

Christian counsellors felt safest: Christians coping with a crisis of faith.
A thematic analysis

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Abstract

This dissertation poses the question: ‘how do individuals identifying as Christian cope with a crisis of faith?’ Utilizing a thematic analysis methodology, five participants were interviewed using a semi-structured interviewing approach where three themes were revealed: Coping the best way we know how, a crisis of faith is distressing, and a crisis of faith involves change.

Theme one represented a mainly positive approach to coping with a crisis of faith for participants and was supported by three subthemes which illustrated the different ways participants coped. They are coping with like-minded others, coping with God, and coping by myself. All participants used a combination of these sub-themes to cope with their crisis of faith and most participants preferred to use other Christians as a resource in coping. This includes a preference to see a Christian counsellor. This finding links in with two participants who wanted to know whether the researcher was a Christian.

Theme two represented the distressing aspect of participants’ crisis of faith and was supported by two sub-themes of a) trauma and mental health issues and b) conflict of culture and values. All participants experienced trauma and/or mental health issues in some form and all participants experienced a conflict between their Christian beliefs when encountering other cultural and value systems.

Theme three represents the inevitable change that follows a crisis of faith and how all participants’ faith had changed. This is reflected in the subthemes of changed view of faith and, for some participants was also tied to an identity crisis. The sub-theme of changed view of God reflected how participants’ representations of God transformed from negative to positive images, which is the only finding contrary to existing literature. A further subtheme emerged, under a changed view of faith, which was a gradual awakening moment. It represents how two participants found their crisis of faith to be a gradual process, rather than a one-off event.

The implications for clinical practice of these three themes are discussed, including the value of addressing religion and a crisis of faith in therapy, understanding countertransference, being aware of the historical divide between religion and psychotherapy and religious client’s reservations when entering therapy.

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Attestation of Authorship

I hereby declare that this submission is my own work and that to the best of my knowledge and belief it contains no material previously published or written by another person (except where explicitly defined in the acknowledgments), nor any material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institutions of higher learning.

Signed:

Date: 20/06/2022

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Chapter One: Introduction and Literature review

Research rationale and my interest in the topic

This qualitative descriptive study used thematic analysis to explore how Christians cope with a crisis of faith. The motivation for this research topic arose from my own painful experience with a crisis of faith and the often passive and unproductive ways I coped with it. I was able to retain my Christian faith but yearned for validation by learning of other individuals' experiences. Therefore, the aim of this dissertation is to add to the clinical understanding of treatment of a crisis of faith in psychotherapy, by answering the following research question: How do individuals who have identified as Christian at some point of their lives cope with a crisis of faith?

Method of reviewing the literature

According to Symthe and Spence (2012) the main purpose of a qualitative literature review is not to try and cover everything written on the research topic but rather to stimulate thought around the research topic. Therefore, I started my literature review by using the search platforms Google Scholar, EBSCO, PsycINFO and Scopus. The terms I initially used were 'crisis of faith', but this did not yield many articles. As I delved into the literature the term 'spiritual struggle' came up in some articles and as I used this term, I got a much larger result. I used a snowballing method for both references and authors. As I found one article, I would look at the articles that article had cited. In addition, I noted that certain authors specialized and wrote about the topic of a crisis of faith or spiritual struggles, such as Kenneth Pargament, Julie, Exline, Crystal Parks and Brian Zinnbauer. This was true particularly of Kenneth Pargament. Consequently, I searched in Google Scholar, EBSCO, PsycINFO and Scopus using the above authors names.

Background

Psychotherapists are often at a loss to know how to approach spirituality and religious issues (Passmore, 2003; Pargament, 2007). The field of psychotherapy has often viewed religion as a stumbling block to mental health (Exline, et al., 2000).

Indeed, the father of psychotherapy, Freud, viewed religion as a kind of cultural neurosis (Gay, 1987), and an illusion (Freud 1927/1961). However, religion, and more specifically, Christianity, often gives individuals meaning and purpose (Pargament, 2011; Exline et al., 2011; Park, 2013; Appel et al., 2020), protection and guidance (Exline et al., 2015), and a sense of safety (Exline & Rose, 2013). In addition, Inzlicht et al. (2011) report that religion is widespread and advantageous because it meets the need to see the world as meaningful and organized and this helps individuals feel calm amidst life's pressures.

Worldwide, the number of Christians is estimated to be 1.9 to 2.1 billion (Beck & Haugen, 2013). Despite the increasing trend of people in New Zealand reporting they do not have any religious affiliations, the 2018 census reported that 'Christian' is still the largest religious group in New Zealand; numbering 307,926, this number swells to 1,312,797 when groups identifying as Anglican, Roman Catholic and Presbyterian are included (Statistics NZ, 2019). The Faith and Belief in Aotearoa, New Zealand study also report similar findings with 33% of New Zealanders identifying with Christianity (Wilberforce Foundation, 2018).

The history of Christianity in Aotearoa, New Zealand

Christianity was thought to have been introduced to Aotearoa, New Zealand and Māori, by the English born Reverend Samuel Marsden and various other missionaries in 1814. Anglican, Methodist, and Catholic denominations were the first Christian denominations to establish themselves in Aotearoa, New Zealand (Pratt, 2016; Florence & Mikahere-Hall, 2019), and initially missionaries concentrated on converting Māori to Christianity. However, the focus changed from Māori to non-Māori when rapid influx of settlers came to Aotearoa, New Zealand. In 1851 numbers of settlers were around 26,707, but by 1896 numbers were around 701,090 (Donovan, 1996).

Māori were increasingly marginalized, subjected to the land wars and, loss of ancestral land (Healy, 2019). They were also decimated by European diseases, such as the influenza epidemic and disillusionment around the Treaty of Waitangi (Donovan, 1996), from which Māori Christian movements, like Ratana and Ringatū emerged. The Ratana church was established in 1925 by Takupōtiki Wiremu Ratanā as a pan-iwi movement (Sorrenson, 1976), and the Ringatu (the upraised hand) church was established in 1868 by Te Kooti Arikirangi te Turuki (Binney, 2011).

Currently, there is a diverse range of Christian churches and denominations in New Zealand. Among these are churches established by Chinese and South Korean immigrants (Derby, 2011). Overall, there has been a trend downwards in individuals identifying with the traditional Christian denominations (Catholic, Presbyterian, Methodists, and Anglican) and an increase in Christians who identify as ‘Christian, with no further definition’ (Hoverd & Sibley, 2010). In addition, the controversial Pentecostal church Destiny is a contemporary example of individuals dissatisfied with the traditional denominations; it particularly attracts dissatisfied Māori and Pacific Christians, not unlike the Ratana church did in the 1920’s (Lineham, 2013).

Despite this, Aotearoa, New Zealand is often considered a secular nation, as seen by the Education Act of 1877, stating that New Zealand is a secular society with the state being the primary provider of compulsory and secular education. The 2018 census adds evidence to this secular view of Aotearoa, New Zealand, showing that half the population has no religion (49 per cent) compared to 41.9 per cent in the 2013 census.

In addition, with the decline in European population and the rise of all other ethnic minorities, there are 157 different religious affiliations in New Zealand. For example, there are 121,644 Hindus, 57,267 Muslims, 40,908 Sikhs, 43,821 Ratana, 12,336 Ringatū, and oddly 20,409 Jedis (Weir, 2019).

However, Stenhouse (2005) disputes the idea that New Zealand is secular and that “secular New Zealand has existed more in the minds of its historians than in reality” (p. 1). He contends that New Zealand has been influenced by Christianity much more than traditional rhetoric reports. For instance, the New Zealand welfare system, set up in 1938 the cradle to the grave policy, was an example of applied Christianity.

Another example of this has been the Salvation Army which has more than 130 years of providing services such as budgeting, food banks, counselling, social housing and more (Derby, 2011). Stenhouse (2005) also backs this up by noting the extent of Christian influence and presence as seen in New Zealand’s national anthem and public holiday such as Easter and Christmas.

Definition of the Christian faith

A definition of ‘Christian’ is extremely challenging because Christians as a group are

heterogenous and there is a diverse range of beliefs and practices across individuals and groups who identify as 'Christian' (Benner, 1988; Beck & Haugen, 2013). For example, the differences between conservative and liberal Christian beliefs differ sharply around inclusion of LGBTQIA+ individuals. It has been assumed that liberal Christians are inclusive and conservative Christians are exclusive of LGBTQIA+ individuals. However, Coley (2017) discovered that even this issue is more complex than assumed. From his study investigating Christian universities in America, he found that there is evidence to suggest that individualist religious traditions (such as those who emphasize personal piety and morality) are more likely to be unsupportive of including LGBTQIA+ individuals, whereas universities focusing on communal traditions (such as social justice) were more likely to be inclusive of LGBTQIA+ individuals.

For this discourse I will be using the Apostles' Creed (Book of Common Prayer, 2007) as used by Beck and Haugen (2013) to define the term 'Christian'. The Apostle's Creed states:

I believe in God, the Father Almighty, Creator of heaven and earth,

I believe in Jesus Christ, his only Son, Our Lord.

He was conceived by the power of the Holy Spirit

And born of the Virgin Mary. He suffered under Pontius Pilate,

Was crucified, died, and was buried. He descended to the dead.

On the third day he rose again. He ascended into heaven,

And is seated at the right hand of the Father.

He will come again to judge the living And the dead.

I believe in the Holy Spirit, The holy catholic Church:

The communion of saints; The forgiveness of sins; The resurrection of the body And the life everlasting.

Amen.

However, for the purposes of this study, it was not necessary for the participants to hold strictly to this statement of belief, as the purpose of this study was to investigate how individuals' beliefs either changed or remained the same after a crisis of faith.

The shifting meanings of religion and spirituality

In the past, the terms religion and spirituality (R/S) have been used interchangeably in the literature (for example, in the written works of William James, a prominent psychologist of the 19th century) (Victor & Treschuk, 2020; Miller, 2005).

Furthermore, there is in no uniformity of definition, or agreed concept of either, and the precise relationship between them has been hard to pin down (Hyman & Handel, 2006).

However, in the 21st century, the words R/S have increasingly come to mean different things in the vernacular. In this time of plurality and globalization, spirituality has been split off from religion, due in part, to religious institutions often being viewed as outdated and irrelevant (Villegas, 2018; Hill et al., 2000; Zinnbauer, 1997). Religion is also associated with something pejorative, old, inflexible, institutional, and involving an outward objective action (e.g., church attendance). Spirituality, on the other hand is associated with being new, dynamic, internal, subjective, personal . . . and most importantly good (Pargament et al., 2013; Zinnbauer, 1997; Hill et al., 2000).

Despite this cultural shift away from organized religion, Pargament et al. (2013) points out that this split does not reflect empirical evidence. Hyman and Handel (2006) also suggest there is considerable evidence that R/S may be the same construct. Both religion and spirituality can be beneficial and harmful. Both R/S are personal, changing, moving constructs, and the reification of the meaning of religion has ignored this (Hill et al., 2000). Both R/S are complicated, multidimensional, and at times overlapping terms (Hill et al., 2000). Furthermore, Pargament et al. (2013) contends that at the heart of both R/S is the sacred and that “when religion is focused on the sacred, it becomes indistinguishable from spirituality” (p. 16).

The purpose of this study is to capture both experiences of R/S. Pargament et al.

(2013) advises that both R/S terms are used, and I will be using the Pargament et al (2013) definition of religion as “the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality” (p. 15), and the definition of spirituality as “the search for the sacred” (p. 14).

The role religion and Christianity play in individuals’ lives

Fox et al. (1998) comment that it seems likely that religion offers guidance to problem solving and emotional support. In a review of hundreds of quantitative studies Koenig (2012) reports that individuals who are more religious/spiritual report higher self-esteem, hope and optimism, greater social support, less anxiety and psychosis, greater marital stability and satisfaction, lower rates of suicide and depression, lower rates of alcohol and drug use, and less delinquency and crime. Religious congregations can be a major social support for people over their life spans as other forms of social supports can be of a temporary nature. Furthermore, religion and the Christian faith have been linked as a cushion against mental illness (Cobb et al., 2014; Koenig et al. 2012; Hill & Pargament, 2003).

Therefore, there is mounting evidence to suggest that there are positive links between religion and well-being (George et al., 2002; Exline, Yali & Sanderson, 2000; Cohen, 2002). Most importantly, in a comprehensive and systematic analysis (carried out on a majority of Christian and Jewish beliefs) of over 1,200 studies and 400 reviews on the relationship between religion and various physical and mental health disorders Koenig et al. (2001) found an impressive list of positive benefits. This list underscores the findings mentioned above, and includes, better well-being and happiness, hope and optimism, purpose and meaning in life, increased self-esteem, reduced anxiety and depression, reduced rates of suicide, reduced psychosis rates and fewer psychotic tendencies, greater marital stability and satisfaction, greater social support and less loneliness.

Furthermore, Pargament (2007) proposes that although religion fulfils all the issues mentioned above, the most important role religion plays is to facilitate a relationship with the sacred. Pargament (2007) also remarks that the Christian sacraments, such as communion and baptism, give a link between the human and the sacred. This can lead to a sense of transcendence and boundlessness: i.e., touching the divine.

Suffering and trauma

Trauma and suffering have similar meanings. The Oxford dictionary defines trauma as “a deeply distressing or disturbing experience” and suffering as “the state of undergoing pain, distress, or hardship” (Oxford English dictionary, 2021). Although suffering, from a secular, contemporary point of view, is usually viewed as something negative, or a problem (Norris, 2009), Christianity offers a view that people can grow through suffering (Mangelsdorf et al., 2019), and sees suffering as having a vital role in the development of the self (Shaw et al., 2005). In addition, suffering is viewed as inevitable (Driscoll & Edwards, 1983). For example, from the Christian tradition we are advised from the Biblical quote, “Dear friends, do not be surprised at the fiery ordeal that has come on you to test you, as though something strange were happening” (1 Peter 4:12).

However, there can be misconceptions among Christians as to what the nature and meanings of suffering are. Suffering can be perceived as conveying merit and that somehow one is “a better Christian” (Driscoll & Edwards, 1983, p. 34) through suffering. Furthermore, in a systematic review Mangelsdorf et al. (2019) found that growth does not need to be preceded by suffering and individuals can have psychological gains over time without experiencing negative life episodes.

Nonetheless, religion can be an important coping mechanism in times of trauma (Overcash, et al., 1996; Shaw et al., 2005). For example, Bentzen (2020) has discovered that during the recent COVID-19 pandemic, from February to March 2020, when cases of COVID-19 were at their highest, the search term ‘prayer’ put into Google, increased in 95 countries.

Definition of a crisis of faith

The concept of a crisis of faith is not a new one. In the sixteenth-century St John of the Cross uses the metaphor, the ‘dark night of the soul’ to describe his crisis of faith (Saint John of the Cross, 1973). A crisis of faith is sometimes referred to in the literature as a ‘spiritual struggle’ (Desai & Pargament, 2015; Exline, 2013; Exline et al., 2011; Pargament et al., 2005; Medlock, 2015), a ‘divine struggle’ (Exline et al., 2015; Exline, 2013), ‘religious and spiritual struggles’ (Pomerleau et al., 2020; Appel et al., 2020), ‘dark night of the soul’ (Durá-Vilá & Dein, 2009), ‘religious strain’ (Exline et al., 2000), and ‘existential crisis’ (Harris et al., 2008).

However, most of the literature refers to a crisis of faith as a ‘spiritual struggle’.

Pargament et al. (2005), defines a spiritual struggle as “efforts to conserve or transform a spirituality that has been threatened or harmed” (p. 247). Appel et al. (2020) describes spiritual and religious struggles as “signs of spiritual disorientation, tension, and strain which often arise in response to stressful life events” (p. 2). Exline (2013) outlines religious and spiritual struggles “as a form of distress or conflict in the religious or spiritual realm” (p. 460).

Therefore, the common elements in a crisis of faith seem to be some form of distress which is caused by danger to an individual’s belief system (Exline, 2013). However, Dura-Vila and Dein (2009) associates the phrase ‘a crisis of faith’ with a positive outcome and comments that a crisis of faith “can be an enriching and healing experience” (p. 544) and is not seen as pathological. Nonetheless, a positive growth experience is not always the case. Trevino and Pargament (2007) report that, in America after the 1993 Midwest floods, higher levels of spiritual struggle predicted reduced psychological and religious coping can be associated with both positive and negative consequences (Bjorck & Thurman, 2007).

Religious coping

The perspectives by which religious coping has been investigated, include psychosocial, cognitive schema, attribution, and personality. However, the commonest perspective has been Lazarus and Folkman’s (1984) transactional theory of stress and coping (Gall & Guirguis-Younger, 2013). Coping theory developed by Lazarus and Folkman (1984) highlights the behaviours a person exhibits to either manage or change their environment. However, Pargament et al. (1998b) contends that religious coping (RC) cannot be subsumed under other general forms of coping, and the unique element is the sacred (Pargament et al., 2005; Xu, 2016). Pargament et al. (2011) defines the word ‘sacred’ as not only referring to God, or a higher power, but also “to other aspects of life that are associated with the divine or are imbued with divine-like qualities” (p.52).

Fox et al. (1998) using the Religious Problem-Solving Scale on 272 male clergy and their spouses, support the idea that religion may be measured as a multidimensional construct. In addition, they found three problem solving styles: collaborative (where the individual is in collaboration with God in coping), self-directing (where the individual takes on all the

responsibility) and deferring (where the individual gives up all responsibility and leaves it to God). This is in line with the view of general attribution theories that hypothesize people need to have a sense of meaning, a sense of control, and a need for self-esteem (Spilka et al., 1985).

Pargament and Raiya (2007) define religious coping (RC), as methods of conceptualizing and dealing with negative life situations that refer to the sacred. Tix and Frazier (1998) define RC as the “use of cognitive or behavioural techniques in the face of stressful life events that arise out of one’s religion or spirituality” (p. 411). Examples of RC include intercessory prayer in times of distress, forgiveness following transgressions, purification rituals, and rites of passage. However, there is a difference in methods of RC across different religious traditions; for example, confirmation in the Roman Catholic tradition, and the Bar Mitzvah in the Jewish tradition (Pargament et al., 2005).

Furthermore, in a meta-analysis on RC and psychological adjustment Ano & Vasconcelles (2005) commented that investigating religion from a coping viewpoint can potentially show how individuals utilize RC in real life. Ano and Vasconcelles (2005) found from their meta-analysis, that the results broadly supported the hypothesis that positive forms of RC are correlated with positive psychological adjustment and negative forms of RC are correlated with negative psychological adjustments.

It is not only religious people who use RC (Gall & Guirguis-Younger, 2013), although certain demographics are more likely to use it than others. For example, they include: older adults (Bergan & McConatha, 2000), African Americans and women (Levin et al., 1994), the physically disabled (Johnstone et al., 2007), and those who are widowed (Roff et al., 2007). Furthermore, studies have found that individuals use a high level of RC to cope with traumatic events such as 9/11 (Meisenhelder & Marcum, 2009), and Hurricane Katrina (Henslee et al., 2015). Finally, in the only New Zealand study found, Sibley and Bulbulia (2012), in a longitudinal study of 3,745 participants who had experienced the 2011 Christchurch earthquake, discovered that non-religious individuals turn to religion in times of natural disasters and that those who had a loss of faith experienced a significant reduction in health.

Nonetheless, a surprise finding from Pargament et al. (1998b) that assessed positive and negative strategies in individuals coping with the Oklahoma bombing, university students

coping with major life stressors, and elderly hospitalized patients coping with major medical illnesses, were that individuals who used higher levels of both positive RC and negative RC had a higher association to negative physical health (e.g., PTSD and functional and cognitive status).

In a review of the literature Gall and Guirguis-Younger (2013) also report divergent findings. For example, Roff et al. (2007) found a negative relationship between prayer and well-being in widowed elders. Gall and Guirguis-Younger (2013) put forward an explanation for these divergent findings, suggesting that methodological limitations in the assessment of RC may account for these findings and that RC is a complex and multidimensional construct.

Stress and crises are not usually one-off events, in longitudinal studies such as Pargament et al. (2004) who investigated 268 ill and elderly patients in hospital over a two-year period, found that individuals who used negative RC at both the baseline and follow-up, showed significant decreases in quality of life and that chronic use of negative RC may increase the risk of death. However, they also comment that negative RC, especially passivity, may seem deleterious, but from a religious viewpoint it might be that these coping strategies acknowledge the restriction of being human.

RCOPE; The religious and spiritual coping scale

Pargament, who is pivotal in advancing the field of RC (Torralba et al., 2021), developed the RCOPE, a 21-item measure to assess RC (Gall & Guirguis-Younger, 2013; Pargament et al., 2000), as before, most studies only used one-dimensional measures of religion (e.g., prayer or church attendance) (Gall & Guirguis-Younger, 2013) and tended to only focus on the positive side (Pargament et al., 2000). From the literature review Pargament et al., (2000) discovered five core functions of RC: meaning (positive and negative reappraisal), control (active and passive ways of gaining mastery), comfort (spiritual connection, support, spiritual discontent), intimacy (seeking religious support from others, interpersonal spiritual discontent), and life transformation (religious direction, conversion).

Pargament went on to develop the brief RCOPE (an 18-item measure) and is the most used measure of RC in studies (Pargament et al., 2011; Xu, 2011). The brief RCOPE identified two broad patterns of either positive or negative RC to a major life stressor. Pargament et al. (1998b) who assessed three populations (samples from the Oklahoma

bombing, university students coping with a major stress, and elderly hospitalized patient coping with a serious medical disease), reported that the positive RC configuration were made up of; seeking spiritual support, religious forgiveness, collaborative RC, spiritual connection, religious purification, benevolent religious reappraisal, and religious focus. Conversely, the negative RC configurations were made up of spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisal, and reappraisal of God's power. However, Gall and Guirguis-Younger (2013) caution that more research needs to be conducted to make measures suitable for groups other than Judeo-Christian, such as Muslims, Jews and Hindus.

'Red flags' in religious coping

While most RC strategies used are positive (Pargament et al., 2000; Pargament et al., 1998b; Harrison et al., 2001), negative RC is also used. Examples include belief in divine punishment, demonic influence, and God's capacity to answer to pleas for direct intercession (Daniel, 2017). To address the negative side of RC Pargament has developed an instrument to measure to assess ineffective RC (Pargament et al., 1998a; Pargament et al., 2003). This instrument came up with three broad categories of 'wrong direction', 'wrong road' and 'against the wind'. In addition, there are eleven subscales of 'red flags', self-neglect, self-worship, religious apathy, God's punishment, religious passivity, religious vengeance, religious denial, interpersonal religious conflict, conflict with church dogma, anger at God and religious doubts.

Therefore, mental health professionals need to be aware that these red flags can cause poor mental outcomes in religious clients who exhibit them. However, Pargament et al. (1998a) also caution that mental health professionals need to be careful in interpreting negative RC as pathological and that these red flags may be viewed differently by religious people. For example, for the sub-scale of self-neglect "the world is not important to me, and I decided to spend all my energies serving God" might signify that God is more of a priority than their worldly situation rather than interpreting it as a schizoid isolation (p. 87).

Passive and active beliefs and attachment styles underpinning positive and negative religious coping

Underpinning positive and negative RC styles, seems to be different attitudes and

cognitive styles (e.g., active versus passive). Wilt et al. (2019) assessed 3142 American adults and found that individuals who waited passively for God to intervene had less spiritual and struggle-related gains than those who had a more active engagement.

However, they also found that passive styles may have some benefits such as a decrease in individual's psychological burdens and trust in God. To support this Aflakseir and Coleman (2011), in developing a RC scale for Muslims, found no association between passive RC and wellbeing. Furthermore, Alma et al. (2003) who sampled Protestant church members in the Netherlands, found that the American emphasis on active RC with a personal God did not translate to their sample, who perceived God to be more impersonal.

Models of spiritual development

I wish to briefly discuss two channels of exploration that pertain to spiritual and religious development: Fowler's (1981) stages of faith development and Rizzuto's (1979) maturation of God representations.

Fowler's (1981) stages of faith theory is important because it offers a developmental framework and explanation of how individuals can mature in their faith and why some individuals view God, or the divine, in different ways and how that affects their thoughts and behaviours in response to a crisis of faith. As Daniel (2017) remarks, a crisis of faith can move an individual from one stage of development to the next. For example, an individual may be in stage 3, the synthetic-conventional stage. This is the stage where the individual identifies with their families or religious institutions beliefs. To move to stage 4, the individuative-reflective stage of faith, an individual may need to experience a crisis of faith. Specifically, a trauma or loss may precipitate a crisis of faith because the individual held the belief that God will protect them from all suffering.

Rizzuto (1979) is a seminal writer who used object relations to describe how an individual develops a God representation. A God representation acts as a psychological object and contains emotions as well as thought processes (Rizzuto & Shafranske, 2013). In addition, God representations change over time and originate from internalized images of parents, religious authorities, and culture and may have multiple aspects such as comforting parts or parts that elicit fear. Furthermore, God representations contain a representation of the self in relation to God. Therefore, a person's God representations show how a person

perceives and relates to themselves and others (Rizuttoo & Shafranske, 2013).

The results of a crisis of faith

Font (1999), a psychiatrist and a theologian, outlines two different outcomes of a crisis of faith: salutary depression or pathological religious depression. The crucial difference is that salutary depression promotes spiritual growth and maturity (Durá- Vilá, 2009). A crisis of faith can be an opportunity for positive psychological development (Exline et al., 2017) and positive spiritual growth (Lorenz et al., 2019). However, Exline (2013) comments that the conditions under which growth occurs from a crisis of faith has to date received little focus.

Negative life events as defined by Wheaton (1994) are events that often happen without warning and have the capacity to change one's world in significant ways. When negative life events occur, such as natural disaster (Sibley & Bubulia, 2012), loss or trauma (Falsetti et al., 2003; Harris et al., 2008), individuals sometimes have a hard time reconciling these events with their faith in God (Exline et al., 2015). As Pargament et al. (2000) points out "coping can be ineffective as well as effective" (p.

524). However, a meta-analysis conducted by Ano and Vasconcelles (2005) on religious coping found that even though negative coping strategies were sometimes used, there was still a positive outcome. This is in line with the Christian tradition that suffering is an opportunity for spiritual growth (Boyle, 2003), that struggles commonly come before growth (Ano & Vasconcelles, 2005), and crises of faith are a normal part of spiritual development (Pargament, 2007).

Furthermore, Viftrup et al. (2016) remark that religion can be a double-edged sword and may either contribute to psychopathology or contribute to wellness. Research has backed this up by finding that the outcomes of a crisis of faith are mixed and have both positive and negative outcomes (Desai & Pargament, 2015; Exline, 2013; Exline & Rose, 2005; Harris et al., 2008). However, Harris et al. (2008) observe that these findings may be due to viewing religion as a global entity and using unrefined measures that simplify the construct of religion. In addition, Exline (2013) reports that although research has assessed negative feelings towards God, assessing how people cope with these negative feelings has not been undertaken, except for Hall & Edwards (2002) who found that individuals who were angry at God and then expressed these feelings to supportive others, reported more spiritual

connectiveness.

A crisis of faith may go on to precipitate an identity crisis (Benner, 1988), or a sense of disintegration (Viftrup et al., 2016). In addition, Exline et al. (1999), found that anger towards God predicted more depressive symptoms. Exline et al. (2015) have identified two factors that may predict negative reactions towards God. They found that when individuals viewed God as cruel, there was a high probability that they would feel angry at God or direct disapproval toward themselves, and individuals' who viewed God as distant, had a higher probability of having doubts that God existed.

Summary

In this chapter I have presented the relevant literature and background for the current study. Spiritual struggles, or a crises of faith, and how people cope with them, is a complex and multifaceted topic. The present research aims to contribute to a comprehensive understanding of this area and to address the gap in the literature by providing the first qualitative thematic analysis of a crisis of faith in Aotearoa, New Zealand.

Chapter Two: Methodology

Introduction

This chapter presents the research paradigm, rationale for a qualitative study, and the qualitative descriptive methodology used. It also covers the study design and method used for data analysis

Research paradigm

Paradigms, or worldviews, are broad frameworks that enable ways of viewing life and are embedded in sets of assumptions about the nature of reality (Babbie, 2020).

The paradigm underpinning this study is qualitative in nature. Qualitative research is a collection of different approaches that have things loosely in common, such as viewing reality as subjective, that is reality is perceived differently by each person. The researcher is considered a research instrument and the subjectivity of the researcher is something to welcome rather than to be got rid of (Wa-Mbaleka, 2020). In addition, the qualitative paradigm argues that “a phenomenon is more than the sum of its parts” (Ryan et al., 2007, p. 738). Therefore, qualitative research is interested in people’s perceptions and points of view (Stake, 2010), and takes an emic standpoint which considers the insider’s perspective, typically by exploring a participant’s words, as the way to generate knowledge (Bradshaw et al., 2017).

Methodology: The qualitative descriptive approach

Within the qualitative paradigm, I employ a qualitative descriptive (QD) approach. Bradshaw et al. (2017) note that qualitative descriptive studies are ones that come under qualitative research but are not ethnographies that pays attention to culture, grounded theory that aims to generate new theory, or phenomenology that attends to lived experiences. Although the QD approach is interested in individuals’ lived experiences and is similar to phenomenology, it is different in the following respects: QD aim is to describe how participants respond to a phenomenon, whereas phenomenology aims to bring to light the essential nature and meanings of lived experiences. QD research questions are typically around what strategies are beneficial in managing a particular event, whereas the

phenomenological approach asks what is the essential meaning of a particular experience, QD analysis typically involves descriptions at the overt level, using the participant's own words and codes of the transcripts of participants, whereas phenomenological analysis typically involves reduction and bracketing and reflection on the lifeworlds of participants (Willis et al., 2016).

Rationale for qualitative descriptive approach

The QD approach is used when the goal is to stay as close to the data as possible and this is my aim for this research project (Doyle et al., 2020). Furthermore, Symthe (2012) comments that a descriptive approach is fitting for a master's research project and notes that the strength of a descriptive approach is its uncomplicated application. However, a purely descriptive interpretation of the data is not possible (Wolcott, 2009), and as Sandelowski (2010) notes, the QD approach still needs some type of interpretation, as there are always comparisons and groupings made from the data. In addition, Lambert and Lambert (2012) argued that the QD design is appropriate for emerging researchers, which reflects my situation as a beginner researcher. Lambert and Lambert (2012) also added that QD studies are useful for identifying the emotions, understandings, and knowledge of an individual or group of individuals and this is appropriate for my question as to how individuals cope with crises of faith. Similarly, Sandelowski (2000) and Neegaard et al. (2009) noted that QD studies are a clearer approach to understanding participant experiences and Neegaard et al. (2009) report that QD is appropriate for 'why', 'how', and 'what' questions.

Finally, there is a lack of qualitative research to balance the quantitative research in this area and there is no known research from New Zealand on individuals' experiences of a crisis of faith, except a Sibley and Bulbulia (2012) longitudinal study on individuals and how the Christchurch earthquakes affected their faith. Therefore, the research question 'How do individuals, who have at some point in their lives, identified as Christian, cope with a crisis of faith?' is appropriate for investigation using a QD approach and thematic analysis to analyse the data.

Research design

Recruitment

This study used purposive sampling, as the aim was not to generalize research findings

but rather, in accordance with qualitative research, an in-depth understanding from a target population was the goal (Frankel, 2005; Palinkas et al., 2015). Ethics approval was sought and granted by AUTECH for the recruitment posters, participant information sheets, and consent forms used. Copies of these forms are included as appendices. Participants were recruited by a hard-copy A4 flyer posted at Auckland University of Technology, north and south campuses, New Zealand. The fliers posted provided a brief description of the aims of the research and criteria for taking part and invited those who might be interested to contact the researcher.

Exclusion/inclusion criteria

The recruitment posters named three key criteria for being eligible for this study: that participants identify as being Christian at some point in their lives, were over 18 years of age, and spoke fluent English.

Participants

As a result of these postings, six enquiries were received, and initial contact was made via email. One participant dropped out after the initial contact email. However, the other five participants were successfully recruited, and, according to Braun et al. (2019) this number of participants is appropriate if the study is intended to be an unpublished dissertation.

Arrangements were then made to conduct interviews face to face and the interviews were recorded using a digital recording device.

Ethical considerations

A process of informed consent was used to fully explain the study's purpose and how the information would be collected and used. The participants were sent, via email, the participant information sheet, and whether they had any questions about the research and their participation. All participants were asked to sign a consent form confirming their willingness to participate. Consent forms were transferred to the primary supervisor for secure storage. In addition, confidentiality, privacy and whether they wished to receive a summary of the research findings, were discussed with each participant at the beginning of the interviews. At the end of the interview, participants were given a \$20 supermarket voucher as a koha for their time.

Data collection: Semi-structured interviews

Interviews are one of the predominant methods of data collection in qualitative research (Adams, 2010), and (as described below) are commonly used with the thematic analysis approach (Braun & Clarke, 2019). Semi-structured interviews are designed to ask open-ended questions that invite a wide discussion and exploration of the phenomenon in question (Whitley, 2008). Therefore, semi-structured interviews were an appropriate tool for gaining understanding of the complicated phenomenon at hand. The following is a sample of some of the questions prepared:

- Tell me a little bit about yourself?
- Tell me about your crisis of faith?
- How did you cope with your crisis of faith?
- Did you seek professional help?

Data analysis: Thematic analysis

The data gathered from these interviews was then transcribed and analyzed using thematic analysis. Thematic analysis is a method that relies on a thorough coding of data to identify patterns in the data. These patterns are encoded as themes which describe the data in vivid detail, often giving insights and interpretations that would not be possible when using a less in-depth analysis (Braun & Clarke, 2006).

Furthermore, Braun and Clarke (2019) outline three distinct approaches of thematic analysis: coding reliability, codebook, and reflexive thematic analysis. This study uses reflexive thematic analysis as the data collection and data analysis are framed in terms of a qualitative paradigm, or 'Big Q' design.

Braun and Clarke's (2006) six phases of thematic analysis are outlined below:

- Phase one: Transcribe the data and note important codes by reading through the data several times. The process of carrying out, recording, and transcribing the interviews lines up with Braun and Clarke's (2006) phase one of thematic analysis and gave an opportunity for me to acquaint myself with the data.

- Phase two: Determine the reliability of the coding and keep a precise record of potential codes and the specific quotes that support the codes.
- Phase three: Organize the codes into potential themes.
- Phase four: Check the suitability of themes with the data for each theme identified and whether they tell a convincing narrative about the data. Refine each of them, and if needed, merge overlapping themes or separate complex themes.
- Phase five: Conduct a thorough analysis of each theme and form a concise name for each theme.
- Phase six: Write up a narrative that brings together participants' quotes to tell a cohesive and persuasive story about the data in relation to the existing literature.

However, this process is by no means a linear one where each phase is neatly finished before moving onto the next one, and it is often necessary to move to and fro between the phases until the process is finished (Braun & Clarke, 2006). Below is a more detailed description of how I analyzed the data.

Phase one

Phase one involves transcribing the data and noting important codes. The process of carrying out, recording, and transcribing the interviews lines up with Braun and Clarke's (2006) phase one of thematic analysis. The transcription of the interviews was a long process and due to the pace of the participants speech it necessitated repeatedly listening to the same part of the interview before an accurate transcription could be recorded. As a result, I became familiar with the content of the interviews and salient features began to be noticed and similarities and differences became clear. This helped the later phases of the analysis as I was able to remember which statement belonged to which participant and locate the statement within the original interview.

Phase two

Once the interviews were transcribed, initial codes were then generated, and I aimed to stay as ‘close-to-text’ as possible while also acknowledging that this process involved a certain degree of subjectivity. I found this part of the process to be the most challenging, so I started by using different coloured highlighter pens on the hardcopies of the transcribed participants interviews. As I read them I colour coded words and phrases that were repeated between the participants. For example, yellow was for how participants stated they coped with their crisis of faith, green for every time a participant named a type of mental health issue and pink was for participants saying they had come out of a sheltered upbringing (see Table 2. Below). This process was repeated across all five interviews.

Table1. *Examples of Coding*

Transcript	Potential Codes
<p><i>Yeah at the time I was struggling with an eating disorder, so my mental health wasn't in a good shape.</i></p>	<p><i>Struggling with an eating disorder</i></p>
<p><i>Yeah yeah and also at youth group there was a girl who was 10 years older, she also helped me</i></p>	<p><i>An older Christian at youth group helped me</i></p>
<p><i>I had gone to a Christian high school . . . it was a very insular safe environment and then to come out of that and realize there is a big old world out there and I started to fall part</i></p>	<p><i>Christian high school a safe place</i></p> <p><i>There is a big world out there that is frightening</i></p>

Phase three

Once the initial ‘close-to-text’ codes were produced these codes were analyzed and initial patterns and overlap between codes were seen. I found that, quite quickly,

several phrases were being repeated by participants. For example, difficulty in transitioning from a safe Christian high school to a secular university precipitated four participants' crises of faith. Therefore, I used patterns between the codes to organize the codes into basic themes which were usually short phrases that identified the essential nature of the included codes. However, at this stage the themes and subthemes were not finalized.

Phase four

There was a back and forth between phase three and phase four as I was unsure as to whether some codes could be collapsed into others or could they stand alone. Reorganizing subthemes often meant having to look at the organization for the theme. For example, should I merge 'trauma and mental health issues' with 'conflict of culture and values', or did they have their own irreducible elements?

Another difficulty I had was should 'conflict of culture and values' be its own separate theme. However, after taking some time away from the data, I decided that the theme name of 'a crisis of faith is distressing' better encapsulated the participants experiences of both 'trauma and mental health issues' and 'conflict of culture and values'. I included the four further subthemes under 'conflict of culture and values' as it was important to me that participants stories were not lost. I particularly wanted to include 'it was a gradual awakening moment' to describe participants journey through their crisis of faith. Similarly, 'big wide world' was included to capture participants transition from the Christian culture to the secular culture of university, and 'blaming God and Satan' to capture participants experiences in coping with their crisis of faith. Sexuality and gender were another important issue for the participants, and I decided to separate them into 'no sex before marriage' and 'homosexuality and gender'.

Phase five and six

The task of phase five is to conduct a thorough analysis of each theme and form a concise name for each theme. After the back and forth of phase three and four was finished I came up with three overarching themes, seven subthemes, and 13 further subthemes. The task of phase six is to write up a narrative of participants quotes, and these are shown and discussed below in chapter three.

Chapter Three: Results

Introduction

In this chapter I will outline the main findings of the research with reference to the original transcripts. Three themes were identified in the data, they were:

- 1) Coping the best way we know how
- 2) A crisis of faith is distressing.
- 3) A crisis of faith involves change.

The results of this study also revealed one unexpected finding which is not under any of the subthemes.

Unexpected finding

I was not prepared for the interest that three of the participants showed in me, the researcher, specifically they wanted to know if I was a Christian? One participant, on finding that I did identify as Christian, became much more open and gave me additional details of their experience that they had not revealed before this question. This was repeated with the two other participants but to a lesser degree and this experience underlines the participants' need for a shared reality. I believe this has important implications for psychotherapists which are discussed in the next chapter.

Participants

The participants' demographics are listed in Table 2. As indicated, all but two participants were female, and all participants were from different ethnicities. The mean age of the participants was 25 years old and all but one participant was brought up in a Christian household.

Table 2. *Demographics of Participants*

Participants	Age	Gender	Ethnicity
1	20	Female	Japanese/New Zealand European
2	20	Female	Chinese
3	27	Female	United Kingdom
4	38	Male	New Zealand European
5	21	Male	Japanese

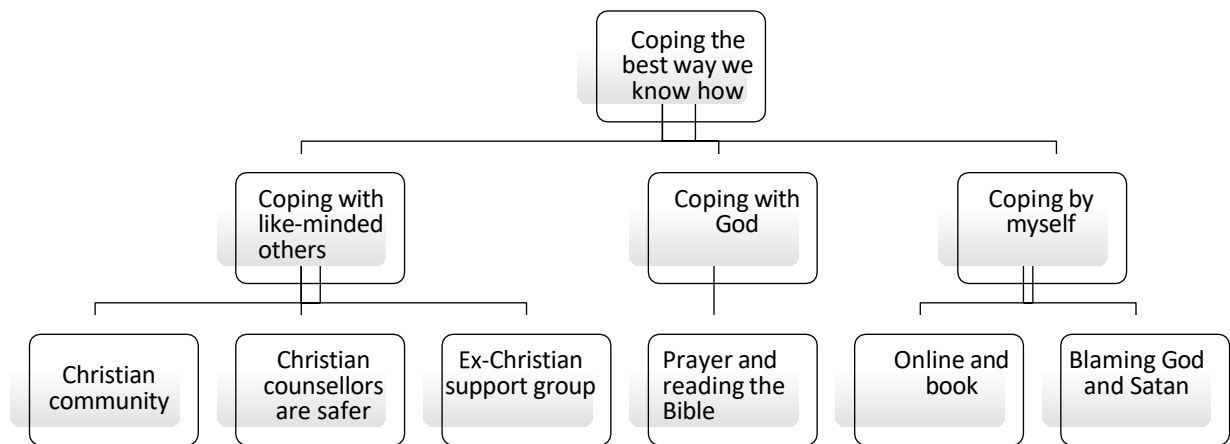


Figure 1: Structure and subthemes of Theme 1, Coping in the best way we know how

Theme 1: Coping the best way we know how

The coping strategy that was used by all participants was the subtheme ‘coping with others’ and included ‘Christian community’, ‘Christian counsellors are safer’, and ‘ex-Christian support group’. The second most common coping strategy was the subtheme of ‘coping with God’ and included ‘prayer and reading the Bible’, ‘blaming God’ and a ‘transcendent experience’ - this was used by four participants (P1, P2, P3, and P5). The third most common coping strategy was ‘coping by myself’ and was used by two participants (P2 and P3). Participant five used the most coping strategies (prayer, reading the Bible, peer group, Christian organization, and psychotherapy/counselling), and participant four (support group and psychotherapy/counselling) used the least amount.

Coping with like-minded others: Family members

The Christian community was used in different ways by four participants. Firstly, participant three was the only participant to mention family as a coping strategy. They used

their Christian spouse for support: *“he has an incredibly stable faith um that’s open and liberal. . . I think for me that’s been a real anchor”* [P3]. They also used their Christian parents’ faith: *“the more I get to know them now as adults I can see their faith has shifted. . . they are much more open and investigative”* [P3].

Christian community: Peer group

Two participants mentioned the use of their Christian peers to cope with their crisis of faith: participant one and participant five. The reason that participant one gave was because they were not judged by them: *“I could come out of the crisis because of my close friends. . . they understand, they don’t judge so I think that helped a lot”* [P1]. Participant five attributed their being able to retain their faith, to their Christian friends: *“friends who are wise enough to be able to tell me things I needed to hear. . . it would have been a lot harder. . . I think being part of a community really really helped”* [P5].

Christian community: Pastor

Participant two used the advice of their youth pastor and a mature Christian as a resource to cope with their doubts, as they found that their peer group did not know how to help them: *“they kind of want to help but they don’t have the experience or that wisdom to guide you”* [P2]. Participant three used a pastor who was a spiritual advisor: *“I did some spiritual direction sessions with a pastor. . . she helped me frame my faith crisis. . . not as a weakness but as a real strength, I was developing my own spiritual pathway”* [P3].

Christian community: Christian organization

Participant five and participant two were the only participants to mention that a specific Christian organization helped them cope with their crisis of faith. Participant two found a Christian organization particularly helpful with being able to have an open discussion without judgment: *“it really helped that they weren’t judgmental or trying to push or change things just accepted. . . it was really helpful that they were there throughout the process”* [P2]. Participant five found it helpful to have their experience validated by others who were going through similar experiences: *“I’m part of that organization I got to join through a mutual friend and through that I’ve been able to meet different people and their experiences who have the same struggle . . . I’ve been inspired by them”* [P5].

Christian community: Christian counsellors are safer

All but one of the participants used either psychotherapy or counselling to cope with their crisis of faith. Participant three describes needing to have a Christian counsellor to have their experience understood: *“I saw two Christian counsellors because for me that felt safest, it felt like they would understand my experience. . . I had this assumption that if I were to see someone who wasn't a Christian, they wouldn't get it”* [P3]. This participant reported that their Christian counsellor helped her see the positive side to their crisis of faith: *“she helped me to frame my faith crisis if you can call it that, and my journey, not as a weakness or deficit but a real strength, I was developing my own spiritual path”* [P3].

This need was echoed by participant two who experienced a secular phone counselling session and an informal Christian counselling session. They found the secular counsellor unhelpful; *“I didn't really feel heard. . . aside from a safety plan I didn't really feel like I got anything out of it”* [P2]. The informal Christian counselling experience with a pastor contrasted with this: *“I felt like I was more listened to. . . he gave a lot of advice and scriptures. . . and his insights of me”*. They explain the difference between these two experiences as the informal counselling session was from their youth pastor who knew them and that a trust bond already existed between them and this individual: *“they've seen you for a longer time and also you relate with them more. . . it's almost like an instant trust process”* [P2].

Participant four used psychotherapy when they realized that they still had some trauma around the way they were brought up and the beliefs around God that were instilled in them by their parents: *“I'm starting to take it a bit back and go oh some of that is still in there, some of that is still very deep, some of those beliefs are still messing me up”* [P4]. Participant five has a couple of sessions with an agency that provided free counselling and I would have liked more sessions but there was no availability.

Participant one was the only participant who did not use either counselling or psychotherapy and when asked, they stated that they it had not occurred to them to use counselling or psychotherapy as a source of support as they feared being judged by everyone other than their peer group: *“I didn't want to tell anyone but my close friends”* [P1].

Ex-Christian support group

Participant four was the only one who used an unofficial support group for ex-Christians' who had experienced their own crisis of faith: "*I've done a lot of work with a group of guys . . . and we're circling back around to answer. . . how do we sort of remove the semantics of the language and the strange beliefs*" [P4].

Coping with God: Prayer

Prayer was one spiritual practice named in coping with a crisis of faith and was used in two different ways by participant two and participant five. Participant two used prayer as a way to deal with their doubts and a way to know God better: "*they helped me write up a prayer and it was about choosing to trust God. . . I would pray that prayer a few times*" [P2]. Participant five used praying with other Christians as a way to ask God to provide a new car after his car crash: "*also some people from my church um contributed and prayed for me*" [P5]. They also used it to increase their connection to God and grow their faith: "*I've been trying to pray more*" [P5].

Participant three used a contemplative prayer practice that was very different from their family of origin's expression of faith: "*it was contrasting to the faith practice I had grown up in which was very active and loud to finding a faith practice that could be quiet and contemplative and rhythmic and gave space for silence*" [P3].

Coping with God: Reading the Bible

Participant five was also the only participant to mention they read the Bible as a coping strategy: "*so even if it's three minutes, 5 minutes whatever, I'll at least open the Bible every day*" [P5].

Coping with God: Transcendent experience

Participant two was the only participant to mention a transcendent experience as playing a part in helping them cope with their crisis of faith: "*I felt that God was with me, and he didn't say anything to me . . . but I remember getting up to leave and I suddenly found my cup was filled again*" [P2].

Coping by myself: Online and book

Two participants used their own initiative to find written resources as ways of coping.

Participant two used a book and googling other people’s experiences of a crisis of faith: “*it was just this one (book) called ‘cold case Christianity’ . . . he analysed the New Testament through like a cold case murder perspective. . . then online I’d googled, and I found there were lots of people who were in the same state as me*” [P2].

Participant three also searched online for people who have experienced the same beliefs as they had and how they were able to leave them behind: “*I found this Instagram page which was created by this woman who is deconstructing purity culture and all the messages*” [P3].

Coping by myself: Blaming God and Satan

Participant one experienced anger at God for not keeping them safe from a sexual assault: “*like I believe in Christ why isn’t he protecting me?*” [P1]. They also expressed confusion and anger at God when they experienced an eating disorder: “*I was thinking why did he make me go through that?*” [P1]. However, the shame participant one experienced from having sex before marriage, stopped them from using family or church leaders as a source of support: “*I know they’re good people at heart, but I was really scared that I might get kicked out of the church*” [P1]. In addition, participant one attributed their dilemma to the devil: “*so I sinned, but I think that came from Satan*” [P1].

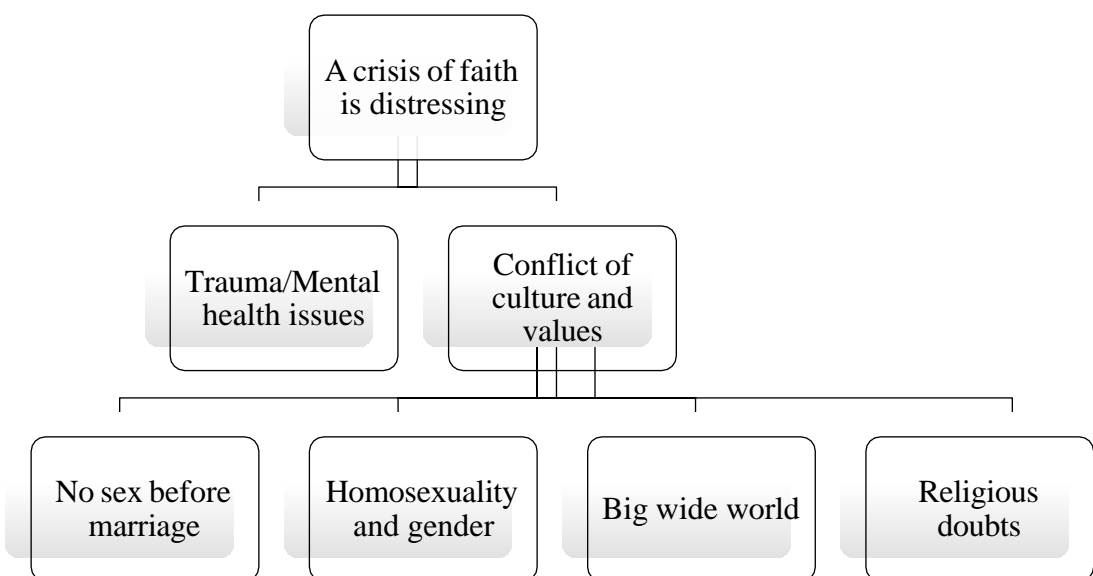


Figure 2. Structure and subthemes of theme 2: A crisis of faith is distressing.

Theme 2: A crisis of faith is distressing

Trauma and mental health issues

All the participants experienced some form of trauma or mental health issue as part of their crisis of faith. Participant one experienced a sexual assault: *“I said no but he didn’t really respect it. . . he didn’t stop”* [P1]. Participant one also experienced an eating disorder: *“I got hospitalized with anorexia and the crisis of faith came after I recovered”* [P1]. Participant three also experienced an eating disorder: *“at the time I was struggling with an eating disorder, just starting to experience the world beyond what my safe Christian upbringing had been”* [P3].

Participant two experienced suicidal ideation and panic attacks due to family conflict: *“I thought about dying and that I wouldn’t mind if I just died. . . I was like crying in the car and when I got to church, I knew I couldn’t sit in the service I went to the bathroom and my breathing wasn’t normal”* [P2]. Participant four experienced burnout from doing church related activities: *“I think there’s something harmful about church culture - you are asked to give yourself to this cause and you pour yourself out for it and the self-care is terrible. . . I suffered a lot of that myself”* [P4]. They also experienced trauma from beliefs instilled in them by their parents: *“I think the fundamental Christian gospel is shorthand for parents - there’s a heaven and a hell. . . I used to lie awake at night as a child and repent every night by rote. . . I don’t want to go to hell, like hell was very real”* [P4].

Participant five found a car crash precipitated a crisis of faith and led them to depression and to question whether God or anyone else cared about them if they had died: *“I got in a car crash which got me feeling down, it’s quite easy to doubt myself when I’m not in good condition. . . I was like no one would have cared for me if I died”* [P5].

Conflict of beliefs and values

All participants experienced a conflict of their Christian beliefs and values when encountering other cultures and value systems and expressed how this contributed to their crisis of faith.

No sex before marriage

Sexuality was an area that four participants expressed a conflict with. Participant one expressed distress at having transgressed her Christian faith’s rule about no sex before

marriage and this precipitated her experiencing guilt and shame: *“at that time it was really a crisis for me because I thought I’ve failed as a Christian”* [P1].

Participant three expressed regrets that they had once believed in the purity culture: a belief that women will pledge that they will remain ‘pure’ for their husband: *“you wear a purity ring that pledges your future sexual purity to your husband so I kind of adopted that philosophy myself”* [P3]. They acknowledged that they also imposed rules on themselves as to how many people they could date, and it was this belief that caused a psychological conflict: *“I had this kind of number in my head of the number of guys I could date before I got married. . . and I crossed that number, and I was shit what do I do now!”* [P3].

Homosexuality and gender

Two participants mentioned a conflict of beliefs and values between what their Christian faith taught about homosexuality and gender. Participant two experienced serious doubts and wrestled with what the Bible said and their own beliefs around homosexuality: *“I found it hard reading the New Testament parts. . . I struggled to agree and understand about homosexuality. . . I always had my doubts about whether all of Paul’s writings were accurate”* [P2]. Participant four also voiced doubts about what they were taught and described the crisis they experienced when they started to question their previously held beliefs: *“the first time in my life questioning things like sexuality or gender. . . what are my values and what do I think of gay marriage and what is gender?”* [P4].

Big wide world

Four participants mentioned how the experience of going from their family of origin to the outside world impacted their faith. Participant two expressed a partial reason for their crisis of faith was due to starting university and being exposed to people with different beliefs: *“some contributors might be coming to university and having people who have very different thoughts about faith”* [P2]. Participant three also voiced that their crisis of faith was partly caused by moving from a Christian high school to university and being exposed to different cultures and beliefs: *“high school was a very insular safe environment and I realize that there is a big old world out there. . . I started a degree in nursing and got halfway through and that’s when the crisis of faith comes into it”* [P3]. Participant four echoed participant three’s sentiments as they had also experienced the transition from a small town to a large city part of the reason for their crisis of faith: *“I was brought up in a small-town*

church. . . and I moved up here when I was 18 which was quite an experience, a crisis point in its own being a sheltered small- town kid” [P4]. Participant five found the experience of being on their own for the first time hard as well as the challenge of starting university: “I go into uni and its real life. . . a lot of friends will be drinking and people doing drugs that got me shocked because I was never exposed to that. . . this thing is kind of scary” [P5]. However, going to America and experiencing a church there encouraged them in their Christian faith and was therefore felt by them to be a positive experience of going out into the big wide world.

Religious doubts

Three participants mentioned experiencing doubts about their faith. Participant two expressed the positive side of doubting: *“my experience is that doubting can tear it (faith) down um definitely but it’s also a way for it to be stronger as well” [P2]. They felt their doubts and the crisis it caused enabled them to explore their own relationship with God: “even when I was doubting, I knew that if there was a chance that God exists then he would want a relationship with me” [P2].*

Participant three expressed their doubts manifesting as questions and described the results of questioning their faith: *“I started to ask some questions about my belief system and my faith, I had grown up in a Christian home. . . to come out of that and realize there is a big old world out there I started to fall apart” [P3].*

Participant four also described the experience of questioning previously held beliefs around heaven and hell: *“there was a very strange kind of period of confusion, free floating, everything up in the air. . . because if there is no heaven and hell what have I based right and wrong on and what is my moral system and values?” [P4].*

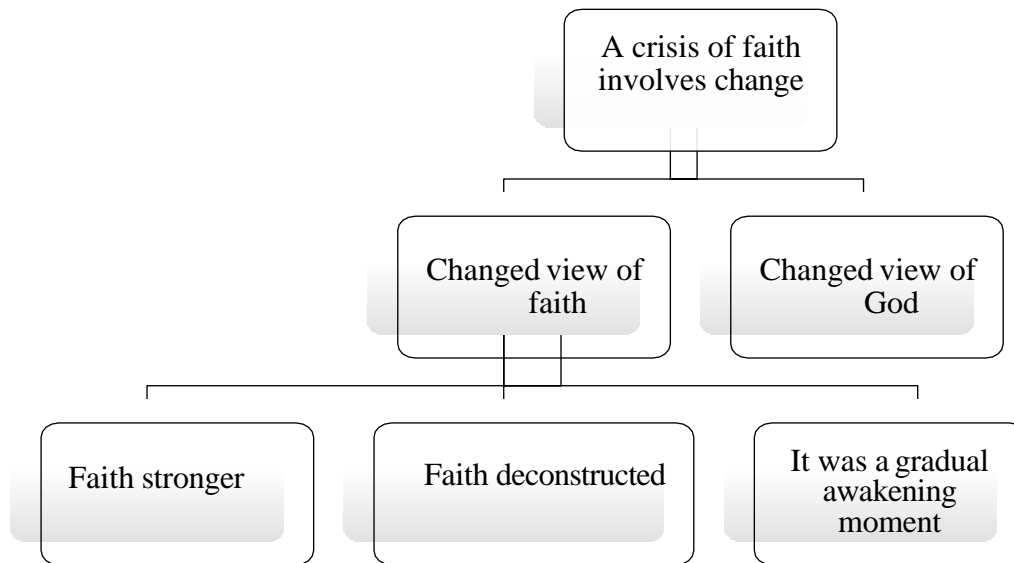


Figure 3: Structure and subthemes of theme 3: A crisis of faith involves change.

Theme 3: A crisis of faith involves change

Changed view of faith: Faith stronger

All participants had a change in the way they viewed their faith. Three participants felt their faith has grown since their crisis of faith. Participant one described how their faith is now as opposed to what it was before the crisis of faith: *“since I had the crisis, I feel like my Christian faith has got much stronger than before. Before it was more of a surface level, I believe in him but I’m not really trusting my life to him”* [P1].

Participant two also outlined what their faith was like before their crisis: *“before my crisis I would say I’m a kind of Christian but not fully there yet. . . God was a very foreign God. . . nothing to do with my present life.* They describe the differences in their faith now: *“actually getting to know God and spending time with him. . . seeing him as a source of joy”* [P2]. Participant five recounted their changed view: *“my parents forced me to go to church. . . so I sit on a chair and went to sleep. . . I never took faith seriously”* [P5]. However, when they went to America they started to change: *“That’s where I started taking things a little more at a personal level. . . faith is your personal relationship with God, I never had that before”* [P5].

Changed view of faith: Faith deconstructed

Two participants described their faith as being deconstructed. Participant three, although they kept their faith, it changed from how it used to be: *“I’ve got a deconstructed version of my faith. . . because I’ve journeyed through figuring out what is for me. . . sort of making my own practices within that which feel more congruent with who I am”* [P3]. Furthermore, participant three describes a very real identity crisis as part of their crisis of faith: *“I stopped reading my Bible, stopped praying, what do I do with that? Then this question if I’m not those things they don’t define me what does?”* [P3]. They were left wrestling with these questions and what their faith looked like afterwards: *“At that point there was a big hole a big question mark. . . I’ve journeyed through figuring out what that is for me and pulling apart the layers that don’t fit who I am”* [P3].

However, participant four described a different experience of deconstruction: *“my whole life was built on these binaries so that’s a very deep foundation and I think deconstruction led to feeling just completely foundationless”* [P4].

Changed view of faith: Pulling apart layers that don’t fit

Participant four recounted their experience of their crisis of faith being a gradual process: *“it was a gradual process of unpacking stuff. . . but yeah, I don’t tie it to one specific moment that broke me, it was a gradual awakening moment”* [P4]. Participant two also found their crisis of faith was a process: *“it wasn’t like a black and white transition, just kind of slowly”* [P2].

Changed view of God

Three participants recounted how their view of God had undergone a transformation. Participant one originally had held a fearful view of God but after their crisis of faith this view transformed into a benign view. *“I saw God as a scary ruler and now I see him as like a caregiver or like a guardian”* [P1]. Participant two commented on how they experienced God before their crisis of faith: *“At that time God was a very foreign God”* [P2]. However, with their crisis of faith they described a more intimate relationship: *“that was when I started to feel God talking to me. . . and knowing that he has joy in me, I think that shifted my faith a lot”* [P2]. Participant four had a different description: *“I’ve come to realize that a lot of my anxiety is a result of this belief in a God who is sitting around the corner waiting to pummel you. . . (now) God to me is man fully alive”* [P4].

Chapter Four: Discussion

This is the first study in New Zealand to examine how Christians² cope with a crisis of faith. In this chapter I discuss my findings in relation to the original research question: How do individuals identifying as Christian cope with a crisis of faith? The following three sections summarize and discuss the themes that were found from the study.

1. Coping the best way we know how.
2. A crisis of faith is distressing.
3. A crisis of faith involves change.

I compare the findings with the wider research on a crisis of faith, the limitations of this research and suggestions for further research are considered.

Theme one: Coping the best way we know how

Subtheme one: Coping with like-minded others

Theme one was ‘coping the best way we know how’. The first subtheme was ‘coping with like-minded others’, and findings from this study demonstrate the importance of support that one’s own spiritual community can offer in coping with a crisis of faith. All but one participant (participant four) used coping methods that were linked to finding support within the Christian community, and although four did not use the Christian community, they still used other like-minded people in the form of a support group to cope.

In keeping with this, Pargament and Lomax (2013) report that people who are involved with a religious community have a larger social support base than those who do not. In addition, research found that religion offers its followers multiple coping strategies when faced with a major life stressor,² including religious support and support from God. This lines up with the subthemes of ‘coping with others’ and ‘coping with God’ (Pargament and Cummings, 2013; Pargament, 1997).

Subtheme: coping by myself

The third subtheme of ‘coping by myself’ lines up with Pargament et al. (1998a) research to develop an instrument to evaluate religious warning signs in individuals in crisis

from 196 university students and 245 Roman Catholic church goers. One dimension found was labelled 'self-directing religious coping' and is defined as the individual seeking to control stress by self-initiative rather than giving the initiative to God or others. This was seen with two participants (participant two and three), coping by reading a book and going online to find ways to cope.

Subtheme: Coping with God

Although this study did not categorize participants RC strategies as such, there was an overwhelming use of positive coping strategies by the participants, which supports findings that individuals use mostly positive religious coping strategies with a crisis of faith (Pargament et al., 2000; Pargament et al., 1998b; Harrison et al., 2001). Of the list of positive coping methods (seeking spiritual support, religious purification, religious forgiveness, collaborative RC, spiritual connection, religious focus, and benevolent religious reappraisal) seeking support from clergy or congregational members, and spiritual practices were used by the participants from this study.

These results may be because religious purification and forgiveness rituals are practiced more in the Catholic faith (e.g., confession, penance, and Eucharist) and all five participants were from various branches of the Protestant faith, where such rituals are not so explicitly practiced. The one negative coping strategies used by participant one (punishing God reappraisal) match two of Pargament et al. (1998b) list of negative RC (i.e., punishing God reappraisal).

Subtheme: Christian counsellors are safer

The subtheme of 'Christian counsellors are safer' has significant implications for psychotherapists and will be discussed further in chapter five. This subtheme ties in with the unexpected finding that the some of the participants had a need to know whether I was a Christian and speaks to a need for safety and understanding by the three participants. There is a scarcity of research on this topic (Prout et al., 2021). However, Greenidge and Baker (2012) conducted a qualitative discourse analysis with six Christian client²s and one of their themes was 'being a Christian involves a group affiliation'. They comment that participants described "an in and out-group identification" over who was seen as a Christian and who was not (p.

215). One participant quotes: “*you could see she (counsellor) just didn’t know where I was coming from in terms of my Christian faith*” (p. 215). This was similar to participant three’s comment “*I saw two Christian counsellors because for me that felt safest, it felt like they would understand my experience*”. In addition, Bannister et al., (2015) in their literature review of 224 articles on Christian counsellors and Christian couples found that there was significant evidence that Christian couples preferred to see a Christian counsellor.

Furthermore, a quote from a participant in a qualitative study using grounded theory titled, “don’t be afraid to tell” from the U.K., names the feared consequence of mentioning religious or spiritual experiences to a mental health professional: “I have had bad experiences with them (psychiatrists) (they) might lock me up” (MacMin and Foskett, 2004, p. 27). Eriksen et al. (2002) also comment that many counsellors have been asked whether they were Christian or not and their feelings of frustration when certain beliefs seem like blocks to the therapeutic process. Furthermore, Eriksen et al. (2002) remark that often it is only people from the client’s religious community that are seen as credible. This emphasizes the findings from this study that Christian counsellors and like-minded people are perceived as being safer for Christians undergoing a crisis of faith. Therefore, there is some support for this subtheme.

Finally, Pargament et al., (1998b) reported that individuals do not use a single RC strategy, but rather multiple strategies are employed, and this lines up with the findings from this study, that all participants used a mixture of positive and negative coping strategies and no participant used solely negative strategies. Therefore, as Pargament et al. (1998b) recommends, it is patterns of relating that need to be attended to rather than exploring single coping strategies in depth.

Theme 2: A crisis of faith is distressing

Theme two was ‘a crisis of faith is distressing’. This finding is supported by Pargament and Exline (2020) who write that “religious/spiritual struggles are robustly tied to distress” (p. 5). In addition, a study of more than 5000 university students, found a quarter of that sample reported that they had experienced substantial distress in association with religious or spiritual matters (Johnson and Hayes, 2003). Furthermore, Pargament and Exline (2020) comment that religious struggles have been linked with mental health standing across a range of demographics and circumstances. Therefore, the first subtheme of ‘trauma and

mental health issues' was a significant subtheme that was mentioned by all the participants and is back up by research findings (Pargament and Exline, 2020; Pomerleau et al., 2019; Wortmann et al., 2011). However, this study did not assess whether the trauma or mental health issues that were the results of a crisis of faith, were preceded that crisis of faith, or a mixture of both.

Therefore, Pargament and Lomax (2013) underline the need to distinguish whether the trauma or mental health issues were the result of a crisis of faith or preceded the crisis of faith. The other subtheme that made up participants' crises of faith was 'conflict of culture and values'. All participants experienced a conflict of their Christian beliefs and values when encountering other cultures and value systems, determining this as a significant finding. This subtheme was further broken down to: 'no sex before marriage', 'homosexuality and gender', 'religious doubts', and 'big wide world'.

Subtheme: No sex before marriage

'No sex before marriage' (participant 1 and participant 3) and 'homosexuality and gender' (participant 2 and participant 4) may reflect the conflict between secular beliefs and values and the Christian beliefs and values held around sexuality by participants' families of origin. It may also an indicator of the stage of development most of the participants were in where sexuality and sexual identity is important (see more under 'big wide world').

In addition, 'No sex before marriage' and the purity culture mentioned by participant 3 has generated multiple discussion articles - (Stanley, 2020; Kelly & Shepard, 2020; Crut, 2021; Latour, 2020), but there is a paucity of empirical research on this topic. Purity culture (concerned with preserving female virginity) is a term perpetuated by the media and has not been officially investigated in psychological research (Crut, 2021; Owens et al., 2021).

However, one study by Owens et al. (2021), who interviewed 99 participants (men and women), found that support for purity culture was associated with increased support of rape myths and increased likelihood of viewing marital rape and acquaintance rape as consensual sex. Another qualitative study using critical race feminism found from interviewing nine women of colour that, in general, purity culture had been harmful.

For example, in purity culture the linking of white skin colour being equated with

purity, and this is exacerbated by the Western promotion of the image of the virgin Mary being white skinned (Natarayan et al., 2022).

Subtheme: Religious doubts

The subtheme of ‘religious doubts’, which was experienced by three participants, seems to be related to Exline et al. (2014) doubt-related struggles subscales of the Religious and Spiritual Struggles Scale. Pargament and Exline (2021) describe religious and spiritual doubts as revolving around uncertainty as to whether something is true and may centre on big existential questions. This was seen with participant three expressing doubt about their belief system and participant four about whether heaven and hell existed.

It is interesting to note that two out of the three participants (two and three) who expressed religious doubts, felt that their faith was stronger after wrestling with these doubts. This outcome is addressed by Pargament et al. (2011) who uses the term ‘spiritual struggle’ alongside the term of negative RC to allow room for the potential for growth and transformation from a crisis of faith. Therefore, results match the divergent findings in research (Gall & Guirguis-Younger, 2013) and do not support the hypothesis that positive forms of RC are necessarily correlated with positive psychological adjustment and negative forms of RC are correlated with negative psychological adjustment (Ano & Vasconcelles, 2005). However, these results may also be due to unaccounted dynamics between personal, environmental, and sociocultural factors that may affect the outcomes of a crisis of faith (Pargament et al., 2011).

Subtheme: Big wide world

The subtheme of ‘big wide world’ was found in four participants (participants 2, 3, 4, and 5) who reported that their crisis of faith was partially caused by a transition from life at home to life at university. Pargament and Exline (2021) support this finding and report that spiritual struggles or a crisis of faith are more likely during adolescence and early adulthood (18-25 years), as this is a time for individuals to separate from their families of origin and this is “particularly ripe time for tensions and conflict” (p. 9).

This is concurrent with the adolescent experiences of the participants from this study. Furthermore, Krause et al. (2017) found from a national sample from the United States that this age group (18-25) reported the greatest level of spiritual struggles from all age groups. In addition, Johnson and Hayes (2003) in a study of over 5000 university students found that students reported significant distress in association with religious or spiritual struggles and their worries were linked to the strains of young adulthood and the transition to university. Finally, Anna Freud (1969) concurs with this theme of adolescence being a time of conflict and that “in any other time of life such conflict-creating behavior would be neurotic, bordering on psychosis” (Linn et al., 1988, p. 124). Therefore, adolescence is a time where conflict is seen as normal and religious and spiritual conflict is included in this stage of development.

Theme 3: A crisis of faith involves change

Theme three was ‘a crisis of faith involves change’. All participants felt that their faith had changed in some way. Subthemes under this theme include, ‘changed view of faith’ and ‘changed view of God’ with a further three subthemes under ‘changed view of faith’, ‘it was a gradual awakening moment’, ‘faith stronger’, and ‘faith deconstructed’.

Subtheme: changed view of faith

The ‘changed view of faith’ subtheme has some support in research. In a qualitative phenomenological study of 16 college students Fisler et al. (2009) report four themes from students describing how they resolved their crisis of faith: “recommitting to existing faith, slightly readjusting their spiritual or religious values, blending spiritual traditions, and losing their faith” (p. 257). In addition, Fisler et al. (2009) reports that participants’ spiritual struggles entailed attempts to weigh up and restore the beliefs of their families of origin with the different perspectives they were exposed to at university. This reflects the experience of four participants from this study and matches the ‘big wide world’ subtheme above.

In addition, Fisler et al. (2009) themes may fit results from this study. For example, participants three and four described their faith as being deconstructed. Participant three fits Fisler et al. (2009) ‘blending spiritual traditions’ when they added a contemplative practice and dropped other aspects of their faith, and participant four fits Fisler et al. (2009) ‘losing their faith’. Participants one, two and five felt their faith was stronger and fitted with the

recommitted to their existing faith category of Fisler et al. (2009).

Subtheme: It was a gradual awakening moment

The subtheme of ‘it was a gradual awakening moment’ experienced by participants two and four also found support from Fisler et al. (2009) who comment that spiritual struggles are not problems that can be solved easily, rather some struggles are complex involving multiple areas of a person’s life and came last for years.

These findings (including the subtheme of ‘big wide world’) can be linked to theory (Chickering & Reisser, 1993; Erikson, 1968; Fowler, 1981; Parks, 2000; Hall, 1986; Perry, 1968) that views disruptions to homeostasis, or a crisis, as the catalyst for change (Bryant & Astin, 2008; Rockenback et al., 2012)). This can be seen particularly in Erikson’s (1968) developmental stage of identity fulfillment versus identity confusion in adolescence.

Subtheme: Changed view of God

The ‘changed view of God’ subtheme was experienced by three participants. All three participants originally held a negative view of God but after their crisis of faith this changed to a more positive view. Rizzuto’s (1979) seminal work in the psychoanalytic research of religion found that God representations are formed by early childhood experiences of parents and change and mature as time goes by. In addition, Linn et al. (1988) observe that a crisis of faith is less likely to occur if parents have a healthy God representation and a healthy relationship with their teenager. However, there is a scarcity of research on how religious and spiritual struggles affect God representations. Nonetheless, in a 1-year longitudinal study of 329 American Christian college students that assessed God representation after religious or spiritual struggles, found that religious and spiritual struggles were linked with less benevolent and more authoritarian experiences of God (Van Tongeren et al., 2019). This is in direct opposition to this study’s findings, and it is unclear as to the reason why.

Conclusion

The major findings from this study are, from theme one, ‘coping the best way we know how’, found that all participants coped with a crisis of faith by support from like-minded communities. Theme two, ‘a crisis of faith is distressing’, found all participants

reported that a crisis of faith was tied to trauma and mental health issues that either pre-existed or were the result of a crisis of faith. Theme three, 'a crisis of faith involves change', and found that all participants' experienced a conflict of their Christian beliefs and values and is tied to an identity crisis. All these findings had support from literature.

Unexpected findings include the interest from participants as to whether I was a Christian and ties in with the subtheme of coping with like-minded others. The other unexpected finding, that was contrary to extant literature, was that a crisis of faith precipitated a change from a negative God representation to a positive God representation. However, there is a paucity of research on how religious and spiritual struggles affect God representations, and no firm conclusions can be drawn from these findings either.

Limitations and future research

An obvious limitation is the very small sample size of only five participants. Therefore, no generalizations can be made. However, generalizability is not the aim of qualitative research (Polit & Beck, 2010). But rather, as Rockenbach et al. (2012) observe, qualitative research aims to give a rich and comprehensive representation of participants' experiences. Finally, this study has added to the scant knowledge about how Christian's cope with a crisis of faith or religious and spiritual struggles. However, further research is needed in this area to address the negative impacts of religious and spiritual struggles.

Chapter Five: Implications for psychotherapy

Introduction

This chapter considers the issues for psychotherapists that have emerged from this study's findings on how Christians cope with a crisis of faith. The following five sections discuss the implications for psychotherapists

1. Reasons for lack of integration between religion and psychotherapy
2. Implications for psychotherapists in Aotearoa New Zealand
3. Reasons for addressing religion in psychotherapy
4. Countertransference
5. Recommendations for therapists working with Christian clients facing a crisis of faith

Reasons for lack of integration between religion and psychotherapy

Shafranske and Cummings (2013) suggest one reason for the lack of integration between religion and psychology and psychotherapy is that psychotherapists and mental health professionals as a group, are less religious than the general population (Worthington & Aten, 2009; Bergin & Jensen, 1990; Delaney et al., 2007; Post & Wade, 2009; Captari, 2018; Shafranske & Cummings, 2013; Barnett, 2016). In addition, some mental health practitioners are afraid they are trespassing 'on sacred ground' when it comes to addressing religious or spiritual matters (Pargament et al., 2013, p. 9). To further complicate matters, Eriksen et al. (2002) report therapists' frustrations when working with conservative Christians who resist therapists' efforts to help the Christian clients make healthy changes and after such questions "may feel defensive and unsure, as if they have just been tested and disqualified" (p. 48).

The lack of integration may also reflect counsellors and psychotherapists feelings of inadequacy when working with religious clients (Barnett & Johnson, 2011; Eriksen et al., 2002; Abernethy & Lancia, 1998), and the wish to avoid anxiety-provoking questions such as "are you a Christian?" (Eriksen, 2002, p. 48). This was the same question that directed towards me as the researcher and was a significant finding from this study, indicating that this

concern for a like-minded therapist occurs not just in America, but also here in Aotearoa New Zealand.

However, a study by Wade et al. (2007) that explored the relationships between clients (220) and their therapists (51), from Christian and non-Christian counselling practices in America, found that it was not the matching of religious affiliations that was important, rather it was the client's perception that the therapist had an open positive regard towards the client and was willing to use interventions that were meaningful to that client. Therefore, Post and Wade (2009) report that this can give therapists a sense of confidence that they can work successfully with religious clients. Furthermore, Zinnbauer and Barrett (2009) warn that therapists may assume that a client of the same faith has similar beliefs to them and may inadvertently impose their own values on the client. Therefore, this matter is complex and comes with many caveats and a match between a therapist and a client of the same faith does not guarantee success.

The feeling of inadequacy when working with Christian or religious clients is often compounded due to the lack of training psychotherapists receive in religious and spiritual issues (Bartoli, 2007; Tummala-Narra, 2009; Barnett & Johnson, 2011; Pargament, 2007; Tudor, 2019; Peteet, 2014; Post & Wade, 2009). In addition, it is exceptionally hard for psychotherapists to see how religion and psychotherapy are connected, let alone practice psychotherapy and religion in an integrative way, without proper training (Rosenberger, 1990; Pargament, 2007). Therefore, there is a need for training institutions to include teaching on religious and spiritual issues faced by clients (Miller, 1999; Pargament, 2007; Tudor, 2019).

Another factor for the lack of integration is the paucity of research articles that address the clinical application of religion in psychotherapy (Pargament et al., 2013). For instance, Bartoli (2007) conducted a literature review and discovered only 10% of the research focused on the role of religion and spirituality in practice. Finally, psychotherapists who do integrate religion into their practice, seldom contribute to research (Pargament et al., 2013). The research gap is especially glaring in Aotearoa New Zealand (Tudor, 2019; Florence & Mikahere-Hall, 2019)

This feeling of reticence may also be experienced by clients, who, if they do attend therapy, may not bring up their religion or religious related problems (Captari et al., 2018;

Worthington & Aten, 2009). Florence (2015) also found that it was psychotherapists who decided whether religion belonged in therapy and clients took the psychotherapists' silence on religious matters as a signal that it did not belong.

Nonetheless, Rizzuto and Shafranske (2013) state that “religious/spiritual contents should neither be ignored nor placed on a pedestal” (p.127).

Furthermore, some religious clients also consider psychotherapy as a secular activity (Kurtz, 1999; Captari et al., 2018). As discussed in chapter one, this is an attestation to the historical divide between religion and psychotherapy and in a real sense this study has come full circle. Therefore, psychotherapists need to be aware of this divide and that it is not completely in the past for some conservative Christians (or psychotherapists for that matter) (Shafranske, 2009; Eriksen et al., 2002).

Implications for psychotherapists in Aotearoa New Zealand

Barnett (2016) observe that there is now ample evidence that points to the significance of addressing religion and spirituality in psychotherapy. While American mental health professionals seem more confident in addressing religious and spiritual matters with clients, a New Zealand article conducted as recently as 2015 by Manning (2015) argues that psychotherapy is a purely secular enterprise and is no place for religious matters. In a study using grounded theory Florence and Mikahere-Hall (2019) interviewed 28 psychotherapists and found that the participant psychotherapists also viewed psychotherapy as a secular pursuit and that a psychological understanding was given to clients' religious and spiritual concerns.

However, Florence and Mikahere (2019) also found that Māori psychotherapists felt quite differently. In accordance with the concept of wairua (often equated to spirituality), Māori psychotherapists felt that psychotherapy must include the whole person. In addition, the traditional way psychotherapists operate is seen to collude with the colonization of Māori by making psychotherapy a state registered profession, thereby excluding tohunga or tradition Māori healers under the guise of public safety (Woodard, 2014). This has ethical implications for New Zealand psychotherapists who work under the bicultural directive of the Treaty of Waitangi and under a code of ethics that requires psychotherapists to make sure clients “suffer no physical, spiritual or psychological harm” (Psychotherapy Board of Aotearoa

New Zealand, p. 6). Therefore, there seems to be a divide in what is theoretically written and what is practiced by psychotherapists.

Reasons why addressing religion is important

An important reason to address religion and spirituality in therapy, is that a client's faith may be an important coping resource and source of strength that the therapist can make use of (Barnett, 2016; Corey, 2006; Barnett & Johnson, 2011). Furthermore, Barnett and Johnson (2011) comment that religious problems are often not able to be separated from other presenting issues, among which may be a crisis of faith (Barnett, 2016). This contrary presentation can reflect the dual nature of religion, and its ability to both heal and harm (Griffith & Griffith, 2002). Another salient reason is, as pointed out above, that psychotherapists are likely to meet religious clients as there are more clients who believe in God than do psychotherapists (Eriksen et al., 2002; Hoge, 1996). Finally, there is the ethical obligation for psychotherapists to work with clients regardless of their beliefs and values (Psychotherapists Board of Aotearoa New Zealand, 2020).

Countertransference issues

While there is ample awareness on how interpersonal and sexual issues can create negative countertransference in psychotherapy, there seems to be a lack of attention drawn to how therapists' attitudes and experiences with religion and spirituality (Miller, 1999) will assist understanding and therefore treatment. Psychotherapists may unwittingly harm their clients if they are unaware of how they project their own negative biases and attitudes onto a religious client (Lannert, 1991). Therefore, psychotherapists are obliged to be aware of how their own countertransference reactions, biases and experiences affect their clinical work (Post & Wade, 2009; Passmore, 2003). This includes attitudes and beliefs around religion (Tudor, 2019). When psychotherapists do identify a negative countertransference reaction that may potentially compromise therapy, Barnett and Johnson (2011) recommend supervision and to think carefully about an appropriate referral.

Recommendations for therapists working with Christian clients facing a crisis of faith

It is beyond the scope of this study to offer comprehensive recommendations.

Furthermore, the extant literature has many (often contrary) recommendations for psychotherapists on how to integrate religion into psychotherapy. For example, Leach et al. (2009) and Captari et al. (2018) recommend bringing up religion in the first session. However, others suggest leaving it to the client to initiate the conversation about religious matters as it is important to develop the therapeutic relationship first (Post & Wade, 2009; Griffith & Griffith, 2002). Therefore, it seems to be up to the psychotherapist's own judgment as when to introduce religious issues. Nonetheless, Pargament (2007) recommends the following four questions to ask in the first session (p. 211).

1. *Do you see yourself as a religious or spiritual person?*
2. *Are you affiliated with a religious or spiritual denomination or community? if so, which one?*
3. *Has your problem affected your religiously or spiritually? If so in what way?*
4. *Has your religion or spirituality been involved in the way you have coped with your problem? If so, in what way?*

As psychotherapy has a focus on relationships and how clients experience them, it can be useful for psychotherapists to view God as a person to whom the client experiencing a crisis of faith, has difficulties in relating to (Shafranske, 2009).

Pargament's (2007) delineates what type of relational difficulties the client may have (interpersonal, intrapersonal, and divine) and this can provide insight into how the client is experiencing their crisis of faith. For example, participants 2,3, 4, and 5 experienced an intrapersonal crisis of faith by expressing doubts about their faith (is God real? does God care? Is there a heaven and hell?), that was linked to a developmental phase of life (i.e., starting university). This is in line with Exline's (2013) comments that religious doubts are associated with "ego identity development" and distress (p. 467). However, as Pargament (2007) rightly point out, there is often a combination of types of struggles a client is experiencing, and as shown from this study, a crisis of faith is often complicated by trauma.

In addition, Eriksen et al. (2002) suggest when working with conservative Christians to

use the client's pastor or minister as a resource, with the client's permission. They also recommend, with Christians experiencing a crisis of faith, to reassure them that "there is no faith without doubt" (p. 64). Abernethy and Lancia (1998) also emphasize the importance of professionals consulting with colleagues and pastoral and clerical, that have expertise in religious and spiritual matters.

Furthermore, Abernethy and Lancia (1998) assert that religious information can convey certain fears and defensive moves, transference reactions and conflicts the same way non-religious information does and is consequently open to interpretation by the psychotherapist. For example, if a client views God as a punishing angry God, they may also have a harsh judgmental inner critic and view others as harsh and judgmental. Therefore, Shafranske (2009) recommends psychotherapists think about discussing a client's God representations from a psychodynamic point of view.

Rizzuto (1979), a seminal writer on God representations, also addresses how religious experiences may be affected by unconscious conflicts and that God representations act as a "psychological object" (Rizzuto & Shafranske, 2013, p. 134). An individual's God representation of a vengeful punishing God may be formed from negative interactions with parents and other authority figures. Therefore, God representations may reflect the attachment style and manner of relating to others which is amenable to transformation in psychotherapy. However, Rizzuto and Shafranske (2013), discussed in chapter one, also propose that a person's God representation should be respected for containing a real relationship with God and it "always involves a representation of the self in relationship to the sacred" (p. 135). Therefore, Rizzuto and Shafranske (2013) recommend that therapists do not challenge a client's religious beliefs but rather hold an open space for discussing religious beliefs and "God and self- representations" (p. 143). Furthermore, Kass and Lennox (2005) recommend that psychotherapists welcome a client's God representations and aid the client in exploring the God representations that come from distorted object relations.

In addition, Shafranske (2009) encourages therapists to explore clients' narratives around religion. For example, a client's crisis of faith may revolve around a conflict relating to the Christian value of viewing other people's feelings and needs higher than one's own needs, versus the client wanting to identify their own needs and individuate from their family

of origin. Furthermore, Griffith and Griffith (2002) recommend focusing on how the client experiences a certain metaphor or narrative, rather than on the theology behind it. For example, how does it influence a client's daily life? Any narratives that promote "isolation, helplessness, meaningless, or despair in the person's relationships with others", should be attended to (p. 242).

Finally, exploring client's religious narratives may contain both adaptive and defensive aspects. For example, Rizzuto and Shranske (2013) report a case study where a client used Christ's forgiveness for those responsible for his death, as a defense against expressing anger. However, their representation of the suffering Christ also enabled them to project their own traumatic experiences onto Christ and thereby be able to experience comfort and find a way to give their own experience a narrative

Conclusion

When working with clients who have experienced a crisis of faith, psychotherapists need to consider the historic divide between psychotherapy and religion and the client's reticence to bring up religious matters in psychotherapy. Countertransference reactions of therapists, need for consultation and possible referral of clients are also issues that psychotherapists need to consider carefully. Feelings of inadequacy and lack of training given to psychotherapists also contributes to the difficulties the experience when working with religious clients. The bicultural context in Aotearoa New Zealand was discussed with psychotherapists advised to consider the Māori concept of wairua.

Finally, recommendations for assessment questions that psychotherapists could use were offered, including, and exploring clients' narratives and God representations.

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Appendix A: Indicative Interview Structure

For my research I have an interest in people who have experienced a crisis of faith. Because you have said that you have experienced a crisis of faith, I would like to ask you about your experience. I have a few questions in mind, but what I am interested in is your experience (including feelings and opinions) so if you have anything you wish to bring up, please do so. If you feel uncomfortable talking about any issues and do not want to answer a question, then just tell me you wish to pass. I would like to record this interview on a digital recorder, and I will make notes occasionally to assist me later, is that ok?

General exploratory questions

Tell me a bit about yourself?

Tell me about your crisis of faith?

Did any specific event cause your crisis of faith? How did you cope?

Did you seek professional help?

If not, what has helped you cope by yourself?

Appendix B: Participant information sheet

Date information sheet produced

22 April 2021

Project title

How do individuals identifying as Christian cope with a crisis of faith? A thematic analysis.

An invitation

I invite you to participate in this research project, which is about exploring the effect of a crisis of faith for Christians and how those affected by it coped. The project is part of a Masters of Psychotherapy qualification for me (Elizabeth Grayson) and is being supervised by Dr Emma Green, Auckland University of Technology. Your participation is entirely voluntary, and you may withdraw from the research at any time before data collection is completed (December 2021).

What is the purpose of this research?

The objectives of this research are to explore and document the experiences of participants, to identify, if possible, what precipitated the crisis of faith and if psychotherapy was one of those coping strategies. In addition, to see if participants experienced any barriers to resolving their crisis of faith. The findings of this research may be used for academic publications and presentations.

How was I identified and why am I being invited to participate in this research?

You are being invited to participate because you responded by email to the recruitment flyer and meet the inclusion criteria to be a participant in this research. The inclusion criteria were that you are 18 years and over, you are fluent in English, you have at some time in your life identified as Christian, and you have experienced a crisis of faith.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage or disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal

of your data may not be possible. If you agree to participate you will need to complete the consent form attached to this sheet. I will also have copies with me. You can contact me directly on 0273584697.

What will happen in this research?

Once you have agreed to participate, you and I will have a discussion about your crisis of faith and how you dealt with it. This will take place at Auckland University of Technology AR block. I have a few general questions to ask, and you can discuss whatever you feel comfortable discussing. The questions will ask about your crisis of faith and its impacts and how you coped with them. I will record this discussion and you will be welcome to add further comments if you wish. The data collected will only be used for the purpose for which it has been collected (i.e., for my Masters of Psychotherapy dissertation).

What are the discomforts and risks?

The topic may be sensitive and discussing some of these events could cause you some discomfort. You can withdraw at any stage and only discuss what you are comfortable discussing.

How will these discomforts and risks be alleviated?

You do not need to discuss any issues you do not feel comfortable with, and at any stage you can take a break or end your participation. Should you need further support, free and confidential services are available from the list below.

- **AUT Student Counselling and Mental Health Services**
AUT Student Counselling and Mental Health is able to offer 3 free sessions of confidential counselling support for adult participants in an AUT research project. These sessions are only available for issues that have arisen directly as a result of participation in the research and are not for other general counselling needs. To access these services, you will need to drop into our centre at WB203 City Campus, email counselling@aut.ac.nz or call 9219998.
- Lifeline – 0800 543 354 (a free community helpline staffed by volunteers)
- Youthline – 0800 376 633 (offers phone and face to face counselling for all ages)
- 1737 free text service with trained counsellors

What are the benefits?

The results will be used to help psychotherapists better understand Christian clients and how to help them through a crisis of faith. They will also be used to help me complete my Masters of Psychotherapy degree. Finally, this may benefit you to be able to talk and process your experience.

How will my privacy be protected?

You will not be identifiable in any report and all information provided by you will be kept confidential. I will use false names with any quotes from you.

What are the costs of participating in this research?

The discussion will take approximately one hour of your time. There will be no other costs, except travel costs, and we will provide a \$20 supermarket voucher as a koha for your time.

What opportunity do I have to consider this invitation?

We would like to schedule a discussion within one month. If you agree to participate, we can schedule this for a date and time that suits you.

Will I receive feedback on the results of this research?

If you wish to have a copy of a summary of the findings, I am happy to send it to you.

What do I do if I have concerns about this research?

Any concerns about the nature of this project should be notified in the first instance to the project supervisor Dr Emma Green, emma.green@aut.ac.nz, 0220635838.

Concerns regarding the conduct of the research should be notified to the executive secretary of AUTEK, Carina Meares, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this information sheet and a copy of the consent form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Elizabeth Grayson, elizabeth.nvc@gmail.com

Project Supervisor Contact Details:

Dr Emma Green, 0220635838, emma.green@aut.ac.nz

Approved by the Auckland University of Technology Ethics Committee on the 6th July 2021, AUTEK Reference number 21/188

Appendix C: Consent form

Project title: How do individuals identifying as Christian cope with a crisis of faith? A thematic analysis.

Project supervisor: Dr Emma Green

Researcher: Elizabeth Grayson

- I have read and understand the information provided about this research project in the information sheet dated 15th June 2021.
- I have had an opportunity to ask questions and to have them answered.
- I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of any data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes No

Participant's signature.....

Participant's name.....

Participant's contact details.....

Date:.....

Approved by the Auckland University of Technology Ethics Committee on 6th July 2021.

Reference number 21/188

Note the participant should retain a copy of this form.

Appendix D: Ethics approval letter

Auckland University of Technology Ethics Committee (AUTEC) Auckland University of Technology

D-88, Private Bag 92006, Auckland 1142, NZ T: +64 9 921 9999 ext. 8316

E: ethics@aut.ac.nz www.aut.ac.nz/researchethics

21 June 2021

Emma Green

Faculty of Health and Environmental Sciences 6 July 2021

Dear Emma

Re Ethics Application: 21/188 How do individuals identifying as a Christian cope with a crisis of faith? A thematic analysis

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 6 July 2024. Standard Conditions of Approval

1. The research is to be undertaken in accordance with the Auckland University of Technology Code of Conduct for Research and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.

6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEK Secretariat as a matter of priority.

7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated. AUTEK grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken. Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required) The AUTEK
Secretariat

Auckland University of Technology Ethics Committee Cc: janhyd88@aut.ac.nz