

Conversations: A Graduate Student Journal of the Humanities, Social Sciences, and Theology

Volume 1 | Number 2

Article 1

January 2013

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Recommended Citation

Gardner, Jodie Kathleen (2013) "Attachment, Trauma, and Intimacy with God," *Conversations: A Graduate Student Journal of the Humanities, Social Sciences, and Theology*: Vol. 1 : No. 2 , Article 1.

Available at: <https://digitalcommons.acu.edu/conversations/vol1/iss2/1>

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Attachment, Trauma, and Intimacy with God

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Abstract

Attachment theory provides a robust framework for understanding spiritual development and perceptions of God. An integration of research from attachment theory, affective neuroscience, emotional information processing, and trauma, is clarifying the competing research findings involving compensation and correspondence in spiritual development. Empirical evidence suggests the distinction between explicit theological beliefs and implicit perception of God as an attachment figure may explain the discrepancy between compensatory practices and correspondence, how one interacts with God, and copes with negative life events. Studies of post-traumatic stress disorder suggest specific association between the extreme stress of trauma and alterations in emotional processing. Trauma repudiates basic human needs for safety, protection, and belonging—shattering assumptions about self, others, and God. Scientific evidence is accumulating that suggests that cognitive interventions and interpersonal experiences, occurring implicitly and explicitly, can cause neurobiological changes. Thus, whether or not religious issues are explicitly addressed, the therapeutic process has the potential to improve intimacy with God by altering neural networks associated with authority figures, creating new ways of experiencing and interacting with God.

Attachment theory provides a robust framework for understanding spiritual development and perceptions of God. An integration of research from attachment theory, affective neuroscience, emotional information processing, and trauma, is clarifying the competing research findings involving compensation and correspondence in spiritual development. Empirical evidence suggests the distinction between explicit theological beliefs and implicit perception of God as an attachment figure may explain the discrepancy between compensatory practices and correspondence, how one interacts with God, and copes with negative life events. Scientific evidence is accumulating that suggests that cognitive interventions and interpersonal experiences can cause neurobiological changes (Beauregard, 2007). Therapy creates an interpersonal learning experience, occurring implicitly and explicitly, allowing the therapist to become an image bearer of God creating new ways of understanding interactions intra-personally, interpersonally, and with God (Clinton & Sibcy, 2012).

Attachment

According to Bowlby (1979) the child-mother interaction develops an internal working model of both self and others, influencing interpersonal relationships throughout life. Attachment behaviors are instigated by threats influencing proximity seeking, serving a survival function. The attachment relationship also functions by serving as a safe refuge and secure base allowing exploration (Ainsworth, 1985).

Childhood Attachment

Internal working models reflect attachment style or basic themes describing beliefs about self and others. If an individual's style is secure, the individual can depend on self and others. Uncertainty about the availability or responsiveness of the attachment figure characterizes maladaptive relating patterns, such as anxious, ambivalent, and avoidant attachments (Ainsworth & Bowlby, 1991). This alternatively inconsistent pattern may produce clinginess or anxiety. In avoidant attachment, the individual expects rebuttal. The attachment figure is perceived as distant, rejecting, indifferent, and uncaring (Kirkpatrick & Shaver, 1992). A fourth attachment classification, disorganized-disoriented, was added by Main and Solomon (1986), characterized by confusion with a combination of proximity seeking and avoidance behaviors.

Adult Attachment

Bartholomew and Horowitz (1991) proposed four categories to describe adult attachment, combining evaluations of self and others. Secure attachment includes a positive view of self and others, while dismissing style encompasses a positive view of self with a negative view of others. In contrast, a preoccupied attachment style describes a negative self image and a positive image of others. Finally, a fearful style perceives both others and self negatively. Brennan and colleagues (Brennan, Clark, & Shaver, 1998) view the four attachment styles along a continuum involving avoidance and anxiety as dimensions.

God as an Attachment Figure

Subsequent attachments can be formed within other relationships, such as with a close friend, romantic partner, counselor, or God (Kirkpatrick, 1992). Kirkpatrick (1992) proposes that God can be considered a secure attachment figure because perception of God includes the characteristics of an ideal parent—such as omnipresence, love, and nurture. Kirkpatrick (2005) proposes two hypotheses concerning the relationship of parental attachment and its influence on an individual's relationship with God.

Correspondence Hypothesis

The correspondence hypothesis suggests that, if parental attachment is secure, then attachment with God will also be secure with the opposite also true. Thus, attachment style is consistent across relationships. The correspondence hypothesis is supported by individuals with secure attachment. If parents did not hold or practice religious beliefs, then their children did not as well (Granqvist & Kirkpatrick, 2004). Evidence for correspondence has also been shown through the association between spiritual maturity and object relations development (Hall, Brokaw, Edwards, & Pike, 1998). In a meta-analysis of studies on religious conversion and attachment, gradual conversions are consistent with securely attached histories, reflecting correspondence theory (Granqvist & Kirkpatrick, 2004).

Compensation Hypothesis

In contrast, the compensation hypothesis theorizes that God may serve as a substitute attachment figure, meeting the individual's emotional needs for comfort and security. Granqvist (2005) conducted a study supporting this hypothesis revealing insecurely attached individuals involve God in coping. Adult attachment studies further support the compensation hypothesis.

Granqvist and Hagekull (2000) found single participants are more religiously active and report increased emotional religiosity and spiritual growth as compared to married individuals. Spousal bereavement studies show an increase related to intimacy with God in response to losing a romantic partner (Cicirella, 2004; Brown, Nesse, House, & Utz, 2004). In addition, sudden conversions are associated with insecure attachment history. Ullman's (1982) study of people who experience sudden, emotional religious conversions reports a large percentage of these individuals report unhappy and troubled relationships with parental figures, supporting the compensation hypothesis.

God Conceptualization

A person's early attachment history and resultant internal working models not only influence interpersonal relationships throughout the life span, but also effect God conceptualization and how individuals interact within this relationship. Research with young children indicates parental involvement relates to perceived closeness with God (Dickie et al., 1997; Eshleman, Dickie, Merasco, Shepard, & Johnson, 1999; Lawrence, 1997). Perception of God as nurturing and powerful corresponds when paternal experiences are nurturing and the maternal relationship is powerful (Dickie et al., 1997). Multiple studies with college students reflect the mother's role in influencing one's concept of God (Dickie, Ajega, Kobylak, & Nixon, 2006; Gnaulati & Heine, 1997). Other researchers identify experiences with both parents as loving contributes to a loving God image (Granqvist, Ivarsson, Broberg, & Hagekull, 2007).

Limke and Mayfield (2011) differentiate between the independent contributions of mothers and fathers on attachment to God. Researchers propose that paternal and maternal roles provide children with different developmental experiences during childhood and adolescence. Fathers foster secure exploration during play, increasing curiosity, and development of new skills (Bretherton, 2010), while mothers provide comfort, encouraging proximity seeking (Grossman, Grossman, Fremmer-Bombik, Kindler, Scheuerer-Englisch, & Zimmerman, 2002). One hundred and seventy three college students participated by completing the surveys online. Measurements included the Experiences in Close Relationships scale (Brennan, Clark, & Shaver, 1998), Attachment to God Inventory (Beck & McDonald, 2004), and the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982). Results indicate avoidance and anxiety in attachment to mothers relates to attachment to God. In contrast, higher avoidance in attachment to fathers predicts

higher attachment avoidance to God, supporting the correspondence hypothesis (Limke & Mayfield, 2011).

Negative perceptions of both parental roles correspond with negative perceptions of God (Justice & Lambert, 1986). McDonald and colleagues (McDonald, Beck, Allison, & Norsworthy, 2005) investigated the relationship between early care-giving and attachment to God, using the Attachment to God Inventory (Beck & McDonald, 2004). Respondents consisted of 101 undergraduate students at Abilene Christian University in Abilene, Texas. Additional measurements used in assessment included the Religious Emphasis Scale (Altemeyer, 1988), Parental Spirituality Scale (constructed by authors), Parental Bonding Instrument (Parker, Tupling, & Brown, 1979), Family Adaptability and Cohesion Evaluation Scales III (Olson, 1986), and Parental Attachment Questionnaire (Kenny, 1987). Results indicate greater God avoidance is associated with lack of parental spirituality, warmth, tenderness or support, and paternal hypocrisy. The authors suggest difficulties with intimacy and relying upon God correspond with unspiritual parents and authoritarian fathers suggesting authoritarian parenting increases the likelihood of insecurities relating to fear of abandonment and lovability by God and deficits in self worth (McDonald, Beck, Allison, & Norsworthy, 2005). Authoritarian and punishing parental experiences result in perceptions of God as punitive and distant (Dickie, Ajega, Kobylak, & Nixon, 2006; McDonald, Beck, Allison, & Norsworthy, 2005). Similarly, Reinert and Edwards (2009) found insecurely attached individuals with religiously active fathers perceive God as less loving and more controlling (Kirkpatrick, 1997).

As children mature and become independent from parents, God is perceived as closer with greater involvement. For instance, as children enter school, God is perceived as closer than in early childhood (Eschleman, Dickie, Merasco, Shepard, & Johnson, 1999; Tamminen, 1994). In addition, religious conversions are disproportionately common during adolescence and early adulthood when parental bonds are loosening and autonomy is increasing (Pargament, 1997). Studies examining adult attachment style found securely attached adults report positive images of God, seeing God as more loving, less distant, and less controlling, in comparison to their insecure counterparts (Eurelings-Bontekoe, Hekman-Van Steeg, & Verschuur, 2005; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992). According to Lawrence (1997) eight characteristics are associated with a positive conceptualization of God, including benevolence, challenge, acceptance, influence, presence, faith, salience, and providence.

An Integrative Approach

An integration of research from interpersonal neurobiology, emotional information processing, and interpersonal trauma is clarifying the competing research findings involving compensation and correspondence in spiritual development (Noffke & Hall, 2007).

Interpersonal Neurobiology

Interconnecting neurons fire simultaneously, producing mental activity such as emotion, thought, or memory (Pally, 2000). As this network fires together, connections are strengthened, essentially linking them together, according to Hebb's Law (Hebb, 1949). The ability to form neural network linkages is termed neuroplasticity and is modifiable throughout the lifespan (Cappas, Andres-Hyman, Davidson, 2005; Siegel, 2006). The early care-giving relationship initiates linkages in the neural system helping the infant to predict the emotional availability and responsiveness of the caregiver (Cappas, Andres-Hyman, Davidson, 2005; Schore, 2003). Infants naturally seek out these inter-subjective states, assisting the infant in regulating affective states, these interactions are encoded implicitly (Beebe & Lachmann, 2002; Schore, 2003). These relational schemas preferentially motivate patterns to which the attachment figure is capable of responding. Insecure attachments fail to provide predictable patterns and security, resulting in the infant's inability to regulate emotions. The infant develops compensatory strategies to achieve a sense of security (Bowlby, 1979). These interactional patterns, serving to maintain security, are stimulated non-consciously by attachment related stimuli and perpetuated by neural networks (Noffke & Hall, 2007).

Emotional Processing Theory

Emotional processing theory has contributed a conceptual distinction between explicit knowledge and implicit knowledge. Explicit knowing is in the awareness of the individual using a reflective, analytic manner (Gibson, 2006) at the verbal symbolic level (Davis, 2010; Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009) involving the left hemispheric cortical neural circuitry (Garzon, 2007). Explicit knowledge is the conscious, intentional recollections of factual information, occurring in narrative, contextual form (Clinton & Sibcy, 2012). In contrast, implicit knowledge includes biological, cognitive, behavioral, and affective components in relational functioning. This type of knowledge is outside of conscious awareness (Davis, 2010), reflexive and automatic (Gibson, 2006), processing occurs in the right hemispheric, frontal-

subcortical neural circuitry (Garzon, 2007) and is at the sub-symbolic and nonverbal symbolic levels (Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009; Bucci, 1997).

Attachment patterns are encoded into implicit memory, corresponding with the rapid growth and development of the right hemisphere during infancy to about three years of age (Siegal, 2006). Hall (2004) referred to implicit memory as an “attachment filter” because of its unconscious nature. Implicit memory serves as a relational expectation allowing the integration of experiences, regulation, interpretation, and prediction of future interpersonal patterns (Hall, 2004).

Emotional Processing and Trauma

Studies of Post traumatic stress disorder (PTSD) suggest specific association between the extreme stress of trauma and alterations in memory functioning (Bremner, Southwick, & Charney, 1999). Evidence on intrusive memories and deficits in explicit memory function in sufferers of PTSD relates to three brain areas: the hippocampus, amygdala, and the prefrontal cortex. Research into the nature of traumatic memories indicates that trauma interferes with explicit memory, conscious recall of the experience, by increasing stress-induced corticosteroids interfering with hippocampal function (van der Kolk, 1994; van der Kolk & Fisler, 1993). Neuro-biological studies show the noradrenergic stress-system enhances encoding of emotional memories, sensitization, and fear conditioning by the amygdala. Deficits in the medial prefrontal cortex, a structure that normally inhibits the amygdala, may further enhance the amygdala’s effects, increasing the frequency and intensity of traumatic memories. Functional imaging studies have shown the amygdala is activated more strongly in the presence of subliminal presentation of fearful and angry faces, suggesting it is specifically engaged in implicit emotional processing (Whalen et al., 1998). In addition, lesions to the prefrontal cortex in human studies are associated with dysfunctions in emotion regulation and an inability to relate in social situations, requiring interpretation of emotional expressions from others (Damasio et al., 1994).

Interpersonal Trauma

The American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders V (American Psychiatric Association, 2013) criteria for trauma leading to PTSD is derived from symptomatology exhibited by survivors of combat or national disasters denoted by Allen (2001) as impersonal trauma. Researchers emphasize the crucial distinction and effects of single event trauma as opposed to the series of traumatic experiences over prolonged periods

characterizing interpersonal trauma (Herman 1992; Sanderson, 2010). The Complex Trauma Task Force for the National Child Traumatic Stress Network conceptualized a new diagnosis, developmental trauma disorder, incorporating the symptomatology and nature of multiple prolonged interpersonal traumas, such as abandonment, betrayal, coercion, physical, emotional, and sexual abuse or neglect (van der Kolk, 2005). For the purpose of this paper, interpersonal trauma is defined as prolonged and repeated exposure to abuse within relationships, committed by an attachment figure or someone in a position of trust leading to complex post-traumatic symptoms.

Long-term effects of interpersonal trauma repudiates basic human needs for safety, protection, and belonging, thus shattering assumptions about self, others, and the world as safe and accounting for fragmentation of identity, loss of self-agency, disruptions in affect regulation, withdrawal, social isolation, reduced awareness of needs, and relational difficulties (Allen, 2001; Briere & Spinazzola, 2005). Feelings of helplessness inherent in interpersonal trauma undermine self-worth and self-efficacy (van der Kolk, 2005). Negative self-perceptions contribute to difficulties trusting self and others, resulting in fear of emotional intimacy and impairment of relational worth, destroying the belief “that one can be oneself in relation to others” (Herman, 1992; Sanderson, 2010). Primitive defense mechanisms conceal the vulnerable aspects of self, including vulnerability, weakness, inadequacy, and dependency. The avoidance and psychic numbing prevents survivors from knowing and verbalizing internal feelings, making it difficult to express needs and desires, thus impairing capacity for intimate relationships. Fear of intimacy and lack of trust prevents the survivor from seeking support, reinforcing social isolation (Sanderson, 2010).

Survivors oscillate between hyper-vigilance and hypo-vigilance (Sanderson, 2010). Survivors have learned to anticipate the abusers moods and behavior, becoming hyper-vigilant of those around them (Sanderson, 2010). New situations are perceived as potentially threatening (Streeck-Fischer & van der Kolk, 2000). Deficits in affect regulation can alienate others and in attempts to conceal vulnerability and dependency survivors may push others away, inadvertently reinforcing core beliefs regarding people as unreliable or untrustworthy (Sanders, 2010; Streeck-Fischer & van der Kolk, 2000). Research indicates interpersonal trauma occurring within attachment relationships undermines the individual’s capacity for affect regulation and ability to

manage symptoms because the individual cannot seek comfort from the attachment figure, who is also the abuser (Allen, 2001).

Repeated interpersonal trauma interferes with the integration of cognitive, sensory, and emotional information causing disorganization. Hyper-arousal interrupts cognitive processing and mentalisation of the experience and concomitant feelings from awareness. Disruptions in mentalisation impair reflection and associated feelings (Fonagy, 2002; Allen, Fonagy, & Bateman, 2008). Bucci (2003) proposes opposing images are non-consciously maintained to avoid disorganized affect. For example, if a child's schema involves the father as violent and dangerous, this image is incompatible with the image of the father as a source of comfort. Dissociation, as a maladaptive attempt to avoid negative emotions, allows the victim to acknowledge only the positive aspects of the relationship. Bucci (2003) refers to this as "cutting the sub-symbolic cord," resulting in implicit organization of maladaptive relating as a tool to cope. Affective neurobiology research suggests avoidant and dismissing individuals characteristically approach affect regulation by dissociating sub-symbolic experience from symbolic awareness (Siegel, 1999).

Ways of Knowing

The distinction between explicit and implicit knowledge explains the discrepancy between theologically based knowledge and emotionally charged negative conceptualizations of God (Garzon, 2007). Explicit knowledge refers to a person's theological set of beliefs and behaviors (Gibson, 2006; Hall, 2004). For instance, explicit measures of spirituality in research have measured church attendance, frequency of prayer, and reading religious literature (Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009). Empirical Evidence is accumulating to suggest previous inconsistencies in research findings regarding compensation and correspondence relate to this distinction, suggesting correspondence at the implicit level (Fujikawa, 2010; Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009).

Seeking Intimacy with God

Attachment and God

Birgegard and Granqvist (2004) designed an experiment to unconsciously trigger attachment behavior. When stimulating abandonment feelings by subliminally suggesting that God or their mother had left them, participants responded with proximity seeking in a manner dependent upon attachment pattern. For example, pre-occupied believers approach God in a

clingy manner, hyper-activating their attachment system, revealing an implicit mistrust of God's availability. In contrast, avoidant or dismissive styles deactivate their attachment system to increase security. For example, avoidant believers prefer a more intellectualized relationship, remaining defensively self-sufficient (Birgegard & Granzvist, 2004; Byrd & Boe, 2001).

Hart and colleagues (Hart, Limke, & Budd, 2010) conducted a study and found attachment anxiety toward God predicts prayer practices. For example, in a study on prayer in college students it was found that, as anxiety increases, the frequency of contemplative prayer increases. In contrast, as adult attachment avoidance increases, the use of meditative prayer decreases. Contemplative and meditative styles of prayer are associated with intimacy and closeness to God (Hart, Limke, & Budd, 2010). Byrd and Boe (2001) discovered dismissive believers use forms of prayer resulting in a more rational relationship with God, minimizing intimacy. In contrast, securely attached individuals have the capacity to regulate emotion seeking intimacy in itself (Main, Kaplan, & Cassidy, 1985).

Researchers report individuals with positive self representations, corresponding with secure and avoidant attachment styles, report positive feelings toward God independent of stress level. In contrast, individuals with preoccupied and fearful attachment styles experience negative feelings toward God, especially in times of psychological distress (Eurelings-Bontekoe, Hekman-Van Steeg, & Verschuur, 2005). Kirkpatrick (1997) found anxious and ambivalent adult attachment was more likely to result in religious changes over time and especially during psychological stress (Granqvist, 2002; Granqvist & Hagekull, 2003). Anxiously attached adults report more experiential and emotional religious experiences, such as finding a new relationship with God and speaking in tongues (Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992).

Trauma and God

Negative life events challenge the fundamental cognitive assumptions about self, others, the world, and God (Janoff-Bulman, 1992; Kaufman, 2002). After experiencing a traumatic event, individuals must resolve the paradox of why a God, who is all loving, knowing, and powerful, allows suffering to occur (Webb, Sink, McCann, Chickering, & Scallon, 2010). This struggle can strengthen or strain an individual's relationship with God (Shaw, Joseph, & Linley, 2005). Recent research has suggested cognitive functioning is critical to reconciling and experiencing spiritual struggles (Exline, Park, Smyth, & Carey, 2011). The use of cognitive interventions, integrating the individual's explicit beliefs with implicit feelings, aid in the

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reduction of negative feelings toward God by allowing the individual to perceive God's intentions as benevolent, despite a traumatic event (Exline, 2002). McCann (2012) found cognitive flexibility moderates the relationship between traumatic symptoms and enduring with God. In addition, cognitive flexibility has a negative correlation with PTSD symptomatology related to absolutistic thinking patterns (Alford, Mahone, & Fielstein, 1988; Palm & Follette, 2011). Cognitive flexibility also affects interpersonal relationships because it promotes forgiveness of others and it allows individuals to tolerate disagreements (Martin, Anderson, & Thweatt 1998; Thompson et al., 2005).

Cross-Cultural Validity

Granqvist and colleagues (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012) emphasize the cross-cultural gap in experimental literature regarding compensation and correspondence; research solely explores Christians in the Western world. These researchers conducted a series of studies to investigate if the results would replicate in Jewish samples in Israel (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012).

Correspondence

Three hundred fifty-two male and female university and college students participated in the first study. Researchers investigated if research findings with Christians in the Western world would replicate in this population (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012). For instance, researchers had previously found that secure interpersonal attachments are associated with secure attachment with God and correspond with a positive conceptualization of God as loving. In contrast, insecure interpersonal attachment corresponds with insecure attachment to God and perceiving God as un-available or controlling (Granqvist & Kirkpatrick, 2004; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992). The results indicate attachment anxiety in interpersonal relationships correspond with attachment anxiety towards God, as well as conceptualization of God image as loving. In addition, attachment avoidance in interpersonal relationships corresponds with attachment avoidance in relation to God and a less loving God image, supporting the correspondence hypothesis (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012).

Implicit Access to God

The second study consisted of one hundred ten Israeli Jewish students. Researchers tested if subliminally activating the attachment system would cause participants to seek God as a safe

haven. The researchers hypothesized avoidant individuals de-activate their attachment system, resulting in slower responses to subliminal distress, thus priming in relation to God as a safe haven. Results demonstrated that God is experienced implicitly as a safe haven, and avoidant attachment is associated with slower access to God (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012).

In addition, researchers conducted a third study, consisting of seventy-nine students, to investigate if God is implicitly experienced as a secure base. Researchers hypothesized participants with secure attachment would react faster to positive secure base related priming, whereas participants with insecure attachment patterns would respond faster to negative and controlling primes. Results suggest secure believers experience God as a secure base, eliciting positive associations. In contrast, avoidant believers have faster access to negative conceptualizations of God as controlling or unavailable. Highly religious avoidant attachment strengthens negative perceptions of God (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012).

Implications for Therapists

Recent research has implications for a variety of mental healthcare professionals and those interested in improving interpersonal relationships, including perception of God. The therapeutic relationship provides support and challenges the individual's internal working models of self and others, allowing the transference to be processed through and modifying neural networks. The therapist represents an authority figure activating associated neural networks as well as fears, expectations, and maladaptive defense patterns (Gabbard, 2006; Shaver & Clark, 1994). Defragmenting maladaptive patterns, by bringing implicit relational knowledge into awareness, is at the heart of psychodynamic and attachment-based treatments, thus enabling transformation and healing. These filters facilitate goal directed motivations and assist in emotional appraisal of meaning, enabling clients to cope with trauma and stress. Counselors help survivors restore neurobiological and psychological deficits through affect regulation, processing of traumatic experiences, and integrating dissociated aspects of self (Streeck-Fischer & van der Kolk, 2000). The therapeutic relationship offers a secure environment for the client to allow the vulnerable authentic self to emerge and be affirmed, providing an opportunity for secure attachment, restoring relational worth, and reconnection of self and others. By raising awareness of dismissive or avoidant patterns within interpersonal relationships, the client's self-agency and self-efficacy improves because they know that their

actions do influence others. The therapeutic relationship provides the client with emphatic understanding, thus improving self-empathy and compassion for others and, therefore, improving relational worth and skills (Sanderson, 2010). Thus, cognitive, emotional, and behavioral responses within relationships are transformed (Collins & Read, 1994). Whether or not religious issues are explicitly addressed, the therapeutic process improves clients' image of God by altering neural networks associated with authority figures, creating new ways of experiencing and interacting with God (Cheston, Piedmont, Eanes, & Lavin, 2003; Fosshage, 2003; Noffke & Hall, 2007; Tisdale et al., 1997).

Summary

In conclusion, empirical evidence from multiple disciplines is increasing understanding of how spirituality develops and determines future interactions. The integration of implicit and explicit cognitive processing following a traumatic event allows the individual to find meaning, deepening intimacy with God. The therapeutic process gives the therapist the unique opportunity to create new ways of interacting and conceptualizing personal schemas about self, others, and God, thus allowing transformation within relationships. People make meaning of their lives by creating a coherent self-narrative that maintains a sense of continuity and instills hope, which is clearly at the heart of psychotherapy.

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