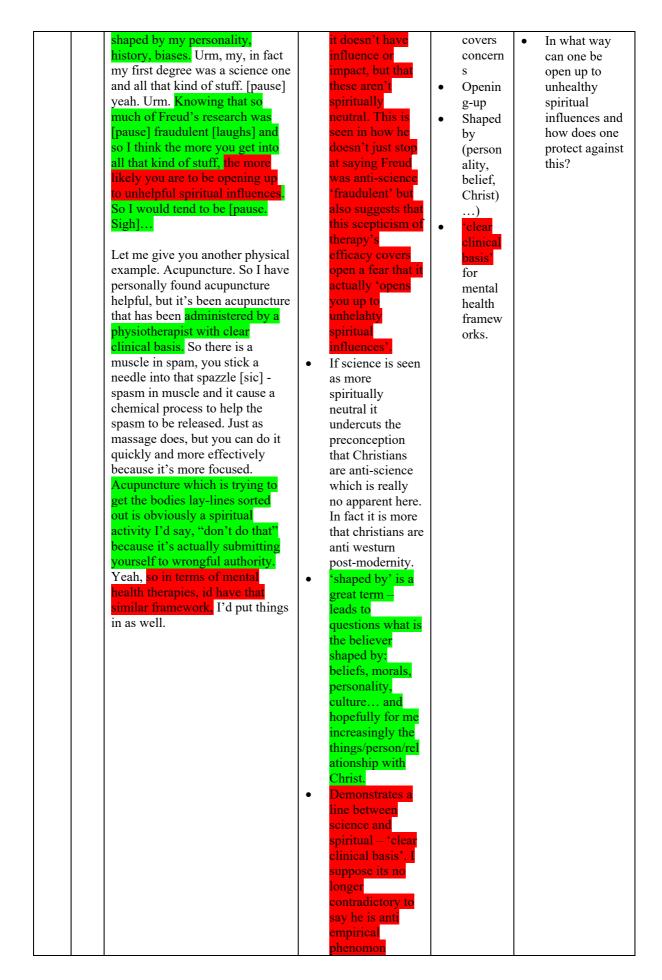
ED 91 P2 92	Brilliant. A question then, is whether a non-Christian could call that, or train that spiritual robustness in a believer? [pause] so whether a non- Christian could train it into a	point is total dependence on God to navigate through crisis rather than dependence on medication to do that. e.g. can a secular therapist encourage the Christian to develop their spiritual robustness and reliance on God?	
ED 93	believer?Yeah, or to help call it out form		
P2 94	 tean, or beliep can not remain them, or help point towards it? Well I think again in terms again of common grace that if somebody is skilled in understanding the human psyche which can be helpful in terms of probing into somebody's heart. So I think yeah, again Jorden Peterson is the obvious cultural example at the moment, attracting a big following. So there are things which, so he would describe himself as a Christian, but clearly isn't a Christian as I would define it. And he's uncomfortable about the question of his faith. But there are things that he is clearly able to do, in terms of connecting with people psychologically which help, at least how they interpret that help, brings them into a greater resilience. [mmm]. Urm. And I think some of the things he's said have helped me, so urm, yeah, I can benefit from the insights of a Plato or a Peterson or Nietzsche [laughs] together. I think my concern there could be, as Christians we have to remember that our authority is found through Christ in His words revealed to us by the Spirit. And because the cultural narrative is strong in terms of "you need therapy" and it's trained qualified therapists who can provide that, I think there can be, at times, an unhealthy dependency upon 	 Psychological therapy seen as helping in 'probing' or analysing or examining (like the Psalm 'search my heart oh God') the heart (centre of emotions/desires/ wills – links to core self). This is a good thing and supports Christian aims. Heart: the heart in hebraistic thought is that it represents the 'inner person' and so reflects this 'core-self' approach. This is a different taxonomy than CBT but I wonder if it is more than the client's core- belief e.g. 'I believe that I am no longer a sinner, but I am a saint' which then impacts everything else; 'Watch over your heart with all diligence, for from it flow the 	 Heart: synony mous with psyche. God searche s the heart and therapis ts can be His tool. Scriptur al authorit y. Depend ency / mastery Sceptic al about long- term therapy Sceptic al. Westur n 'cultura l narrativ e' 'an unhealt hy depende ncy upon worldly means'



			 All about balance /hierarchy. Therapy analogous to medicine 'an unhealthy dependency upon worldly means' – this needs to be address at the beginning of counselling. 		
ED	95	So apart from maybe the dependence side then on therapy, and psychopharmaceutical drugs. What other health warnings or concerns might you have about a Christian in therapy?			
P2 48: 01	96	Well that depends on the nature of therapy. So if it's a [pause] I mean I'm an alternative therapy sceptic generally. So I think chiropractors are witchdoctors, and you should go to Physiotherapist because there are some scientific basis for physios [laughs]. Chiros are sought of mumbo-jumbo, cracking your bones. Nonsense. Urm and I've have the same view of some mental health treatments [laughs] as well	 Curious division of boundaries and what is healthy and unhealthy or 'nonsense' Truth in jest; lots of laughter which softens the black and white and derisive comments made. 	 Sceptic al: 'I'm an alternati ve therapy sceptic generall y' 'nonsen se' fear in mumbo -jumbo / not rooted but 'constru cted in the air' 	
ED	97	What would fall in that category [laughs] of witchdoctor?			
P2	98	[laughs] if there's a clinically robust basis for therapeutic methods, great. But if it's found essentially in Eastern mysticism or whatever else it may be, I'd run screaming for the hills.	• What of Westurnised versions of Eastern Mysticism, like mindfulness or even ACT based on Buddhist practices. I wonder if Eastern methods are in vogue at the moment.	 Fear in 'some mental health treatme nts'; Eastern mysticis m I'd run screami ng for the hills.' Defence against non- Christia 	• Does this mean he would prefer a CBT style approach more // one with outcome measures etc. maybe even CAT that has analytic concepts but is scientific?

ED P2	99 10 0	So something like mindfulness? [pause] yeah mindfulness is an interesting one isn't it? It covers such a broad range and again kind of a buzzword. So my adult colouring book can be mindful [laughs] awful. [laughs] so I think mindfulness can be helpful in terms of knowing yourself to quote Socrates	Cf. paper published by BACIP about Christians engaging in mindfulness. • Mindfulness is the buzzword for awareness here- in which being aware of yourself is 'helpful'. Why?	n spiritual practice s (openin g up)	
ED	10 1	which self, your new self or you're the self that you're dying to?			
P2	10 2	[laughs] well it's knowing the whole person. So it's understanding yourself that which is dying, that which is being transformed and renewed. I think I do have concerns again, (this wouldn't just be pastoral Christian basis, it would be broader-sociological comment) in terms of some mindfulness things can be potentially dangerous because you're encouraging people to burrow into stuff they are not equipped for because they haven't got the clinical basis. And because im a Christian I do believe there is a genuine spiritual fight going on between good and evil, I do believe these things are not spiritually neutral so, some of these therapies can – I think - open people up to unhealthy spiritual influence. So anything which does, I would shy away from.	 Tripartite process dying, transformed, renewed 'concerns' about some mindfulness practices – I think this is synonymous with other unconscious or more analytic practices in which the past is delved into and the core of the person is too, rather than purely behavioural. His reservations however are more about whether the individual could bear this, which is a legitmate concern shared also by practitioners. Distinction between concern and scepticism here. Behind the scepticism is this concern. 	 Spiritua l actiolog y 'I do believe there is a genuine spiritual fight going on between good and evil' Non- neutral therapie s Spiritua l therapie s: opening up Concer n for some therapie s Healthy / unhealt hy spiritual influenc es 	• Is therapy spiritual? Can it ever be neutral?

			• 'I do believe	(aetiolo	
			these things are	gy) /	
			not spiritually neutral so, some	opening up	
			of these therapies	up	
			can – I think -		
			<mark>open people up</mark>		
			to unhealthy		
			spiritual influence.' The		
			idea that		
			therapies which		
			open people up		
			by delving into the self or past(?)		
			can expose		
			someone to		
			spiritual		
			influences. He is careful not to say		
			bad, but		
			unhealthy. The		
			idea that therapy		
			is not neutral is		
			intriguing because it		
			suggests that the		
			Christian will be		
			tentative about		
			'opening up'? or exposing oneself		
			to things that		
			may be		
			unhealthy influences. Not		
			just about how		
			the client		
			responds but		
			about the		
			modality of therapy itself.		
ED	10	And so you've already	I'm questioning what		
	3	mentioned blurred lines. We	his definition of		
		have the very scientific type of	scientific means /		
		therapy which looks at outcome measures, so your general kind	phenomenological to ascertain where his		
		of IAPT services and things like	line is between		
		that. Urm and then you maybe	healthy and unhealthy		
		have more of the psychoanalytic;	non-spiritually		
		dream-theory or looking at childhood and attachment, which	neutral type of therapies.		
		might not be as scientifically	morupies.		
		rigorous but has a different set of			
		rigorous criteria. What do you			
		make of – or where is the line there?			
P2	10	Again I think the more you go	 Sceptical is 	Sceptic	• Is science
	4	that way the more sceptical I'd	synonymous	al /	more
		be, which is obviously shaped by	with concern.	sceptici	spiritually
		my Christian belief, but also	Not sceptical that	sm	neutral?



ED P2	10 5	So if I were to say the word "visualisation techniques" [grimaces] you've got a visceral reaction, what? Again I think that's such a broad term. So as an athlete you're visualising this is what it feels like to run 100m at this speed, this is how many steps im taking, this is how my body is responding, this is the angle at which im holding my torso, then yep I think that's very helpful.	 because of its experiences- instead he is aware of other real forces that are not scientific. and therefore by staying closer to science he can avoid other spiritual forces (which fall into the same category of his own God- encounters) I see him recoil and his face looks like he's sucked something sour – he found this 'visualisation' distasteful in some sense. Therapies on a spectrum 'another end' between healthy/helpful and non-spiritual, to the unhealthy spiritually non- neutral end that 	 Spiritua 1 spectru m Lordshi p / mastery / shaped by / 	
		think, there's another end of visualisation which, again I think can open up to spiritual way which is unhealthy and bring you under a different authority than Christ.	 opens you up The fear linked to this is again about lordship and submission – what spiritual authority are you in submission to, influence is a milder form of submission? 	submiss ion <u>See</u> <u>diagram</u> <u>7</u>	
ED 53: 33	10 7	What would it look like then, and we'll come to a close, what would it look like then for one's emotions to be submitted to God?			
P2	10 8	Mmm. Well I think one's emotions should be submitted to God and I think that's a huge discipleship challenge. So, urm another of my go to passages is <i>I</i> <i>Thessalonians</i> 5 which talks about "helping the weak, warning the idle, strengthening the discouraged" it's the pastoral task is how do you, (it's a psychological task as pastors	 Emotions also fall into this category (cf. diagram 7 for equivalent spectrum (7b)) Behind <i>1</i> <i>Thessalonians</i> 5 there is moralistic implication e.g. 	 Pastoral psychol ogy – discern ment / biblical psychol ogy Moralit y 	

		should be psychologist) is how you distinguish between "this person is weak, this person is idle, this person's discouraged" because how these 3 different categories look very similar, no doing anything; is it because they're lazy, is it because they'n discouraged or depressed, or because they simply don't have the strength to do it? So pastora task is to discern in which of those categories people are in. and helping people work throug that are obviously involves emotions becoming to a pattern which is healthy [Hmmm]	becoming 'healthy' which is synonymous to Chrits-like (?) as the architype or prototype of	
ED	10 9	That's helpful. Finally then to just, you've used a lot of scripture. Urm we speak a bit about authority. What does scripture, these stories you've quoted Samuel, spoke a lot abou Paul, almost as a prototype for Christian living, or patterns? What does scripture mean to yo and how do you use it?	humanity.	
P2 55: 14	11 0	[pause]. Well im a good Reformed Conservative Evangelical, so I think scripture is God breathed; given to us, revealed to us. That scripture is our final authority, urm, and so decisions we make, we're making, the way we do life, conduct church has to be scripturally based, founded, justified.	 'me' labelling as a mental Bible: existential describing one's orientation and framework. secondary identity to Christ- Like/Child of identity God. 	
ED	11 1	Brilliant. Thank you very much Do you have anything else you want to add at all?		
P2	11 2	My battery's about to run out; I'm hungry.		
ED	11 3	Okay [laughs]. I'll stop the recording.		
	llow-u	p email (see appendix)		
P3	11 4	week.seeinThe one thing Iagenshould havebehaadded is this:sin cthat I do believeon ththat sin is realbothand powerfulpsyc	 Propriation control of the second seco	n between the role of ad pastor and

our psychological and somatic sense of well- being. So if someone's problem is actually that they are caught in sin and what they really need to do is deal with their lust or greed or anger or whatever it might be, any therapy (chemical or talking) which doesn't deal with the root problem will only deal with the symptoms So this is something distinct we as Christian pastors engage in: we're not just trying to deal with the symptoms but wanting to get to the root problem, which the gospel has power to do		pral actiology of stressilluminate the moral actiology of distress even if they don't present the gospel itself, but maybe encourage discussion with a faith- based conversation and thereby bring in the gospel?
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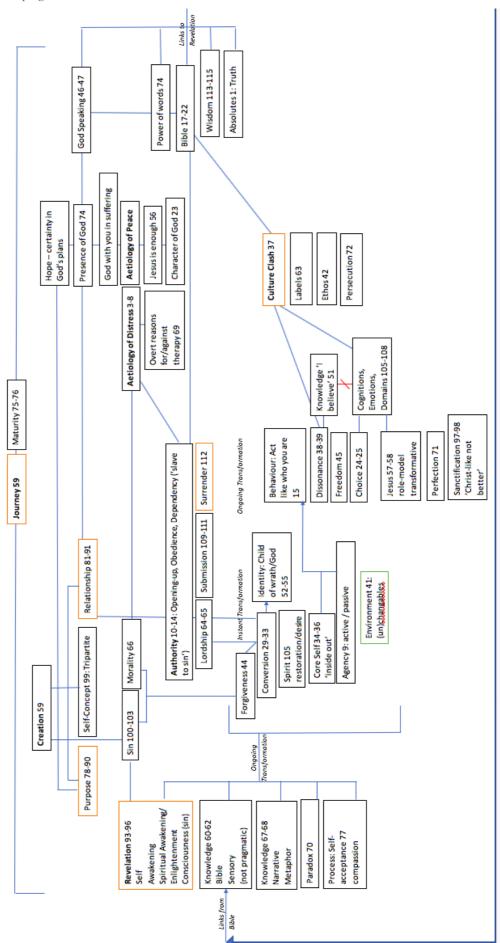
Appendix I. Grouping All Codes

Figure 7 (p.71) was recreated as an electronic diagram to account for all the data so as to understand the wider mechanisms in which smaller processes occurred. Codes are followed by a number that corresponded to my Excel recording of codes and where they appear in interview transcripts. This brought to my attention core variables, highlighted in orange, and their processes (see step 1 below).

This helped me consciously delimit data in order to focus on core variables (see Step 2). It also emerged that 'Journey of faith' summarised the overall process of transformation, but inherent within it was 'Relationship with Christ', which had the most sub-categories.

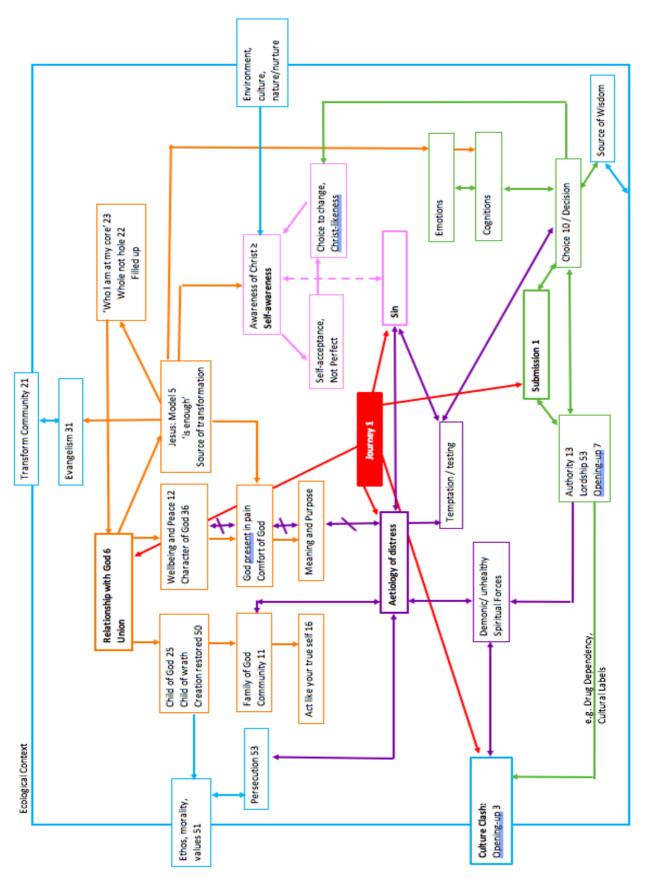
My next step was to consider the relationships around the core categories, demarcated by different colours, to ascertain if there was a dominant theory. The numbers correspond to the ranking given to each code based on its frequency; these appear in the boxes.

To ensure the findings are relevant to counselling psychology, I recreated this diagram with participants' references to practical impact (e.g. dependency on psychoactive drugs undermines their submission to God), shown in Step 3 below.



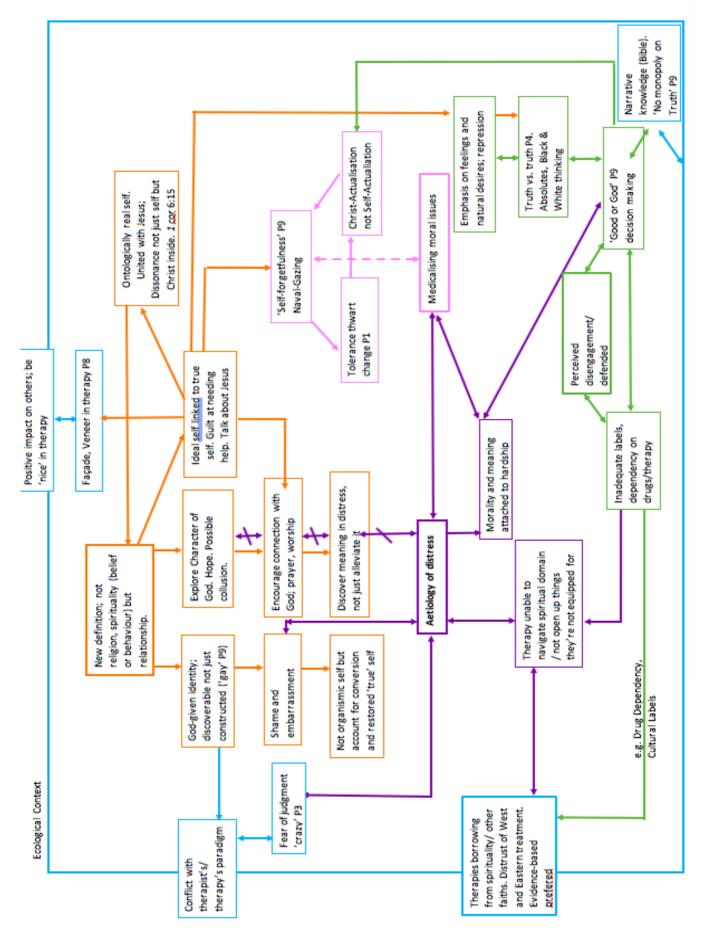
Step 1

Grouping all data



Core Categories Surrounding 'Journey of Faith' in Red.

Step 2



Core Categories Relevance to Counselling Psychology

Step 3

Appendix J. Reflexivity

In continuing reflections on the potential for bias outlined in my Discussion: Critique of Study, it is appropriate to consider reflexivity; to examine my own beliefs and practices within the research process. This is crucial even to a Classical grounded Theory as it upholds the value of transparency, accountability and replicability by exploring ways in which my positionality may have influenced how I arrived at knowledge.

Choice of Research Topic

I began the thesis by reflecting on my personal experience of being a Born-Again Christian in therapy and how this undoubtedly fuelled my own research interest and professional development as a Christian Counselling Psychologist. This did not develop linearly or in vacuum of course; during my MSc in Psychology my thesis focused on Pentecostal religious experience and I was drawn especially to the normalisation of abnormal experiences. Yet these experiences were centralised as a defining feature of this population. I do not consider myself a native of that Pentecostal population, defining myself in more Charismatic terms.

That research whetted my appetite for researching this population because of its exponential growth and relative newness within Christian denominations. In my first year of the professional doctorate I began reading psychological literature on this group but found it lacking. Research predated this group's emergence, while recent literature focused on vague spiritual or transcendental experiences rather than religiosity. Where Christian religiosity, especially Evangelicalism, and psychology was researched, sexual ethics was the focus as a point of contention between Christian converts and sexual desires, behaviours, therapies and so on. I felt either misrepresented or, at worst, incredulous at some of the psychological

suggestions based on my own Christian ethical position and a professional one. I outlined these concerns with reference to Levy, Richard and Bergin in the literature review.

These feelings motivated me to consider researching Christian's sexual debut and any dissonance with desires or behaviours or beliefs before and within marriage. However, I soon realised that why I disagreed with other research was their rationale as to why Christians might conflict with sexual ethics. Studies emphasised that being Christian was group membership and therefore adherence to group dogma. This meant research designs were based on church attendance and behaviour. However, through personal experience of being a native to several of the groups documented, friendships with Christians outside of my church community, and a BA Hons and MPhil Cantab in Theology I had a very different definition of what 'being Christian' was. Central to the IP population was the concept of being 'Born-Again' that emphasised a conversion into a relationship with Christ and a subsequent conversion towards conformity to Christ's way and truth (*John* 14:6). It was not a conversion towards group membership or dogma, but the person of Jesus and this was almost entirely missing from Psychological inquiry.

Given a revised definition, investigation into sexual desires and behaviours had to focus on participants' converted self-concept and relationship to Christ; who were they and who were they becoming to understand why being Christian conflicted with certain behaviours, even from those in their pre-converted self.

I realised that to investigate IPs sexual debut and questions of dissonance, I had to first understand a more fundamental question about conversion; how the Christian understood themselves and who they were becoming in a process of sanctification. I laid aside my initial research interest and focused on this more specific, albeit broad, research task. I anticipated that my findings might offer more ethical recommendations for clinical practice with Christians by understanding how relationship with Jesus informs participants' values, behaviours and attitudes to the world around them including therapy. For example, not advising bibliotherapy or self-stimulation to Christian clients not just because of doctrinal teaching against lust but because it is incompatible with who Jesus is. This I hoped would help explain and address why Christians often felt misrepresented, and even persecuted, in secular therapy as the literature had suggested.

This research task required I adopt a bottom-up research approach to minimise assumptions. This meant I avoided terms like 'identity' from the outset as it pertained to certain psychological theories about the self. In hindsight, by asking participants to offer their own definitions rather than lending from psychological terms and theories my research may read as irrelevant to current, and arguably trendy, psychological research and discursive methods in favour of a classical (read 'outdate') approach. The risk that my research may be read as such reinforces to me the very problem I wanted to address; the growing schism between the psychological post-modern zeitgeist with traditional Christian conservatism that only exasperates their relationship especially in clinical practice and therapeutic aims.

Native

It might seem contradictory that for inductive research, as a native, I assumed an *emic* approach since this acknowledged my own potential influence on the fieldwork and analysis. Yet GT's iterative process included and mediated my positionality through the data generation's "constant comparative analysis" (Glaser, 2004, para. 12). In fact I see that being a native Born-Again Christian, converted age 13 and regularly attending church since with

several degrees in theology, my positionality was an advantage. Of course, it highlighted a problem in psychological literature to me, that non-natives may overlook, and motivated me towards investigation. It also helped during data collection and analysis by understanding and representing participants' speech closer to its original and intended meaning. For example, when P2.110 stated "Well I'm a good Reformed Conservative Evangelical, so I think scripture is God-breathed" I understood the nuanced theological positions within IP within which he was defining himself. This included his biblical reference to *2 Timothy* 3:16a ("All Scripture is God-breathed") which demonstrably reinforced his point about submitting to Biblical authority. The biblical imagery of God-breathed may have eluded a non-native and a deeper, accurate grasp of the data missed. Being a native allowed me to converse naturally with participants, putting them at ease and allowing the interview to move naturally, despite not disclosing my positionality.

Not that I assumed to share the same understanding of theology, words or scripture as participants to the detriment of curiosity. Instead I tried to moderate researcher bias with my *emic* insight by asking participants to define even basic terms; what is 'Christian', rather than asking about '*being* Christian' which assumes a metaphysical definition. I also avoided theological terms like 'sanctification' in data generation so that participants were free to express this process in their terms (i.e. as a journey) and my findings were grounded in the data. Grounded Theory also proved to be robust with its quantity of data, clear methodological procedures and triangulation of sources in my Maximum Variation Sample such that being a native did not hinder the validity of findings.

Fieldwork

I monitored my reaction to the data which was recorded as memos. For example, I noted my surprise or disagreement which later encouraged me that findings were grounded in the data and not in confirmation bias. P3 spoke about disliking "holier-than-thou" Christians and the downside of being in church community which I felt was both a criticism of me and my community. I felt embarrassed at her representation of church and by extension that which belonged to Christ. This revealed to me my own agreement with participants' apprehension about misrepresenting Christ to non-Christians; for me in how Christ was portrayed in my research just like participants wanting to represent Christ well in secular therapy. It also revealed the validity of my findings since P3's data was coded and contributed to a corecategory.

I disagreed with P4.24 when she explained how "God can remove shame, but guilt is on us." I believed this was incorrect theology based on my awareness of the Jewish model of atonement using two goats imputed with moral guilt, one goat sacrificed while the other 'scapegoat' was released into the wilderness to represent shame and guilt leaving the community. This, I saw, was allegorical for Christ's death outside the city wall dealing with P4's shame and guilt. I sat with this disagreement, but it also motivated me to ask P4 to define these terms, saying that guilt is the emotional impact on the community and herself within it (P4.25). I was struck by how her Zimbabwean community-focused culture possibly shaped her experience of forgiveness compared to my Western individualistic understanding, such that neither understanding was a better appropriation of the truth but a different light on it.

Analysis

In reference to cultural traditions shaping experience and expression of sanctification, I was surprised at the lack of intersectionality in my findings especially given how diverse my MVS was. I had expected that gender, ethnicity and even P9's sexuality might significantly influence findings or appear in the core-categories. Following the emergence of core-categories, I even re-read transcripts thinking I must have overlooked data demonstrating intersectionality but what emerged was participants' denial of other social categories because of the centrality of Christ in all areas. Jesus and becoming like him trumped all other identifying factors, stated explicitly by P2.36; "my identity becomes who I am in Christ Jesus[...] What defines me? Is it primarily my ethnic or cultural, or gender, urm or whatever else we might use, no. It's primarily Christ Jesus that's, He's one in whom I identify myself."