



Suffering, resilience and spirituality: A practical theological guide for the clinical psychologist

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DECLARATION

I, Vanessa Kamila Moratti Rosa, hereby declare that the thesis entitled, **Suffering, resilience and spirituality: A practical theological guide for the clinical psychologist**, which I am submitting for the MTh degree at the North-West University, Potchefstroom Campus, in compliance with the set requirements, is my own work, has been language-edited and has not already been submitted to any other university.



Vanessa Kamila Moratti Rosa

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I thank Jesus for giving me the strength and endurance to undertake this task, for only through God's grace is life possible. Thank you because your love for me on the Cross will never allow me to be forsaken. Because of the presence of God I will never be alone in my suffering.

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ABSTRACT

Suffering, resilience and spirituality: A practical theological guide for the clinical psychologist

During overwhelming experiences, for example, the death of a loved one, a traumatic experience, and so many other difficult situations, religious/spiritual individuals may develop a different perception of God – different to the one they had before the event. The loving and compassionate God can become a distant and punitive God. Questions such as “Where God is in suffering?” and “Why God allows suffering?” can be brought up more often than could be imagined. On the other hand, believers can use their religion/spirituality as a resilient factor to help them to overcome those overwhelming experiences. This study brings an important contribution of the interplay between practical theology and psychology to both Christian and non-Christian clinical psychologists’ understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session.

Key words

Spirituality

Suffering

Resilience

Clinical Psychologist

Practical Theology

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CHAPTER 1

INTRODUCTION AND PROBLEM STATEMENT

1.1 INTRODUCTION

The purpose of this study was to conduct a pastoral study on the interplay between practical theology and psychology that can contribute to psychologists' competence in order to propose a practical theological guideline for clinical psychologists to address the suffering, resilience and spirituality concerns of clients raised in times of suffering.

1.2 PROPOSED TITLE AND KEY TERMS

The title of this study is *Suffering, resilience and spirituality: A practical theological guide for the clinical psychologist*.

The key terms that drive the study are *suffering, resilience, spirituality, practical theology, clinical psychology*.

1.3 DEFINITION OF TERMS

1.3.1 Suffering

The word suffering in Greek is *πάθημα (pathéma)* which means "what is suffered", "affliction" (Perschbacher & Wigram, 1990:302). Like *passio* in Latin and *passion* in English, *πάθημα (pathéma)* in Greek, has the double meaning of an intense feeling or desire such as passion and suffering (Moltmann, 1993:151). Suffering is a complex issue and may vary widely the way it is seen and understood in different perspectives; but according to the standard account "suffering is a universal human experience described as a negative basic feeling or emotion that involves a subjective character of unpleasantness, aversion, harm or threat of harm to body or mind" (Spelman, 1997:171). Many fields of human science bring aspects of suffering such as causes and origin, its process, its significance or meaning, it can be treatable or cure, it is manageable or is unbearable, it is avoidable or unavoidable. Hudson (2012:171) in his book *Historicizing Suffering* claims:

The standard account then goes on to note different treatments of suffering in the world's religions and philosophies, and the different ways in which individuals may respond to suffering: becoming defeated or embittered; by using suffering

as a spur to achievement; by making a positive out of suffering as a path to transcendence; or by providing help and support.

1.3.2 Resilience

The *Oxford online dictionary* (2017) gives two definitions to the word resilience. The first one means to “be able to withstand or recover quickly from difficult conditions”. The second “be able to recoil or spring back into shape after bending, stretching, or being compressed.” According to Grunspun (2006:4) resilience is a term borrowed from physics, where it means that a bar subjected to tensile forces until its maximum elastic limit returns to its original state when these forces cease to act - a force of resistance and recovery. Alayarian define resilience as:

The ability to experience severe trauma or neglect without a collapse of psychological functioning or evidence post-traumatic stress disorder. It differs from well-being or positive mental health, which assumes an acceptable environment and effective psychological functioning. Such positive mental health requires, as well as resilient qualities, the creation of a protective inner space (Alayarian, 2007:210).

Fletcher and Sarkar (2013:16) defined resilience “as the role of mental processes and behavior in promoting personal assets and protecting an individual from the potential negative effect of stressors.”

1.3.3 Spirituality

According to *The New Westminster Dictionary of Christian Spirituality* (2005:1) the contemporary understanding of spirituality within the Christian faith in post-modern society has changed greatly compared to preceding eras. Dichotomies between the secular and sacred, the human and the divine, body and spirit, social transformation and spiritual practices are no longer embedded in the modern mind-set. The *New Westminster Dictionary of Christian Spirituality* (2005:2) also describes the contemporary understanding of the Christian faith values as a holistic involvement of the individual in his/her spiritual quest:

...the body as well as the spirit, gender and social locations as well as human nature, emotion as well as mind and will, relationships with others as well as with God, social-political commitment as well as prayer and spiritual practices, are involved in the spiritual project.

Some scholars, especially in the field of psychology (Frankl, 1969:1; 2014:3; Jung, 1975) emphasize differences between spirituality and religion. However, Walter (1997:429) was not

in favour of using the concept of spirituality outside of religion and he opposed using spirituality only as a secular psychological concept. According to Walsh (1999:5) religion can be defined “as an organized belief system that includes shared, and usually institutionalized moral values, beliefs about God or a Higher Power, and involvement in a faith community.”

1.3.4 Practical theology

Today’s conception of practical theology comes mostly from Schleiermacher’s understanding of theology (Gräß, 2012:79). According to Schleiermacher the whole science of theology should be oriented toward practice, setting practical theology in collaboration “with the other theological disciplines and their referent disciplines in the humanities and the social sciences” (Gräß, 2012:80). Practical theology no longer limits itself to be a methodology for training and serving church leadership. Rather, the theological academic disciplines “must cooperate interdisciplinary with another and interdisciplinary with human and empirical sciences” (Grab, 2012:80).

The idea that practical theology is synonymous with “pastoral theology” (Farley, 1994:3) has been argued by some scholars (Schleiermacher, 2011:12; Schweitzer, 2014:139). In the history of practical theology, the term “pastoral theology” has referred to pastoral praxis whereas the term “practical theology” has also been used to refer to professional ecclesial praxis (Schweitzer, 2014:144). In the contemporary context, practical theology has been regarded as a subject connected with the internal practices and procedures of the church (Ballard & Pritchard, 2006:92; Fowler, 1999:8) and the external concerns and needs of the world (Browning, 1996:38; Geis & Messer, 1994:156; Townes, 1995:48). According to Schweitzer (2014:146) the material object of practical theology must be ecclesial praxis in a professional sense, but with three extensions: 1) practical theology must go beyond the church, 2) beyond traditional forms of preaching, teaching and counselling and 3) beyond the focus on professional pastors. In Schweitzer’s opinion, research in practical theology “has been focused too much on the professional work of the pastor or on the situation or life of congregations. Instead, practical theology should play a critical role “challenging the discipline to take more seriously the need to further extend its definitions of the objects to be studied” (Schweitzer, 2014: 146).

Practical theology includes both the resources of theology along with other disciplines in a hermeneutical, experiential, theological activity in order to have the church in and for the world (Ballard & Pritchard, 2006:92; Fowler 1999:8; Heitink, 1999:78). According to Swinton and Mowat (2016:25) practical theology is:

...an interpretative discipline which offers new and challenging insights into Christian tradition in light of fresh questions that emerges from particular situations. In this sense it seeks to bring the practice of church into the continued process of theological formulation, clarification and construction.

Most scholars in the field of practical theology would agree that it is an academic discipline which builds theological theories about praxis (Schleiermacher, 2011:12; Hermans & Schweitzer, 2014:89). However, what does the concept of praxis encompass? What is our understanding of praxis in practical theology? What are the implications of our understanding of praxis for empirical research in practical theology?

Schweitzer (2014:142) sees the definition of praxis as conventional, depending on the theological encyclopaedia in use, which means that praxis should be defined in relationship to its closest neighbours “by defining its tasks in comparison to neighbouring disciplines that have other tasks”. In addition, Schweitzer says that if practical theology and ethics are structured as separate disciplines, the former “should concern itself with professional ecclesial praxis” while for the latter “human praxis in general will be the object” (Schweitzer, 2014:139). Schweitzer highlights the importance of evaluative research for the quality of professional praxis: “If practical theology were limited to human action in general or to research on religion as a hermeneutics of culture, it could not address this important task in respect to professional praxis” (Schweitzer, 2014:145).

Gräß suggests that practical theology contributes to overcoming church-theologian self-reference, for example by answering the question “what is religion?” as through this discipline the term ‘religion’ will be reflected in a more “discursive-open and formal-functional manner” (Gräß, 2012:81). The role of practical theology in this regard is ‘bringing theology into dialogue with contemporary culture’ (Osmer & Schweitzer, 2003:216).

1.3.5 Clinical psychology

According to the Canadian Psychological Association (Vallis *et al.*, 1996:122), clinical psychology is defined as a “broad field of practice and research within the discipline of psychology, which applies psychological principles to the assessment, prevention, amelioration and rehabilitation of psychological distress, disability, dysfunctional behaviour, and health-risk behaviour, and to the enhancement of psychological and physical well-being”. Similar to this definition is the one given by the American Psychological Association (APA, 2012:1): “Clinical psychology is a field which amalgamates science, theory, and practice to understand, predict, and alleviate maladjustment, disability, and discomfort as well as to

promote adaptation, adjustment and personal development.” The Health Professions Council of South Africa (HPCSA, 2019:2) defined clinical psychology as follows:

Clinical psychology is a specialist category within professional psychology that provides continuing and comprehensive mental and behavioural healthcare to individuals and groups across the lifespan. This includes the assessment, diagnosis, evaluation, and treatment of psychological and mental health disorders that range from mild to severe and complex. Psychological assessment, diagnosis and formulation are based on biological, social and psychological factors. Clinical psychologists deliver a range of high-intensity psychological interventions with demonstrated effectiveness in treating mental health disorders and psychological distress associated with medical conditions.

1.4 BACKGROUND AND PROBLEM STATEMENT

1.4.1 Background

As a clinical psychologist who has been working for more than nine years in war zones, humanitarian crisis settings and settings where epidemics have broken out, the researcher saw the most diverse types of suffering a human being might undergo. Most of these war zones are places where people hold very strong beliefs, such as charismatic Christians in Rio de Janeiro, South Sudan and Sierra Leone; Muslims believers in Cairo, Palestine, Afghanistan and Lebanon; and Orthodox Christians in Ukraine.

Wondering how theology can be integrated with the field of psychology in order to shed light on how people may show resilience in the face of suffering has long been a concern of the researcher. Most of those clients in war zones bring discourses and issues related to God and their spirituality into therapy sessions at some point. How should a psychologist or a counsellor act when a client brings up the divine by themselves? Questions such as where God is in suffering and why God allows suffering were brought up more often than could be imagined.

Due to the interplay of suffering and spirituality in the therapy room through the religious discourse of clients in war zones, this research aims to understand the importance and relevance of theology to the field of psychology. How can theology and psychology interact in order to support those who are believers and wish to use their spirituality as a protective factor to get over their internal pain and conflict? Or, alternatively, how can religion overwhelm believers, becoming a risk factor for them, affecting them emotionally and even physically? How does the Church of Christ also experience its own suffering as well as the suffering of those spread throughout the world, especially of those who live surrounded by war, injustice, poverty and in inhumane situations? How is the problem of suffering being preached and dealt with in our churches nowadays? Has the theology of suffering been embedded in the theology of surrender that has as its pillar Christ's passion? Or has the theology of prosperity based on

a hedonistic philosophy been more influential? The researcher was concerned with how the passion of Christ can help people in war zones to understand the meaning of suffering and teach them more about resilience and how the theology of suffering can help believers to undergo suffering with hope and cope with the adversities of life.

There are many dialogues between practical theology and psychology and much research that aims to provide pastoral care and Christian counselling (Greggo & Sisemore, 2012:12; Collins, 2007:110; McMinn, 2011:34). However, there is little research on practical theology that explores its relationship with clinical psychology (Post & Wade, 2009:131; Daniels & Fitzpatrick, 2013:315). There seems to be a barrier between the two that cannot be passed, especially during therapy sessions. Most of those research focuses on how Christians can learn from psychology or what psychology has to offer to theology, as is the case with the book *Coming to Peace with Psychology* by Everett Worthington (2013). This research intended to do the opposite by searching for contributions that practical theology could make to the field of clinical psychology. The psychologists Post and Wade (2009:131) say that the practical question for clinicians is no longer whether to address the sacred in psychotherapy with religious and spiritual clients, but rather the question is when and how to address the sacred.

The broadening of the definition of the themes: suffering, resilience and spirituality shows how complex they are. In the theology of suffering the theme involves different kinds of suffering such as; human suffering, that of creation and even Divine suffering. The complexity of the theme goes even further when raising the question what is the nature of suffering, could it be God's punishment or the consequence of human beings' sin. When approaching the theme resilience there is no universal definition in research literature. Although a recent systematic review of resilience showed more than 100 definitions of resilience only in the field of psychology (Johnston *et al.*, 2015:168-80). The same happens with the theme of spirituality. However, the complexity and broadness of these three themes do not exclude the possibility of bringing them together in an interplay between theology and the field of clinical psychology since there is a dearth of research in the interaction between them.

The source study relied on information collected via literature searches utilizing at least the following search facilities and databases available to the researcher, i.e. NEXUS (the database of the NRF with current and completed research), SACat (national catalogue of books and journals in South Africa), SAePublications (South Africa journals articles), EbscoHost (International journals articles), Medline (OVID) PsycInfo (OVID), PubMed, and Embase (OVID), and ProQUEST (International theses and dissertations in full text). The study

of relevant literature was also accompanied by reference to relevant passages from Scriptures which the researcher regarded as supportive in terms of the focus of the study.

1.4.2 Research problem and problem statement

This study was undertaken from the perspective of a biblical/theological and psychological conception of suffering and resilience and aimed to be a contribution to the field of practical theology and psychological clinical practice, especially in the humanitarian field, where spirituality/religious practices are one of the main protective factors used by communities in times of crisis and despair. Even though the importance of spirituality and religious practices has been highlighted in many fields in the last decade, it has still not been addressed by many western psychologists, even when it is the patient who brought up such issues in the consulting room.

Religious concerns such as Jesus had when exclaiming “My God, My God why have you forsaken me?”(Matt 27:46; Mark 15:34) are brought up in the consulting room more often than can be imagined. This preliminary literature review examined the biblical perspective on the divine and human suffering of Christ and the empirical and psychological view of the interface between resilience and spirituality/religion.

1.5 PRELIMINARY LITERATURE OVERVIEW AND CONTEXTUALIZATION

1.5.1 Spirituality and religion

In the late twentieth century, religion or spirituality was not welcome in the field of psychology and vice versa. On the one side were the academic psychologists who could not see the need for religion in scientific psychology and on the other side was the conservative church which condemned most psychological theories since all problems are the result of sin (Johnson 2010:79; Moriarty 2010:523). Today, dialogue between the two fields is possible and there is much empirical research that provides evidence of the benefits of religious and spiritual activities on the well-being of individuals (Johnson 2010:22).

Psychologists mostly conceptualize spirituality and religion differently from theologians. Psychologists Argyle and Beit-Hallahmi (1975:1), Batson, Schoenrade and Ventis (1993:8) and James (1961:42) see spirituality/religion more as an experience of transcendence that does not necessarily need to be connected with God. On the other hand, the latter define spirituality/religion as a relationship with God, dogmas, sacraments and creeds (The New Westminster Dictionary of Christian Spirituality, 2005:49). One of the first definitions of

spirituality/religion by a psychologist was from James (1961:42) which he defined as: “The feeling, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine“. Paul Tillich (1964:8) defines faith/religion as “ultimate concern”. In addition, Tillich, (1967:14) says: “Our ultimate concern is that which determines our being or not-being.” Human beings, according to Tillich, have many concerns, when a concern is given intimacy; it takes on an essentially religious character.

Wulff (1996:44) points out that there are voluminous studies of religion within the field of psychology. However, these studies are in his considered opinion, “precarious” and there are only a relatively small number of credible contributors to the field. According to healthcare literature spirituality encompasses common themes; meaning, purpose, hope, connectedness, relationship, transcendence, existential experiences and power/force/energy (Chiu *et al.*, 2004:405-428; McCarrol *et al.*, 2005:43-59). A current trend in the evolution of these concepts is the separation of spirituality from religion, which means they are distinct, but related concepts (Buck, 2006:288-292). Often spirituality is described as immaterial and relational while religion is referred to as material and institutional (Miller & Thoresen, 2003:24-35). Religion is frequently related to as a subset of spirituality or culture (Hollins, 2005:22-26) and mentioned primarily with institutional belief and ritual (Zinnbauer *et al.*, 1999:889-919).

The theme spirituality/religion is included in psychotherapy when cultural diversity has been exploring. Cultural diversity includes “individual’s complete social identity comprising age, sexual orientation, disability, socioeconomic status, race/ethnicity, religious and spiritual orientation” (Loden, 1996:20). Jung (1975:8) in his book *Psychology and Religion* distinguished religion from dogmas or creeds defined religion as “a careful consideration of certain dynamic factors that are conceived of as ‘power’: spirits, demons, gods, laws, ideas.” For him dogma was the language of traditional theology, while religious experience was the target of analytical psychology (Jung, 1975:9).

Hathaway (2008:16-25) in her article “*Clinically significant religious impairment*” proposed that clinicians should consider the potential impairment in religious functions caused by mental health disorders in the diagnostic process. Since, according to DSM 5, in order to be diagnosed with a psychiatric disorder, it is required that symptoms cause “clinically significant distress or impairment in social, occupational, or other important areas of functioning (Hathaway, 2008:16)”. Religion and spirituality is an essential domain of adaptive functioning, which may be affected by psychopathology.(Hathaway, 2008:16)

Religious issues have attracted increased interest and attention from many mental health professionals in recent years (Hathaway, 2008:19:) This interest can be “symptomatic

religious” which means that mental health professionals see religious expression as irrelevant to clinical concerns except in a negative way, regarding them as contributing to symptoms of psychopathology (Post, 1992:131-132). Another term used to define unhealthy forms of religious functioning is “religiosity” (Hathaway, 2003:129). The Diagnostic and Statistical Manual of Mental Health Disorders, 5th Edition (DSM 5) by American Psychiatric Association describes a few disorders that involve religiosity, such as obsessive-compulsive disorder, schizophrenia, schizotypal personality disorder and delusional disorder (APA, 2000).

There are also those professionals who are “religiously sympathetic”, those who show sympathy for religious life in their clinical work with religious clients (Richards & Bergin, 1997:13). These professionals emphasize the V-Code (V62.89) in DSM 5 in which it is suggested that “Religious/Spiritual Problems” should be recognized as being among clients’ diverse characteristics (APA, 1992).

According to Osmer, dialogue between practical theology and different disciplines may result in disagreements, and this is very clear when mention is made of the discipline of psychology especially in clinical psychology. However, this does not exclude the possibility of a conversation in which the parties enter into a “mutually influential relationship” (Osmer, 2008:165). The method of correlation allows a back and forth conversation in which theology has the ability to listen carefully to other disciplines and learn from them and vice versa.

This dissertation focuses on religiously sympathetic approaches by seeing religion/spirituality as a “substantial adaptive domain, which potentially should be a focus of a clinician whenever a religious client suffers a psychological disorder” (Scott *et al.*, 2003:354).

1.5.2 The interface between spirituality / religion and resilience

The theme of resilience has been studied increasingly in the twentieth century due to the occurrence of two devastating world wars. There are several theoretical concepts of resilience based on a variety of disciplines such as biology, sociology and education. Most of the studies used people who were survivors of the holocausts and genocides, as research subjects. A seminal study on resilience done by Garmezy (1971:114), showed that individuals might mitigate the negative impact of stressors when a “protective factor” exists. Garmezy studied children of parents with schizophrenia and concluded the fact of having a parent with schizophrenia did not increase a child’s chance of developing schizophrenia. Ninety percent of children in this study did not develop their parents’ disorder (Garmezy, 1971:114). According to Garmezy (1993:115), resilience should be understood or measured in the light of risk - and protective factors. The risk factors may be detrimental and increase a

predisposition to maladjustment. On the other hand, protective factors might be used as a shield against the stressful events and help in making adjustments to the situation.

Richardson *et al.* (1990:34) also claimed that resilience is “the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that result from the event”. Other researchers (Johnson *et al.*, 2011:26; Tarakeshwar *et al.*, 2006:9; Zavala *et al.*, 2009:18) have also shown that spirituality and/or religious beliefs and practices foster resilience when people are experiencing times of crisis and adversity. For instance, spirituality/religion has been an important tool to support people who have faced physical suffering (Brady *et al.*, 1999:8; Steinhäuser *et al.*, 2000:284). Professionals such as chaplains, medical staff, counsellors and psychotherapists use the spirituality of terminal illness patients to help them undergo the hardships of sickness. In 1948, the World Health Organization defined health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (Manderscheid *et al.*, 2010:1).¹ The World Health Organization includes spirituality as an essential component in palliative care which it defines “as ‘whole person` care incorporating the physical, psychological, social and spiritual needs of dying people and their families” (Kellehear, 2001:429).

There are various studies (Koenig, 2015:435-842; Pargament, 2014:143-157; Ano & Vasconcelles, 2005:461-480) of posttraumatic growth that highlight the benefits of religion and spirituality in clients’ ability to overcome trauma. Individuals cope with potentially traumatic events by means of religion/spirituality. Shaw *et al.* (2005:8) have found “positive religious coping, readiness to face existential questions, religious participation, and intrinsic religiousness” associated with posttraumatic growth.

Psychologists who have worked with post-war patients or patients that have undergone different kinds of stressful events noted that many of them did not necessarily develop a psychopathology after the events concerned and that their spirituality/ religion was a protective factor that helped to decrease post-traumatic symptoms. Peres *et al.* (2007:243) highlight the relevance of studies that investigate spiritual/ religious experience as a protective factor helping survivors to get over overwhelming experiences: “The potential effects of spiritual and religious beliefs on coping with traumatic events, the study of the role of spirituality in fostering resilience in trauma survivors may advance our understanding of human

¹ World Health Organization Preamble to the constitution of the World Health Organization as adopted by the International Health Conference in New York on 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948 (Manderscheid *et al.*, 2010).

adaptation to trauma.” Research done in Seoul, Republic of South Korea on 121 outpatients diagnosed with depression and/or anxiety disorders also showed that low spirituality, low purpose in life and less frequent exercise were leading predictors of lower resilience (Min *et al.*, 2013:232). In a study of Eastern spirituality in clinical practice, Chan *et al.* (2006:826) criticizes the western psychosocial care models that “focus on single component intervention attempting to change a specific behavior, alter cognitive appraisal or promote emotional expression.” Chan *et al.* (2006:827) goes on to say that: “Instead of confronting weakness and cutting out symptoms/problems as is common in Western intervention models an Eastern model posits that problems are better dealt with by focusing on strength.”

Research done by Gallup and Crabtree (2010) in 114 countries showed that religiosity is highest in the world’s poorest nations. The survey was based on the question: “Is religion an important part of your daily life?” The 10 countries in which 98% respondents answered YES, are located in Africa and Eastern countries such as Bangladesh, Niger, Yemen, Indonesia, Malawi and Sri Lanka. According to Gallup and Crabtree’s analysis, a possible explanation is that religion helps residents cope with the daily struggle to provide for themselves and their families. This means that the interaction between religiosity and emotional well-being is stronger in poor countries than in developed countries.

As spirituality/religion has been shown by researchers to be enormously relevant to patients undergoing hardship, why is this issue still not addressed by most psychologists even when such issues are raised by patients themselves? Hill *et al.* (2001:52) suggested that the possible reason why psychologists ignore the importance of religious experience is that they themselves tend not to be religious. A study done in the United States of America (USA) (Sheridan *et al.*, 1992:190) examined the attitudes and behaviours of 328 randomly selected Virginia licensed clinical social workers, psychologists, and professional counsellors toward religion and spirituality. It found that 34% of psychologists, 30% of licensed social workers and 49% of licensed professional counsellors believed that there was “a personal God of transcendent existence and power” and fewer than 80% of these surveyed professionals maintained any form of religious or spiritual connectedness.

A more recent study done in the USA on counsellors’ perceptions of integrating religious and spiritual issues in multicultural counselling sessions, showed that they considered this theme important irrespective of their personal commitments to those topics (Smith, Lyon & O’Grady, 2019:194). There is a significant lack in studies that provide information on attitudes of clinical psychologists to clients’ spirituality/religion in low income countries. Another problem is that studies have been done with counsellors (Smith, Lyon & O’Grady 2019:194-210) and social workers (Allick, 2012) but not with clinical psychologists.

1.5.3 Spirituality/religious concerns and experience in clinical psychological practice in the consulting room

Studies have shown the prevalence of spiritual concerns believers might have in difficult times, such as feeling abandoned by God or being punishing for some wrong behaviour (Pearce, 2016:5-6). A study done in the USA on 75 patients with advanced cancer showed that 86% of them had at least one spiritual concern (Hui *et al.*, 2011: 264-270). According to the American Psychological Association's (APA) *Ethics Code*, religious diversity should be supported. The latest version of the Ethics Code written in 2010 states that psychologists should consider religion and religious issues as they do any other kind of diversity. The APA Ethics Codes (2010) states:

Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups.

The field of psychology acknowledges the domain of client spirituality in ethical codes and professional standards; which means psychologists can work with the spiritual content brought by the patient to the sessions as it both causes and releases emotional pain (Daniels *et al.*, 2013:2). It is important for patients to use the therapy room to address religious issues as they are a serious component of their well-being.

There are many psychologists interested in the interaction of spirituality and mental health and its impact on patients' well-being, some in favour of it others against it. Viktor E. Frankl, well-known not only because of his great achievements as a professor in the field of neurology and psychiatry, but also for the three years he spent as a prisoner at Auschwitz and other concentration camps during the Second World War made a great contribution to this subject. Frankl was an ex-follower of Sigmund Freud and Alfred Adler who created a school of psychotherapy based on the meaning of suffering. This school became known as the Third Viennese School of Psychotherapy. A psychotherapy which not only recognizes man's spirit, but actually starts from it, is termed *Logotherapy*. In this connection, logos is intended to signify "the spiritual" and beyond "the meaning" (Frankl, 1986:43). According to Frankl (1969:45; 2014:56), when people encounter a hopeless situation or a fatality that cannot be changed, suffering can be turned into a way of finding meaning in life and become a human achievement. Frankl (2014:100) states: "When we are no longer able to change a situation, we can think of an incurable disease such as a cancer that can no longer operate - we are

challenged to change ourselves.” Logotherapy helps clients to become acquainted with their spirituality and capacity for meaning during the therapeutic process. According to Frankl (2014:2) logotherapy leaves room for the patient to cross into the realm of religion, it does not discourage or encourage the patient either way. Frankl sees it as the patient’s prerogative to interpret their own responsibility, be it in terms of being responsible to humanity, society, conscience or God.

According to Wong and Weiner (1981:626), Frankl was the first one to see the importance of spirituality in the healing process, by emphasising people’s capacity to respond to the “meaning potentials” of tough situations. Frankl believed that through an affirmative and optimistic response people could move beyond negative forces and live their lives with meaning – regardless of their circumstances.

Sigmund Freud, the creator of psychoanalysis, was also interested in religious phenomena. Although Freud was an atheist, his atheism did not prevent him from becoming one of the researchers who studied religion extensively. Freud wrote about this subject in many of his writings such as *Obsessive Actions and Religious Practices* (1961) his earliest book about religion, *Totem and Taboo* (1976), *The Future of an Illusion* (1978), *Civilization and its Discontents* (1962) and *Moses and Monotheism* (1967), which was Freud’s last book, published in the year of his death. In his book *The Future of an Illusion* (1978), Freud asserts that dogmatic religion contributes to weakness of intellect by foreclosing lines of inquiry. In addition, God was an “illusion”, a form of neurosis, based on the infantile need for a powerful father figure. According to Freud it is not God who created man, but man who created God; it is man’s feeling of abandonment that gives rise to the idea of God. In his opinion religion exists in order to avoid the hard facts of life and retreat into wishful thinking. Thus, in Freud’s conception, God was viewed negatively, and religion was said to be akin to a crutch, being in itself a defensive response and a sign of dependency. Hence, religion is a fantasy that makes life tolerable despite hardship. According to Freud (1962:75), “Life, as we find it, is too hard for us; it brings too many pains, disappointments, and impossible tasks. In order to bear it we cannot dispense with palliative measures”. As said by Freud, religion would not last long and would be superseded by a rational and scientific attitude. However, it is important to highlight that Freud’s negative and critical view of religion possibly changed. He began to realize that he might have underestimated the cultural value of religion and that the possibility of it being outgrown doesn’t really exist (Freud, 1982; 1976c:106). This also changed his analysis of religion as a compulsive neurosis. Freud admitted that he had not considered the content and sources of the religious experience, but merely the functioning of the symptom in the psychic economy as a cultural system (Freud, 1982:206). This means that he just looked at the

pathological side of the religious experience. The interesting question is no longer whether or not God exists, but why religious belief has such “immense power” (Freud, 1982:122.)

In his next papers it is possible to see a remarkable shift from *Future of an Illusion* (1918) to *Moses and Monotheism* (1939). Whereas in his earlier writings he dismissed religion as an illusion in a way which basically showed the strong influence of Feuerbach, he proceeded to take a closer look at the origins of Judaism and Christianity and examined the nature of certain religious doctrines. Freud tried to examine the notion of “God” not just in order to enlighten atheist scholars, but also through its other roots especially in Jewish history.

A systematic review and meta-analysis of a randomized controlled trial was performed in order to approach the controversial issue of whether or not to include spiritual components in psychiatric care and to assess the efficacy of faith-based adaptations of psychological therapies (Anderson *et al.*, 2015:91-109). According to this research, cognitive behavioural models which focus on faith-adapted treatment (F-CBT) show statistically significant benefits, although quality assessment using Cochrane risk of bias revealed methodological limitations (Anderson *et al.*, 2015).

Positive psychology addresses important questions about how we lead our lives, find happiness and satisfaction in life, and deal with life’s challenges (Schrank *et al.*, 2014:95). Positive psychology as an academic discipline was developed by Martin Seligman in 1998 and focuses on helping people to lead more productive and fulfilling lives and identifying and nurturing great talent (Schrank *et al.*, 2014:95). Contrary to other interventions such as the psychodynamic approach which emphasizes psychopathological and dysfunctional factors, positive psychology addresses the photogenic aspects of human experience, traits and features which make life worth living (Hart *et al.*, 2011:345). Positive psychology highlights important questions about how individuals lead their lives, find happiness and satisfaction in life, and deal with life’s challenges (Baumgardner & Crothers 2010). A recent meta-analysis of 39 randomized positive psychology studies involving 6139 participants showed that such intervention can be effective in enhancing subjective and psychological well-being and reducing depressive symptoms (Sin & Lyubomirsky, 2009:467-487).

Thomas G. Plante brings an evidence-based discussion in which individuals with spiritual engagement have a tendency to manifest strengths such as hope, forgiveness, and ethical comportment. His study examines the relationship between positive psychology and spirituality to result on the psychological fruits of faith and the spirit such as love, joy, peace, patience and so forth (Plante, 2012:81:). Plante and his colleagues at the Spirituality and Health Institute also examined the benefits of an integrated psychotherapeutic approach that involve thought, body, emotion but also spirituality ,this approach is called Psycho-Spiritual

Integrative Therapy (PSIT) (Rettger *et al.*, 2015:263). PSIT helped cancer survivorship to “clarify and fulfil the individual’s life purpose and to build skills for resolving obstacles in life transitions” (Rettger *et al.*, 2015:264).

The theory of attachment is one of the most important conception in the field of psychology especially when dealing with child development and has been integrated into the Christian faith, providing for a dialogue between pastoral care and psychology through the work of the psychologist (Moriarty, 2010:19). The theory of attachment was defined for the first time by the psychiatrist and psychologist Bowlby in 1955 as an emotional bond between care-giver and infant in order to build a sense of security and safety for the infant. Moriarty connected attachment theory with the image of God, which suggests that this primary relationship with caregivers may be having an impact on the concept of God. This means that God is experienced in a manner consistent with early attachment figures and they can influence our conception of attachment to a divine figure (eg. God, Allah, Jesus, Buddha, Krishna, etc.) (Moriarty, 2010:23). Moriarty reports findings from an 8-week pilot study in an outpatient group-psychotherapy intervention called “discovering God” that was designed to treat god-image difficulties and focus on the improvement of clients’ images of God and their attachment to God (Moriarty, 2010:23).

Positive psychology has been integrated into the Christian community and many are the counsellors and professionals involved in pastoral care who have decided to use positive psychology as a tool to help clients to improve their mental and emotional health.

Since this research was intended to focus more on the clinical field involving psychotherapists rather than counsellors, the main psychological interventions studied were those that are more evidence-based according to NICE guidelines.

1.5.4 The scenario of the humanitarian sector

This dissertation does not pretend to underestimate suffering anywhere, but its focus was on the suffering of Eastern and/or developing countries in which there are humanitarian emergencies and settings where “structural sin” prevails in war zones. The expression “structural sin” is quite well known by South American theologians where sin is not seen just in personal terms but also in a social dimension (Nelson, 2011:106). Problems such as poverty, inequality, famine and so forth are the fruit of structural sin that has affected an entire community. Nolan’s book, *God in South Africa: The Challenge of the Gospel* (1988) can explain the concept of “structural sin”:

Sin in the Bible means something more than individual acts of wrongdoing. There is dimension to the whole experience of sin. In very general terms we could say that it is the corporate or social dimension of sin (Durand, 1978:89). We have only to think of how the prophets condemned not merely the individual sins of individual people but also, and much more frequently, the sin of all nations and empires including the sin of Israel itself as a nation. In fact, the social dimension of sin is the major concern of all the Biblical writers. This is not immediately obvious to the reader today because of the way Bible speaks about this dimension. It does not speak about it in terms of social, corporate, or collective sins or in terms of structures or systems, but in terms of false gods, demons, devils, evil spirits, principalities, powers, and the law (Nolan, 1988:42).

Murthy *et al.* (2006:35) states that in the 22 countries of the Eastern Mediterranean region of the World Health Organization (WHO), over 80% of the population either is in a conflict situation or has experienced such a situation in the last quarter of a century. Humanitarian emergencies have caused widespread suffering over the last few decades. Klugman (1999:6) in his article *Social and Economic Policies to Prevent Complex Humanitarian Emergencies* refers to humanitarian emergencies as “deep social crises in which large numbers of people die from war, displacement, diseases and hunger, owing to man-made disasters, although some may benefit” (Klugman, 1999:1). The UN Refugee Agency’s (UNHCR) *Global Trends Report* shows that in 2015 worldwide displacement was at the highest level ever recorded, exceeding even post-Second World War levels. It states that “globally, one in every 122 humans is either a refugee, internally displaced, or seeking asylum. If this were the population of a country, it would be the world’s 24th biggest country (UNHCR Global Trends, 2015). In addition, UNHCR also states that Syria is the world’s biggest producer of both internally displaced people (7.6 million) and refugees (3.88 million by the end of 2014). Afghanistan (2.59 million) and Somalia (1.1 million) are the next biggest sources of refugees. It is important to highlight that nearly 9 out of 10 refugees (86 per cent) are in regions and countries which are considerably less developed economically. In addition to this, Ban Ki Moon, UN Secretary General, states that: “We are facing the biggest refugee and displacement crisis of our time. Above all, this is not just a crisis of numbers; it is also a crisis of solidarity” (Global Trends forced Displacement in 2015:5)

Humanitarian emergency settings overwhelm people in ways that go beyond the high death toll; the latter is just a part of the problem. According to Murthy and Lakshminarayana (2006:28), war has long term effects that include both physical and psychological harm. This comes in addition to the material losses and human capital losses of war. When seen in this way, a death resulting from war is only a small proportion of the overall deleterious effects. Other adverse consequences, which are not always well documented, include endemic poverty, malnutrition, disability and psychosocial illness.

As a humanitarian aid specialist working in the field of mental health, the researcher has seen the huge impact these events have on the well-being of populations, either directly or indirectly. For instance, cases of rape, murder, torture, lack of basic services, witnessing violence, suicide attempts, loss of a loved one, kidnapping and the infliction of physical violence are some of the problems present in their daily lives. The WHO (2001) estimated that 10% of people who experience traumatic events in armed conflicts throughout the world, will develop significant mental health problems. A further 10% will develop behaviour that will impede their effective functioning. Depression, anxiety and psychosomatic problems (e.g. insomnia, aches, etc) are the most commonly encountered conditions.

Alayarian (2007:232), a clinical psychologist who has been working with post-war refugees, studied the impact of adversity on refugees and claims that: "This creates all sorts of psychological pain, which a person would feel both as an individual and as a member of his or her community, and this in turn affects boundaries and identity in personal and public life."

Psychosocial support has been intergraded with most humanitarian aid and psychological approaches have been created and adapted in order to understand cross cultural problems. Resilience was one of the themes that mental health professionals decided to study to support people who are facing constant suffering and who, unfortunately, can't simply be moved from their environment but need to develop coping skills in order to deal with daily risk factors.

1.5.5 Biblical-theological conception of suffering

No book has ever mirrored the intensity of human suffering, its amplitude and universality, its varied forms and its bewildering perplexities as Scripture did (Ficht, 1967:56). Inside the Bible believers find the suffering of women and men, rich and poor, sinners and saints. Could anyone escape from pain and suffering? Perhaps the divine? Is God also a sufferer?

In the past, the doctrine of impassibility - God is divine and for this reason is not capable of suffering - was embedded in society because God was viewed "as a self-protecting monarch, unmoving, unchanging and unsuffering" (Fiddes, 1988:2). The council of Chalcedon in AD 451 warned against this idea: The synod deposes from the priesthood those who dare to say that Godhead of the only begotten is passible (Fiddes, 1988:5). Oei (2016:238) claims that the reason for the doctrine of the impassibility of God was the negative influence of Greek philosophy on Christian theology and the development of dogma in terms of Hellenization.

Karl Barth also asserted God's passibility to be an essential implication of God's self-revelation in Christ (Jungel, 1983). Barth's conception of suffering is based on the "economic trinity" that involves the 'analogy of relations' between God 'in himself' and 'God for us' (Barth, 1975:372).

Barth works on bringing the inner and outer being of God together (Fiddes, 1988:116) where he highlights that “as Father, Son, and Holy Spirit God is, so to speak, our in advance” (Barth, 1975:383).

Martin Luther also made a great contribution to the theme of suffering through his concept of the *theologia crucis*, a term used for the first time in the *Explanations of the Ninety-Five Theses* (Lohse, 1999). The notion of the *theologia crucis* comes from the insight that God used suffering and affliction, which were alien to his nature, to achieve a goal that was in keeping with it: the salvation of human beings (Rittgers, 2012:111.).

Luther made a distinction between the “theologian of glory” (*Theologus gloriae*) and “theologian of the cross” (*Theologus crucis*). According to Luther (1955:226), the latter “speaks of a crucified and hidden God” and willingly embraces the cross, while the former shuns suffering “seeing it as an offense that the common folk are correct to avoid through relics, indulgences, and the like”. In the theses 19 and 20 Luther (1955:31) puts it as follows:

That person does not deserve to be called a theologian who looks up the invisible things of God as though they were clearly perceptible in those things that have been made [*quae facta sunt*] [Romans 1:20].

He deserves to be called a theologian, however, who comprehends the visible and manifest things [*posteriora*] of God seen through suffering and the cross.

Luther agrees with the apostle Paul that God revealed his invisible qualities in creation (Rom 1:20) but that, because of people’s pride and arrogance, trusting in their own abilities, God decided to reveal himself through Christ in an unexpected way, in weakness and suffering on the cross (Rittgers, 2012:122). According to McGrath, “Luther insists that true theologians must always begin their thinking about God from the folly of the cross, where God wishes to be found. Here the cross refers primarily to Christ’s Passion, but it also includes the believer’s suffering” (McGrath, 2011:2014).

The doctrine of God’s passibility was hugely influential after the First World War. House (1980:198), in his paper *The Barrier of Impassibility*, states the mind-set of a young woman and her society who had been devastated by the war and would not accept the idea of a God who suffers:

The God of the Christians must be untouched by the suffering of mankind, and to her and many others who suffered so deeply from the horrors and tragedies of the 1914-18 war, such a conception seemed intolerable. They could not continue to believe in a god who was in this sense “impassible”.

Bonhoeffer (2010:362), who suffered in his own person during the Second World War, expressed God's suffering and weakness in his famous letter from prison:

God lets himself be pushed out of the world on the cross. He is weak and powerless in the world, and that is precisely the way, the only way, in which he is with us and helps us... The Bible directs man to God's powerlessness and suffering; only the suffering God can help.

The conception of a suffering God also brought about the idea of a helpless God incapable of supporting those who suffer in the world. Regarding this argument Fiddes (1988:2) states: "Thus we must attempt to think coherently about a God who is suffering and weak, and yet who remains recognizably God within the Christian tradition of strength through weakness".

C.S. Lewis also raises the problem of suffering in two books, *The problem of Pain* (1940) and *A Grief observed* (1961). In the former book Lewis explores suffering as a means that God uses to communicate with human beings, saying it "is God's megaphone to rouse a deaf world" (Lewis, 1940:03). It "shatters the illusion that all is well" (Lewis, 1940:95). Lewis wants to say that no one surrender himself/herself to God when all is going well. In the latter book, Lewis talks about suffering not as a theoretical issue but more as a personal experience, the process of grieving for his wife who died of cancer. After her death, he wrote a journal asserting that most people who have lost a loved one have such feelings as anger and bewilderment at God and question his benevolence (Lewis, 1961:95).

God becomes matter, the word becomes flesh, the king becomes servant, the divine becomes human through Jesus Christ, to identify with those who suffer (Phil 2:6-8). By living on earth, Christ was not spared from human suffering; on the contrary, He took upon Himself the suffering of all mankind. It was not in the midst of riches and luxuries, that Christ learned obedience to His Father, but:

He was made perfect through suffering. He freely submitted Himself to the agony of the Cross, and He suffered there for all men. In doing so, He drained the cup of suffering to the dregs. Suffering became Him. God used suffering to prepare Him for the ultimate sacrifice. He became incarnate that He might learn obedience. This is the credo of the Christian. Christ Himself has suffering at the deepest depths. Therefore, He understands. Therefore, He can succour the sufferer and the tried (Fitch, 1967:73-74).

Proença (2001) states that the suffering of those who were sentenced to death on the cross did not occur only in the act of crucifixion, but shortly after the sentence also as the accused was subjected to terrible tortures. As Proença (2001:32) says:

They were denuded, flagellated, offended in their dignity, made demeaning objects. The convicts carried their own instrument of torture. On the cross they

were suspended two or three meters above the ground. Some endured days in that agonizing drama.

The German theologian Moltmann will be extremely important in this research due to his vast knowledge of suffering. In his books *The way of Jesus Christ* (1993) and *Jesus Christ for today's world* (1994), he emphasizes God's suffering in three important ways by examining the passion of Christ and the nature of love and human suffering. Moltmann, in his own personal suffering during World War II, had also questioned God when hell was in front of him. When he was under the hail of bombs that rained down on his hometown, Moltmann (1994:31) said:

In that hell I did not ask: Why does God let this happen? My question was: my God, where are you? Where is God? Is he far away from us, an absentee God in his own heaven? Or is he a sufferer among the sufferers? Does he share in our suffering?

Moltmann highlights two questions that most believers who have suffered also ask in their suffering. For Moltmann, the question *why* does God allow human pain or suffering gives rise to the idea of an apathetic God. On the other hand, the question *where* is God in human suffering suggests a God who suffers with us. It would be impossible to approach Jesus' suffering without understanding his passion. The theology of the cross is the underpinning of the history of Christ's passion, of a great passion, a passionate love (Moltmann, 1994:31). The paradox is that this passionate love triggered the deepest suffering and became the history of a deadly agony. Moltmann (1994:31-32) claimed that "at the center of Christian faith is the passion of the passionate Christ. The story of the passion has this active and this passive side".

For Moltmann, it would be impossible to love without suffering. If Jesus' passion is a reflection of his love for creation, this love implies the necessity of suffering. However, in postmodern society, it is believed that suffering should be avoided. Pleasure and happiness should be constantly present. A hedonistic philosophy is more present in Christian lifestyles with each passing day and the theology of prosperity is evidence of this. According to Moltmann (1993:151):

In earlier times, the active passion of Christ which led him into those sufferings was often overlooked. Today people prefer rather to overlook the suffering which is part of every great passion. To be painlessly happy, and to conquer every form of suffering, is part of the dream of modern society. But since the dream is unattainable, people anaesthetize pain, and suppress suffering, and by so doing rob themselves of the passion for life. But life without passion is poverty-stricken. Live without the preparedness for suffering is superficial. The fear of passion has

to be surmounted just as much as the fear of suffering if live is to be really lived and affirmed to the point of death.

In the Garden of Gethsemane, before being arrested by the Romans, Jesus was in the depths of agony. As recounted in Mark's Gospel, Jesus "began to shiver and to quail" (Mark 14:34) and Matthew reports "he began to be sorrowful and afraid" (Matt 26:37). Interestingly, in the middle of this anguish, Jesus wanted the company of his three friends instead of being with God in prayer as usual. Moltmann (1994:33) proposes the following question: "Here for the first time he does not want to be alone with God. He seeks the protection of his friends. Protection from whom?"

In this atmosphere of overwhelming feelings, Jesus asked God to spare him from this suffering: "Abba, Father, he said everything is possible for you. Take this cup from me. Yet not what I will, but what you will" (Mark 14:36). However, God did not grant his request and this moment marks the inception of Jesus true passion: *His suffering from God* (Moltmann, 1994:33).

Regarding the rejection of Jesus's plea by God, Moltmann (1994:34) claimed "it was the real torment in Christ's passion. This being abandoned by God was the cup which did not pass him by. The terrible silence of God in response to Christ's prayer in Gethsemane was more than a deathly stillness" How could Jesus handle this agony that some witnesses said triggered 'bloody sweat'. He endured the agony through his self-surrender (Moltmann, 1994:34).

If Gethsemane was the beginning of Christ's passion, Golgotha was the end. It is in Golgotha where Jesus was crucified and died with the loud cry "My God, my God, why have you forsaken me?" (Mark 15:34). Jesus no longer calls God 'Father:' now, in a formal way, he approaches God as 'God', as if he felt constrained to doubt whether he was the Son of God the Father (Moltmann, 1994:36). The very kernel of this scene at Golgotha was the God-forsaken Christ, being abandoned by God. However, the experience of being God-forsaken is also at the centre of his passion. Moltmann (1994:36) contended that:

The passionately loving Christ, the persecuted Christ, the lonely Christ, the tortured Christ, the Christ who suffers under God's silence- this is our brother, the friend to whom we can entrust everything because he knows everything and has suffered everything that can happen to us, and more even than that.

In the Christian faith, the act of God surrendering his own Son Jesus Christ 'for us' is the climax of a passionately loving story. According to the Gospels, God delivered Christ up to death on the cross because of his unconditional love 'for us'. The apostle Paul proposed an

answer to the question “My God, My God why have you forsaken me?” In the book of Romans, Paul says “He who did not spare his own Son, but gave him up for us all--how will he not also, along with him, graciously give us all things?” (Rom 8:32). Moltmann brings the questions Could Jesus have been a victim of God’s love ‘for us’? Was the surrender Christ’s own will? (1994:37). According to Moltmann the apostle Paul says yes, and that “The Son of God who loved me and gave himself for me” (Gal 2:20) (Moltmann, 1994:37).

There are meaningful Old Testament passages that find their fulfilment in Jesus’s suffering and passages that Jesus himself quoted in the passion narrative such as Isaiah’s suffering servant (Isa 53), Psalms (cf. Ps 8:2/Matt 21:16; Ps 118:22–23/Matt 21:42; Ps 110:1/Matt 22:43–44; Ps 57:1/Matt 23:37-39; Ps 82:6–7/John 10:34–36; Ps 41:9/John 13:18; Ps 35:19/Ps 69:4/John 15:25) and the allusion of the Son of Man in Daniel 12:1-2 in which he will rise after being killed and will bring glorious days of resurrection at the end time (Bolt, 2004:49-50).

The second reason is explained by the apostle Paul when he says: “God was reconciling the world to himself in Christ” (2 Cor 5:19). This means God was in Christ and that the Father was on the cross as well and suffered together with the Son. Both Son and Father suffered, but in a different way. Moltmann (1993:173) asserted:

When the Son dies on the cross in God-forsakenness, God the Father also suffers his forsakenness by the Son. Christ suffers the pains of dying, God suffers the death of the Son. So, Christ’s passion lays hold of God himself too and becomes God’s passion.

On Golgotha, God *was in* the dying Christ. Thus, Son and Father suffered in solidarity with those who are humiliated and undergo any kind of injustice. Jesus experienced the suffering of being tortured, betrayed and denied in order to identify himself with all of creation. Christ’s sufferings are inclusive. To cite Moltmann (1994:39) again:

His cross stands between our crosses, our Brother’s cross, as a sign that God himself participates in our suffering and takes our pains on himself. The suffering Son of man is so much one of us that the unnumbered and unnamed tortured and forsaken human beings are his brothers and sisters.

Perhaps the relevant question is not why God allows suffering but where God is in human suffering. Perhaps when the apostle Paul writes “I no longer live, but Christ lives in me” (Gal 2:10), this suggests that the question might also be where is the church (Christ’s body) in contemporary suffering. Is the church more interested in supernatural miracles than in having empathy for those facing hardship? For Moltmann, “The God of Jesus Christ is the God who is on the side of the victims and the sufferers, in solidarity with them” (Moltmann, 1994:40).

God himself suffered for us in Christ, which means that “Christ’s suffering is the passion of the passionate God” (Moltmann, 1994:44). God himself in Christ’s passion is the crucial underpinning of Christian theology as, without this understanding, Christ’s suffering becomes one more human tragedy. On the one hand, there is the inconceivable idea that God is capable of suffering. How could God be a passionate, loving God if He is incapable of suffering? Perhaps the poets are better than the philosophers at explaining the interplay between love and suffering. God does not suffer because of his lack of power or some deficiency but because of his love.

1.6 STATE OF THE CURRENT RESEARCH

- Gallup poll from 2010 in 114 countries with approximately 1,000 adults in each country showed that religiosity is highest in world’s poorest nations. The survey was based on the question is religion an important part of your daily life? In the world's poorest countries-- those with average per-capita incomes of \$2,000 or lower - the median proportion who say religion is important in their daily lives is 95%. In contrast, the median for the richest countries -- those with average per-capita incomes higher than \$25,000 is 47% (Gallup, 2010). That means, spirituality/religion is quite embedded in Eastern and/or developing countries so should not be taken for granted by psychologists.
- In America two thirds of those who undergo a serious problem prefer to see a psychologist and one who integrates their spirituality/religious values in the therapeutic session (Anderson, *et.al.*, 2015:187; Lehman, 1993; Gallup & Bezilla, 1994). Yet this research information is from America it gives an idea that spirituality/ religion concern is not more restricted to religious leaders.
- Psychologists state discussing spirituality/religion with only 30% of their clients, and less than half address clients` spirituality/religion experience and practice during assessment or treatment planning (Hathaway *et al.*, 2004).
- A few psychologists have received education or training in how to attend to the religious and spiritual domains in clinical practice ethically and effectively (Brawer *et al.*, 2002; Hage *et al.*, 2006; Schafer *et al.*, 2011).
- Hill *et al.* (2000:52) suggested that the possible reason for psychologist to ignore the importance of religion experience is that they themselves tend to be considerate less religious. Other scholars also found the same result (Sheridan *et al.*, 1992) that only 34% of psychologists, 30% of licensed clinical social workers, and 49% of licensed professional counsellors believe that ‘there is a personal God of transcendent existence and power’

and that less than 80% of the survey professional in these three categories maintain any form of religious or spiritual affiliation.

- Wulff (1996:44) points out that the study of religion within psychology is quite voluminous, however these studies are considerate in his opinion “precarious” and there are a relatively small number of credible contributors to the field.

It is the opinion of this author that despite the available research, it would be desirable to have a better understanding of these topics in future. This could be accomplished through more dedicated research on this topic, done throughout the world by different authors in future.

1.7 CONTRIBUTION OF THE STUDY

This dissertation aims to bring our attention back to the Biblical Theological conception of suffering into dialogue with contemporary resilience theory to argue for the necessity of contextual strategies when caring for individuals who have experienced war conflicts. This research was intended to provide a guideline for both Christian and Non-Christian clinical psychologists about the theme of resilience and suffering on Christian theology, especially for those mental health professionals who work in the humanitarian aid field in Eastern and/or developing countries where spirituality/religious beliefs are one of the main protectives factors used by the community in times of crisis and despair. However, this dimension still has not been addressed by many western psychologists who go on a humanitarian mission. This research aimed to provide knowledge of the theme of suffering from a Christian perspective that might be of essential importance to psychologists when Christian clients bring their religious/spiritual concerns to the consulting room.

1.8 RESEARCH QUESTION, AIM AND OBJECTIVES

1.8.1 Research question

The question to be answered by this research was:

How can the interplay between practical theology and psychology contribute to psychologists' understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way into the therapeutic session?

Further questions that arose from the “research question”

Based on Osmer's (2008) practical theological research methodology, the following questions were asked in order to answer the research question:

1. How do psychologists respond when Christian clients bring religious/spiritual concerns into the consultation room? Are they equipped and can there be a deepening of understanding? (Following Osmer's (2008:4) descriptive empirical question: “*What is going on?*”).
2. How have the concepts suffering, resilience and spirituality been approached in the field of psychology? (Following Osmer's (2008:4) interpretative question: “*Why is this going on?*”).
3. What is the Biblical theological conception of suffering and resilience in the historical context of Jesus Christ? (Following Osmer's (2008:4) normative question: “*What ought to be going on?*”).
4. What practical theological recommendation could be important for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering. (Following Osmer's (2008:4) pragmatic question: “*How might we respond?*”).

1.8.2 Research aim and objectives

1.8.2.1 Aim

The aim of this study was to indicate the contribution of the interplay between practical theology and psychology to psychologists' understanding in order to address the suffering, resilience and spirituality concerns of Christian clients in an efficacious way in the therapeutic session.

1.8.2.2 Objectives

The research objectives addressed the abovementioned questions by pursuing the following objectives:

1. To gain a clear depiction of the psychologist's response to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session.

2. To explore the concept of suffering, resilience and spirituality concerns of clients in the therapeutic session within psychology.
3. To explore the biblical-theological view of Christ's suffering and to identify His main resilience features.
4. To propose a practical theological guideline for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.

1.9 CENTRAL THEORETICAL ARGUMENT

The central theoretical argument of this study was that the interplay between practical theology and psychology can contribute to psychologists' competence in order to propose a guideline for clinical psychologists to address the suffering, resilience and spirituality concerns of Christian clients raised in times of suffering.

Even though the theme spirituality/religion has been a subject of study in psychology; it is by and large still on a theoretical and not a practical level. Psychologists' competency based on attitude, skills and knowledge of religious beliefs are still not an essential component of mental health in a practical way. As a result clients' spiritual/religious concerns are often not being addressed in their therapeutic sessions, undermining an important resilient factor of Christian clients' well-being.

1.10 RESEARCH METHODOLOGY (DESIGN AND METHOD)

Although there are many research models available for practical theology (Ballard & Pritchard, 2006:22; Browning, 1996:256; Dingemans, 2000:67; Heitink, 1999:346; Van der Ven, 1998:49), the researcher decided on the model of Osmer (2008), as it engages in practical theological interpretation of episodes, situations and contexts that confront Christian leaders to work beyond conventional categories in the field. Furthermore, the attention that the model gives to interdisciplinary issues enabling constant dialogue with other fields of study, theological and non-theological. In the model, four research tasks are set in the form of questions that are applicable for the interpretation of the theme under investigation (Osmer, 2008: 4):

- What is going on? (The descriptive empirical task).
- Why is this going on? (The interpretative task).

- What ought to be going on? (The normative task).
- How might we respond? (The pragmatic task).

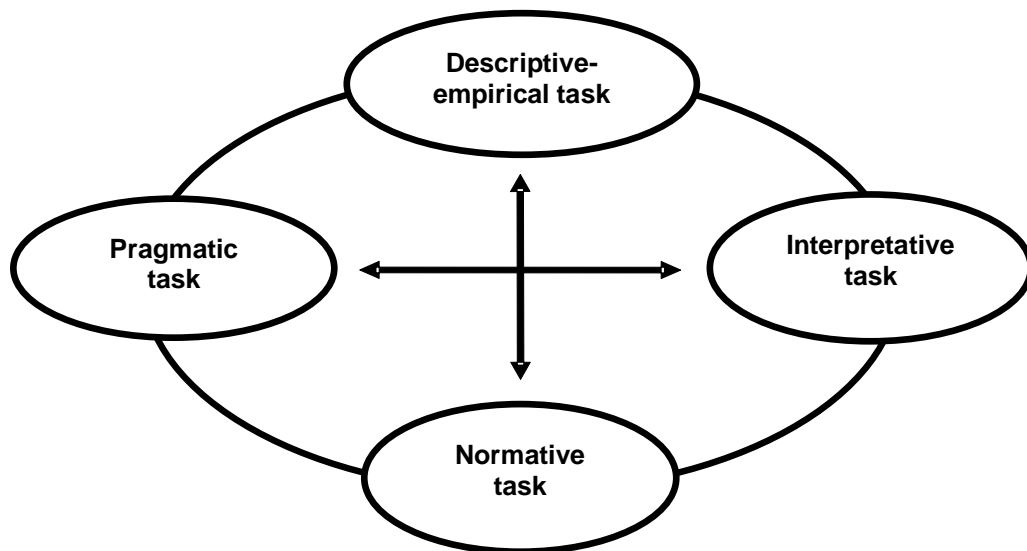


Figure 2-1: Osmer's model (Osmer, 2008:11)

In order to answer the research questions this research project was conducted from the perspective of Osmer's (2008:4) methodology for practical theology as consisting of the four tasks. Within a hermeneutical approach, Osmer's descriptive emphasis could be regarded as a suitable point of departure for the purpose of this study. The model of Osmer will guide the researcher to concentrate on the four interrelated, intellectual tasks of practical theological research (Osmer, 2008:4). It will guide the research in a practical manner regarding the development of scientific research in the "transversal model of cross-disciplinary dialogue" to gain interdisciplinary perspectives from the different study fields of practical theology and psychology (Osmer, 2008:170).

These four core tasks of practical theological research, guided by the four questions were explored in this research:

1.10.1 The descriptive-empirical task ("What is going on/What happened?")

The descriptive-empirical task asks the question at the very heart of this task: "What is going on?" (Osmer, 2008:4). According to Osmer (2008:4) the descriptive and empirical research task encompasses: "Gathering information that helps us discern patterns and dynamics in particular episodes, situations, or contexts."

In order to attain the first objective set out by this study, which is to gain a clear depiction of the psychologist's approach to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session, a descriptive literature study was embarked on (Osmer, 2008:33–35). The objective set out by this research entails a description of whether psychologists have addressed clients' spiritual/religious concerns in the therapeutic setting. The research was a qualitative, explorative and descriptive design through a literature study, embarked on by means of data collection based on secondary sources which included national as well as international scientific resources, academic books, journal articles and websites. Various search engines were used in this research: EBSCO HOST; PsychINFO; PsychArticles; Google Scholar; SACat, SAePublication, Health Source. By making use of secondary sources a conceptual study aims at generating knowledge which can be added to an existing body of knowledge (Maree, 2007:71). The key emphasis of this non-empirical study involved an analytical assessment drawing on relevant literature based on practical theology and psychology. Data collection and analysis were approached by using the descriptive literature analysis which involved a close examination and description of the various themes and patterns that emerged around the key research question of this study.

1.10.2 The interpretive task ("Why is it going on?")

The interpretive task asks the question "Why is this going on?" (Osmer, 2008:4). The function of meta-theoretical perspectives and cross-disciplinary dialogue in the science of practical theology were to investigate the universal points of contact between the phenomena in the research area of practical theology and other sciences (Osmer, 2008:58).

A literature search on the theme of spirituality and religion in the field of practical theology and psychology were conducted in order to understand the conception of suffering and resilience of clients in clinical practice. The literature search included literature of related sciences on the interface between practical theology and psychology and aimed to be of relevance to the lives of people in war conflict zones in Eastern and developing countries who are victims of structural sins.

The "transversal model of cross-disciplinary dialogue" was applied to gain interdisciplinary perspectives from the different study fields such as practical theology and psychology (Osmer, 2008:170). This was done based on the evaluation given by Osmer (2008:114):

- Identifying and evaluating the model or theory as well as the conceptual field built on this model.

- Identifying the disciplinary perspective, the theory uses and the level of reality this discipline addresses.
- Identifying and assessing the soundness and strength of a theory's arguments (the central argument of the theory).

For a long time, religion/spirituality was viewed as a negative factor, at times even a pathology for most clinical psychologists. Currently this theme is viewed as an essential component to support individuals' well-being (Koenig & Larson, 2011:78). The experience of working in many developing countries required a wide understanding of cultural diversity, which includes individuals' complete social identity comprising age, sexual orientation, disability, socioeconomic status, race/ethnicity and religious and spiritual orientation (Loden, 1996:23). Mental health professionals are being called to work holistically with all of the elements of clients' cultural identity (American Psychological Association [APA], 2012). In addition, psychology emphasises the domain of client spirituality in its ethical codes and professional standards (APA, 2012).

1.10.3 The normative task ("What ought to be going on?")

The normative task responds to Osmer's (2008:245) normative task that asks "What ought to be going on?" The normative task aimed to present a theological perspective taking into consideration the dependence on the Holy Spirit's guidance in this process, thus making use of prophetic discernment as defined by Osmer (2008:133). The normative task was researched by conducting exegetical studies of Biblical scripture of Christ's passion narrative in the four Gospels. Gethsemane to Golgotha was taken to be the foundation of the theological problem of human suffering (Matt 27-28; Mark 14-16; Luke 22-24; John 17-21). Jesus's passion portrays the man of sorrows (Mark 7:34; 8:12; Luke 19:41; John 11:33, 11:35; 12:27; 13:11), who was despised (Matt 13:55; Mark 15:29; 15:30; Luke 16:14; John 10:20), humiliated (Matt 27:28; Luke 2:7; 22:37), mocked (Matt 27:29; 27:41; Luke 22:63; 23:11; 23:36), reviled (Matt 27:39; Mark 15:24; Luke 23:29), crucified (Matt 27:35; 15:24; Luke 23:33; John 19:23) and who suffered and died to redeem the race (John 10:11; 12:23; 12:24). This research worked on the theme of resilience in a biblical perspective, searching for Christ's resilience factors such as social-connection (John 11:2-11; 15:13), altruism (Matt 20:28), capacity to handle suffering (Isa 53), sense of humour (John 2:1-11) and self-identity (Luke 3:22).

Osmer (2008:138) describes the normative task's spiritual and practical discernment as actively seeking God's guidance and sorting out what ought to be done in certain episodes,

situations and contexts (Osmer, 2008:138). To explore the biblical-theological view of Christ's suffering and to identify His main resilience features, Gethsemane to Golgotha gave an account of Jesus' suffering and resilient features. The usage of Bible commentaries from different writers were of essential importance in order to support this research. The method of exegesis followed for this study was the grammatical historical approach recommended by Klerk and Van Rensburg (2005:23). The normative perspectives gained from the exegesis were compared to the interpretive perspectives thereby determining how worldly wisdom appropriately relates to and interacts with the Wisdom of God (Osmer, 2008:162). Osmer (2008:4) states that one can make use of theological concepts and learn from "good practice" in order to interpret a situation and to guide one's response.

1.10.4 The pragmatic task ("How might we respond?")

The pragmatic task raises the question "How might we respond in ways that are faithful and effective" (Osmer, 2008:10). In addition, it focuses on strategies and actions that are undertaken to shape events toward desired goals (Osmer, 2008:176). Therefore, synthesis established by a hermeneutical interaction between the research results of the descriptive, interpretive and normative tasks were utilized in order to propose perspectives and guidelines.

The pragmatic task in this research worked on a practical theological guideline for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.

1.11 ETHICAL IMPLICATIONS OF THE RESEARCH

This study adhered to the North-West University's processes and code of conduct. This study was a literature research (qualitative, explorative and descriptive design through a literature study) and therefore poses a low risk due to the fact that it does not incorporate human participants.

1.11.1 Rationale for the specific methodology of the review / study

The researcher was looking for a comprehensive and scientific literature review on reformed theology and classic psychology, taking also in consideration new research on the topic that was researched. The key emphasis of this non-empirical study involved an analytical assessment drawing on relevant literature based on practical theology and psychology. Data

collection and analysis were approached by using the descriptive literature analysis which involved a close examination and description of the various themes and patterns that emerged around the key research question of the study.

1.11.2 Search strategy

A combination of articles, periodicals and known reference texts were used. The descriptive literature research was performed by means of data collection based on secondary sources which included national as well as international scientific resources, academic books, journal articles and websites. Various search engines helped in this research process: EBSCO HOST; PsychINFO; PsychArticles; Google Scholar; SACat, SAePublication and Health Source.

1.11.3 Criteria for article selection

The researcher used articles published in well-known journals, as well as certain classic texts, in order to include a variety of perspectives. The researcher made an effort in avoiding literature and Journal articles older than 10 years - for efficiency, recent articles were prioritized. By making use of secondary sources the conceptual study aimed at generating knowledge which can be added to an existing body of knowledge (Maree, 2007:71).

1.11.4 Risk of bias and trustworthiness

The estimated risk of bias and trustworthiness of this literature research posed a low risk due to the fact that the researcher endeavoured to include authors with opposing views on the same subject. Trustworthiness enhanced the credibility, transferability, dependability and confirmability of the research (Guba & Lincoln, 1994:105).

1.11.5 Benefits for participants/researcher/organizations or institutions/society at large

A contribution was made towards the body of literature that deals with the intersection between psychology and theology. The research will benefit clinical psychologists as they become more effective and efficient in their work in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.

1.11.6 Expertise, skills and legal competencies

The research required experience in conducting research and knowledge in psychology and theology. The researcher has the necessary skills for implementing the research having a degree in Clinical Psychology and Theology Honours. As a clinical psychologist who has been working for more than nine years in war zones, humanitarian crisis settings and areas where epidemics have broken out, the researcher saw the most diverse types of suffering a human being might undergo.

1.11.7 Monitoring of research

The researcher was responsible to ensure that the research is completed and in compliance with the approved protocols. The literature research study (data collection and analysis) involved a close examination and description of the various themes and patterns that emerged from the research question of the study. The literature research was constantly monitored by the study leaders.

1.12 PROPOSED CHAPTER OUTLINE

The various chapters of this study are arranged on the basis of the four tasks of practical theological interpretation as emphasized by Osmer (2008:4):

Chapter 1: Introduction, problem statement and research method.

Chapter 2: Descriptive-Empirical task: Gaining a clear depiction of the psychologist's approach to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session.

Chapter 3: Interpretive task: Conducting a literature study of the concept of spirituality as a resilience characteristic from different scholars and understanding how psychologists have addressed the suffering, resilience and spirituality concerns of clients in the therapeutic session.

Chapter 4: Normative task: Exploring the biblical-theological view of Christ's suffering and to identify His main resilience features.

Chapter 5: Pragmatic task: Proposing a practical theological guideline for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.

1.13 SCHEMATIC REPRESENTATION OF RESEARCH PROCEDURES

Title: Suffering, resilience and spirituality: A practical theological guide for the clinical psychologist		
Research Question	Objectives and Aims	Methodology
How can the interplay between practical theology and psychology contribute to psychologists' understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way into the therapeutic session?	The aim of this study is to indicate the contribution of the interplay between practical theology and psychology to psychologists' understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session.	The study will use Osmer's (2008:4) model of the four tasks of Practical Theology to explore how psychologists have addressed the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session. The research will be a qualitative, explorative and descriptive design through a literature study, embarked on by means of data collection based on secondary sources which included national as well as international scientific resources, academic books, journal articles and websites.
Further question 1:	Goal 1:	Descriptive Empirical Task
How do psychologists respond when Christian clients bring religious/spiritual concerns into the consultation room? Are they equipped and can there be a deepening of understanding?	To gain a clear depiction of the psychologist's response to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session.	In order to attain the first objective set out by this study, which is to gain a clear depiction of the psychologist's approach to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session, a descriptive literature study will be embarked on.
Further question 2:	Goal 2:	Interpretive task
How have the concepts suffering, resilience and spirituality been approached in the field of psychology?	To explore the concept of suffering, resilience and spirituality concerns of clients in the therapeutic session within psychology.	An in-depth literature review on the theme of spirituality and religion in the field of practical theology and psychology will be conducted in order to understand the conception of suffering and resilience of clients in clinical practice.
Further question 3:	Goal 3:	Normative Task
What is the Biblical theological conception of suffering and resilience in the historical context of Jesus Christ?	To explore the biblical-theological view of Christ's suffering and to identify His main resilience features.	The normative task aimed to present a theological perspective taking into consideration the dependence on the Holy Spirit's guidance in this process, thus making use of prophetic discernment as defined by Osmer (2008:133). The normative task will be researched by conducting exegetical studies of Biblical scripture of Christ's passion from Gethsemane to Golgotha is taken to be the foundation of the theological problem of human suffering (Matt 27-28; Mark 14-16; Luke 22-24; John 17-21).

Further question 4:	Goal 4:	Pragmatic Task
<p>What practical theological recommendation could be important for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.</p>	<p>To propose a practical theological guideline for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.</p>	<p>The pragmatic task focusses on strategies and actions that are undertaken to shape events toward desired goals (Osmer, 2008:162). The pragmatic task in this research will work on a practical theological guideline for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.</p>

CHAPTER 2

DESCRIPTIVE TASK: DEPICTION OF THE PSYCHOLOGIST'S APPROACH TO SPIRITUAL/RELIGIOUS CONCERNS RAISED IN TIMES OF SUFFERING BY CHRISTIAN CLIENTS

2.1 INTRODUCTION

In the previous chapter of this study an outline of the research to be undertaken was provided. For this chapter, Osmer's model of practical theology is used in order to perform the first task which investigate the present situation. The descriptive-empirical task asks the question: "*What is going on/What happened?*" (Osmer, 2008:4). The question that needs to be answered is "How do psychologists respond when Christian clients bring religious/spiritual concerns into the consultation room? Are they equipped and can there be a deepening of understanding?"

- To gain a clear depiction of the psychologist's response to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session.

This chapter looks to provide an insight into the research literature on how psychologists address religious/spiritual content in psychotherapy. Firstly, an overview of the theme of religion/spirituality in the field of Psychology through different interpretations of the most well-known psychologists and psychiatrists will be given. This dissertation will look at clinical psychology as a whole without differentiating between secular and Christian practitioners. That means, how clinical psychologists (atheistic, theistic) address the religion/spirituality of Christian believers. Secondly, the effect of religion on the mental health of religious clients during stressful times, will be discussed – highlighting studies that show the role of religion as positive or negative coping in critical moments.

Thirdly, focus will be given to the importance of addressing religion/spirituality in psychotherapy. The client's faith is to be seen as a useful resource in psychotherapy and not only a way to explain their personality.

The chapter will be finalized with a better understanding on how to adapt clinical training of psychologists on religious and spiritual issues. It is important for mental health professionals to be equipped with cultural competencies when seeing religious/spiritual clients in order to use interventions that are relevant and sensitive to their client's worldview.

2.2 RESEARCH DESIGN OF THE DESCRIPTIVE TASK

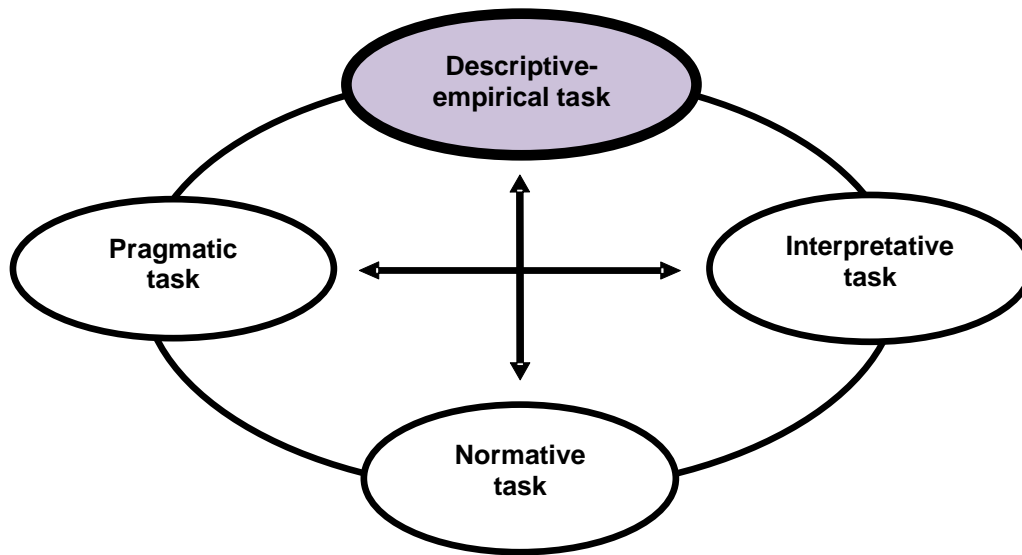


Figure 2-1: The descriptive-empirical task (Osmer, 2008:11)

The purpose of a research design is to provide evidence which enables the researcher to effectively address the research problem as accurately as possible (Kirshenblatt-Gimblett, 2006). According to Kirshenblatt-Gimblett (2006:38), research designs can differ considerably, but any design will have the following points:

- 1) Identify the research problem and justify its choice;
- 2) Review earlier published literature associated with the problem;
- 3) Clarify and specify research question fundamental to the problem selected;
- 4) Effectively describe data; and
- 5) Describe the method of analysis that will be used to analyse the data in order to answer the research question.

According to Osmer (2008) the descriptive and empirical research tasks embrace: “Gathering information that helps us discern patterns and dynamics in particular episodes, situations, or contexts.” (Osmer, 2008:4).

Descriptive research aims to systematically explain a phenomenon, population, or situation (Grant & Booth, 2009:92). The descriptive task can answer the questions what, when, where, when and how? (Kim *et al.*, 2017:24; Grant & Booth, 2009:92). However in order to understand why a phenomenon happens, that means determine cause and effect, this method cannot be

useful. For this question experimental research must be employed. (Grant & Booth, 2009:92). A descriptive research design can include a variety of quantitative and qualitative methods to examine one or more variables (Kim *et al.*, 2017:25).

2.2.1 Purpose of the research

The purpose of this research is to answer the question “how can the interplay between practical theology and psychology contribute to psychologists’ understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way into the therapeutic session?” This chapter attend to understand how psychologists address the religious/spiritual concerns of Christian clients in times of suffering, in the consultation room. To gain a clear depiction of the kinds of interventions that have been used by those professionals to support clients with spiritual struggles. According to Osmer (2008) a clear statement of the purpose of the study is an essential first step in research design (Osmer, 2008:48).

2.2.2 Research methodology

2.2.2.1 Selection of a research strategy

The research was a qualitative, explorative and descriptive design through a literature study, embarked on by means of data collection based on secondary sources which includes national as well as international scientific resources, academic books, journal articles and websites. This research reflected a comprehensive and scientific literature review on relevant literature on reformed theology and psychology used more among clinical psychologists rather than counsellors. It also took into consideration contemporary research on the topic that was discussed without excluding the importance of literature that is seen as classic – e.g. Freud and Jung in psychology and Calvin, Barth and Moltmann in theology. It is important to have a balance between old established papers and current ones, which disprove as well support a particular idea or research finding (Winchester & Salji, 2016:39). By making use of secondary sources the conceptual study aimed at generating knowledge which can be added to an existing body of knowledge (Maree, 2007:71).

This study does not make use of primary data collection or incorporate human participants. With primary data collection the main idea is to collect and measure information on variables of interest in a determined systematic fashion that permits one to answer research questions, test hypotheses, and evaluate outcomes (Kabir, 2016:212).

Data collection was approached by using the descriptive literature analysis which involved a close examination and description of the various themes and patterns that emerged around the key research question of this study. The data collection was based on secondary sources which included national as well as international scientific resources, academic books, journal articles and websites. Various search engines were used in this research: EBSCO HOST; PsychINFO; PsychArticles; Google Scholar; SACat, SAEPublication and Health Source.

2.3 RESEARCH FINDINGS

2.3.1 A brief overview of the subject of religion/spirituality in the field of psychology

For almost a century the subject of religion/spirituality faced resistance to be addressed inside of the field of psychology. The theme of religion was only viewed as a negative coping mechanism by most psychologists and psychiatrists. Freud's writings include studies such as *Obsessive acts and religious practices* (1961), *Totem and Taboo* (1976) and *Future of and Allusion* (1978) mention religious as a form of neurosis in which give clients illusory defence against human frailty (Rizzuto, 1996:409, Barnett & Johnson, 2011:147). And for other mental health professionals the less religious a person is the healthier she/he will be (Ellis, 1980:16, Vasegh *et al.*, 2012:2090). Albert Ellis the inventor of Cognitive Behavioural Therapy (CBT) stated that psychotherapy should have "no truck whatever with any kind of miraculous cause or cure, any kind of god or devil, or any kind of sacredness" (Ellis, 1973:16).

However, the view and attitudes toward clients' religion/spirituality in the fields of psychiatry and psychology have been changing over the decades (Khoynezhad *et al.*, 2012:83). Different approaches of psychotherapy theories have integrated religious in their interventions such as behavioural therapy (Miller, 1999:47, Miller & Thoresen, 1999:3-18), psychoanalytic therapy (Shafranske, 2009:147-57), existential-humanistic therapy (Hoffman, 2010, Mahrer, 1996:433-460, Frankl, 2006, Devoe, 2012), Gestalt therapy (Harris, 2000), cognitive therapy (Pearce, 2016) and positive psychology (Falb & Pargament, 2014, Rye *et al.*, 2013).

2.3.1.1 Sigmund Freud and Carl Jung interpretation of religion/spirituality

Freud interpreted religion as a crutch created to help people to deal with a need for security (Freud, 2001a). Developing from the idea of Oedipus Complex Freud interpreted God as a father who fills the need of desire for a father figure (Freud, 2001b). Freud believed that faith in God is a childish endeavour and a way of transferring to the Divine responsibilities that individuals could not handle (Freud, 1927:49).

This view of religion/spirituality changed greatly with the psychoanalytic theorists that followed after Freud (Walborn, 2014:34). Instead of seeing religious phenomena only as a projection of ancestors, the second wave take into consideration religious belief systems and experiences (Walborn, 2014:36).

Unlike Freud, Carl Jung did not see God as an illusion created because human beings needed security (Walborn, 2014:41). Jung believed that religious experiences were real regardless of whether the content was present as a vision, dream, or hallucination. For Jung religious experiences are based on reality; that means the person experienced something, the experience itself is important not the content “Religious experiences exist, it no longer needs proof. But it will always remain doubtful whether what metaphysics and theology call God and the gods is the real ground of these experiences” (Jung, 1957:90).

According to Jung the *collective unconsciousness* (a term created by him) is composed of many archetypes and among them there is the God Archetype: The archetypes in question are not mere objects of mind, but are also autonomous factors, i.e., living objects, the differential of consciousness can be understood as the effect of the intervention of transcendently conditioned dynamisms (Jung, 2002:107).

The God archetype is associated with individuation and personal growth. For Jung, psychologists can assess theological elements and constructs such as God in order to understand clients subjectivity and objectivity (Stein, 1990:45; Willoughby, 1992:486). Jung believed religion could be healthy and unhealthy depending on how individuals practice and process their faith (Jung, 1923/1976:53).

2.3.1.2 Alfred Adler and the content of religion/spirituality

Another psychologist who made a great contribution on the importance of religion/spirituality was Alfred Adler the founder of Individual Psychology. According to Adler religion helps individuals to develop and practice social interests, that means, to develop a sense of community being less egocentric and more other-focused (Walborn, 2014:75). Religion helps individuals in the development of social interest which in turn provides a sense of community and belongingness (Adler, 1979:24; Walborn, 2014:67).

Furthermore, for Adler, being less self-serving and more other-oriented, was an effective way to measure individual's mental health since when individuals are living in difficult moments and feeling depressed they tend to be more self-centred (Walborn, 2014:68). On the other hand, when people are living in good moments, they have a greater disposition and wish to support others. Adler wrote a book called, *Religion and Spirituality in Psychotherapy: An*

Individual Psychology Perfective in which he highlighted how Individual Psychology could be linked with every religion (Walborn, 2014:70).

2.3.1.3 B.F. Skinner and religion/spirituality

Even the atheist American psychologist B.F. Skinner, an important exponent of behaviourism, had written about religion/spirituality. As most of the psychologists from that time he used to criticize, but also does show positive benefits coming from religious practices such as minimizing unhealthy behaviours and fostering of altruism (Walborn, 2014:213). According to Skinner religious people internalize the concept of an omniscient God and heaven/hell which promotes healthy behaviours and engaging less in sinful (negative) behaviours (Skinner, 1953:334).

Where eating and drinking may be restricted by ethical reinforcement only when they work to momentary disadvantage others, religious control may establish much narrower limits by classifying gluttony as a deadly sin and temperance as a cordial virtue (Skinner, 1953:356). However, for Skinner behaviourism could achieve more than religion: “But it (behaviourism) could do so, I thought, with greater promise than religions or ethics” (Skinner, 1983:391).

Based on Skinner’s radical behaviourism such as determinism, religions as well as other institutions such as schools, social agencies of government, workplace; are all established on behavioural contingencies (Walborn, 2014:187). In his book *Science and Human Behavior* (1953), he mentioned religion as superstitious behaviour or at least most of the religious practices involved such behaviour. Skinner saw religion with the same lens of psychoanalytic theorists as an evolving process that has been developed for millions of years from ancestor traditions (Walborn, 2014:190; Skinner, 1953:357).

2.3.1.4 Albert Bandura and spiritual modelling

Albert Bandura the originator of Social Learning Theory / Social Cognitive Theory wrote about *spiritual modelling* in an article titled “*On the Psychosocial Impact and Mechanisms of Spiritual Modeling*” in which he integrated his main conceptions of socialization and self-efficacy to religion/spirituality. Bandura is quite well-known by his research on modelling of aggression using the Bobo doll experiment showing that children can learn behaviours through observing a parental model.

Bandura, as most psychological theorists, see religion/spirituality as a provider of meaning of life, a way to be more other-focused/ prosocial and a model for behaviour. But, as he sees it,

can also have negative aspects depending on how individuals use it. In this article about spiritual modelling he mentions how religion may foster self-efficacy through their spirituality. When religious individuals look toward God, it is as a source of cooperative strength, which can foster personal efficacy. On the other hand, if people place all control in the Divine to solve their problems it can foster dependent passivity which will not contribute to the development of personal efficacy (Bandura, 2003:172).

Those devoted religious faiths often appeal to proxy agency, especially in times of crisis or physical and emotional distress, through prayer to divine agency to alter the course of detrimental events. People do not live as isolates. They have to work together to manage and improve their lives. In the exercise of collective agency, they pool their knowledge, skills, and resources, and act in concert to shape their future (Bandura, 2003:172).

What Bandura means is that which most of the other theorists have highlighted: that human beings can benefit from their religion/spirituality, but they can't deny their responsibility and free will, and transfer their unresolved problem to the Divine.

The Social Cognitive Theory created by Bandura did not only include contingencies as Skinner's theory proposed but also modelling as a significant determinant of religious/spiritual beliefs (Walborn, 2014:220). Walborn stated that "People's culture as transmitted by parents to their children appears to be the major determinant of a person's religious/spiritual practices" (Walborn, 2014:220).

Statistical analyses have brought evidence for Bandura's studies and have shown a relationship between religion/spirituality (spiritual coping, practices, religious experience) and subjective wellbeing. Perceived control is emphasized and is defined as "beliefs about the self and about the world in general, that determine the extent to which individuals feel that they have the opportunity, capacity and efficacy to produce or prevent a given outcome" (Jackson & Bergeman, 2011:151).

2.3.1.5 Spirituality, existentialism and psychotherapy

Humanistic and Existential psychotherapy have been quite well known for integrating the subject of spirituality in psychotherapy. It has a holistic approach in that it accepts an interrelatedness between the client's psychological, biological, social, and spiritual dimensions (Okan & Eksi, 2017:143). However, there is a frequent misunderstanding in the relationship such approaches have with religion and spirituality in the clinical field (Hoffman, 2010:1).

The reason why existential psychotherapy is associated with spirituality is the discussion of existential concerns that naturally lead into issues of God and faith, according to Ernest Becker (Becker, 1943:68) "... the best existential analysis of the human condition leads directly into the problems of God and faith [or religion]." There are examples of quite well-known existential scholars who were strong believers such as Soren Kierkegaard, and Paul Tillich who were Christian theologians. Those scholars could see the power of religion but also many negative aspects of personal and organized religion. However in existential therapy the concept of spirituality and transcendence is not necessarily related to God (Schneider, 2009:14).

In Logotherapy, spirituality and religion do not mean the same thing and differ from each other (Okan & Eksi, 2017:155). According to Frankl (1988) it is important to take advantage of religious beliefs as a spiritual power that can help clients to reach the final meaning (Frankl, 1988). That means, to use religious/spiritual values as a way to find meaning and to be self-sufficient (Okan & Eksi, 2017:155).

The spiritual dimensions are worked with through sense of purpose, meaning of life and questions of existence (Okan & Eksi, 2017:148). According to Guttmann, spiritual orientation in logotherapy works within principles of positive attitude toward life, freedom of will, the defiant power of the human spirit, happiness as by-product of meaning of life, a positive attitude toward life, spiritual tension, each man is unique and irreplaceable, and the capacity for self-detachment (Guttmann, 2008:105).

In the existential view a healthy religion is honest about the tragedy of life, that life is not always pleasant, and that suffering is a part of the human condition (Hoffman, 2010:2). It critiques the resent religiosity present in popular religion in which individuals should be always happy and positive (Hoffman, 2010:2). Instead, religion should be honest about suffering and the unpleasantness of living.

2.3.2 Reason for dealing with religious/spiritual issues in psychotherapy

There are a number of reasons for addressing a client's religious/spiritual beliefs and values in psychotherapy. During hard times, many people turn to religion/spirituality for solace. Religion can become a source of strength for clients and help them to cope with hardship in life. Conversely, religion/spirituality can be a source of stress when spiritual struggles and concerns are rising up. Clients can use religion as negative coping, and it can increase spiritual, social and psychological problems.

Regardless of whether helpful or harmful, the effect of religion on the physical and psychological health of religious/spiritual clients is an important issue, since studies from

different designs have shown the relationship between religion and mental health (Kennedy *et al.*, 2015:1; Pearce, 2016:23; Propst *et al.*, 1992a:94-103). There are enough supportive studies that show the relevance of considering the religious/spiritual beliefs and values of clients (Sutton, 2015:156; Worthington *et al.*, 2013:87; Kennedy *et al.*, 2015:1, Gladding & Crockett, 2019:152).

A systematic review was done, which included 444 studies on religion and depression, using different studies such as cross sectional, longitudinal studies and randomized clinical trials between 1962 and 2011 (Vasegh *et al.*, 2012:2; Pearce, 2016:5). 60% of these studies showed that the more religious individuals are, the less likely they are to be depressed and in cases where they became depressed they were inclined to recover more rapidly (Vasegh *et al.*, 2012:2; Pearce, 2016:5). When specifically evaluating the 178 highest quality studies in the group of 444, it was also found that 67% reported positive religious coping to recover and only 6% of these studies reported greater depression among the more religious (Vasegh *et al.*, 2012:52; Pearce, 2016:5).

The reason why spirituality may be correlated with less depression was because religion can help people to “cope with stress, buffer the effect of challenging life events, and offer a framework for meaning and purpose, particularly for circumstances that seem senseless and beyond our control” (Pearce, 2016:6; Koenig *et al.*, 2012:178). Another positive factor of religious individuals is the faith community which provides social support that may help to prevent depression or help in individual recovery (Pearce, 2016).

However religion/spirituality can also have negative effects. For some individuals religious/spirituality can be a source of stress. That means psychotherapist can work on religious/spirituality content when presented either as a positive or negative factor. Christians can struggle in their relationship with God and/or when there is conflict with other members of the faith community which can result in distress, fear, sadness, guilt, bitterness, doubt and so on (Pearce, 2016:6).

The role of religion on coping in critical moments is complex, some studies show positive and other negative effects (Pargament *et al.*, 1994:359). Whether harmful or helpful, religious coping does predict changes in levels of distress even after controlling for the effect of demographic variables (Pargament *et al.*, 1994:359). There is enough evidence that show a statistically significant correlation between religion and coping with distress, even after controlling for the effects of other variables such as demographics and confounding effects during clinical life events (Pargament *et al.*, 1994:360).

A cross sectional and longitudinal analysis done on 1991 college students during the time of the Gulf war, examined the effect of religious coping on levels of distress. These students, though all residing in the Gulf experienced different levels of distress, but results suggest that “how people coped religiously at the height of tension in the Gulf had significant implications for distress levels not only at that time, but subsequently” (Pargament *et al.*, 1994:347). The study also identified other important predictors of distress besides religion but religious factors were important and should be taken serious since “religious coping variables predicted changes in distress levels more strongly than did the nonreligious coping variables” (Pargament *et al.*, 1994:347). This study showed that religious coping activities was a significant predictor of psychological distress especially in religious avoidant coping. On the other hand, the study also showed that beseeching for a miracle was tied to a decrease in distress over time (Pargament *et al.*, 1994:347).

The way people use their religion, or their view of the divine vary from individual to individual. What works well for some individuals in some moments may not work well for others. For instance, in situations that involve feelings of guilt, some kind of religious beliefs, practices, values and coping styles can be a helpful support – for example good deeds, religious confession and forgiveness. However, the same situation may bring a different core belief for some individuals that they will be penalized for by an unforgiving and vengeful God. Another situation, in which people can have a different reaction and belief about their faith is in uncontrollable events that involve different kinds of adversity such as illness, natural disaster and so on. For some people their spirituality in this adverse situation gives them a sense of meaning, mastery and control. On the other hand, for some individuals these critical moments reveal an unemphatic and distant God which can be quite stressful and overwhelming. Pargament *et al.* (1994:351) on this issue mentions, “At their best, religious coping methods may be a unique source of solace, meaning, intimacy, and growth. And at their worst, religious coping methods may have a unique capacity to make bad matters worse”. The same way psychiatric symptoms can trigger and aggravate spiritual struggles, feeling castigated or forsaken by God can also trigger and deteriorate the mental health condition (Pearce, 2016:6). The question is not anymore whether religion belong in psychotherapy but how psychologists involve with and use client’s faith as a useful resource in psychotherapy (Pearce, 2016:5).

2.3.3 The Importance of addressing religious/spiritual content in psychotherapy

As already mentioned in the previous section religion/spirituality have been studied by many different theorists in the field of psychology as it has a great impact on individuals’ mental health. The question that arises is how best to work with religious content during the

therapeutic session? What are the benefits of addressing a client's faith in psychotherapy? And how to make use of a client's faith as a resource in psychotherapy and not only as a way to explain their personality?

According to the clinical psychologist Pearce, firstly mental health professionals need to acknowledge the benefits of addressing client's spirituality in psychotherapy. Secondly they need to have a therapeutic approach and thirdly a set of practical tools to permit clinicians to incorporate client's spirituality effectively into treatment (Pearce, 2016:5).

The view and attitudes toward clients' religion/spirituality in the fields of psychiatry and psychology have been changing over the decades (Khoynezhad *et al.*, 2012:83). According to Pearce, religion in the therapeutic session is a valuable resource that contributes to the therapeutic alliance, promote engagement with treatment and increase client's likelihood of experiencing positive change (Pearce, 2016:5).

A client's religious belief, practices and resources may have great impact on the healing process when integrated into psychotherapy (Pearce, 2016:5; Barnett & Johnson, 2011:148; Menon, 2017:122). It is very important that psychologist know how to assess and be involved with clients' in their religious/spiritual distress. The ethical code of The American Psychological Association (APA) declare that religion is one of the domains of cultural diversity such as gender, race, ethnicity which demand clinical competence. According to the APA's guideline for providers of psychological services. "Psychologists respect client's religious and/or spiritual beliefs and values, including attributions and taboos, since they affect worldview, psychosocial function, and expressions of distress" (APA, 1993). Mental health professionals who understand and are equipped with cultural competence would be much more able to use interventions that are relevant and sensitive to clients' worldview. The World Health Organization (WHO) outlines health and wellbeing as "a state of completely physical, mental, spiritual, and social" (Nagase, 2012:72).

Over the last years more than 50 studies have searched for evidence on how client's religious/spiritual beliefs may help alleviate mental health problems. In general, the outcomes of these studies suggest that integrating client's faith (or religious practices) during psychological treatment does help to reduce symptoms of emotional distress (Pearce, 2016:8).

A systematic review and meta-analysis of randomized control trials was performed in order to understand the clinical efficacy of faith-based intervention for depression and anxiety (Anderson *et al.*, 2015:185). The review found statically significant benefits of using Faith-adapted Cognitive Behavioural Therapy (F-CBT). However, the Cochrane risk tool found bias

associated with therapist allegiance. This was identified as a particular concern for Muslim-CBT, but Christian-CBT did not show any clear indication of publication bias (Anderson *et al.*, 2015:193). The reason can be because the Muslim therapists did not have intensive training and monitoring during their interventions (Anderson *et al.*, 2015:193).

Another analysis showed that Beck-style CBT adjusted to Christian clients including bible scripture and Christian theology, had the same effect to standard Beck-style CBT in decreasing symptoms of depression and generally has been superior to secular psychotherapy in increasing spiritual well-being (Worthington & Sandage, 2011:475). More empirical data have demonstrated the effectiveness of Christian CBT, some of them showing it to be more effective in decreasing symptoms of depression than nonreligious CBT (Hawkins *et al.*, 1999:94; Propst *et al.*, 1992a:96; Koenig *et al.*, 2016:365).

According to Pearce “psychotherapy for Christian clients can be more than just non-threatening to their identity as a Christian; it can serve as a means of growing their faith, religious identities, and spiritual well-being, which are woven together with emotional well-being, as we have seen” (Pearce, 2016:8). Pearce claim is closely aligned also with the WHO’s definition of health and well-being. Christian clients can refuse to see a secular psychologist for thinking they will not understand, respect or be interested in their faith. Another common thought is that “good Christians” should not suffer from mental health problems and for this reason they should not look for a psychotherapist. Those barriers may be reasons why Christian individuals are more likely to get support from religious leaders than mental health professionals (Ellison *et al.*, 2006:190; Pearce, 2016:10). A cross-sectional study on patterns and correlates of contacting clergy for mental disorders in the USA found that one-quarter of those who sought treatment for mental health disorders did this from a clergy member (Wang *et al.*, 2003:647). Furthermore, almost one quarter of those seeking help from clergy presented with a severe mental disorder and have not been seen by a physician or mental health professional (Wang *et al.*, 2003:647).

Integrating religion/spirituality into psychotherapy does not mean that a psychologist will be giving religious or theological advice or opinions since religious leaders have this role. Mental health professionals have the responsibility of decreasing barriers that religious people may face in looking for and receiving psychotherapy and understanding their worldview and value systems (Pearce, 2016:11). What empirical research has shown is that it is possible for mental health professionals to remain within their scope of practice: assessing, making a diagnosis and providing empirically validated psychotherapy; and also to adapt psychotherapeutic approaches such as CBT in order to offer psychological treatment sensitive to Christian clients’ needs (Pearce, 2016:11). However, there have been small sample sizes and homogenous

groups of participants in studies to identify the most effective interventions to integrate religious/spiritual concerns in psychotherapy (Kennedy *et al.*, 2015:1).

Research done on Building Spiritual Strength (BSS), a religious/ spiritual group intervention done in eight sessions, showed statistically significant reductions in PTSD symptoms for military personnel exposed to trauma (Harris *et al.*, 2011:425). The results of this study were consistent with previous studies of religious/spiritual interventions for trauma survivors which have homogeneous positive effects (Harris *et al.*, 2011:433; Murray-Swank & Pargament, 2005:191; Durà-Vilà *et al.*, 2013:21). The result of this study has great significance, since the sample number was 29 participants and this is a bigger sample than other studies, and also includes a control group and involves random assignment to experimental and controls conditions (Harris *et al.*, 2011:434).

Another study with females who were sexual abuse survivors with spiritual struggles also showed that spiritually integrated interventions had a significant positive outcome (Murray-Swank & Pargament, 2005:191). Furthermore, clients also described spiritual changes in their use of positive religious coping, spiritual well-being, and images of God. Increasing hope, connection, and spiritual renewal (Murray-Swank & Pargament, 2005:201). Those outcomes from spiritual/religious interventions are important, since studies have shown that sexual abuse can bring religious struggles (Shooter, 2016:22; Durà-Vilà *et al.*, 2013:22). Psychologists working with trauma survivors who are religious, should take into consideration their spiritual beliefs. The psychologist Paul Johnson stated that “In times of crisis religion usually comes to the foreground” (Walker *et al.*, 2012:119).

Research and studies have shown that where individuals experience stressful situations such as death of loved ones, natural disasters, illness, and severe mental illness; spirituality and religion function as a protective factor which helps them to cope with adversity, especially in the areas with the fewest resources (APA, 2013).

Another systematic review and meta-analysis of randomized controlled clinical trials involving religious and spiritual interventions in mental health from January 2011 to June 2014, showed benefits in such interventions compared with control groups (Gonçalves *et al.*, 2015:2937-2949). The main positive outcomes included reduction of clinical symptoms such as levels of anxiety and depression. It also showed that Religious and spiritual interventions decreased stress, alcoholism and depression (Gonçalves *et al.*, 2015:2937-2949).

The most recent meta-analysis on the efficacy of tailoring treatment to clients' religious/spiritual beliefs and values in psychotherapy examined 116 studies in which treatment outcome was assessed through two client dimensions: psychological outcomes and

spiritual outcomes (Captari *et al.*, 2018:1938). The result of this study showed greater effectiveness of religious/spiritual tailored psychotherapy in improvement in clients' psychological ($g=0.74$ $p<0.000$) and spiritual ($g=0.74$, $p<0.000$) spheres, compared to no-treatment controls, alternate secular treatments, and additive secular treatments (Captari *et al.*, 2018:1938).

In the scientific literature there is a lack of published research on spiritually integrated intervention for Christians in sub-developed countries, most of the studies have been done in developed countries like Australia and especially in the USA. Almost all RCT's are done with CBT intervention and not with other psychological approaches. However, it is important to highlight that religious/spiritual concerns or struggles can be addressed by a clinical psychologist without necessarily using a specific spirituality intervention. The issue can be discussed with clients in a conventional evidence-based intervention but taking into consideration that patients need to talk about their spiritual concerns.

2.3.4 Training in religion/spiritual diversity

It is important that practitioners rethink the negative qualities that religion has received over the decades such as conflict, control, judgementalism and anti-intellectualism (Coyle *et al.*, 2011:264). Bergin and Payne (1997) stated "Ignorance of spiritual constructs and experience predispose a therapist to misjudge, misinterpret, misunderstand, mismanage, or neglect an important segment of a client's life which may impact significantly on adjustment or growth" (Richards & Bergin, 1997:201).

According to a Canadian study on spirituality and psychiatry, discussion and education regarding spirituality and mental health can help psychiatrists and psychologists to address this issue with patients and overcome challenges (Baetz *et al.*, 2004:270).

Most doctoral programs and pre-doctoral internships in clinical psychology don't provide training in religion and spiritual diversity (Vogel *et al.*, 2013:158). A survey done with 262 practitioners of Cognitive Behavioural Therapy show that 71% stated to have had little to no previous clinical training in religious and spiritual issues (Rosmarin *et al.*, 2013:424). The consequence of lack of training may be not having enough tools/skills to address such issues and also feeling uncomfortable to engage with religious clients since it is an unfamiliar topic (Hathaway *et al.*, 2004:97). Discussion involving religion/spirituality can be quite uncomfortable for many therapists, even more than talking about sex (Helmeke & Bischof, 2002) Therapists may not be familiar with clients' beliefs and practices of various religions,

and are not always aware of the practical implications of clients' theological beliefs (Helmeke & Bischof, 2002:195).

A study done with 89 program directors of Clinical Training in the APA found that education and training in the area of religion/spirituality have been increasingly incorporated especially during supervision (Schafer *et al.*, 2011:235). However, it was also shown that 42% of programs which covered religion/spirituality training and education were in religious affiliated universities. Only 8 % of nonreligious programs did (Schafer *et al.*, 2011:238). A study done with 1,000 clinical psychologists found that the client's religiousness/spirituality was important and a relevant domain of human adjustment. However, only a small part of the sample, 30% regularly assessed or addressed it in the treatment planning (Hathaway *et al.*, 2004:97).

In order to better impart religious competence in the field of clinical psychology, training on this issue should be provided for both undergraduate and postgraduate students as well as through continuing career development. The training can help clinicians to respond to clients for whom religion/spirituality is of ontological relevance. Psychologists who are religiously competent will be more engaged, sensitive and comfortable to approach such topics when necessary (Whitley, 2012:245). According to Whitley religiosity is often inadequately acknowledged, explored and harnessed by clinicians when treating people with mental problems, especially those from ethno-cultural minorities (Whitley, 2012:255).

Religion/spirituality should be taken seriously as a resource to improve recovery. Religious competence should be seen as an important component of psychological practice. Religious competence can be defined as the capacity to be aware and attentive to the religious/spiritual competence, needs and orientations of clients (Whitley, 2012:245). It was the common agreement of literature that training programs of psychotherapy should integrate religious/spiritual content for working effectively in this field.

2.3.5 How client's religious/spiritual beliefs and values are addresses in psychotherapy by clinical psychologists

Literature has shown that the greatest question among clinical psychologists has been whether and how to challenge religious/spiritual content that is problematic for clients. In Crossley and Salter's (2005) study, clinical psychologists answered in different ways on this question. The main answers were (a) avoid to assess this content, (b) refer to a religious or spiritual practitioner such as priests or pastor, (c) investigate the extent for clients and practitioners to work on reframing spiritual/religious concerns in ways that are helpful but still coherent with client beliefs (Crossley & Salter, 2005:295-313; Coyle *et al.*, 2011:265). In order

to do this clinicians should have significant knowledge of the clients' religious and spiritual values and beliefs.

Most research on religion and spirituality in Christian clients have been done through Cognitive Behavioural Therapy. The reason can be because most of the research is done in the USA and those professionals are more familiar with CBT than other approaches. Positive psychology has been quite well known as well for approaching the issue of religion/spirituality; however it is related more with clinical work of counsellors rather than clinical psychologists (Rye *et al.*, 2013:481-508; Schrank *et al.*, 2014:95-103). In Christian counselling practices the most common activities are prayer and reference to Scripture and the most common subjects to address are forgiveness, gratitude and conciliation (Sutton *et al.*, 2016:205; Worthington *et al.*, 2013; Rye *et al.*, 2013:482). The comments techniques included "a discussion of faith, counsellor prayer, counsellor-assigned religious tasks between sessions (e.g. Pray, read the bible), counsellor reference to scripture and a discussion of forgiveness" (Sutton *et al.*, 2016:205). In terms of the clinical psychological field, the most popular intervention used by professionals are CBT and the psychoanalytic approach (Harvard Publishing, 2011).

A study done on clinician's clinical behaviour for addressing religious/spiritual issues in clinical settings identified the highest rating of importance: (a) communicate respect for client's religious/spiritual beliefs, (b) Awareness when psychologist's spiritual/religious biases could affect the therapeutic process, (c) respond to client's religious/spiritual communication with acceptance and sensitivity, (d) avoid imposing psychologist's own perspective on a client, (e) establish therapeutic goals with clients that are consistent with their religious beliefs and values (Cashwell *et al.*, 2013:51). Cashwell *et al.* also reported that the frequency with which clinicians used these behaviours was low (Cashwell *et al.*, 2013:51).

What seems to be relevant in this topic is a standard principle of good clinical practice in terms of the client's spirituality/religion (Coyle *et al.*, 2011:265). In recent years some scholars have been working on a version of psychotherapy that incorporated clients' spirituality in the therapeutic process (Pearce, 2016:15; Koenig *et al.*, 2015:835).

However, other clinicians suggest that religious concerns can be integrated in the therapeutic room without necessarily having a specific version of spiritual intervention, but that a good theoretical and practical skillset from the psychologist's own convectional/"secular" therapeutic approach (Psychoanalytic, Gestalt, CBT, Logotherapy) together with religious competence could be enough (Coyle *et al.*, 2011:266; Sacks, 1985:26). Of importance is that clinicians should be able to use client's religious/spiritual resources and identify religious issues in order to work on these, with the client's consent. Regardless of the therapeutic approaches used clinicians should consider to create a therapeutic space in which clients can feel comfortable

in raising and exploring religious/spiritual issues (Coyle *et al.*, 2011:266). Religious issues in psychotherapy can be addressed and worked on effectively by the empathic collaborative intervention of psychotherapists who acknowledge the strength and growth-providing aspects of religious commitment (Sacks, 1985:29). Clinicians must avoid conflict in areas of disagreement with a client who holds strong religious conviction in subjects of abortion, homosexuality that can damage the therapeutic relationship (Sacks, 1985:28). According to Sacks in these cases patients should be referred to their minister to clarify such issues from the religious standpoint (Sacks, 1985:29).

Even though studies have shown that mental health professionals are less religious than their patients or clients (McMinn *et al.*, 2009:9), when practitioners receive training on how to integrate and address religious and spiritual issues in psychotherapy the level of the psychotherapist's religiousness does not matter since it is about the client's worldview and how this affects their mental and emotional functioning (Pearce, 2016:12; Rosmarin *et al.*, 2013:425).

A study on comparative efficacy of religious and nonreligious CBT found greater performance of the nonreligious therapist who provides treatment to Christian clients than when religious therapists did (Propst *et al.*, 1992b:94). Another study also showed the same findings and the reason for this outcome is the important point that the therapists used religious interventions that matched with their clients' level of religious commitment.

Studies have shown that psychologists are not well prepared to effectively and ethically address this topic with their clients (Kennedy *et al.*, 2015:12). Many practitioners question themselves on the professional and ethical appropriateness of addressing religious/spiritual belief and practice during psychotherapeutic work (Barnett & Johnson, 2011:147).

When religiousness/spirituality is clinically relevant for a client it is also important to work on ethical considerations since psychotherapists may be confronted with a number of challenges and dilemmas which can make the treatment difficult to accomplish. Ethical considerations include "assessment, advertising and public statements, informed consent, competence, boundary issues and multiple relationships, cooperation with other professionals, and how to effectively integrate religious and spiritual interventions into ongoing psychotherapy" (Barnett & Johnson, 2011:147).

Psychotherapists have the responsibility to address and engage in a competent manner with the client's religiousness/spirituality when formulating and implementing the client's treatment. Taking into consideration religion not only as clinical salient concern but also strength and support. When such issues are brought up during therapy it is of great importance since it is

part of a client's unique characteristics, and mental health professional who deny or do not see the relevance of the religious content are not respecting their code of ethics. The American Psychological Association's Ethical Principles and of Psychologist and Code of Conduct (APA Ethics Code, 2002) declare that among the many elements of individual diversity, psychologists "are aware of and respect... religion... and consider these factors when working with members of such groups" (APA, 2002:1063). Religion is part of the diverse cultural background of clients and have a huge influence on how they interpret their worldview and themselves.

Some authors highlight the importance of assessing clients spirituality/religion during clinical intake in order to understand the relevance of this topic on clients' lives and presenting problems (Leach *et al.*, 2009:153; Barnett & Johnson, 2011:149). Studies show that psychologists sometimes or very often assess clients' religiousness or spirituality during the outset of treatment, but only a small percentage number of psychologists address these issues in ongoing treatment (Frazier & Hansen, 2009:149; Barnett & Johnson, 2011:149).

In order to have a comprehensive understanding of a client's existential realities, it is important to have a routine and holistic assessment including an understanding of clients' spirituality and religion (Hodge, 2013:93). A brief screening could be used at the beginning to decide if spirituality and religion are meaningful and important to the client and an indicator of whether a more detailed assessment of the issue would be pertinent (Hodge, 2013:94). If the first assessment showed the importance of this issue for the client the clinician should then make a more comprehensive assessment going through spiritual/religious history, making use of standardized screening, and mapping relevant life experiences in relationship to this topic (Kennedy *et al.*, 2015:16).

There is a variety of existing models for assessing clients' religiousness/spirituality using open-ended questions, structured interviews, questionnaires, or standardized psychological tests. Those measures will help on assessing clients' religious/spiritual history, attitudes, values, beliefs, practices, conflicts, and need (Barnett & Johnson, 2011:153; Griffith & Griffith, 2002:220; Hill & Pargament, 2003:64).

Psychotherapists cannot make religion a preeminent focus only because of their own strong religious belief and values; it must be related with the client's concerns. According to Barnett and Johnson when clients present with clinically significant religious/spiritual concerns then relevant variables might be assessed including "client's current religious and spiritual beliefs and practices, their upbringing and family religious and spiritual history, their view of the importance of religion and spirituality in their lives, previous religious or spiritual guidance sought" (Barnett & Johnson, 2011:153).

A survey done with one thousand North Americans showed that 83% see their religious beliefs and emotional health as closely connected, and 72% would choose a therapist who respected and integrated their beliefs into therapy (Pearce, 2016:5). Another study done with 1204 Canadian psychiatrists and 157 psychiatric patients have shown that psychiatrists reported lower levels of spiritual/religious belief than do patients, and that psychiatrists' beliefs were the strongest predictor of inquiry into their patients' spirituality (Baetz *et al.*, 2004:265). The research also found that 53% of patients mention that spirituality/religion is a significant issue to address during their psychiatric treatment (Baetz *et al.*, 2004:265).

A similar outcome was found in another study done with 107 female and 299 male clinical psychologists, where spirituality, attitudes towards clients' religiousness, integration of faith in psychotherapy, and training on spiritual/religious issues, were examined. This study found that "religion and spiritual orientation affected clinical psychologist's attitudes as well as their therapeutic interventions, which may in turn impact on the process and outcome of psychotherapy" (Shafranske & Malony, 1990:72).

Most studies show that psychologists acknowledge the relevance and importance of integrated spirituality into clinical practice however this is not put into practice. Those studies show that the question is no longer whether spirituality/religion belong in psychotherapy since that has been answered affirmatively (Hathaway *et al.*, 2004:100; Pearce, 2016:6). But the question should be how and when to address these issues, since studies also show lack of knowledge on how to address religious issues in therapy in this topic (Pearce, 2016:4).

2.4 SUMMARY AND CONCLUSION

This chapter provided an overview of how religion/spirituality have been interpreted over time by the most well-known theorists and clinicians in the field of psychology and psychiatry. Most of those theorists and clinicians believed religion/spirituality can be healthy and unhealthy depending on how an individual practice and processes their faith. For a long time, religion was addressed in a negative way for many mental health professionals. However, this view changed over the time and today there is scientific evidence on interventions that use the client's spirituality as part of the therapeutic process.

This change has been so great that many writers no longer mention whether religion should be part of the therapeutic process. Nowadays, the question has been more on how and when religion/spirituality should be addressed by those professionals. Plenty of studies have been showing the relevance of considering religious/spiritual beliefs and values of clients. Research on religious/spiritual interventions have found statistically significant results on client's mental

health. Randomized controlled trials involving religious/spiritual interventions showed benefits in such interventions in psychological and spiritual outcomes. The outcomes have been in clinical symptoms such as levels of anxiety and depression, decrease in feelings of guilt, worthlessness, loneliness and stress. It also showed positive spiritual outcomes such as changes in the use of positive religious coping, spiritual well-being, and images of God.

The literature review found that most published research on integrating client's religion and spirituality within psychotherapy have been done in the USA population. There is a lack of RCT's done in other countries especially in developing countries. And most RCT's done on religious/spiritual intervention used CBT approaches. The literature provides plenty evidence to support the incorporation of client's religious/spiritual beliefs and practices as part of effective psychotherapy (Kennedy *et al.*, 2015:2; Harris *et al.*, 2011:425; Captari *et al.*, 2018:1938).

Although the integration of religion/spirituality in therapeutic settings has been quite well researched in the last decades many professionals have not felt comfortable to address the issue. Furthermore, most of the studies have been done with counsellors rather than clinical psychologists. The reason why issues of religion/spirituality can be considered important in psychotherapy is because studies have been showing that in difficult times or in traumatic experiences such as the death of a loved, being a victim of abuse, or being diagnosed with severe illness, may cause spiritual/religious concerns or struggles which can affect mental health of clients (Durà-Vilà *et al.*, 2013; Rosmarin *et al.*, 2009:424). Religious/spiritual beliefs can become a negative coping mechanism for some clients, especially in times of suffering. In times of suffering religious concerns can be raised, having a great impact on clients' psychological, physical and social life.

Conversely, spirituality and religion can also be a protective factor for those who are experiencing painful times in that it contributes to things such as wellbeing, hope and optimism, meaning and purpose, decreased levels of depression and anxiety, and positive coping skills (Kennedy *et al.*, 2015:6; Musa *et al.*, 2015:550; Menon, 2017:22). To address this topic in psychotherapy requires a psychologist's ability to understand client's cultural diversity and such subject should be address when a clients is the one who decides to discuss this with his/her psychologist during treatment. The idea that to work on such issues in the therapy could affect professional competency should be re-thought and more attention should be given to how religious/spiritual values can be a potential resource in psychotherapy. Training and education in religion/spirituality within the clinical psychology field has become more accessible to students and professional, however there is still a gap.

This chapter concluded that studies have shown positive and negative impacts of religion on client's life and such issues should be addressed by clinicians. Nowadays there are evidence-based interventions that integrate spirituality in the therapeutic process in order to support Christian believers. Clinicians don't need to be religious/spiritual to have religious competencies and an ethical approach when such issues need to be addressed.

CHAPTER 3

INTERPRETIVE TASK: THE CONCEPT OF SPIRITUALITY AS A RESILIENCE CHARACTERISTIC AND HOW DIFFERENT SCHOLARS AND PSYCHOLOGISTS HAVE UNDERSTOOD AND ADDRESSED SUFFERING, RESILIENCE AND SPIRITUALITY CONCERNS

Illusions of life by Francisco Otaviano:

*“Who passed through life in a white cloud,
And slept a peaceful sleep;
Who did not feel the cold disgrace;
Who passed through life and did not suffer;
Was the specter of a man, but not a man —
He only passed through life, but did not live it at all”.*

3.1 INTRODUCTION

The previous chapter examined relevant research to show how psychologists have addressed clients' religious/spiritual concerns in psychotherapy. Understanding was gained in order to answer the question “What is going on?” (Osmer, 2008:4). This chapter will work on the interpretive task of answering the question “Why is this going on?” (Osmer, 2008:4). The question to be answered in this chapter is how the concepts of suffering, resilience and spirituality have been approached in the field of psychology.

The interpretive task proposed by Osmer investigates the universal points of contact between the phenomena in the research area of practical theology and other sciences in the case of this study will be the field of clinical psychology. According to Osmer, meta-theory is defined as follows: “A meta-theoretical perspective thus is composed of the assumptions about reality, knowledge and science that transcend particular research projects and theories” (Osmer, 2008:58). In order to have an interdisciplinary perspective encompassing different fields of study such as practical theology and clinical psychology, the transversal model of cross-disciplinary dialogue will be used (Osmer, 2008:100).

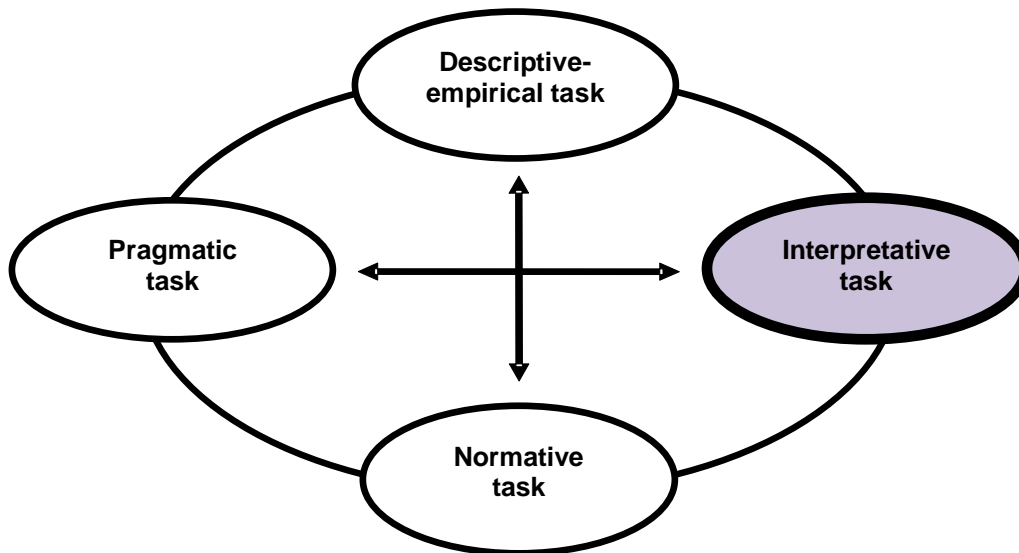


Figure 3-1: The interpretative task (Osmer, 2008:11)

3.2 DESIGN OF THE INTERPRETATIVE TASK

The main aim of this chapter is to conduct a literature review on the theme of suffering, resilience and spirituality concerns in the field of psychology. This review will include an examination of literature in sciences related to the interface between practical theology and psychology and aims to be of relevance to people living in low-income countries where war, natural disasters, urban violence and other sources of structural suffering have affected their lives and functioning.

Osmer (2008:4) describes the interpretative task as “Drawing on theories of the arts and sciences to better explain why these patterns and dynamics are occurring”. The main aspects of this task to be addressed in this chapter include:

- Understanding the concept of resilience.
- Understanding the concept of spirituality /religion.
- Understanding religious/ spiritual concerns.
- Understanding the interplay between resilience and spirituality/ religion.
- Understanding human suffering.
- Understanding how suffering has been studied in the field of psychology.

As mentioned in the previous chapter, the religion/spirituality of clients has in the past been viewed differently in the field of clinical psychology. Mental health professionals are now being

called on to work holistically with all the elements of clients' cultural identities (Pargament, 2013:395-412). In addition, psychology emphasises the domain of client spirituality in its ethical codes and professional standards (Pargament, 2013:395-412). The ability to work in the field of humanitarian aid in underdeveloped countries requires a deep understanding of cultural diversity for those mental health professionals who have decided to practice in such an environment. It is necessary to support those who have suffered the most traumatic experiences in their countries of origin and who have emigrated in search of a better life. However, with the increased number of immigrants and refugees in developed countries it is no longer necessary to be a humanitarian psychologist to have contact with such population. This scenario requires that psychologists be adequately prepared in order to be able to intervene effectively when addressing the problems of those in such situations. This study aims to provide insight into the three themes of suffering, resilience and spirituality/religion in the field of clinical psychology.

3.3 DEFINITIONS OF THE TERMS SPIRITUALITY/SPIRITUAL AND RELIGION/RELIGIOUS IN THE FIELD OF PSYCHOLOGY

Historically, the terms "religion" and "spirituality" were used interchangeably (Captari *et al.*, 2018:1938). Nowadays, there are studies that define the two terms differently, regarding them as distinct concepts (Hodge, 2018:126; Kennedy *et al.*, 2015:22). The term religion has now been used more frequently in connection with doctrinal and ritualized expression of beliefs that are regularly maintained in agreement with a theology or doctrine with reference to the Divine. In other studies, religion has been defined as a culturally shared set of beliefs, values, and practices by those who have had related experiences of the transcendent (Hodge 2018:126; Praglin, 2004:68).

Religion can be defined as a devotion to mutual beliefs, behaviour, and practices related to a particular faith tradition and community, which gives guidance and direction (Hill *et al.* 2000:51). On the other hand, spirituality is viewed as a much broader concept "describing the subjective, embodied, emotional experience of closeness and connection with what is viewed as sacred or transcendent" (Captari *et al.*, 2018:1939).

The psychologist and philosopher William James was one of the first to contribute to an understanding of the concepts of spirituality and religion. William James defined spirituality as, "The feeling, acts and experiences of individual men in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine" (James, 1961:42).

Pargament, a prominent scholar in the study of the interplay of religion/spirituality and psychology defined religion as “a search for significance in ways related to the sacred” (Pargament 1997:341). Drescher *et al.* (2004), provide a definition of spirituality that many clinicians have found useful: “an individual’s understanding of, experience with and connection to that which transcends the self” (Drescher *et al.* 2004:71).

Another definition of religion is “organized systems of belief, rituals, practices, and community, oriented toward the sacred” (Dew *et al.*, 2008:382). Most definitions of religion highlight societal beliefs and common behaviours and ritual. A religion is therefore regarded as a formal institutionalization of specific beliefs, practices and traditions to which members of a faith must adhere (Jacobs, 2012:1214). On the other hand, spirituality is viewed as a more personal experience and quest for fulfilment which need not be linked with any faith community or institutions (Jacobs, 2012:1214). Hill and Pargament defined spirituality as “a search for the sacred, a process through which people seek to discover, hold on to, and, when necessary, transform whatever they hold in their lives” (Hill & Pargament, 2008:4).

In this dissertation no distinction is drawn between religion and spirituality and the two terms are used as synonyms. Instead, spirituality/religion will be treated as a relationship with God, dogmas, sacraments and creeds (The New Westminster Dictionary of Christian Spirituality, 2005:49). The literature brings together a wide range of different definitions of spirituality: for instance, spirituality is often defined as a personal journey in search of transcendence and meaning, while religion is often associated with dogma and ritual (Barnett & Johnson, 2011:148; Rizzuto, 1996:410).

In the field of clinical psychology, proponents of existential, humanistic and psychodynamic approaches see a client’s religion and spirituality more as an experience of transcendence that does not necessarily need to be connected with God (Schneider, 2009:14; Shafranske, 2009:148). According to some scholar such as Worthington and Captari, there are four types of spirituality: *religious spirituality*, which is concerned with a relationship and connection with a God or higher power, *humanistic spirituality* that involves a relationship with a people or group, attitudes of altruism and feelings of love, *nature spirituality* which is a manifestation of connection to nature/environment and *cosmic spirituality* which embodies a connection to creation (Captari *et al.*, 2018:1938; Davis *et al.*, 2015:503; Worthington *et al.*, 2011:204).

In the healthcare literature, spirituality includes common themes such as meaning, purpose, hope, connectedness, relationship, transcendence, existential experiences and power/force/energy (Chiu, 2004:405; McCarrol *et al.*, 2005:405-428).

Paul Tillich (1964:8) defines faith/religion as “*ultimate concern*”. According to Tillich, (1967:14) “religion is the state of being grasped by an ultimate concern, a concern which qualifies all other concerns as preliminary and which itself contains the answer to the question of the meaning of life”. The *Ultimate Concern* is that which requires total surrender of the individual who faithfully accepts the Ultimate. Human beings, according to Tillich, have many concerns and when a concern is given priority it takes on an essentially religious character. Such an idea is close to the thought of Friedrich Schleiermacher who stated that “the essence of religion consists in the feeling of absolute dependence” (Prozesky, 1980:73).

Spirituality and religion in the field of clinical psychology are viewed as part of cultural diversity. Cultural diversity includes an “individual’s complete social identity comprising age, sexual orientation, disability, socioeconomic status, race/ethnicity, religious and spiritual orientation” (Loden, 1996:20). Therapists and clients may also have different definitions of both spirituality and religion. Christians may not agree on some definitions of these terms and not accept being called religious since they would prefer to see their faith as a relationship with God. This diversity should be kept in mind in clinical work and it is important to work within the constraints of a client’s definitional narrative (Hodge, 2018: 215).

3.3.1 Definition of spiritual/religious struggle or concern

Although there are plenty of studies about the positive aspects of religion/spirituality which contribute to individuals overcoming hardship, there is also increased agreement about the multivalent nature of the effects of religion/spirituality for coping with stress in life (Currier, *et al.*, 2018:94). Some individuals can develop negative religious coping strategies such as religious/spiritual struggles or concerns during stressful and traumatic experiences.

When experiencing hardships, people can think about their suffering as something unfair or beyond their control and may blame God for their pain. They may feel confusion and mistrust and direct their anger to God (Exline *et al.*, 2011:129; Zarzycka & Zietek, 2019:1074). Anger toward God was correlated with poorer adjustment to grief, especially when anger continued unresolved for more than a year (Exline *et al.*, 2011:129).

Religious/spiritual struggles are a source of spiritual tension that often occur during stressful life events (Appel *et al.*, 2019:1). Exline (2013:132) defines spiritual/religious struggles (sometimes called concerns) as experiences of conflict or distress that centre on religious or spiritual issues. According to Pargament *et al.* (2007:122) religious/spiritual struggles are conceptualized as “signs of spiritual disorientation, tension, and strain” which often arise in response to painful life events.

Religious/spiritual struggles are related to numerous negative outcomes which seem to play a role in the worsening of mental health problems such as PTS symptoms (Park, *et al.*, 2017:22) and depressive feelings (Currier *et al.*, 2018:93-100; Park *et al.*, 2018:318-326), anxiety (Ano & Vasconcelles, 2005:461) and a diminished sense of meaning and purpose.

In a study done on the association between religious/spiritual struggles and the risk of suicidal behaviour among Christian military veterans in the EU, it was found that spiritual struggles were significantly associated with considering the idea of committing suicide and the probability of attempting it (Currier *et al.*, 2018: 94). The study done by Zarzycka (2019:1072) Other studies with a sample of 180 individuals showed that religious/spiritual struggle was associated positively with anxiety and negatively with satisfaction with life.

During times of suffering some believers may change their perception of God. Instead of the divine being seen as benevolent, loving and forgiving, God can come to be considered distant, unresponsive, vengeful and punitive. Furthermore, feelings of disappointment can result in questioning whether God cares, has the power to help or even exists. Individuals can even question whether their suffering is the result of improper behaviour or lack of faith.

Empirical studies on the correlation between spiritual/religious struggles and negative mental health outcomes have shown that a troubled relationship with the Divine can lead to a range of maladaptive religious coping strategies (Ellison & Lee, 2010:503; Pargament & Saunders, 2007:903-907). A meta-analysis of 49 studies with a total of 105 effect sizes was conducted in order to understand the correlation between religious coping and psychological adjustment stress. In this study it was found that positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively (Ano & Vasconcelles, 2005:461). This means that religious coping strategies are significantly associated with anxiety, depression, negative moods, guilt and social dysfunctions (Ano & Vasconcelles, 2005:462; Currier *et al.*, 2018:94). In this same study it was shown that negative religious coping strategies are correlated with anxiety and negative outcomes (Ano & Vasconcelles, 2005:462).

Religious/spiritual struggles can be measured by means of three sub-scales of the religious coping scale known as RCOPE devised by Pargament *et al.* (2013:67). This instrument assesses struggles with the divine through statements indicating spiritual discontent such as “God has abandoned me” and reappraisals both of former beliefs, as indicated in claims such as “God is punishing me for my sins,” and “doubts concerning the power of God” (Appel *et al.*, 2019:6).

Although empirical studies have shown the negative impact that religious/spiritual struggles can have on health, some researchers have also found that some individuals can benefit from their religious/spiritual struggles (Ano & Vasconcelles, 2005:467; Zarzycka & Puchalska-Wasyl, 2019:1074). Psychological concepts were used in Zarzycka's study to show that individuals can grow through their personal suffering and that hard times can be a turning point in an individual's development. In these studies it has been shown that religious/spiritual struggles can be correlated with positive outcomes such as "stress-related growth, spiritual maturity, receptiveness to new ideas, self-fulfilment and lower levels of prejudice and intolerance" (Zarzycka & Puchalska-Wasyl, 2019:1075; Zarzycka & Zietek, 2019:1073). Taken together, these studies suggest that spiritual/religious struggle is an important aspect of clients' personal experiences and should be taken seriously by mental health professionals.

3.4 DEFINITIONS OF THE TERM RESILIENCE

The term resilience is not easy to define. It has been used in many different disciplines and definitions vary in most of them. The difficulty of defining resilience is recognized by most scholars because of this wide range of definitions. In the fields of psychology and the social sciences many studies have been done mainly with children and adolescents (Windle, 2011:1). Since resilience is a very complex phenomenon and involves human beings as whole, the studies which have made major contributions have adopted a multi-disciplinary perspective and investigated the dynamics of resilience over an entire lifespan (Windle, 2011:1).

The subject of resilience has been quite a trendy and popular academic research area in the past few decades. To understand the development of resilience and how to enhance and foster the ability to become more resilient has been one of the main goals of such studies. Resilience theory has changed the focus of research from psychopathological model to individual ability to "bounce back" after adverse or stressful events (Martins & Neto, 2016:2)

According to the Oxford dictionary, resilience "is the ability of people or things to feel better quickly after something unpleasant, such as shock, injury, etc." and another definition given is the "ability of a substance to return to its original shape after it has been bent, stretched or pressed (Oxford online dictionary, 2019). The term "resilience" derives from the Latin '*resilire*,' which means "to leap back" (Windle, 2011:2).

One of the first, and still-used, standard definitions of "resilience" is by the developmental psychologist Garmezy. He has been considered to be the founder of research in the field of resilience theory. Garmezy defined resilience as: "the capacity for recovery and maintained

adaptive behavior that may followed initial retreat or incapacity upon initiating a stressful event” (Garmezy, 1991:61).

In order to be resilient it is necessary to show “functional adequacy (the maintenance of competent functioning despite an interfering emotionality) as the benchmark of resilient behavior under stress” (Garmezy, 1991:61). Another well-known scholar on this topic is Ann Masten, a clinical psychologist and ex-student of Garmezy. She defines resilience in a similar way to him as “the capacity of a dynamic system to adapt successfully to disturbances that threaten system function, viability, or development” (Masten, 2014:09). One of the most revolutionary pieces of research into resilience was done by Dr Emmy Werner, a developmental psychologist. She did a longitudinal study of children born in Kauai, Hawaii in which she got evidence to show that not all children exposed to adverse life events would be negatively affected by them (VicHealth, 2015:5). According to Werner (2005:263) resilience is:

The capacity (of individuals) to cope effectively with the internal stress of their vulnerability (labile patterns of autonomic reactivity, developmental, imbalances, unusual sensitivities) and external stresses (illness, major losses, and dissolution of the family).

Another important definition of resilience in the field of psychiatry and psychology is that given by Professor Michael Rutter. He has done plenty of studies on the theme of resilience and is responsible for one of the most well-known pieces of longitudinal research on the effect of childhood deprivation called the *English and Romanian Adoptee Study*. Rutter defined resilience as, “An interactive concept that is concerned with the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences” (Rutter, 2006:09). Rutter highlighted that resilience is not only a matter of social competence or positive mental health, but that such competence must co-exist with threats to mental balance (VicHealth, 2015: 5). According to Rutter “Some individuals have relatively good outcomes despite having experienced serious stresses or adversities, their outcomes being better than those of the other individuals who suffered the same experiences” (Rutter, 2013:43).

Michael Ungar’s work on the theory of resilience focuses more on cross-cultural influences and constructivism. His main contribution is showing that resilience should be seen not only in terms of individuals’ traits but also through environmental features. Ungar (2006: 225) defined resilience as:

..the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the

individual's family, community and culture to provide these health resource and experience in culturally meaningful ways.

Those definitions given from the work of different scholars in the field of psychology have two core ideas. Firstly, an individual should have experienced an adverse situation; and secondly should have demonstrated positive functioning in some way. In short, resilience is the ability to adapt, overcome, cope and recover from difficult moments. Resilience is not just constituted by an individual's capacity but involves also the influence of environment (Ögtem-Young, 2018: 10).

3.4.1 Protective factors associated with resilience

There is agreement among scholars that resilience is not a characteristic and that the environment is also influential (Luthar & Barkin, 2012:432; Masten, 2014:09; VicHealth, 2015:5). Scholars have also examined protective factors at three points: the individual, the family and the community (Masten, 2014:12; VicHealth, 2015:6). The following protective factors have been shown to have a strong positive association with good outcomes:

Individual:

- Self-control, Self-regulation (Masten & Cicchetti, 2016:275; Rutter, 1979:427);
- Self-efficacy, Self-awareness (Masten & Reed, 2002:74; Rutter, 2013:475; Ungar, 2006:225);
- Problem-solving (Masten, 2014:12; Masten & Reed, 2002: 74; Ungar, 2006:229);
- Empathy for others and the capacity to understand others (Garmezy, 1991:61; Masten, 2018:15; Ungar, 2006: 229);
- Having goals and aspirations (Ungar, 2006:229);
- Ability to be independent but also to be dependent when necessary (Ungar, 2006:229);
- A sense of humour (Ungar, 2006:229);
- Assertiveness (Masten, 2014:12; Ungar, 2006:229);
- Faith and a sense of meaning in life (Masten, 2018:15);
- Adaptability to stress (Masten, 2018:15);
- Cognitive skills (Garmezy, 1991:61; Masten, 2014:12; Werner, 2005:87).

Family:

- Warm parents, positive attachment relationships (Garmezy, 1991:61; Masten, 1994:15; Rutter, 2013:475; Werner, 2005:87);

- Socioeconomic advantages (Masten & Reed, 2002:74);
- Educational level/education of parents (Masten & Reed, 2002:74);
- Structure, boundaries, rules and assigned chores as part of daily routine (Werner, 2005:87).

Community:

- Schools (Masten, 2014:12; Rutter, 2006:09);
- External support systems such as supportive and concerned teachers, faith, community services, a strong maternal substitute, clubs (Garmezy, 1991:61; Masten, 2014:13);
- Access to social services and health care (Masten, 2014:13);
- Collective efficacy, cultural rituals and routines (Masten, 2014:13);
- Cultural/spiritual identification (Masten, 2014:14).

3.5 RESILIENCE AND SPIRITUALITY

Extensive research has shown that religion/spirituality plays a positive role in resilience-building (Appel *et al.*, 2019:8; Koenig, 2009:283-291; Manning, 2014:353; Ögtem-Young, 2018:2076; Sharma *et al.*, 2017:197). Religion/spirituality can give an answer to the problem of human insufficiency and suffering in adverse times (Jakovljevic, 2017:241; Pargament, 2013:401).

Studies have often highlighted the importance of religion/spirituality when it comes to providing a sense of meaning and purpose to life and have examined the ways in which they have enabled growth in times of distress and suffering (Smith, Webber & DeFrain, 2013:5). A study done by Smith *et al.* (2013:5) showed a clear association between spiritual well-being and adolescent resilience. Possible explanations for the association between spiritual well-being and resilience cited in this study were (a) healthy patterns of behaviour that involve spiritual practices and the avoidance of activities that compromise a relationship with God, (b) social support resulting in an increased sense of connectedness to a spiritual family, (c) community connectedness and consonance between personal and community spiritual awareness, beliefs and practices, and (d) positive emotions related to concerns of transcendence, which involve peace and life satisfaction (Smith *et al.*, 2013:5). The study reported different spiritual strengths associated with resilience among youths as manifested in three dimensions, namely in personal, family and community attributes (Smith *et al.*, 2013:6).

- Personal attributes include “developing spiritual awareness from a young age”, “enjoying a sense of spiritual well-being” and “living in a relationship with God”.

- Family attributes include “connecting to a spiritual family- a spiritually aware community”.
- Community attributes include “connecting to a spiritual family, a spiritually aware community”.

In difficult times religious/spiritual beliefs can be a source of strength, comfort and hope, give a sense of community and belonging (Malone & Dadswell, 2018:2), foster social solidarity and responsibility, empathy, altruism and compassion, peace, harmony and order at the individual and the community level (Jakovljevic, 2017:241). Healthy religion/spirituality can produce constructive social and cultural transformation through acts of mercy and compassion (Jakovljevic, 2017:241; Levin, 2009:77). According to Manning, the three main components of resilience that arise from the religious/spiritual are “having divine support, maintaining purpose, and expressing gratitude” (Manning, 2014:352). Religion/spirituality can also increase self-esteem, personal mastery, hope, optimism, purpose and meaning and decrease psychological symptoms such as anxiety and depression” (Jakovljevic, 2017:341).

Religion/spirituality has important effects on mental health such as “directing and modeling social behavior, explanatory styles and world-views that promote well-being at both the individual and the community level” (Jakovljevic, 2017:240). According to Joshi and Kumari (2011:240) spirituality/religion acts as:

...a social support system reduces the sense of loss of control and helplessness, provides a cognitive framework that reduces suffering and enhances self-esteem, gives confidence that one, with the help of God, influence the patient’s health and create a mindset that enables the patient to relax and allows the body to heal itself.

Believers use their religious/spiritual values, beliefs and practices as a source of resilience when dealing with traumatic experiences and also the challenges of the acculturation process in another country (Ögtem-Young, 2018:2076). Religion/spirituality can mitigate the harmful effects of stress in individuals and also its effects at the community level (Jakovljevic, 2017:242). Religious/spiritual coping practices include “praying, reading sacred scriptures and texts, practicing religious rituals and services, etc.” (Jakovljevic, 2017:240).

A systematic review of studies conducted between 1962 and 2011 on the relationship between religious/spiritual practices and depressive symptoms or disorders showed that over 60% of these studies reported either “less depression and faster remission from depression in those who were more religious/spiritual or a reduction in the severity of depression in response to a spiritual/religious intervention” (Vasegh *et al.*, 2012:1). This review showed that religious/spiritual beliefs and practices contributed to individuals coping better with stressful

life moments since these beliefs give those who hold them a sense of meaning and hope and also provide access to a supportive community for the depressed individual (Vasegh *et al.*, 2012:1).

A study done by Nisbet *et al.* (2000:543) showed that the suicide rate is four times lower in people who attend religious activities (Nisbet *et al.*, 2000:543-546). Another study done using a sample of 1610 adults with depression showed that those attending religious activities on a regular basis were significantly less likely to have suicidal ideation and emotional distress compared to non-attendees (Chen, *et.al.*, 2007:144).

A study done with displaced Syrian refugee parents showed that one of the commonest coping strategies used by them in order to deal with stressors was religious/spiritual coping (El-Khani, *et.al.*, 2018:40). Participants reported that religious beliefs and practices had a positive impact on their well-being both at an individual level and as parents. Being aware of their difficult and stressful condition made them rely on God, and consciously placing control and responsibility for events in the hands of the Divine provided a sense of relief (El-Khani *et al.*, 2018:41). Religious practices such as prayer and the reading of sacred books provided a sense of meaning, control and understanding and a sense of hope and motivation for them and for their children (El-Khani *et al.*, 2018: 41).

Religion/spirituality is an important element in recuperating from severe mental illness (Corrigan *et al.*, 2003:487; Forrester-Jones *et al.*, 2018:384-407). A study done with 1,824 people with severe mental illnesses showed that religiousness/spirituality were significantly associated with psychological well-being and decreased psychiatric symptoms (Corrigan *et al.*, 2003:496). Individuals who described themselves as religious were less likely to report anxiety, depression, or overall psychiatric symptoms (Corrigan *et al.*, 2003:496).

According to Pargament, *et.al.* (2000: 531) the five major functions of religious coping are: finding meaning and purpose in life, gaining control, garnering comfort by virtue of closeness to God, attaining closeness with others and transforming one's life. The role of religion in mitigating the impact of stressful life events on depressive symptoms was examined in a longitudinal study (Lorenz *et al.*, 2019:1). This study showed that many dimensions of religious belief and observance buffered the impact of stressful life events on the outcome of depression (Lorenz *et al.*, 2019:1). Organized religious activities such as church attendance have an effect on depressive symptoms and other mental health disorders (Balbuena *et al.*, 2013:225; Lorenz *et al.*, 2019:8; Sharma *et al.*, 2017:197). Intrinsic religiousness (religious commitment or motivation, getting close to God) was associated with fewer depressive symptoms (Lorenz *et al.*, 2019:8). Non-organized religious activities performed in private such as praying and

reading sacred books also buffered the impact of stressful life events on the severity of depressive symptoms (Lorenz *et al.*, 2019:8).

3.5.1 Spiritual growth

There are a few studies in which an attempt has been made to understand what makes religious/spiritual struggle a source of improved functioning or a source of mental problems (Holcomb & Nonneman, 2004:93; Zarzycka & Zietek, 2019:1072). Holcomb and Nonneman's study showed that during difficult times undergraduate Christian students were lead to develop spiritually (Holcomb & Nonneman, 2004:93-103). Interestingly, a lack of optimum social support increased the risk of having conflicts regarding faith (Bryant & Astin, 2008:15). According to Pargament *et al.* there are three main factors that may lead to struggle or growth: the intensity of the struggle, religious involvement and the skill to cope with hard moments (Pargament *et al.*, 2006:121-137).

Another related concept is the term posttraumatic stress growth which was used for the first time in 1995 (Tedeschi & Calhoun, 1996:455-472) and which has been defined as “the experience of positive change resulting from the struggle with major life crises” (Calhoun *et al.*, 2010:9; Schultz *et al.*, 2018:2). It is the ability to making sense of traumatic experience instead of being harmed by the situation. Making sense of traumatic experience was associated with posttraumatic stress growth, finding greater meaning in life and increased life satisfaction (Schultz *et al.*, 2018:2). The stress caused by challenging life crises can also motivate individuals to engage in cognitive processing and work towards the transformation of core perceptions regarding the self and the world (Calhoun *et al.*, 2010:9; Valdez & Lilly, 2014:218). Tedeschi and Calhoun (1996:458) recognized five domains of growth in the Posttraumatic Growth Inventory, namely “personal fortitude, relational intimacy, spiritual change, valuing life, and new possibilities”.

Religion/spirituality can provide a meaning system that gives guidance when dealing with distressful life events (Appel *et al.*, 2019:1-17; Falb & Pargament, 2014:143). A study done with survivors of sex trafficking showed that positive religious coping was associated with posttraumatic stress growth (Schultz *et al.*, 2018:2).

3.6 THE IMPORTANCE OF DEALING WITH RELIGIOUS/SPIRITUAL BELIEFS WHEN WORKING IN THE FIELDS OF HUMANITARIAN AID AND IMMIGRATION

The number of atheists in the world is greater today than ever before. Furthermore, the percentage of those who are religious fell from 77% to 68% between 2005 and 2011 (Nuwer, 2014). Nonetheless, religious/spiritual beliefs and practices are still an important component of many people's lives. In the most recent global survey, 62% of the world's inhabitants defined themselves as religious (Forum, 2012; Gallup, 2017). Around 68% of the world's population, 4.6 billion people, see religion as an important factor in their daily lives (Forum, 2012; Gallup, 2017).

A survey was done on by *Gallup International Poll* on the most religious countries in the world, as defined by the percentage of the people in the general population who consider themselves devoted to certain religious belief. This is the most well-known and cited study on religious participation worldwide. The survey shows that there are more than 55 countries in the world where at least 90% of the population identify themselves as being religious (Gallup, 2017). Interestingly, almost all of the countries at or near the top of this list are from underdeveloped countries. Furthermore, most of these countries are very poor and/or living through a humanitarian crisis, representative examples being Afghanistan, Bangladesh, Yemen, the Democratic Republic of the Congo, Palestine, Pakistan, Somalia, Nigeria, Syria and so on (Gallup, 2017). The least religious countries in the world are the richest, such as China, Japan, Sweden, Norway, the Netherlands, Israel and The United Kingdom (Gallup, 2017). In terms of developed countries, the USA and the UDR are among the few countries which have a high percentage of religious people (Gallup, 2017).

In view of these statistics, it would follow that issues of religion/spirituality may be relevant to many clients who come for therapy. Religion/spirituality is not just sociodemographic factors, but as already pointed out in the previous chapter is an essential component for those who has. Between 1946 and 2014, 20 out of 49 Muslim countries (41%) have experienced civil war and 30 out of 100 Christian countries (27%) (Gleditsch & Rudolfsen, 2016:3). Countries whose inhabitants are predominantly Christian and are facing some kind of humanitarian crisis such as armed conflict, epidemics or natural disasters are Nigeria, the Democratic Republic of the Congo, Mozambique, Ukraine, Venezuela, Haiti, South Sudan, Ethiopia, Malawi, Ivory Coast and so on. Almost all those counties with the 20 highest murder rates in the world are Christian nations such as Honduras, Venezuela, El Salvador, Guatemala, Nicaragua, Lesotho, Burundi, Belize, Jamaica, South Africa, Mexico, Brazil and so on (World Population Review, 2019). The number of violent deaths in Brazil was higher than in the Syrian conflict in 2015. There were

58,383 violent deaths in Brazil while in the Syrian conflict 55,219 were reported. Furthermore, Brazil has one of the biggest Christian populations in the world (Worle, 2016).

Many of the countries in the world most affected by natural disasters, such as Malawi, the USA, Haiti, the Philippines and Zimbabwe have huge populations of Christians (Dillinger, 2018). In addition, the most recent natural disaster that killed many and displaced thousands of people happened in Mozambique in 2019.

In terms of gender-based violence (GBV), South Africa, a country in which Protestantism is the primary belief system, has one of the highest rates of violence against women and girls in the world (Stats SA, 2018). The latest data also showed that in 15 countries in Latin America and the Caribbean at least 3,287 women have been victims of femicide in 2018, (CEPALSTAT, 2018) in every case in countries where more than half the inhabitants are Christians. The main religion in Papua New Guinea is Christianity and according to a research report done by Darko *et al.* (2015) the magnitude of gender-based violence is considered to be of epidemic proportions. Over two-thirds of women have suffered some form of physical or sexual abuse in their lifetime and 41% of men admit to having raped someone (Darko *et al.*, 2015).

The list of countries that are most affected by AIDS shows that the top 10 are also predominantly Christian nations such as Swaziland, Lesotho, Botswana, South Africa, Namibia, Zambia, Mozambique, Malawi and Uganda (CIA, 2015). Ghana is a country that has more than 19,300,000 Christian believers amounting to 71.2% of the entire population. Unfortunately, it has also been one of the country's most guilty of violence directed at the LGBT community (Norman *et al.*, 2016). Members of the LGBT population have frequently been the victims of psychical violence, psychological abuse and discrimination in their daily lives because of their sexual orientation (Norman *et al.*, 2016).

These statistics show that even in countries where there are no armed conflicts or humanitarian crises, people have been exposed to different kinds of suffering. It would follow that issues of religion/spirituality may be brought to a therapeutic setting since stressful or traumatic events can affect the social, physical, psychological and spiritual well-being of individuals. Furthermore, according to a Pew Research Centre survey, there were 2.19 billion Christians in the world in 2010 and regardless of where they were born suffering will also be a part of their lives, perhaps caused by existential crises, the death of loved ones, unemployment, the breaking up of relationships, aging problems, illness and so on (The Pew Research Center, 2012). The idea here is not to pathologize suffering since there are studies which have shown that the number of people who might develop a mental illness such as PTSD during a traumatic event is not high. However, it is necessary to highlight that suffering can both arise from religious/spiritual issues and also be a source of resilience and for these

reasons clinical psychologists, regardless of their personal faith, should be prepared to address issues arising from their clients' cultural diversity. International organizations such as MSF, UNICEF, ACNUR, Save the Children, ICRC and even some Christian organizations such as World Vision and Samaritan Purpose are present in those countries already mentioned that have a significant Christian population. Mental Health services have been integrated into humanitarian aid projects and most of the psychologists are expatriates from western countries that may not have the same faith.

3.7 SUFFERING IN PSYCHOLOGY

3.7.1 Psychic, psychological, emotional and mental health suffering

Psychological suffering can be caused for many different reasons such as chronic pain (Weyer, *et al.*, 2013:1135), the death of a loved one (Gudmundsdottir, 2009:253; Snaman *et al.*, 2016:2758), living in a war zone (Murthy & Lakshminarayana, 2006:25-30), being diagnosed with a severe disorder (Brownley *et al.*, 2015:964-971), experiencing loss (Caplan, 1990:31), being a survivor of sexual abuse (Srivastava *et al.*, 2017:2), experiencing existential suffering (Bates, 2016:268-273), having a traumatic and neglectful childhood and so on. Many psychologists agree that the goal of psychotherapy is to alleviate and relieve the client's suffering (Cabos, 2014:205; Eriksson, 1992:119). Psychologists are often invited to facilitate the process of working through emotional suffering that arises through events in individuals' lives (Bolger, 1999:342). Each day more psychological problems arise out of attempts to avoid the suffering that occurs as a consequence of living (Bolger, 1999:342).

Psychache is referred to as the "hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. It is intrinsically psychological- the pain of excessively felt shame, or guilt, or humiliation, or loneliness, or fear, or angst, or dread of growing old or dying badly" (Rizvi *et al.*, 2017:160; Shneidman, 1993:53). According to Cabos (2014:217) there are two kinds of suffering, one that belongs to human life which should not be pathologized and the other that deprives the individual of his autonomy - the latter being the kind of suffering that should be addressed by psychologists. Reich (1989:87) also pointed out that the psychologist should concentrate on the client's 'suffering so that the client can recover his autonomy.

Some authors highlighted that patients' suffering has been overlooked or not made a priority in therapeutic settings by some mental health professionals (Bray, 2010: 355-369; Miller, 2004:43). According to Freud (1978:309), the aim of the analysis is transforming hysterical misery into ordinary misfortune.

Much will be gained if [psychoanalysis] can succeed in transforming hysterical misery into common unhappiness. With a mental life that has been restored to health [the individual] will be better armed against that unhappiness

This means that the outcome of treatment is not conceived of as the attainment of happiness but as the reduction of suffering (Thompson, 2004:134). In the literature, psychological suffering has been referred to by means of different terms such as mental suffering/pain, psychic suffering/pain, emotional suffering/pain emptiness and internal perturbation (Tossani, 2012: 67). Loeser (2000:52) states that:

...suffering can be the result of pain, or it can be engendered by many other states, such as fear, anxiety, depression, hunger, fatigue, or loss of loved objects. Suffering exists only in the mind and the vents that lead to suffering will differ from one patient to another..... We must ask the patient and listen to his or her narrative to find suffering.

Freud (1997/1926:417) also worked on the theme suffering, but he called it pain. According to Freud there were a difference between pain and anxiety: "pain is thus the actual reaction to loss of object, while anxiety is the reaction to the danger which loss entails and, by further displacement, a reaction to the danger of the loss of the object itself"

Frankl's concept of suffering is related to a feeling of emptiness due to loss of meaning in life, highlighting that psychological struggles come from existential frustration (Frankl, 2006:121; Tossani, 2012:68). For Frankl "existential frustration is in itself neither pathological nor pathogenic. A person's concern, even his despair, over the worthwhileness of life is an existential distress but by no means a mental disease" (Frankl, 2006:123). In Frankl's view, an individual's fundamental concern should not be to avoid suffering and look for pleasure but search for a sense of meaning in life (Devoe, 2012:34; Tossani, 2012:68). Suffering ends when a meaning is found for it (Frankl, 1962:78). Since suffering is inescapable, people should find meaning in it, otherwise such experiences can cause unbearable despair, increasing the chances of wishing to die and having suicidal thoughts. Frankl writes, "despair is suffering without meaning" (Frankl, 1985:137). The difference between despair and meaning is "the attitude we choose toward suffering" (Frankl, 1967:24). During overwhelming times people have free-will to choose to search for a meaning to their suffering. Frankl (1985:125-126) named this choice "attitudinal values" and he explained this term as follows, stating:

Caught in a hopeless situation as its helpless victim, facing a fate that cannot be changed, man still may turn his predicament into an achievement and accomplishment at the human level. He thus may bear witness to the human potential at its best, which is to turn tragedy into triumph.

Frankl, as a survivor of the Holocaust, remembers the negative and the positive reactions that prisoners had to suffering in the concentration camps (Lent, 2015:1). He wrote that an individual “may remain brave, dignified and unselfish. Or in the bitter fight for self-preservation he may forget his human dignity and become no more than an animal” (Frankl, 2006:107). Frankl’s question would be: What kind of attitude will an individual have towards suffering? Will they become bitter or better because of it? (Lent, 2015:2).

Definitely, suffering is not a pleasure and it is not good. It is an abnormality in the world, but it can be turned into good by the way an individual bears up under it (Lent, 2015:2). In order not to make suffering senseless it is necessary instead to make sense of suffering (Lent, 2015:2). According to Cassel “suffering is experienced by persons, not merely by bodies, and has its source in challenges that threaten the intactness of the person as a complex social and psychological entity” (Cassel, 1982:639).

In terms of existential suffering, the most common themes according to Bates include “lack of meaning or purpose, loss of connectedness to others, thoughts about the dying process, struggles around the state of being, difficulty in finding a sense of self, loss of hope, loss of autonomy, and loss of temporality” (Bates, 2016:269).

According to Fleming (2006:195), mental pain and psychic suffering are two different concepts in psychoanalysis and should be used to name separate emotional experiences of the client. The author propose that mental pain is experienced when the client lacks the capacity to suffer and that psychic suffering is related to the client’s ability to engage in the containment and mental elaboration of painful emotions (Fleming, 2006:199). Mental pain is an undefined sensation that the client is not able to describe in words and which cannot be explained by the client to another. On the other hand, psychic suffering can be elaborated by the clients’ mental apparatus, its nature can be communicated and the client can feel some relief when he talks about his psychic suffering to others (Fleming, 2006:199).

3.7.2 The pathologizing of suffering

Suffering has not been the main topic discussed in the field of psychology and only a few recent scholars have written on this subject. It is quite difficult to find articles or any papers written in the last ten years that have raised these issues. On the other hand, there has been a vast literature on positive psychology and positive interventions aiming to facilitate the pursuit of happiness and well-being (Wong & Roy, 2018:142). Some scholars, especially humanistic psychologists, have criticised this kind of psychology and one of the main reasons has been its neglect of the negative emotions and suffering that can be caused by poverty,

inequality, injustice, repression and other social problems (Held, 2004:17; Wong & Roy, 2018:142). The belief that the positive psychological approach can replace negative experiences with positive ones in which negative thoughts about the self have been eliminated through the use of specific techniques (Davies, 2012:47; Wong & Roy, 2018:143) has been criticised since negative thoughts about the self could also reveal factors about the individual and guide him or her so as to enable change and transformation in ways that are necessary.

Greenberg and Safran (1987) were pioneers regarding research on psychotherapy as applied to the process of working through suffering. They highlighted a model which identifies “allowing pain” in terms of accepting and owning painful feelings in psychotherapy sessions as an essential element of the process of change (Bolger, 1999:342; Greenberg, 1997:59). Allowing pain to be felt leads to the “identification of needs and dysfunctional beliefs, and to a change in the client’s view of self and of other” (Bolger, 1999:343; Greenberg, 1997:59).

Scholars also have criticized dichotomous thinking which separates the positive and negative experiences on which psychologists focus from one another (Lomas & Ivtzan, 2016:1753; Wong & Roy, 2018:143). Those scholars agree that both negative and positive experiences contribute to human survival and well-being. Studies have shown that there are advantages to having negative experiences (Lomas & Ivtzan, 2016:1754; Woolfolk, 2002:19-27) and disadvantages to having positive ones. For instance, positive qualities such as optimism and self-esteem can sometimes be detrimental to wellbeing, while negative experiences such as anxiety may be beneficial (Lomas & Ivtzan, 2016:1754; Woolfolk, 2002:19-27).

James Davies, a psychotherapist, anthropologist and author of the book *The Importance of Suffering* (2012) shares the idea that a certain amount of suffering is essential to human existence. Not all suffering is pathological, and fearing and avoiding emotional dissatisfaction can steal opportunities for self-awareness and psychic growth (Akhtar, 2014:373). According to Davies (2012:49) “this fear undermines the more tolerant and healthy relationship to suffering we need to adopt if we are to discern our suffering’s productive worth”. Davies distinguishes between two kind of suffering, “unproductive suffering” and “productive suffering” (Davies, 2012:72-80). The former is caused by “secondary problems” such as alcoholism, self-cutting and the latter is caused by “primary problems” which are internal conflicts and anxieties. “Productive suffering” allows for new discoveries and constructive psychological transformation and can be the turning point in self re-integration (Davies, 2012:153-163). On the other hand, “unproductive suffering “is empty of concern for oneself and others.” According to Davies, avoiding the productive suffering caused by internal conflict and anxieties

can have adverse consequences (Akhtar, 2014:274). Davies' main criticism concerns medicalization due to the pathologizing of suffering (Davies, 2012:154).

Modern society and a culture that is afraid of emotional discontent/pain such as unhappiness, boredom, frustration and disappointment and which creates strategies to avoid anything negative has underestimated the meaning that suffering can have. Our society has minimized and marginalized suffering (Eisold, 2013:131). Robert Spitzer, a psychiatrist and one of the major forces behind the creation of the Diagnostic and Statistical Manual of Mental Disorders (DSM), stated in an interview that "we made estimates of prevalence of mental disorders totally descriptively, without considering that many of these conditions might be normal reactions which are not really disorders" (Eisold, 2013:131). Spitzer claimed that 20% or 30% of cases which were medicalised by being diagnosed as cases of mental illness could have been instances of ordinary human sadness and fear and, therefore, normal experiences (Eisold, 2013:131).

However, it is not only the psychiatric industry that feeds the avoidance and negation of suffering but also a "mass culture" that involves consumerism and conformity, the cosmetics industry and the entertainment industry all of which try to draw attention away from emotion pain. In 1930 Karl Jaspers, Max Horkheimer, Herbert Marcuse and others also talked about the problem of avoiding suffering.

Davies has highlighted important points to be noted by clinical psychologists and any other professionals who work in the mental health industry, especially regarding the dangers of minimizing the suffering that is a normal part of life. The normal suffering that he mentions is the product of normal states of affairs in daily life such as disappointments, losses, failures, rejections and criticisms (Eisold, 2013: 133).

Judith Viorst in her book *Necessary Losses* (2002) highlighted that losses are inevitable, universal, unavoidable, inexorable and a necessary part of human life. Losses are not only related to death but are also present in many stages of life (Viorst, 2002:3). Losses involve suffering but also the possibility of growth by losing, leaving and letting go. There is a deep connection between losses and gains and passionate investment makes people vulnerable to loss (Viorst, 2002:3). The necessary losses mentioned by Viorst are separations and departures from loved ones, the loss of our dreams and the frustration of our plans, the loss of youth and health, the loss of worldly possessions and the final loss that is death (Viorst, 2002:3).

3.8 SUMMARY AND CONCLUSION

In the literature there are plenty definitions of the terms religion and spirituality. For a long time, these two terms were used as synonyms, but recently they have been defined as different concepts. Spirituality has been seen as a way to describe subjective experiences of transcendence and does not need to be linked with an institution such as a church. In the field of psychology, spirituality does not need to be related to the Divine but can be the product of personal experience and a journey in search of fulfilment, meaning in life, purpose and so on. On the other hand, religion is more related to an organized system of beliefs, behaviours, values and practices oriented toward the sacred and it is connected with a faith tradition and community. Nowadays in the field of clinical psychology there is a common agreement that religion/spirituality is an aspect of cultural diversity.

Researchers have shown that religion/spirituality can be a protective factor but that it can also be a source of stress for some individuals in some situations in life. Stressful or traumatic experiences can have a holistic impact on an individual's life, including its social, psychological, physical and spiritual/religious dimensions. During overwhelming experiences religious/spiritual struggles or concerns can arise causing significant discomfort and have harmful consequences for the daily functioning of individuals. Religious/spiritual concerns can be defined in terms of feeling confused, frustrated, mistrustful and angry towards God (Exline *et al.*, 2011:130). Perceptions of God can change, and the once loving and compassionate Divine presence is now seen as a distant, unresponsive, revengeful and punitive God.

During religious/spiritual struggle believers can come to think that God has abandoned them or that God is punishing them for committing sins and have doubts about God's existence and power (Appel *et al.*, 2019). Religious/spiritual struggles are associated with numerous negative outcomes, including depressive feelings, suicidal behaviour and thoughts, feelings of guilt, social dysfunctions, an increase in anxiety, a diminished sense of meaning and purpose and dissatisfaction with life (Currier *et al.*, 2018: 94; Park *et al.*, 2017:215).

However, as already pointed out, not everyone uses religion/spirituality as a negative coping strategy. Studies have shown that religion/spirituality can be an essential protective factor for those who have undergone traumatic and stressful experiences. Religion/spirituality is a protective factor associated with resilience. Resilience is the ability to "bounce back," to recover and maintain adaptive behaviour after a stressful event. There are numerous definitions of resilience in the field of psychology, most of them coming from the area of developmental psychology since the majority of studies on resilience have focused on children and adolescents. However, studies in which major contributions were made have been multi-disciplinary enterprises in which the dynamics of resilience have been investigated across

entire lifespans and have focused not only on individual traits but also on family and community factors. Religion/spirituality has been used as a positive coping strategy in recuperating from severe mental illnesses, helping to decrease symptoms of anxiety, depression, or psychiatric symptoms more generally (Corrigan *et al.*, 2003:496).

In difficult times religious/spiritual beliefs can be a source of strength, comfort and hope and give a sense of community and belonging (Malone & Dadswell, 2008:2) foster social solidarity and a sense of responsibility, encourage displays of empathy, altruism, compassion and provide models that help in creating peace, harmony and order at both the individual and the community level (Jakovljevic, 2017:240). Healthy religion/spirituality can produce constructive social and cultural transformation through acts of mercy and compassion (Jakovljevic, 2017:241; Levin, 2009:77).

Religious beliefs and values can also help parents with regards to providing healthy and supportive parenting. Such beliefs can provide a sense of meaning, encourage self-control and give comfort by means of a relationship with God sustained through prayer and messages from scripture. Since religion/spirituality is an important component of life for some clients, capable of being either a source of protection or stress, this subject cannot be excluded from consideration by psychologists but should be explored and addressed in the therapy room. Even though the number of atheists has been increasing, religion/spirituality is still present and part of life of for millions of people around the world. There are huge populations of Christians who live in stressful and high-risk environments such as armed-zones and areas that have experienced various problems such as natural disasters, high rates of criminality, epidemics, starvation and so on. To live in such environments can have a great impact on individuals' lives, and for this reason more and more NGOs and governments have created projects that integrate mental health services in order to provide holistic services to such people. The number of clinical psychologists working in the humanitarian field in developing countries is quite small and expatriate psychologists have been employed to work in such settings. For this reason, those professionals should be prepared to take clients' cultural diversity into account, assessing clients' spiritual and religious struggles or and coming to an understanding of how their faith can be a protective factor supporting their well-being and mental health.

The theme of suffering has not been much addressed recently in the field of psychology. On the other hand, there has been a vast literature on positive psychology and positive interventions intended to facilitate the pursuit of happiness and well-being. Some scholars have criticized these interventions for neglecting clients' suffering and paying attention only to positive experiences, including positive thoughts and great achievements. Many scholars

have agreed that both negative and positive experiences contribute to human survival and well-being. The danger of denying normal suffering is that professionals can be lead to pathologize normal human reactions such as sadness, grief, anxiety and negative thoughts. One of the most well-known experts in the field of psychiatry, Robert Spitzer, a member of the task force that created DSM mentioned that 20% or 30% of cases diagnosed as instances of mental illness could have been examples of normal suffering such as sadness, fears and feelings of anxiety.

Psychologists are called on to facilitate the process of working through emotional suffering. Emotional suffering can also be referred to as mental or psychic suffering or pain. Some scholars also use the term *psychache* for psychological suffering that involves losses, hurt, deprivation of autonomy, the results of pain, states of fear, anxiety, fatigue and the lack of a sense of meaning.

Most of the time, suffering is cause by losses: the loss of a heathy body, the loss of a loved one, the loss of a dream, the loss of a relationship and many other losses that life brings to every human being since some of them are inevitable. Denying or avoiding losses may not help clients to achieve normal functioning but in fact do the opposite and result in negative outcomes. For this reason suffering, regardless of whether it be physical, emotional, social or spiritual should not be overlooked but addressed by psychologists in therapeutic settings.

CHAPTER 4

BIBLICAL THEOLOGICAL CONCEPTION OF SUFFERING AND RESILIENCE IN THE HISTORICAL CONTEXT OF JESUS CHRIST

The Darker the Night

The darker the night,
The brighter the stars,
The deeper the grief,
The closer is God.

Fyodor Dostoevsky (1821-1881)

4.1 INTRODUCTION

In chapter three of this study, the concept of suffering, resilience and spirituality was described in the field of psychology, answering the interpretative question (Osmer, 2008:4) “*Why is this going on?*” This chapter will answer the normative task “*What ought to be going on?*” (Osmer, 2008:4), with the research question being: “What is the Biblical theological conception of suffering and resilience in the historical context of Jesus Christ?”

The normative task proposed by Osmer aimed to present a theological perspective taking into consideration the dependence on the Holy Spirit’s guidance in this process, thus making use of prophetic discernment (Osmer, 2008:133). Following Osmer’s idea, the objective of this chapter is to explore the biblical-theological view of Christ’s suffering and to identify His main resilience features. The study will give special attention to Christ’s suffering in the passion narrative of the four Gospels by using Biblical Commentaries from different authors. The theme of resilience will be worked through an interplay between biblical perspective and resilience theory searching for Christ’s resilience factors.

The concept of suffering will be investigated by a theological perspective using relevant reformed theologians who have not only written about the theme but also went through a deep experience of suffering in their personal life, such as the theologians Moltmann and Bonhoeffer.

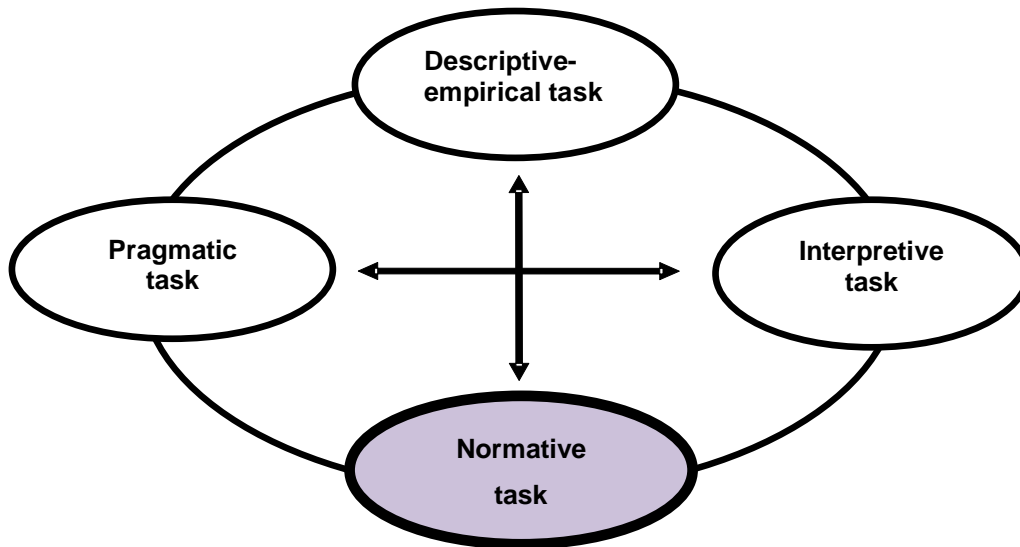


Figure 4-1: The normative task (Osmer, 2008:11)

4.2 METHODOLOGY OF THE NORMATIVE TASK

The current chapter will attempt to align the results from both the descriptive and interpretive tasks with normative research. By investigating the themes from the preceding chapters, the normative task will be explored by conducting exegetical studies of Biblical scripture relating to Christ's suffering in the passion narrative.

Osmer (2008:138) describes the normative task's spiritual and practical discernment as "actively seeking God's guidance and sorting out what ought to be done in certain episodes, situations and contexts." In order to explore the biblical-theological view of Christ's suffering and to identify His main resilience features, one should give an account of Jesus' suffering and resilient features from Gethsemane to Golgotha. The method of exegesis to be followed for this study is the grammatical historical approach recommended by De Klerk and Van Rensburg (2005). The normative perspectives gained from the exegesis will be compared to the interpretive perspectives thereby determining how worldly wisdom appropriately relates to, and interacts with the Wisdom of God (Osmer, 2008:162). Osmer (2008:4) states that one can make use of theological concepts and learn from "good practice" in order to interpret a situation and to guide one's response.

4.3 NORMATIVE PERSPECTIVES FROM SCRIPTURE

4.3.1 The conception of a suffering God through the doctrine of impassibility and passibility

No book has ever mirrored the intensity of human suffering, its amplitude and universality, its varied forms and its bewildering perplexities as Scripture did (Fitch, 1967:56). The scripture reports the suffering of women and men, of people from different socioeconomic classes, of sinners and non-sinners and even God did not escape from pain and suffering.

The doctrine of impassibility was a strong perception for many theologians in the past. In the doctrine of impassibility God is not capable of suffering and the idea is that God is viewed “as a self-protecting monarch, unmoving, unchanging and suffering” (Fiddes, 2002:2).

The doctrine of impassibility was greatly influenced by Greek philosophy where God is perfect, omniscient, unchangeable in his essence and for these reasons cannot be subject to human emotion. That means, different to the pagan and agnostic gods, God was immutable and he was never overwhelmed by passions (Little, 2016:1).

Weinandy (2000:111), a theologian of the modern era, comments on the doctrine of divine impassibility:

For the Fathers, to deny that God is passible is to deny of him all human passion and the effects of such passions which would in any way debilitate or cripple him as God. Thus, to say that God is impassible is again to ensure and to accentuate his perfect goodness and unalterable love.

In addition, Prestige (1968:7) earlier said:

It is clear that impassibility means not that God is inactive or uninterested, not that he surveys existence with Epicurean impassibility from shelter of metaphysical isolation, but that his will is determined from within instead of being swayed from without. It safeguards the truth that the impulse alike in providential order and in redemption and sanctification comes from the will of God.

Two important historical surveys, one from Brasnett (1928), *The suffering of the Impassible God*, and another from Mozley (1926), *The Impassibility of God*, were essential for the change of view on the doctrine of impassibility. The latter was commissioned by the Anglican Archbishops` Doctrine Commission because it highlighted the passibility doctrine of God`s capacity for suffering.

Karl Barth also asserted God`s passibility to be an essential implication of God`s self-revelation in Christ (Jungel, 1983:43). Barth`s conception of suffering is based on the “economic trinity” that involves the ‘analogy of relations’ between God ‘in himself’ and ‘God for us’ (Barth, 1975:372). Barth works on bringing the inner and outer being of God together (Fiddes,

2002:116) where he highlights that “as Father, Son, and Holy Spirit God is, so to speak, our in advance” (Barth, 1975:383). About this, Fiddes (1988:117) states “Barth believes that ‘God in himself’ cannot in fact be separated from ‘God for us’ since God has chosen to be for us”. Since he chose to be ours in advance, he also exposed himself to suffering and death. As Barth put it, “God wills to lose in order that man may gain” (Barth, 1975:163):

In giving Himself to this act He ordained the surrender of something, i.e., of His own impassibility in the face of the whole world which... can only be the world of evil. In Himself God cannot be affected either by the passibility or by the reality of that will which opposes Him... But when from all eternity He elected to be one with man in Jesus Christ, He did it with a being which was not merely affected by evil but actually mastered by it... What a risk God ran.

The conception of a suffering God also brought about the idea of a helpless God incapable of supporting those who suffer in the world. Regarding this argument Fiddes states: “Thus we must attempt to think coherently about a God who is suffering and weak, and yet who remains recognizably God within the Christian tradition of strength through weakness” (Fiddes, 2002:2).

Weinandy (2000:84) in his book *Does God Suffer* confirms that all the fathers, including the most heretical, strongly believed that God is impassable. The reason why the early fathers thought this is related to the idea of divine immutability. Helm (1989:120) explained that, “God cannot change or be changed, and a *fortiori* God cannot be changed by being affected. So, that impassibility is a kind of immutability”. Calvin does not disagree with the doctrine of the impassibility of God as depicted in patristic theology. Calvin once commented about God’s “repentance.” Calvin (1957:17-13) explained that the representation of the divine Being is:

...accommodated to our capacity so that we may understand it. Now the mode of accommodation is for him to represent himself for us not as he is in himself, but as he seems to us. Although he is beyond all disturbance of mind... Whenever we hear that God is angered, we ought not to imagine any emotion [i.e., passion] in him, but rather to consider that his expression has been taken from our own human experience.

The doctrine of God’s passibility was hugely influential after the First World War. The idea of a God becomes matter, the word becomes flesh, the king becomes servant, the divine becomes human through Jesus Christ, is to identify with those who suffer (cf. Phil 2:6-8). By living on earth, Christ was not spared from human suffering; on the contrary, He took upon Himself the suffering of all mankind. It was not in the midst of riches and luxuries, that Christ learned obedience to His Father, but:

...He was made perfect through suffering. He freely submitted Himself to the agony of the Cross, and He suffered there for all men. In doing so, He drained the cup of suffering to the dregs. Suffering became Him. God used suffering to prepare Him for the ultimate sacrifice. He became incarnate that He might learn obedience. This is the credo of the Christian. Christ Himself has suffering at the deepest depths. Therefore, He understands. Therefore, He can succour the sufferer and the tried (Fitch, 1967:73-74).

According to Lee, God craved for reconciliation with humanity and this “drive for reunion” made God to be a passible God, which means, being able to suffer. Lee (1974:34) defines passibility and impassibility as:

The capacity or incapacity of bound to the body, while suffering is in terms of a loving relationship bound to time. Thus, it is irrelevant to attribute pain to God, who is Spirit. Nevertheless, suffering can be attributed to Him, who loves us in Christ. Suffering can be divided into two categories: voluntary and involuntary suffering. The former is often called redemptive suffering, while the latter is penal suffering. When we attribute suffering to the divine, we mean the former, namely the pure form of vicarious and redemptive suffering.

The suffering of God plays an important role in the understanding of human suffering. Moltmann (1974) highlights the importance of God’s suffering and Christ’s death and how this event must be meaningfully interpreted for Christianity to express a saving God who is love. As Moltmann (1974:230) states: “Were God incapable of suffering in any respect, and therefore in an absolute sense, then he would also be incapable of love”.

4.3.2 The Christology of suffering presented by Dietrich Bonhoeffer

Dietrich Bonhoeffer (1906-1945) was a German theologian who was executed in a World War Two Nazi concentration camp when he was 39 years old. He also made a great contribution to the understanding of the theme of suffering. His contribution on this theme is not only by using his great theological academic knowledge but also through his own personal experiences of deep suffering. The centre of Bonhoeffer’s Christology is the concept of vicariousness (*Stellvertretung*) which involved action and suffering (Reimer, 2006:503). According to Bonhoeffer the word vicarious means to be put in place of another, referring to Christ’s action of voluntarily taking the sins of humanity through his deep suffering that was present through his incarnation in human form and his crucifixion, as well as the victory through the resurrection (Bonhoeffer, 2009:120). It is not just a soteriological concept applied only to the cross but also an anthropological analogy in which vicariousness (*Stellvertretung*) implies acting responsibly on behalf of others and communities (Bonhoeffer, 2009:120). Some theologians suggest that Bonhoeffer’s perspective on both God’s and human’s vicarious

suffering correlate with Anselm's theory of atonement (Reimer, 2006:499). For Bonhoeffer, Christ's life and death is the model concept of "vicarious representative action" (Reimer, 2006:352). The main idea of Bonhoeffer in the "vicarious representation action" is a God who suffers for the world and Jesus as a "man for other". This idea is found throughout all of his writings: *Christ the Center* (1933), *The Cost of Discipleship* (1937), *Ethics* (1943) and *Letter and Papers from Prison* (1944) (Reimer, 2006:504).

For Bonhoeffer, God suffers in solidarity with all who suffer. His suffering on the cross was to reconcile the world, thus influencing human beings to be like God and become involved in the world's reconciliation in an unjust and unequal society (Bonhoeffer & Eberhard, 1995:208-209; Reimer, 2006:504).

Through Jesus' example of selfless love, taking on the sins of the world, he thereby "enters into the guilt of men and takes this guilt upon Himself" so likewise humans should also take on the sin and guilt on behalf of others (Bonhoeffer & Eberhard, 1995:216; Reimer, 2006:505). Jesus who acted on behalf of others, willing to suffer the consequences; and humans should copy his action. Bonhoeffer states:

God lets himself be pushed out of the world on to the cross. He is weak and powerless in the world, and that is precisely the way, the only way, in which he is with us and helps us. Matt 8.17 makes it quite clear that Christ helps us, not by virtue of his omnipotence, but by virtue of his weakness and suffering (Bonhoeffer *et al.*, 2010:360-361).

According to Bonhoeffer, what differentiates Christianity from other religions is not a uniqueness of superiority over other religions but "The Bible directs man to God's powerlessness and suffering: only the suffering God can help (Bonhoeffer *et al.*, 2010:381). What makes Christianity unique is the "truth of a way of life, in which suffering, weakness and vulnerability become normative" (Reimer, 2006:506).

In prison, Bonhoeffer elaborated on the expression of "life for other" highlighting that "Jesus [was] there only for others" (Bonhoeffer *et al.*, 2010:361). A life lived for others, means vicariously taking upon oneself the sin and guilt of the world and acting responsibly for others (Reimer, 2006:506).

4.3.3 The Christology of suffering presented by Moltmann

The German theologian Jurgen Moltmann also contributes to the theme of suffering in the field of theology. His vast theological knowledge plus his personal experience of suffering will be extremely important in this study. In his books *The way of Jesus Christ* (1993) and *Jesus*

Christ for today's world (1994), he emphasizes God's suffering through the suffering of Jesus on behalf of the creation.

Moltmann's theology of hope presents a God who becomes a passible God through his Son in which taking onto himself all kinds of sorrow and anguish and substituting it with hope. In Christ's passion that involves the deepest suffering (Moltmann, 1994:36-40). The Father brings the reconciliation between Him and His creation, showing a God who has empathy for those who experience intense pain and whose love leads Him to suffer with and for them (Moltmann, 1994:44). According to Moltmann *the theology of the Cross* is not only Jesus who experienced the pain but there is also a Trinitarian suffering in which Father, Son and the Holy Spirit also suffered in order to reunite the creation with the creator (Moltmann, 1994:40).

In the cross an unconditional love is expressed through the suffering God who gave up His Son, as well the suffering of the Son who underwent God forsakenness (Matt 27:46). However, in Christian theology this is not a tragedy but a history of love when the divine gave of Himself in order to have solidarity with and for those who suffered and still suffer in our times. The passion of Christ expresses God's suffering as the creation suffers and is a demonstration of solidarity in suffering.

The theology of the Cross, that is pivotal in Christian faith denied a life base in the idyllic and without suffering, but sees suffering as a way in which Christians reach oneness with God who gave the promise of never undergoing God forsakenness; since God present in the Trinity (Father, Son, Holy Spirit) is always present in the suffering of His creation, being with and for them.

In the midst of different kinds of suffering caused by wars, epidemics, poverty, social inequality, losses and so on, a milieu of hopelessness and feelings of loneliness and abandonment develops. The theology of the Cross makes it possible for the Divine to equate with the suffering of humanity and creation, it offers hope during immense sorrow and pain (Moltmann, 1994:37-41).

Moltmann highlights that in his personal experience with suffering in the concentration camp he understood that suffering and hope are intertwined supporting each other, since hope allows human beings to better accept suffering without denying the existence of pain (Moltmann, 2004:10).

Moltmann, in his own personal suffering during World War II, had also questioned God when hell was in front of him. When he was under the hail of bombs that rained down on his hometown, Moltmann (1994:31) said:

In that hell I did not ask: Why does God let this happen? My question was: my God, where are you? Where is God? Is he far away from us, an absentee God in his own heaven? Or is he a sufferer among the sufferers? Does he share in our suffering?

Where was God in the moment that His Son most needed him? Where was God when 11 million people, including Jehovah's witnesses, homosexuals, Jews, Gypsies and people with physical and mental disabilities were killed during the holocaust? Where has God been in the 21st century when in 2016 alone more than 3771 lives were lost in the Mediterranean (UNHCR, 2016).

God is a sufferer as well for two main reasons. First, in the self-surrender of Jesus, God suffered the death of his own Son. Forbes (2008), a Brazilian psychiatrist and psychoanalyst, describes the death of a child as the worst human situation. There is nothing symbolic for the bereaved person to work through. You die together with the beloved one.

In the Christology of suffering presented by Moltmann, God is present in the suffering of humanity regardless of the kind of suffering and relates that suffering with the suffering of Christ. God not only understands the suffering, but also participates in it and through his own Son's experience of death and resurrection gave the entrance for hope (Moltmann, 1967:10-13; 1994:42-43).

Regarding the rejection of Jesus's plea by God, Moltmann (1994:34) claimed "it was the real torment in Christ's passion. Being abandoned by God was the cup which did not pass him by. The terrible silence of God in response to Christ's prayer in Gethsemane was more than a deathly stillness." How could Jesus handle this agony that some witnesses said triggered 'bloody sweat'? He endured the agony through his self-surrender (Moltmann, 1994:34) and prayed: "Not my will, however, but your will be done" (cf. Luke 22:42).

4.4 JESUS SUFFERING IN THE PASSION NARRATIVE

4.4.1 The agony in the Garden

Jesus's passion narrative is recounted in the four gospels Matthew, Mark, Luke and John, but the Old Testament also echoed Jesus's passion. There are meaningful Old Testament passages that find their fulfilment in Jesus's suffering and passages that Jesus himself quoted in the passion narrative such as Isaiah's suffering servant (Isa 53), Psalms (cf. Ps 8:2/Matt 21:16; Ps 118:22–23/Matt 21:42; Ps 110:1/Matt 22:43–44; Ps 57:1/Matt 23:37-39; Ps 82:6–7/John 10:34–36; Ps 41:9/John 13:18; Ps 35:19/Ps 69:4/John 15:25) and the allusion of the

Son of Man in Daniel 12:1-2 in which he will rise after being killed and will bring glorious days of resurrection at the end time (Bolt, 2004:49-50).

Jesus's suffering was not only or exclusively during his last days, but the style of life that Jesus chose, was a life that always did the Father's will. This led him to rejection, betrayal, denial, mocking, abandonment, pain, and death. Jesus's ministry provokes conflicts with the religious authorities causing them to plan Jesus's death (Mark 3:6; 11:18).

Galilee was the centre of Jesus's ministry, Jerusalem was the scene of his passion and death (Stephen, 2016:22). In the passion narrative, Gethsemane became one of the main scenes of Christ's suffering. It is Gethsemane where Jesus prayed his prayer of lament "begging" God to take the cup away from him (Mark 14:36).

The use of the word cup is also related to God's wrath in the Old Testament (Hab 2:16; Isa 51:17, 22; Ezek 23:31-34). Not only the nations who should drink the cup, but Israel also experienced the cup (Bolt, 2004:104-105).

- "Awake, awake! Rise up, O Jerusalem, you who have drunk from the hand of the Lord the cup of his wrath, you who have drained to its dregs the goblet that makes men stagger" (Isa 51:17).
- "See, I have taken out of your hand the cup that made you stagger; from that cup, the goblet of my wrath, you will never drink again" (Isa 51:22).

The cup word is echoed in Isaiah's prophecy about the suffering of the servant "he poured out his life unto death" (Isa 53:12). This new covenant through Jesus's blood is mentioned by the prophets in the Old Testament (Jer 31:31-34, Zech 9:11). Jesus suffering represented through his death and the shedding, or pouring, of his blood is the ransom that no one could pay or afford. Psalm 49 shows that God will redeem life from the grave through Jesus's death.

Jesus tells his disciples in the first-person indicative "I will strike the Shepherd and the sheep will be scattered" (Mark 14:27), which makes it a statement from God Himself. It is also mentioned in Zachariah 13:7 and it makes the same point as Isaiah 53:10 where God (the Father) as the One who will strike the Shepherd (the Son) (Bolt, 2004:107-108):

Yet it was the Lord's will to crush him and cause him to suffer, and suffer and though the Lord makes his life a guilt offering he will see his offspring and prolong his days and the will of the Lord will prosper in his hand (Isaiah 53:10).

The great distress is also mentioned in the Book of Daniel that in time of terrible suffering God's people will be delivered: "There will be a time of distress such as has not happened from the beginning of nations until then. But at that time your people- everyone whose name

is found written in the book – will be delivered” (Dan 12:1). Similarly, Jesus used almost the same words to mention this suffering: “those will be days of distress unequalled from the beginning, when God created the world, until now – and never to be equaled again” (Mark 13:19). Jesus highlights that there has never been such suffering in the history of humanity: “[The suffering] will be worse than any that has been experienced before, and will be worse than anything else to follow” (Bolt, 2004:109). In Christian faith no suffering will ever exceed what Jesus Christ experienced on the cross.

In Gethsemane Jesus displays Himself as a complete human, not an angelical character but a real human being, presenting with fear, sorrow and anguish: “...he began to be deeply distressed and troubled” (Matt 26.37), “My soul is overwhelmed with sorrow to the point of death” (Mark 14.33-34).

Gethsemane means “olive press” a secluded location on the Mount of Olives (Stephen, 2016:23). There Jesus was with his intimate companions: Peter, James and John; who witnessed Jesus in anguish and weakness as he faced the terrors of approaching death. In Gethsemane Jesus addressed God as “*Abba*” (Mark 14.36) an Aramaic word used in a way a child used to address their father. However as stated previously, in Golgotha Jesus didn’t call God as father (*Abba*) anymore but addressed Him as “*Eloi*”, that means My God (Mark 15.34; Matt 27:46). Could Jesus’s suffering have affected the way in which He approached God the Father?

- Three times the disciples fell asleep instead of keeping watch, they were meant to “watch and pray”. It is the same number of times that Jesus prayed to God that if possible, to take this cup from Him.
- Jesus predicts the failure of his disciples, not in order to show how fragile they are nor to judge them for their failure, but to highlight how serious this time would be. Nobody could bear such suffering, except one man, Jesus the servant of the Lord (Bolt, 2004:109).
- Even though Jesus could be the only one able to bear such suffering it does not mean that it would be easy, in Gethsemane Jesus started feeling the strain. The psalmist words in Psalm 42 are echoed in Jesus’s own words. The psalmist experienced being taunted in a way similar to the taunting Jesus will experience on the cross: “Where is your God? They asked him (Ps 42:3). The psalmist also, like Jesus, feels forsaken of God “Why have you forgotten me” (Ps 42:9).

The narrative of Mark portrays the three passion predictions (Mark 8:32; 9:31; 10:32-34) which displays the suffering that The Son of Man must suffer. Jesus was committed to fulfilling God’s plan and God would have known that this would require Him to pass through the depths of

suffering. Even in Gethsemane, on the night before his death, Jesus struggled with His destiny but followed the divine purpose “not my will, but yours, be done” (Mark 14:36)

The first passion prediction in Mark happened after Peter confessed Jesus as the Christ (Mark 8:27-29). Jesus highlighted that the Son of Man must die:

He then began to teach them that the Son of Man must suffer many things and be rejected by the elders, chief priests and teachers of the law, and that he must be killed and after three days rise again (Mark 8:31).

The victorious power of Jesus can only be understood and made known in the context of giving his life through the cross (Stephen, 2016:26). Jesus’s identity as the Son of God was uncovered in the pain of death, nailed on the cross after being tortured, abandoned and mocked. The idea of a God that would show himself through power, majesty and kingship was broken apart. The centurion comprehended that Jesus was truly the Son of God when he heard and saw Jesus cry and die; so he understood that: “Surely this man was the Son of God” (Mark 15:39). Jesus had many opportunities to show his identity as the Messiah and Son of God in a triumphant way. “So! You who are going to destroy the temple and build it in three days, come down from the cross and save yourself” (Mark 15:29-30), “He saved others, but he can’t save himself!, “Let this Christ, this King of Israel, come down now from the cross, that we may see and believe” (Mark 15:31-32).

Jesus was acutely aware of God’s omnipotence and in His prayer this is clearly showed “everything is possible for you...” (Mark 14:36), “all things are possible with God” (Mark 10:27). But Jesus knew his identity would be revealed in an unexpected way in the three passion predictions. Jesus was uncovered as the One who would suffer, die and be resurrected: “...the Son of Man must suffer many things and be rejected” (Mark 8:21, 9:12, 10:33).

4.4.2 The Betrayal and Arrest of Jesus

In the second passion prediction Jesus says to his disciples: “The Son of Man is going to be betrayed into the hands of men. They will kill him, and after three days he will rise” (Mark 9:31). In this prediction two new types of suffering are announced that Jesus will undergo: He will be “handed over” and he will be “betrayed.”

It is in the Gethsemane scene that Jesus experienced the betrayal and desertion of friendship. In the passion prediction Jesus knew that all his close friends would abandon Him, the same group of friends who was enjoying the Passover meal with him will betray Him, scatter, and deny him: “Then everyone deserted him and fled” (Mark 14:50).

The Passover meal was a significant event to Jews which commemorated the redemption of the Israelites from slavery to freedom (Stephen, 2016:19). Psalms (114-118) was sang at the end of the supper celebrating God's liberating power in bringing the people to freedom from Egypt (Stephen, 2016:19).

A portion of the bread is broken off at the beginning of the Passover and then consumed by all at the end. It is called the *afikomen*, from Greek *aphikomenos*, 'he who comes', which represents the portion of the meal that the Messiah will eat when he returns to celebrate with Israel (Bolt, 2004:104).

In the last supper Jesus is the *aphikomenos*, he is the one who comes from heaven to the earth to join those who suffer (Bolt, 2004:104). As Jesus's death approaches, his words are reverberated more in the psalms of lament, the suffering of the Israelites, the desolation of abandonment, terrors of approaching death, and the betrayal of friends are lived in Jesus's passion (Stephen, 2016:18).

Jesus is handed over and betrayed by "one of you", "one who is eating with me", "one the Twelve" (Mark 14:17-21). The allusion to Psalm 55:13-15: "But it is you, a man like myself, my companion, my close friend, with whom I once enjoyed sweet fellowship as we waked with the throng at the house of God".

When Jesus said during the supper: "This is my blood of the covenant, which is poured out for many" (Mark 14:24), the disciples knew what that meant since the expression "to drink the cup God had mixed was a Jewish expression for the martyrdom a prophet had to undergo" (Stephen, 2016:19). Jesus will no longer celebrate the Passover with his disciples. Through Jesus's speech he wanted to say to his disciples that his blood will restore the covenant relationship "for many", a Semitic expression, that means, it is not limited (Stephen, 2016:19).

God was concluding his redemption plan of given freedom to creation through Jesus's sacrifice, "Jesus is preparing to fulfil the Passover for all of his followers" (Stephen, 2016:19). He was handed over by Judas, one of his close and trusted companions. Judas used a kiss as a signal to show Jesus to the Jewish Sanhedrin (the chief priested, elders and scribes) and none of his friends remained with him, all of them left and fled from the scene leaving Jesus alone (Mark 14:45). He was approached as a criminal since the crowd was armed and went to arrest him with swords and clubs.

From the mountain Jesus was taken to the court of the high priest and in the trial, Jesus faced accusations against him. The climax of the trial was when Jesus identified Himself – fully revealing Himself as the Son of God. With His messianic title the Son of Man shows Himself and this messianic title is used to convict Him to a death on the cross. Every time Jesus used

the title the Son of Man in Mark He referred to His suffering and death (Mark 8:31; 9:9; 12, 31; 10:33, 45; 14:21, 41) (Stephen, 2016:26). Jesus's claim is so serious that the high priest tore his clothes and saw Jesus's affirmation and prophecy as blasphemy, deserving of death (Mark 14:63). Of course, Jesus was not the first to proclaim Himself as the Son of God – when He was baptized, the voice from the heaven announced Jesus to be the Son of God (Mark 1:11), quoting Psalm 2:7 and Isaiah 42:1.

Jesus's prophecy was fulfilled (Mark 14:30), Peter denied Jesus three times; being the last disciple to abandoned Him, leaving Jesus alone in his passion. In the courtyard where Jesus underwent a trial Peter rejected his relationship with Jesus.

4.4.3 The Sentence of Death (Mark 15:6-15)

4.4.3.1 Rejected

During the Passover the Roman government allowed the release of a prisoner, however instead of Jesus, Barabbas was chosen by the crowd incited by the chief priests (Mark 15:6-15). Pilates is pressured by the crowd to condemn Jesus and be crucified. The Septuagint uses the verb rejection (*apodokimazō*) most of the time for God's rejection of Israel as a symbol for His wrath (Jer 6:30; 7:29; 8:9; 14:19). If this word is used in the same connotation used in the passion predictions it may suggest that Jesus was treated as one who is rejected by God, that is, placed under His wrath (Bolt, 2004:107). The same verb is also used by the Septuagint for rejection by human beings in which Psalms 118 mentions that the stone that was rejected by the builders became the cornerstone of the temple. The passion prediction also reveals Jesus's ultimate destination that He will "after three days rise again" (Mark 8:31). "I will not die but live, and will proclaim what the Lord has done" (Ps 118:17-18). Through suffering, Jesus entered the Kingdom of God, installed by the resurrection (Bolt, 2004:107-108).

4.4.3.2 Handed over

Jesus is handed over to the Romans as the third prediction in Mark (10:33-34): "They will condemn him to death and will hand him over to the Gentiles." Jesus Trial turned from a religious to a political hearing (Stephen, 2016:28). Pilate was the Roman procurator of Judea responsible for Jesus's judgment (Stephen, 2016:28). Pilate asked Jesus a similar question to that which the Sanhedrin asked (Mark 15:1-5), but this time Jesus did not respond to the

accusation as the suffering servant, in fact he did not respond at all: “He was oppressed and afflicted yet he did not open his mouth” (Isa 53:7).

The word ‘handed over’ *paradidōmi* appeared earlier when one of his closest friends, Judas, was introduced as ‘the one who betrayed him’ (Mark 3:19). After that, the Jewish religious leader handed Jesus over to Pilate (Mark 15:1, 10) who handed Jesus over to die on the cross (Mark 15:15). In the Septuagint the word *paradidōmi* also emphasizes Jesus’s role as the suffering servant, in which the Lord hands over the servant “for the sake of our sins” (Isa 53:6). Jesus is handed over to death for the sake of the sins of others, as a sin offering (Bolt, 2004:119). Jesus’s prediction mentions that he will be handed over “into human hands” (Mark 14:31).

Jesus predicts that his death would involve not only the Jewish authorities but also the Gentiles. This hand over to the Gentiles is a theologically loaded term in the Old Testament history (Bolt, 2004:119). In the Old Testament to be handed over to the Gentiles (other nations) had the same meaning as handing someone over to God’s wrath. God warned the Israelites that if they broke the covenant with him, he would discipline them by handing them over to blasphemous and barbarous nations (1 Chr 21:13; Lev 26:32-33; 38). As the nation of Israel was handed over to the Gentiles under the wrath of God, Christ will have the destiny of being handed over to the Romans by Israel’s leaders; not for breaking the covenant or for his own sins, but for the sins of others (Bolt, 2004:119-120). For instance, Israel’s enemies are given into his hands (Deut 21:10; Josh 10:19; 21:44; Judg 3:28). Saul is given into the hands of David (1 Sam 24:4); Israel is given into the hands of their enemy (Lev 26:25; Judg 16:23-24; 1 Kgs 21:10-16; Esth 14:6) (Bolt, 2004:118-119).

However In the Septuagint the term to be handed over into human hands happened only three times (Bolt, 2004:119). David said “I am in deep distress. Let me fall into the hands of the Lord, for his mercy is very great; but do not let me fall into the hands of men” (1 Chr 21:13). In the Sirach, where those who fear the Lord cry, “Let us fall into the hands of the Lord and not into human hands, for as his majesty, even so is his mercy” (Sirach 2:18). The harshness of human beings was also underpinned by God’s warning to Egypt: “I will deliver Egypt into human hands (*paradōsō Agypton eis cheiras anthrōpōn*); harsh lords and harsh Kings will lord it over them” (Isa 19:4). Thus, the expression “into human hands” means the opposite of the mercy of God. It implies that human beings are unmerciful and without compassion and that to fall into their hands means to face deep suffering.

The Roman law was dreaded and known for its brutal justice, being described as the darkest moment. This rough period of Roman Empire was between 27 BC until 476 AD (Duhaime, 2013). In terms of punishment no one had killed like the Romans, being recognized by many

historians as far more inhumane and cruel than Spaniards during the Inquisition and the punishment meted out by ancient Jewish and Medieval England (Duhaime, 2013). The use of crucifixion is an example of the Romans' inhumane and cruel punishment.

Jesus was aware of the lack of mercy and harshness of human power (cf. Mark 10:42) but he was also conscious that his death and suffering was part of God's plan that would fulfil the prophecies relating to the suffering servant. "The servant was handed over by God himself, not for his own sins, but for the sins of others" (Bolt, 2004:120). Human beings (even His closest friends), Jewish authorities and Romans are instruments of divine wrath (Bolt, 2004:119).

4.4.3.3 Mockery by the soldiers (Mark 15:16-20)

Jesus was mocked by three groups: The Roman soldiers when the soldiers taunted him as a "King of Jews", by the Jewish leaders as a prophet and by the crowds (Mark 15). Jesus was dressed with the purple cloak symbolizing the colour of royal garments and the crown of thorns, the claim to kingship (Stein, 2008:1242; Stephen, 2016:30). The inscription of the charge "The King of the Jews" meant as a humiliation, ironically states the truth of Jesus's identity (Stephen, 2016:30).

Jesus's clothes were divided, and he was insulted by those who were passing "come down from the cross and save yourself" (Mark 15:30). Even the two thieves who were crucified together with him "one at His right and one on His left" mocked him from the cross (cf. Luke 23:39-41).

4.4.3.4 Death and crucifixion

The final passion prediction in Mark 10:33-34 provides more details of the process of crucifixion:

We are going up to Jerusalem" he said "and the Son of Man will be betrayed to the chief priest and teachers of the law. They will condemn him to death and will hand him over to Gentiles, who will mock him and spit on him, flog him and kill him. Three days later he will rise.

The expression "Suffer many things" asserted in the passion predictions include all the atrocities involved in the crucifixion process (Bolt, 2004:50; Stein, 2008:856-857).

Christ bore the wrath of God in his death on the cross in our place as our substitute, what is described in the doctrine of substitutionary atonement.(Evans, 2001:145). The Son of God

became man, who dwell among us in order to pay the debt for us, Christ is sacrificed by God on behalf of humanity.

God displays Himself in Jesus Christ. According to Barth (1975:345) this revelation is defined as:

...the self-unveiling, imparted to men, of the God who by nature cannot be unveiled to men... self-unveiling means that God does what men themselves cannot do in any sense or in any way: He makes himself present, known, and significant to them as God.

Barth's understanding of the revelation is that it proceeds from the Father, through the Son and in the Spirit" (Barth, 1975:345; Heltzel & Winn, 2011:126).

Jesus was crucified at Golgotha that in Aramaic means "Place of the Skull" due to the shape of the hill and the executions that happened there. It is a place outside the wall of the city (Stephen, 2016:31). The soldiers offered wine mixed with myrrh to Jesus that was meant to relieve the pain, but he refused (Mark 15:23).

Crucifixion was considered the most violent and brutal death, (followed by burning and decapitation) it was invented by Assyrians and Babylonians in 519 BC (Karim & Amin, 2018:450) and extended thorough Persia in the 6th century BC Studies (Retief & Cilliers, 2003:938). It was Alexander the Great who took this mode of punishment to the Eastern Mediterranean countries in the fourth century BC (Retief & Cilliers, 2003:938). Romans were introduced to crucifixion in 3rd century by the Phoenicians, and it was used for 500 years until Constantine abolished this punishment in the 4th century AD (Retief & Cilliers, 2003:939). Romans used this mode of punishment for their worst enemies, slaves, foreigners, fugitives and criminals (Tumanov & Tetyuev, 2017:1). Crucifixion was not only considered a brutal death but also a shameful and humiliating way of death. Jews saw those who were hung up on a cross as under God's curse (Deut 21:23) (Bolt, 2004:55). During the 1st century those who were against the Roman Empire were condemned to crucifixion and most of them were Jews. During the revolt in the 66-70th DC thousands of the Palestine were executed by crucifixion (Retief & Cilliers, 2003:939; Tumanov & Tetyuev, 2017:1). According to Retief and Cilliers, Christ was accused of being a political dissident like to Zealots in which he prompted rebellion against Rome (Retief & Cilliers, 2003:940).

Studies on the investigation of thanatogenesis of the crucifixion show that

Death, usually after six hours to four days, was due to multifactorial pathology: after-effects of compulsory scourging and maiming, haemorrhage and dehydration causing hypovolemic shock and pain, but the most important factor

was progressive asphyxia caused by impairment of respiratory movement (Retief & Cilliers, 2003:941).

Roman guard were allowed to leave the place just after the crucified had died, so many of those soldiers expedited death through “deliberate fracturing of the tibia and/or fibula, spear stab wounds into heart. Sharp blows to the front of the chest or a smoking fire built at the foot of the cross to asphyxiate the victim” (Retief & Cilliers, 2003:939).

The brutality of crucifixion did not start only when the victims were crucified but at the moment they were condemned to death (Bolt, 2004:55). The preliminaries to crucifixion caused severe wounds and bruising making the condemned to be severely traumatized when reaching the place of execution. According to the Roman law those who were condemned to death (with the exception of women, Roman politicians and soldiers) had to undergo scourge before the crucifixion. Scourging was a very violent procedure:

...performed with wooden staves or short whip (*flagellum*), with several leather thongs into which small balls or sharp sheep bone fragments were tied. The person was stripped naked, tied to an upright post and then flogged across the back, buttocks and legs by one or two soldiers (*lictores*) (Retief & Cilliers, 2003:940).

In some cases the severity of scourging could tear the skin of the condemned person’s back, even causing death (Bolt, 2004:55).

On the way to the site of execution the victims were mocked and obliged to carry the crossbar that on average weighted 57-130 kg (Retief & Cilliers, 2003:940). In some cases the scourging was not enough so the sentenced could also be maimed “by excision of the tongue or other bodily parts or blinding of the eyes” (Retief & Cilliers, 2003:940). When arriving at the place of execution, the victims were nailed to the crossbar and lifted onto the stipes. Preceding the crucifixion, the victims had little or nothing to eat or drink. In summary “the death by crucifixion was indeed excruciating in every sense of the word” (Retief & Cilliers, 2003:941).

Jesus was crucified at the third hour (9 am), the darkness came over at the sixth hour (noon), and Jesus died at the ninth hour (3 pm) (Bolt, 2004:127). In Jesus’s final hours he faced the depth of abandonment and God’s forsakenness. Jesus’s words “My God, my God, why have you forsaken me?” (Mark 15:34) is also mentioned by the Psalmist in the opening verse of Psalm 22 and also as the Psalm’s despair turns into triumph.

The curtain of the temple was torn in two from top to bottom (Mark 15:38). In the gospel of Mark the sacrifice of Jesus is related to the destruction of the temple and through his sacrifice there are no more obstacles that separate the creation from God (Stein, 2008:859). Jesus

became the cornerstone. No longer is the temple, made by hand, the way to God. Instead, the way is open for everyone “my house will be called a house of prayer for all nations” (Mark 11:17).

4.4.3.5 Jesus and Isaiah 53

As already mentioned before, there are many Old Testament passages that find their fulfilment in Jesus’ suffering (Bultmann, 1994:99; Stein, 2008:546). However, Isaiah’s suffering servant is one of the most used to portray this event. Some commentators believe that Jesus identified himself with the suffering Servant (Oswalt, 1998:512). This idea is supported through passages where Jesus mentioned Isaiah 53 such as Mark 9:12b, 31; and Luke 22:37. The most important, however, is in Mark 10:45 and 14:24: “The Son of Man will give his life as a ransom for many” (Isa 53:10, 12); and in the last Passover dinner when Jesus speaks about the covenant blood, which “is poured out for many” (Isa 53:12). Jesus’s death on the cross is the fulfilment of Isaiah 52:13-53:12 (Betz, 1998:23). However, there are commentators such as Bultmann (1994) and Hooker (2010) who do not agree that the early church and the apostle Paul interpreted the death of Christ in the light of Isaias 53 (Betz, 1998:23; Bultmann, 1994:99). Many Bible commentators such as Bultmann (1994:100) and Oswalt (1994:512) see linguistic parallels between the passion prediction and Isaiah 53. The content of this text was definitely well-known and had a profound influence on Jesus (Betz, 1998:23).

The interpretation of 53 in both the *Targum Jonathan to the Prophets* and in the New Testament, the Servant is related to the person of the Messiah and not as a symbol for the true Israel (Hooker, 2010:13). However, for the Targumist, the Servant of Isaiah 53 is the victorious one who does not suffer and will bring the exile of the Israelites to an end (Betz, 1998:24). The exegetical route of the Hebrew text of Isaiah 53 has a twofold meaning which shows different beliefs in the saving ministry of the Messiah such as the Christian theology had to deal with the “scandal” of the cross of Christ, emphasizing the need and soteriological effect of the suffering and death of the Servant (Betz, 1998:25).

The apostle Paul also recounts the suffering of Christ as a vicarious sacrifice of the Servant according to Isaiah 53, sometimes quoting a phrase and sometimes alluding to one (Betz, 1998:25). Paul understood that God made Jesus to be sin who knew no sin (Isa 53:9b), so through him we might become the righteousness of God (2 Cor 5:21). Christ’s suffering and death gave freedom from the slavery of sin and from the yoke of the Law. Christ redeemed us from the curse of the Law (Gal 3:13) and on the cross he is cursed. “Cursed be everyone who

hangs on a tree” (Deut 21:23; Gal. 3:13), he bore the curse of God which we had deserved (Betz, 1998:26).

Some exegetes support the idea of the historical Jesus related Isaiah’s prophecy of the suffering Servant to his messianic ministry pointed to Mark 10:45 and Mark 14:22-24. (Betz, 1998:25; Wolf, 1985:130). Jesus was determined to give his life as ransom for many (Mark 10:45; Isa 53: 10, 12) and shed his blood for the forgiveness of sins (Mark 14:24; Isa 53:12).

The word πάσχω is not frequently used in the Septuagint, with only a few occurrences having Hebrew counterparts in Old Testament: Amos 6:6; Esther 9:26; Zechariah 11:5; Ezekiel 16:5; and Daniel 11:17 (Watts, 1998:347). Of these, only in Amos 6:6, where πάσχω give the *niphal* of הָלַךְ, does it mean “to be weak, sick “and therefore “to be in pain, to suffer”. In striking contrast to the Old Testament the word πάσχω in the New Testament has come to be the common word for the more general concept of suffering (Watts, 1998:347). That means, πάσχω seems to be the contemporary Greek equal of הָלַךְ, in which the latter means “to suffer or endure” (Watts, 1998:347). None of the Psalms or Daniel 7, whether in the Hebrew or Greek versions, has any of the related verbal or substantial forms of הָלַךְ or its Greek counterparts. Isaiah is the only text which does comprise such form (Watts, 1998:347). This could suggest that the conceptual and linguistic backgrounds to Mark 9:12 on the suffering and death of the Son of Man are to be found in Isaiah 53 on the suffering of the Isaianic “servant” figure motifs (Watts, 1998:348).

In Mark 10:45 the purpose of Jesus’ death is described as a λύτρου (ransom) and Isaiah 53 seems to explain how Yahweh redeems Israel. That means, according to Watts (1998:348):

Mark 10:45 may be said to be an exegetical summary of the Isaianic from the perspective of the “servant” the ministering “death” of the true “servant” Israel, that is, Jesus in compensation for the sins of “the many” the means by which Yahweh effects their redemption.

4.5 NORMATIVE PRINCIPLES AND IMPLICATIONS RELATING TO SUFFERING AND RESILIENCE OF CHRIST

The previous subsections focus on Jesus’s passion that was surround by different kinds of suffering. This subsection will identify Jesus’s resilient factors in which helped him to handle the adversities that he experienced. Notwithstanding, Jesus had all unmeasurable and incomparable character/characteristic that God the Divine possess since he is the human face of God (Moltmann, 2004:86). He is the image of the invisible God as the apostle Paul wrote in the letter to the Christians in Colossae, (Col 1:15). Jesus was present with Glory (John 17:5). All things were created by him and for him (Col 1:16). In Christ, all the fullness of the

Deity lives in bodily form (Col 2:9). However, even “being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness. And being found in appearance as a man he humbled himself and become obedient to death” (Phil 2: 6-9).

This dissertation works on Jesus’ humanness, who gave up his Divine nature and who became flesh and vulnerable surround by the most diverse kind of suffering and adversity in order to identify with all things, whether things on earth or things in heaven. There is no suffering that the creation have faced that he had not gone through. Hence, Jesus Christ is the perfect example of resilience in which those who belief in Him can see him as a model of resilience.

As already mentioned in the previous chapter, there are some protective factors that promote resilience in an individual. Protective factors can be defined as characteristics that help individuals to cope effectively with life challenges and decrease effect of adversity (Masten & Reed, 2002:74). The following are some crucial resilient factors which Christ possessed.

4.5.1 Family characteristics

In order to understand Jesus’ resilience, it is essential to go through his family since there are many researches who have shown the family as a protective factor (Gavidia-Payne, Denny, Davis, Francis, & Jackson, 2015:111; Masten, 2018:12). Furthermore, most of the studies and researches defined resilience in terms of the competence of the family and individual (Folke, 2006:253; Masten, 2018:12).

Both individual and family cantered concepts of resilience had most of their roots in the Great Depression (1929-1939) and World War II (1939-1945) when people were surrounded by traumatic loss, violence, separation, injury, torture, homelessness, and so on. Clinicians and Scholars sought to understand how stress and adversity could have negative impacts on their lives and also how some people could cope with such situations and have positive adaptation (Hawley & DeHaan, 1996:283; Masten, 2018:12).

Parenting is an important component of processes linking child and family resilience theory and research (Masten, 2018:13). Most of the theories and research on human resilience take into consideration not only individual attributes (problem-solving skills, self-regulation skills, hope or faith, mastery of motivation, sense of meaning and belonging) but also a family and community attributes (secure attachment relationships with caregivers, extended family, friends, partners and so on) each is unique yet interdependent (Boss, 2017:5; Hawley & DeHaan, 1996:283; Henry, Sheffield Morris & Harrist, 2015:22; Walsh, 2016:43). Family is often seen as one of the main protective factors for resilient individuals (Hawley & DeHaan,

1996:284). Family factors correlating with resilience include a good relationship between parent and child involving positive interactions, nurturance affection, maintenance of family rituals, proactive confrontation of problems, minimal conflict in the home during infancy, the absence of divorce during adolescence, and a productive relationship between child and mother (Barnard, 1994:135; Hawley & DeHaan, 1996:284). Other correlating factors present in families that may predict resilient outcomes are warmth, cohesion, stability and consistent discipline (Garmezy, 1993:128; Wyman *et al.*, 1992:904).

The attachment theory by Bowlby and Ainsworth (Ainsworth, 1989:709; Bowlby, 2008:48) relates to the impact that separation and loss of a parent has on children to a parent. These studies showed the importance of parenting figures and attachment bonds as a protective factors for children surrounded by adversities (Ainsworth, 1989:709; Bowlby, 2008:8). The attachment theorist claimed that secure attachment in the first years of life serves as the template for future relationships and also serves proactive functions of human adaptation over their life course (Masten, 2018:15).

In the systems framework, resilience is not interpreted as a singular trait, but as a dynamic interaction between systems. This means individual resilience will depend on other systems cooperating with and supporting the individual's resilience. It can be a parent or extended family (Masten, 2018:16). In cases of children, their resilience will depend at a given time on the resources and support available that it is provided by a caregiving adult. However as the children will grow, their internal capacities will also grow and they will connect with other resources and relationships outside of the caregiving systems such as community, culture or environment (Boss, 2017:67; Masten, 2018:17).

Longitudinal studies in the field of neuroscience and psychology have shown the impact of early life stress on brain development, learning, and social competence (Gunnar & Hostinar, 2015:479; Masten, 2018:17). However these same studies also have shown that the presence of a caregiver can mitigate stress reactions (behavioural and physiological) to frightening stimuli (Gunnar & Donzella, 2002:199; Gunnar & Hostinar, 2015:480; Masten, 2018:18). That means parents or caregiving figures have the ability to act as a stress buffer – the social relationship can alleviate stress across the lifespan and can also serve as milieu for learning self-regulating (Gunnar & Hostinar, 2015:480; Loman & Gunnar, 2010:867).

In most cultures parents are responsible for the process of socialization of their children for life in a specific society; which involve “modelling or teaching, discipline, maintaining family rules and routines, monitoring children, and helping children regulate their arousal and emotions until they gain self-regulation skills” (Masten, 2018:20). This process of socialization can be challenging in the context of diversity such as migration, poverty, homelessness and

so on. However, studies have shown positive outcomes with families that have gone through such situations finding the capacity and ability of many parents to rear their children in such contexts (Masten, 2018:21; Treptow, 2017:318).

Parental resilience is essential for the nurture and fostering of resilience in children (Gavidia-Payne *et al.*, 2015:111; Masten, 2018:21). Parental resilience is defined as “the capacity of parents to deliver a competent and quality level of parenting to children despite the presence of risk factors”(Gavidia-Payne *et al.*, 2015:115). Resilient families respond positively to hardship and in unique ways, depending on the context, developmental level, the interactive combination of risk and protective factors, and the family’s shared outlook (Hawley & DeHaan, 1996:284).

Families may also, in and of themselves, present risk factors associated with the development of psychiatric disorders and criminality in children (Rutter, 2000:375-405). These include marital discord, maternal mental illness, overcrowded housing and limited parenting abilities (Hawley & DeHaan, 1996:286; Kolvin, Miller, Fleeting & Kolvin, 1988:80; Rutter, 1979:324). Research has also tried to understand how children can overcome adverse circumstances found in their family. A study done by Hawley *et al* (1996) on resilience factors associated with female survivors of childhood sexual abuse showed that the main attributes of those children were their “ability to find emotional support outside their family, a strong sense of self-regard, a dependence on religion or spirituality, external attributions of blame surrounding the abuse, and an inner-directed locus of control emanating from internal values” (Hawley & DeHaan, 1996:286; Valentine & Feinauer, 1993:216). Another study done by Wolin *et al.* (1993) on children with alcoholic parents showed that the main attributes to counter the adversity that such problems may cause in their daily life were “insight, independence, relationship, initiative, humour, creativity, and morality” (Wolin & Wolin, 1993:8).

It had been a consensus that resilience is a systems and a dynamic process (of adaptation) that can be influenced by many factors, both positive and negative, such as spanning genes; physiology; psychology; relationships with family, peers, and others; school settings; religious settings; neighbourhoods; social services; public policies and beyond (Cutuli & Herbers, 2018:1205; Masten, 2018:24).

There are just a few Meta-analyses on the topic of resilience because of the inconsistencies on the definition and how to measure resilience (Masten & Cicchetti, 2016:271). Patterson (2002:249) used four core functions of the family as indicators of family level outcome (competence) for assessing family resilience and which ways each of these functions provided benefits to individual family members (Patterson, 2002:349).

The systems model of resilience takes into consideration the interactions of the family with other systems in the community, culture, or environment (Henry *et al.*, 2015:22; Masten & Cicchetti, 2016:272). Research on parenting in relation to child resilience have shown that parent-child interactions are central to children's wellbeing and also their wellbeing and productivity as adults (Fernandez, Schwartz, Chun, & Dickson, 2013:120; Masten & Palmer, 2019:25).

Parents promote and transmit many aspects of cultural beliefs and practices of their ethnicity and religion such as rituals, routines, values and other traditions that are inherited by previous ancestors which contributes to resilience (Masten, 2018:16; Rivas-Drake *et al.*, 2014:40). In moments of adversity, cultural beliefs and practices such as meditation or prayer can promote protective factors such as sense of continuity, hope, connectedness, sense of meaning and belonging and positive identity (Kagitcibasi, 2012:1750; Masten, 2018:19; Motti, 2015:261).

4.5.1.1 Jesus's family

The Gospels show that Jesus had a human family composed of Mary who through (by) the Holy Spirit conceived Christ as God's son and Joseph who was his foster (human) father. After the birth of Jesus, Joseph and Mary had other children: James, Joseph, Simon, Jude, and at least two more sisters (Matt 1:25; 13:55, 56; Mark 6:3). Just like any other child, Jesus also needed a family and maternal care.

There is a lack of details of Jesus's daily life such his education, his relationship with his family and other developmental experiences. Maybe this can be one of the reasons why there is a dearth in studies about Jesus's resilient factors. Even though there are no clear or specific passages in the Scripture that mention hardship in the life of Jesus's parents and neither their ability to handle such events, it is possible to see situations that could have been stressful for a Jewish family in the first century.

Two events that could have been considered as stressful to Jesus's parents and that could also show their resilience characteristics were Mary's pregnancy which was not from Joseph and their fleeing to Egypt in order to save the baby Jesus who was to be killed by Herod.

4.5.1.2 Mary's pregnancy

In the first situation the Scripture says:

Mary was pledged to be married to Joseph, but before they came together, she was found to be with child through the Holy Spirit. Because Joseph her husband

was a righteous man and did not want to expose her to public disgrace, he had in mind to divorce her quietly. But after he had considered this, an angel of the Lord appeared to him in a dream and said: "Joseph son of David, do not be afraid to take Mary home as your wife, because what is conceived in her is from the Holy Spirit. She will give birth to a son, and you are to give to him the name Jesus because he will save his people from their sins" (Matthew 1:18-21).

In ancient Israel's system Mary would have been sentenced to death by stoning, since she was not pregnant from her betrothed Joseph. This penalty was a public disgrace that Joseph was avoiding by marrying Mary (cf. Deut 22: 22-24). Polygamy was allowed for men, specifically for rich ones who were part of the elite, however women had to marry monogamously. The main reason was that the identity of a child's father should always be clear so that the integrity of the father's lineage was guaranteed (cf. Deut 7:3; Ezra 9:12, 19:2). According to Ackerman "Sons in particular were important for maintaining a father's lineage within ancient Israel's system of patrilineal descent" (Ackerman, 2016:21). This situation that Joseph and Mary experienced at the beginning of their life as a couple could possibly reflect their ability to cope with stressful environments and present skills that allowed them to overcome such moments.

4.5.1.3 Fleeing to Egypt

Jesus family showed a high level of adaptation to stressors. Another example of a supposed stressful moment was when Maria and Joseph had to flee to Egypt because Herod ordered to kill all new-born babies. This action shows problem-solving and coping skills to mitigate the crisis they were facing. This event shows the wish of Jesus's parents to protect him. Even though the scripture does not show many, there are examples of Jesus's family addressing adversity in a positive way.

Joseph and Mary fled to Egypt when Jesus was still a new-born infant to escape from Herod the King of Judaea (37-4 BC) which planned to kill their son (Matt 2:12-14). In the first century, Egypt was as Roman province the same way Palestine was as well. However Palestinian Jews had more privileges in Palestine than in Egypt, since the structures of government in Palestine had a strong Greek influence (Frankfurter, 1998:7; Pelikan & Sanders, 2018:13). The primary language of Palestinian Jews was Aramaic while in Egypt the main language was Greek. In Palestine, Jews were able to resist paganism and excluded Greek and Roman idols from the temple. While, in Egypt cultural beliefs involved Egyptian religious practices such as devotion to the Nile. The temple of *Akoris* shows evidence of the traditional Nile cult

(Frankfurter, 1998:7). Another local idol during that time was the cult of Isis which had an impact throughout the Roman empire in Egypt (Frankfurter, 1998:8).

Even though Pontius Pilate was the Roman prefect (AD 26-36) in charge of Judaea, Samaria and Idumaea he did not govern directly, but relied on local leaders, which were the priests of the Jewish council (Pelikan & Sanders, 2018:13). That means, even though there are many claims that Jesus and his parents were not immigrants or refugees since they fled to a place that was also under the Roman Empire. Jesus and his parents could be seen at least as internally displaced persons (IDP) that according to the UN is “someone who is forced to flee his or her home but who remains within his or her country’s borders they are often referred to as refugees, although they don’t fall within the legal definitions of a refugee” (UNHCR, 2010). This forced moving to a different geographic location which also entailed significant cultural changes could have in some way demanded from Jesus’s parents the ability and capacity to adapt to a new context. The ability to adapt and adjust in a new culture, that means, the process of acculturation has been seen by some scholars as a great protective factor for positive psychological functioning and well-being in families that immigrate to another country. Acculturation has been described as “changes that take place as a result of contact with culturally dissimilar people, groups, and social influences” (Schwartz, Unger, Zamboanga & Szapocznik, 2010:237).

There is no clear answer as to how long Jesus’s parents stayed in Egypt but the bible says that after Herod’s death the angel of the Lord appeared in a dream to Jesus’s parents in Egypt and said:

Get up, take the child and his mother and go to the land of Israel, for those who were trying to take the child’s life are dead. So he got up, took the child and his mother and went to the land of Israel (Matt 2:19-21).

Some studies claim that this period between Jesus birth and Herod’s death was two years, that means, they stayed in Egypt for two years (Pelikan & Sanders, 2018:15).

This is another point that can be highlighted about Jesus’s parents’ traits since during Jesus first years of life his parents were in Egypt a strange land and culture to them. Research done with migrants and refugees showed that the migration trajectory can elevate the incidence of mental disorders after migration. The main challenges found were “communication difficulties, cultural differences, the effect of cultural shaping of symptoms and illness behavior on diagnosis, coping and treatment, differences in family structure and process affecting adaptation” (Kirmayer *et al.*, 2011:959).

Even though the Scripture does not mention what happened during this period that Jesus and his parents lived in Egypt, some historical factors present in that society during the first century could implicate in some possible way, environmental stressors caused by this forced moving.

4.5.1.4 Ethnic identity

Jewish values and ritual practices are constantly mentioned in the New and Old Testaments such as Pilgrimage festivals: Passover, Shabuoth, Sukkoth and others: wedding, visits to synagogues, Sabbath, and so on. For Jews God's law covers many aspects of their daily life: males are to be circumcised, dietary law, officially required days of rest for both humans and animals, sacrifice, purification rituals and so on (Pelikan & Sanders, 2018:21).

In family-centred literature, family resilience is defined as "characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations" the path a family follows as it adapts and prospers in the face of stress, both in the present and over time (Walsh, 2016:59).

4.5.1.5 Jesus was an expected and wanted child

Even though the life of baby Jesus was at risk since he was persecuted by Herod, Jesus was hosted/received by a group of people. Jesus was surrounded by quality of guidance, care and love. Jesus was a wanted and expected child. Maria celebrated with Song of praise her happiness when she heard from Elizabeth that "she are the most blessed of all women, and blessed is the child you will bear" (Luke 1:48-56).

Mary said "My heart praises the Lord: my soul is glad because of God my Saviour, for he has remembered me, his lowly servant" (Luke 1:46). In this verse there is the presence of the rhetorical figure called as synecdoche which involves a part-whole relationship. That means, Mary's expression "my soul" is used to refer to the whole person. Mary starts her speech with a present-tense verb "magnifies (Luke 1:46) as is common in reported speech, and it is joined with a parallel clause that uses an aorist verb ("rejoiced"), providing perfective contrast" (Parsons, 2015:128). The angel said to the shepherds "... I am here with good news for you, which will bring great joy to all people" (Luke 2:1).

Even though Jesus was in some vulnerable situations in his early childhood he had the presence of his caretaker. In many texts it is possible to see the enjoyment of the arrival of the baby Jesus by Simeon, prophetess Anna, Elizabeth, the visitors from the East (shepherds), angels and his parents. Simeon who took Jesus in his arms praised God declaring:

Sovereign Lord, as you have promised you now dismiss your servant in peace. For my eyes have seen your salvation, which you have prepared in the sight of all people, a light for revelation to the Gentiles and for glory to your people Israel (Luke 2:28-32).

The prophetess Anna came to the temple and gave thanks to God and spoke about the child to whom all were looking for the redemption of Jerusalem (Luke 2: 36-38). The event is expressed by joy and peace (Bock, 2016:45). The child's father and mother marvelled at what was said about him (Luke 2:33).

Joy surrounds all the events, whether it be in the angelic call to glorify God or in the shepherds' praise. All are to share in the joy of Jesus' coming. These are special events; God's hand is actively and uniquely at work. Just as the heavens rejoice, so should the earth (Bock, 2016:45).

Of the few times that the New Testament refers to Mary as the mother of Jesus, her figure is of a mother who always cared for her son, who offered Jesus the necessary maternal care. "Blessed is the mother who gave you birth and nursed you" (Luke 11:27). As already mentioned before at the very beginning of the book of Matthew is the account of Mary and Joseph escaping to Egypt to save the life of their son from death, from the persecution of King Herod.

Another event that shows Mary's motherhood, and also her concern and anguish for her son Jesus, was when Jesus was twelve years old and had to be brought to the ceremony of confirmation in Jerusalem in order to be introduced to the law as was the custom for an adolescent of a Jewish family (Luke 2:40). It was also Jesus's family's annual pilgrimage to Jerusalem at the time of the feast of the Passover (Bock, 2016:41). Interestingly, Mary was not required to join this journey since only men were required to make the journey, but she decided to go, and Mary's presence shows her commitment in the life of Jesus. During Jesus' family's return journey to their home in Nazareth, they noticed that Jesus was missing "They did not find him; they went back to Jerusalem to look for him" (Luke 2:45).

The text suggests that the reason Mary and Joseph failed to make sure Jesus was present in the caravan (Bock, 2016:46) was that they thought Jesus was among relatives and friends (Luke 2:44). After three days looking for Jesus, they found him in the temple courts, sitting among the teachers, listening to them and asking them questions (Luke 2: 22-38). The text says that when his parents saw him, they were amazed and Mary said to him, "Son, why have you treated us like this? Your father and I have been anxiously searching for you" (Luke 2:48).

Mary was with Christ even in his last minute of life, at the foot of the cross accompanying the suffering of her son (John 19: 25), perhaps in that moment of deep sadness, Mary understood

the words that Simeon spoke to her in the temple about the sword that will pierce her heart, "... and a sorrow, like a sharp sword, will break your own heart." (Luke 2:34). Some scholars interpret the sword piercing Mary's soul as a metaphor for Jesus's passion which refers to his suffering and violent death.

4.5.2 Studies on the interplay between religion, spirituality and resilience

Studies have also searched how religion and spirituality can offer a positive meaning-making framework for coping to those who have experienced stressful or traumatic events. Research has identified religious/spiritual factors associated with resilience such as self-control (Baumeister & Exline, 2000:30), hope (Snyder, 2000:11-12) and forgiveness (McCullough, 2000:44).

One definition of resilience is the "human ability to withstand stressful challenges and retain or regain normal functioning" (Foy, Drescher, & Watson, 2011:90). Empirical studies have tried to understand how individuals make use of religion to understand and deal with stressors and those studies have shown that religion can provide strategies to cope (Lorenz, Doherty & Casey, 2019:1-2; Pargament, Desai & McConnell, 2006:121-137). There is much research that has shown that religious beliefs can provide strategies to cope with the hardship of life and bring benefit to mental health and physical health such as coping with loneliness (Rokach & Brock, 1998:107-127; Rote, Hill & Ellison, 2013:313), psychoses (Hanevik *et al.*, 2017:139-164; Kirov, Kemp, Kirov & David, 1998:234), patients with Parkinson's diseases (Herrmann, Freyholdt, Fuchs & Wallesch, 1997:612), HIV (Woods, Antoni, Ironson & Kling, 1999:165-172), cancer patients (Jim *et al.*, 2015; Salsman *et al.*, 2015:3760), pain and somatic symptoms (Siddall, Lovell & MacLeod, 2015; Wachholtz & Pearce, 2009:51-60).

A systematic review of quantitative research published between 1872 and 2010 on religion/spirituality and mental health and physical health showed that the positive outcomes include well-being, happiness, hope, optimism, and gratefulness and negative outcomes involve depression, suicide, anxiety, psychosis, substance abuse, delinquency/crime, marital instability and personality traits (Koenig, 2012:1-2).

Resilience generally refers to the capacity to adapt positively to stressful and new situations (Foy *et al.*, 2011:90; Masten, 2018:12; Masten & Reed, 2002:74-80). According to the *American Psychological Association Task force on Promoting Resilience in Response to Terrorism* defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress" (Foy *et al.*, 2011:91).

Research on the effect of meditation and praying using electroencephalography have shown neurophysiological changes such as increased gamma activities in the left prefrontal cortex associated with such religious/spiritual practices (DeLosAngeles *et al.*, 2016:27-39; Hata *et al.*, 2019:30-36).

Even though studies of resilience and religion/spirituality have been growing in number since the late 1990s, scientific research in the field of psychology, psychiatry, and medicine have not included spiritual variables since there is difficulty with measurement; that means, lack of standard measures which prevent other studies to replicate the findings across studies. Findings in a quantitative meta-analysis of 49 studies on religious coping methods and psychological adjustment to stress supported the hypothesis that “positive and negative forms of religious coping are related to positive and negative psychological adjustment to stress, respectively” (Ano & Vasconcelles, 2005:461). The results of this meta-analysis support the efficacy of religion in the coping process and give quantitative effect sizes to demonstrate the association with psychological adjustment variables such as “acceptance, emotional-well-being, hope, happiness, self-esteem and quality of life, and negative religious coping strategies were related to anxiety, depression and symptoms of post-traumatic stress disorders PTSD to social dysfunction, suicidality, and trait anger” (Ano & Vasconcelles, 2005:461). These findings were similar to another study that also reported religious coping strategies being associated with psychological adjustment variables such as “self-esteem, life satisfaction, and quality of life” and negative religious coping strategies related to more psychological problems (Harrison, Koenig, Hays, Eme-Akwari & Pargament, 2001:86).

Studies with military veterans showed significant association between negative religious coping such as lack of forgiveness, loss of faith and worse mental health outcomes (Witvliet, Phipps, Feldman & Beckham, 2004:269; Fontana & Rosenheck, 2004:579). Negative religious coping have being characterized by “question or tensions about God’s presence, power, and character; strong anger at God; discontent with one’s faith community and its clergy; and punitive appraisals of negative experiences (e.g., God is punishing me for my sins)” (Foy *et al.*, 2011:92).

Along another line, research has also shown that individuals involved in faith communities can have more chance of receiving social support in hardship and withstand life crises (Charuvastra & Cloitre, 2008:301). Religious beliefs are an important cultural source of attitude and behaviour that affect how clients “live and help those who believe to understand themselves and the world around them” (Carone & Barone, 2001:989). Therapists should not be biased in confronting religious issues, instead therapists should be engaged in problem solving with clients in the context of their sociocultural environment (Carone & Barone,

2001:989). Some of these religious practices have scientific evidence of their benefits. Studies on circumcision showed “significant reductions in the risk of urinary infection in the first year of life and, subsequently, in the heterosexual risk of HIV and other sexually transmitted infections” (Prodger & Kaul, 2017;47; Spitzer, 2014:7).

Another study on the link between faith and resilience was demonstrated in a qualitative research with migrants, refugees and asylum-seeking groups in Birmingham-UK (Ögtem-Young, 2018). This study showed that participants used faith as a source of resilience when confronted with adjusting to a host country and dealing with issues of discrimination and exclusion in everyday contexts (Ögtem-Young, 2018:1-10).

Another aspect of religiousness is the God image or representation. This means an individual’s psyche/mental presentations of the individual’s personal God; or the meanings which God has to a person (Schaap-Jonker, Egberink, Braam, & Corveleyn, 2016:152). In order to have larger epidemiological studies with clinical and nonclinical groups that could measure God representation with strong reliability and validity a scale measure was created called “Questionnaire of God representation” which contains 33 items divided in two dimensions, the affective “feelings towards God” which involve Positive Feelings towards God such as thankfulness, love as well anxiety. The second dimension of this scale is cognitive “God actions” which consists of Supportive actions, ruling or Punishing actions, and passivity – considered as God does not act (Schaap-Jonker *et al.*, 2016:152).

A study was done on the relationship between God images and Resilience with 139 Vietnamese immigrants in Canada using the Questionnaire on God Image (QGI), and the Connor-Davidson Resilience Scale (CD-RISC) (Nguyen, Bellehumeur & Malette, 2015). This quantitative study using correlation and regression analyses showed that positive God images such as love, comfort, protection and trust were positively associated with higher degrees of resilience and helped forecast resilience among the Vietnamese immigrants (Nguyen *et al.*, 2015:271). That means, more positive feelings about God images would be related to higher levels of resilience, especially those immigrants who perceived God as comforting or giving them strength. Those whose feelings toward God were secure, affectionate, and trusting exhibited high levels of resilience in terms of adaptability, resourcefulness, and sense of purpose (Nguyen *et al.*, 2015:271).

4.5.2.1 Jesus’s religion/spirituality

To work on Jesus’ spirituality is quite complex since the Son of God, is at the same time both God and man, as the creed of Athanasius describes the Trinitarian doctrine and Christology.

Therefore, it is the right faith that we believe and confess that our Lord Jesus Christ, the Son of God, is at the same time both God and man. He is God begotten from the substance of the Father before all ages: and He is man, born from the substance of His mother in this age: perfect God and perfect man, composed of a rational soul and human flesh; equal to the Father with respect to His divinity, less than the Father with respect to His humanity. (Sproul, 2010).

Jesus' spirituality can be seen in two ways, one which is in a more individual way that means, his own personal relationship with God. And secondly, Jesus' spirituality from a perspective that involves a faith community i.e. the Jewish community, involving his beliefs, values, rituals and practices.

In term of Religious doctrine it's possible to see rules in the Old Testament that influenced the lifestyle of Jewish individuals that were considered healthy behaviours. The Jewish dietary laws deal with many aspects of food and its preparation (Deut 14:1-6). Another practice was the circumcision when God told Abraham:

For the generations to come every male among you who is eight days old must be circumcised, including those born in your household or bought with money from a foreigner-those who are not offspring.... My covenant in your flesh is to be an everlasting covenant (Gen 17:13-14).

Jesus was embedded in Jewish religious rituals. On the eighth day Jesus was circumcised (Luke 2:21). In Luke 2:22-24 Joseph and Mary (after she was considered to be purified after giving birth) took Jesus to Jerusalem to present him to the Lord according with the Jewish custom (Exod 13:1-2; Num 18:14-16). They also offered a sacrifice as the Law of the Lord required "a pair of doves or two young pigeons" (Luke 2:24).

As a Jew, Jesus also participated in the religious festivals of his people, and as usual the Jewish children were instructed by the teaching of the Torah in infantile education, because the religious education of the children was always taken very seriously, according to the guidance of Deuteronomy 6. Jesus's spirituality involved habits such as worship, "He went to Nazareth, where he had been brought up, and on the Sabbath day he went into the synagogue, as his custom. And he stood up to read" (Luke 4:16). In several biblical texts Jesus is in a dialogue with God, which would be moments of prayer, a moment when he was withdrawn from the presence of people and he remained there in the silence of the desert, and the mountains until the dawn to meditate and contemplate the presence of his Father:

- "But Jesus often withdrew to lonely places and prayed" (Luke 5:16).
- "Very early in the morning, while it was still dark, Jesus got up, left the house and went off to a solitary place, where he prayed" (Mark 1:35).

- “One of those days Jesus went out to a mountainside to pray, and spent the night praying to God” (Luke 6:12).

Many of the decisions taken by Jesus came after times of prayer such as changing from one city to another (Mark 1:38), and the selection of the disciples (Luke 6:12-13). To understand more about Jesus’ spirituality, it is necessary to go through his relationship and unity with his Father. Jesus Christ’s relation to the Father is expressed in the entire Gospel. In Christian theology Jesus is the son of God and this relationship is characterized by trust, obedience, and to do the will and purpose of the Father.

One of the central themes of John’s Gospel is the unity of God the Father and Jesus the Son (John 14:8-11). God is revealed in Jesus’ words and works: “But if I do it, even though you don’t believe me, believe the miracles, that you may know and understand that the father is in me and I in the father” (John 10:38), “when he looks at me, he sees the one who sent me” (John 12:45). In Jesus, God made himself known, and the invisible God the Father became visible in his Son. Jesus took his direction and guidance from God, and he does not do this by himself, but it is something that the Father does.

Jesus’ life was led by his relationship with God and in response to the accusation of breaking the Sabbath, for healing and for blasphemy in making himself equal to God, Jesus said to them “The Son can do nothing by himself: he can only do what he sees his Father doing because whatever the Father does the Son also does” (John 5:19). “By myself I can do nothing; I judge only as I hear” (John 5:30).

The Father shows his Son everything the Father is doing, and in their relationship there is no secrets since they are working to the same purpose. The will of the son is to accomplish the Father’s plan (Kostenberger, 2013:74). Jesus infers that it is the Father who led him to heal the blind man (Schnackenburg, 1990:16). Jesus echoes Moses’ words: “This is how you will know that the Lord has sent me to do all these things and that it was not my idea” (cf. Num 16:28). Jesus’ relationship with God is so close that whatever the Father does, Jesus does too, that means the Son does not actually do anything except what he sees the Father doing (Gundry, 2010a:389).

Another point of Jesus’ spirituality was his ability to forgive others and this theme was of great importance to him. He included forgiveness as one of his main teachings (Matt 18:21-22; Matt 6:13-15; Mark 11:25-26; Luke 23:34, 17:3-4). Jesus’ spirituality also involves trust, he trusted in God and obeyed him, many are the verses that mention his obedience and trust to God (John 4:34, 5:30, 6:38, 8:26, 10:18, 12:49-50, 14:30-31, 15:10). Jesus was obedient and faithful in everything, to the point of death, even death on the cross (Phil 2:8). Jesus addressed

God as “Abba” “Father” a very informal way which Jews would never use to address the Father. Jesus does and asks, “If You are willing, take this cup from Me; yet not My will, but yours be done” (Luke 22:42).

It is the prayer of one who experiences the fierce claim of his human will over against the divine will. This prayer is Jesus’ incarnate testimony that faith is a struggle to submit to the divine in the face of counterclaims of the human will. The tension produced by these two wills engulfs not simply in mental anguish but in “anguish of soul” (Edwards, 2015:1200).

Jesus was so determined to do his Father’s will that when the disciples urged him to eat something Jesus’s asserted: “My food is to do the will of him who sent me and finish his work” (John 4:34). For Jesus to do his mission was much more important than his physical needs (cf. Matthew 6:25; Schnackenburg, 1990:211), “The unity between the Father and Son here relates primarily not to unity in essence and being, but to unity in purpose” (Schnackenburg, 1990:211). As mentioned by Kostenberger “Jesus himself lived by the satisfaction of doing his Father’s will and of carrying out his mission” (Kostenberger, 2013:245). Jesus was committed to complete the task that God gave him to do, i.e. the redemptive work at the cross (John 12:23-24, 17:4, 19:30; Kostenberger, 2013:245).

Another factor of Jesus’ spirituality was his faith. In a biblical way the word faith is quite similar to the word hope (e.g Heb 11:11, Rom 4:18-22). In many verses Jesus highlights the importance of faith: “If you believe, you will receive whatever you ask for in prayer” (Matt 20:22). In many verses it is possible to see Jesus telling the person who was healed: “Your faith has healed you” (Matt 9:22, Luke 8:48). “Your faith has saved you” (Luke 7:50). Faith, for Jesus, is an almighty power, a power that can achieve the impossible “everything is possible for anyone who has faith” (Nolan, 2009:38; Mark 9:23):

- “I tell you the truth, if anyone says to this mountain, Go, throw yourself into the sea, and does not doubt in his heart but believes that what he says will happen, it will be done for him” (Mark 11:22).
- “Therefore, I tell you, whatever you ask for in prayer, believe that you have received it, and it will be yours” (Mark 11:24).

When the disciples did not get to cast out the demon from the boy and asked Jesus why they did not succeed, Jesus replied: “Because you have little faith. I tell you the truth, if you have faith as small as mustard seed, you can say to this mountain, “Move from here to there” and it will move. Nothing will be impossible for you” (Matt 17:19-20). Jesus’ declaration could sound like something that would come from 20th century advocates of the therapeutic approach in

order to increase a client's self-power and self-help, but for Jesus faith is a good and true conviction (Nolan, 2009:39).

It is the conviction that something can and will happen because it is good and because it is true that goodness can and will triumph over evil. In other words, it is the conviction that God is good to humanity and will triumph over all evil. Furthermore, "the power of faith is the power of goodness and truth, which is the power of God" (Nolan, 2009:39).

Jesus not only taught about faith but people were also being influenced by an attitude that people caught from him through their contact with him (Nolan, 2009:39-40).

4.5.2.2 Jesus's sense of humour

Most of the research on resilience showed that the quality of having a sense of humour about life situations and about one's self plays an important role in dealing with adversity since such abilities enhance coping mechanisms and help with emotional reactions (Earvolino-Ramirez, 2007:73; Norman Garnezy, 1991:416; Masten, 1994:3; Richardson, 2002:307; Michael Rutter, 1987:316; Werner & Smith, 1992:24). Even though no biblical text reports Jesus as a being humorous, his attitudes showed a deep sense of humour in his personality (Sweeting, 2013). Gospels show many passages in which a large crowd followed him (Matt 4:25; Luke 14:25; Mark 5:24) maybe this could demonstrate that Jesus was a charismatic person, and that being in his presence was a pleasant thing. When Jesus says, "Let the little children come to me, and not hinder, for the kingdom of heaven belongs to such as these"(Matt 19:14) he showed his great affection for them and also mentioned in Matthew 18:1-6 that everyone should see a child as the model of humility for entrance into the Kingdom of heaven. Jesus' attitude toward children requires, to a certain degree, a sense of humour since it would be very difficult for an individual who likes being in the company of children to be moody and surly.

Another example of Jesus' good sense of humour is seen after he calls Philip. Jesus replies in a sarcastic way. The comment Nathanael made when Philip told him that the Messiah has been found "Can anything good come out of Nazareth?" (John 1:46). Jesus said to Nathanael "Here is a true Israelite, in whom there is nothing false" (John 1:47). According to the bible study commentary, "The slight sarcasm comes from the fact that Israel's original name, Jacob, meant someone who is full of guile or who deceives. Jesus, playing off Nathanael's criticism, is humorously noting that, finally, an Israelite has been found who is not like his ancestor."

Jesus also had the greatest ability to use parables to make complex spiritual truths simpler and understandable and such skills also involve the use of humour.

4.5.2.3 Jesus's self-esteem/self-efficacy

Self-esteem and self-efficacy are also attributes of resilience that are present during childhood and adulthood being both innate and stemming from mastery of previous experiences (Earvolino-Ramirez, 2007:73; Garnezy, 1991:416; Lutha & Cicchetti, 2000:857; Richardson, 2002:307; Rutter, 1987:316; Werner & Smith, 1992:24). In psychology, self-esteem is a general evaluation of one self which represents how individuals accept and like themselves (Blascovich & Tomaka, 1991:115; Neiss *et al.*, 2005:593; Sedikides, 2003:37). It is the opinion and feelings that each one has for themselves. Self-efficacy is a belief in one's capacity and the ability to make use of their efficacy judgments in reference to some achievement (Artino, 2012:76). According to Bandura, self-efficacy is "People's judgments of their capabilities to organize and execute courses of action required to attain designated types of performances" (Bandura, 1986:104).

One episode in the Gospels that could show Jesus' high sense of self-esteem, is the temptation in the desert in Luke 4:1-12. The text accounts that Jesus was led into the desert by the Spirit, and for forty days was tempted by the devil. Jesus' ministry begins after this event. In all the temptations that the devil attempted, it was the devil's desire to shake and bring doubts about the identity of Christ as the Son of God, and if he truly was the Son of God. The devil wanted Jesus to prove it, "If you are the son of God, tell this stone to become bread".... "If you are the son of God, throw yourself down from here" (Matt 4:6).

Christ had all the authority and power to do the devil's desires in the desert, to prove that he was the great king, the messiah that all mankind cried out, but He did not. Christ did not have the need to prove anything to anyone about who He was, and much less to the devil. Jesus was very clear about his identity as the Son of God. Furthermore, He knew that he was loved by his Father, before being led to the desert by the Spirit, Jesus heard "You are my beloved son, I am well pleased with you" (Luke 3:22).

Ricardo Barbosa writes that "Jesus was never tempted to prove to anyone who he was, because he acknowledged that his father knew and loved him. And that it was all he needed" (Barbosa, 2002:171). The attitude of Jesus's washing the disciples' feet at the last supper also shows that he was well resolved about his identity and that performing such a lowly task as washing the feet of his disciples would not change his position before his Father (John 13:1-17). There is no other example in all ancient non-Christian literature of a person washing the

feet of someone lower in status than oneself (Gundry, 2010b:16). In Jewish culture, such tasks were the lowliest tasks even for a disciple, since they were to execute the task of slaves for their master(teacher) - with the exception of washing their master's feet (Gundry, 2010b:16).

From an early age Jesus used his talents, at the age of 12, he was already in the temple to hear and interrogate the religious leaders "all who heard him were astonished at his understanding of their answers" (Luke 2:47). Jesus used all the authority given to him by his father to teach, cast out demons, and heal the sick. "In the evening, when the sun came down, they brought to Jesus all the sick and demonized" (Mark 1:32). Jesus also had a great talent for communicating with people, using his knowledge of nature through parables to be better understood; for example, the sower, the seeds and the mustard seed (Matt 13:31–32; Mark 4:30–32; Luke 13:18–19). His message went from outcasts to the important people of great knowledge, as was the case with Nicodemus who was an important Pharisee and one of the three richest men in Jerusalem (John 3:1-12).

4.5.2.4 Jesus engaging the support of others

Jesus had independent thought and action, without fear of depending on others or reluctance to be in a condition of dependence. Jesus was always dependent on the Father, for the Father was in the Son, and the Son was in the Father (John 17:21). Jesus had an intimate communion with the Father, the doctrine of the Trinity clearly shows the relationship "that the Father, the Son, and the Holy Spirit enjoyed among themselves" (Souza, 2002:53).

Frederic Flach (1991:53) in his research on resilient individuals reports that most resilient patients when they had problems, did not hide the difficult moments they were facing, but they looked for someone to help them. Patients who could not endure their own suffering by themselves and motivated by their pain, recognized the importance of having someone to support them.

Jesus in the agony of Gethsemane prays, "Abba, Father, if possible, remove this cup from me. But not what I want, but what you want" (Mark 14:36). Christ's suffering was so great in His last hours of life that He cries to the Father for help.

Jesus did not go through the depths of suffering alone but as Moltmann (1994:38) points out it was not only Jesus who experienced the pain, but there is also a Trinitarian suffering in which Father, Son and the Holy Spirit also suffered in order to reunite the creation with the creator. In Gethsemane, the scene of one of Jesus' most painful times, he invites his closest friends Peter, James and John to be with him. There they witnessed Jesus in anguish and weakness as he faced the terrors of approaching death.

4.5.2.5 Jesus' interpersonal skills in his relationship

Jesus had good friendships, for example with the siblings Lazarus, Martha and Mary in Bethany (John 11:1-43). Proof of the close relationship Jesus had with this family was the reaction he had when he received the message that Lazarus was seriously ill, Jesus wanted to go to his friends' house (John 11: 9-16). The disciples hesitated to go since they were on the other side of the River Jordan which was considerably far from Bethany and also because that area was known to be dangerous (Bruner, 2012:1259). Jesus' close relationship with this family is also demonstrated through two Greek verbs for love *phileo* and *agapao* (Bruner, 2012:1127). The bible says that "Jesus loved Martha and her sister and Lazarus" (John 11:5) and another verse says "Lord, the one you love is sick" (John 11:3). Lazarus' death breaks Jesus' heart "When Jesus saw Mary weeping and the Jews who had come along with her also weeping, he was deeply moved in spirit" (John 11:43) and "Jesus wept" (John 11:35). Jesus had an outburst of grief because of Lazarus' death but also because of his empathy for Mary and Martha who have gone through the great pain of losing their beloved brother (Bruner, 2012:1306).

Jesus also had a close circle with his 12 disciples (Matt 10:2-3), but with three of them: Peter, James and John; Jesus had a closer relationship. They could be named Jesus' best friends (Taylor, 2011). With them Jesus shared great events of his life. For instance, they were witnessing Jesus' miracles (Matt 8:5-13; Mark 1:21-28; Luke 4:38-39, 5:1-11), enjoying good moments with Jesus like the wedding party (Matthew 22:1-14) and moments of prayer (Matt 22:36; Luke 11:1). They were together in the moment of transfiguration (Matt 17:1-9) and they were with Jesus during his most overwhelming moments, like the agony in Gethsemane (Matt 26:36-46) and the last supper which was the last meal Jesus had prior to his arrest and crucifixion (Mark 14:12-26).

Jesus had a diverse group of friends and bonds. He did not exclude who could enjoy his company based on their gender or socioeconomic class. This is seen in the scripture when Jesus relates closely to women such as Martha and Maria (Luke 10:38-42), Pharisees in the case of Nicodemus (John 3:1-18) and with the chief of taxes Zacchaeus (Luke 19:2).

In the text of John 15, Jesus broadens the scope of his relationships by identifying many other people who might be called friends "Greater love has no one than this, that he lay down his life for his friends (John 15:13), "I have called you friends" (John 15:15).

4.6 SUMMARY AND CONCLUSION

The doctrine of impassibility and passibility has to do with the theology of the suffering of God. It discusses God's attributes that involve his impassibility including his immutability, omniscience, power and unchangeability. However, in the doctrine of impassibility God seems apathetic and untouched by feelings and emotions. Since he is unable to suffer, he is also not able to understand the suffering of his creation. On the other hand, in the doctrine of passibility God is capable of suffering. This shows an important attribute of God - his capability to suffer with his creation.

The doctrine of passibility was used in Moltmann's, Bonhoeffer's and Karl Barth's theology in order to highlight an empathic and passionate God that reconciled with his creation through a Trinitarian suffering of Son, Father and Holy Spirit. The suffering of God through Christ's death on the cross plays an essential role in the understanding of human suffering.

The doctrine of God's passibility was hugely influential after the First World War and this was seen through the writings of two well-known German reformed theologians Dietrich Bonhoeffer and Moltmann. Both Bonhoeffer and Moltmann experienced the suffering of living through a war and highlighted in their theology a God who suffers with us.

The centre of Bonhoeffer's theology was the concept of vicariousness (*Stellvertretung*) in which Christ voluntarily takes the sins of creation through His own suffering on the cross (Bonhoeffer, 2009:120). According to Bonhoeffer, Jesus' followers should follow his example of selfless love and have a life lived for others – to act responsibly toward the suffering of those who are victims of an unequal and unjust society. In the same line of Bonhoeffer's ideas, the theologian Moltmann pointed at God's suffering through Christ's self-surrender on behalf of the creation. In Moltmann's theology of hope, God becomes a passible God through his Son who took onto himself all kinds of sorrow and anguish and substituted it with hope (Moltmann, 1994:36-40). In Christ's passion that involves the deepest suffering, the Father brings the reconciliation between Him and His creation, showing a God who has empathy for those who experience intense pain and whose love leads Him to suffer with and for them.

This chapter also highlighted Jesus' suffering in the passion narrative. He became the man of sorrows (Mark 7:34; 8:12; Luke 19:41; John 11:33, 11:35; 12:27; 13:11); who was despised (Matt 13:55; Mark 15:29; 15:30; Luke 16:14; John 10:20); humiliated (Matt 27:28; Luke 2:7; 22:37); mocked (Matt 27:29; 27:41; Luke 22:63; 23:11; 23:36); reviled (Matt 27:39; Mark 15:24; Luke 23:29); crucified (Matt 27:35; 15:24; Luke 23:33; John 19:23); and who suffered and died to redeem the race (John 10:11; 12:23; 12:24).

Gethsemane and Golgotha were the main scenes of Jesus' suffering. There Jesus displayed himself as a complete human experiencing the depths of suffering, more than a human could ever handle and taking on himself the sins of the entire humanity. At Gethsemane he began to be deeply distressed and troubled (Matt 26:37), "My soul is overwhelmed with sorrow to the point of death" (Mark 14:33-34). Jesus's identity as the Son of God was uncovered in the pain of death, nailed on the cross after being tortured, abandoned and mocked.

There is no suffering that the creation has faced that Christ has not gone through and for this reason he is the best model of resilience that Christians could have. The first of Jesus's protective factors pointed out in this study was his family. Even though the Gospels don't give much information about Jesus's family especially on the parenting of Jesus's parents, there are enough bible verses that can show that Jesus received healthy parenting from his parents Joseph and Mary. Factors that could portray a healthy and protective style of Mary and Joseph's parenting were during Mary's pregnancy which was a very stressful factor since she was not pregnant from her husband Joseph. And their fleeing to Egypt in order to save the baby Jesus who was to be killed by Herod. As mentioned in the previous chapter resilience factors are considered only when there is a stressful situation happening. These two events during Jesus' childhood were quite overwhelming but the scripture shows that Mary and Joseph's parenting protected Jesus. Other protective factor pointed out in this study was Jesus' Ethnic Identity and spirituality. Jesus' spirituality was seen in two ways, one which is in a more individual way that means, his own personal relationship with God. And secondly, Jesus' spirituality from a perspective that involves a faith community i.e. the Jewish values and ritual practices such as Passover, Sabbath, visits to synagogues which were part of Jesus' lifestyle.

Other protective factors that Jesus had was his ability to have a close friendship circle, for example his relationship with the 12 disciples and with the siblings Lazarus, Martha and Mary. A characteristic of a resilient person is to be engaging the support of others, which means, the ability to recognize the help of someone when needed. Jesus had Independent thought and action; however, he did not fear depending on others or reluctance to be in a condition of dependence and this is seen in the doctrine of the Trinity in which the Father, the Son and The Holy spirit are dependent on each other.

The last two protective factors that the study worked on, which Jesus had, were self- esteem and self-efficacy. Episodes in the Gospel that could point these skills were identified, for instance, the temptation in the desert in Luke 4:1-12 in which Christ did not have the need to prove anything to anyone about who He was, and much less to the devil. Jesus was very clear about his identity as the Son of God. Bible texts that show Jesus' ability to make use of talents

and gifts that God gave to him such as teaching God's words, making miracles and driving out demons; were also discussed.

Christ's suffering as already mentioned in this chapter was not only physical during his crucifixion, but also a social and psychological suffering, when he suffered during his life on earth as man. Hence, Christ is the greatest model of resilience that the history of Humanity has ever had. Because of His plan of redemption for all creation Jesus tolerates all kinds of suffering and left the example on how to be resilient.

CHAPTER 5

PRAGMATIC TASK: A PRACTICAL THEOLOGICAL GUIDELINE FOR CLINICAL PSYCHOLOGISTS TO UNDERSTAND HOW SUFFERING IS SEEN IN A CHRISTIAN FAITH PERSPECTIVE

5.1 INTRODUCTION

In the previous chapter, the normative task explored the biblical-theological view of Christ's suffering in the passion narrative. It also identified Christ's main resilience features. This chapter works on the pragmatic task which is the fourth and last task for practical theological interpretation according to Osmer's model (Osmer, 2008:4).

The pragmatic task provides practical strategies of action that can influence events (Osmer, 2008:176) in this case the field of clinical psychology, in ways that desired and effective goals can be met. A solution to the problem formulated in the descriptive-empirical task (chapter 2), is given in the pragmatic task. It is based on a guideline about how to carry out specific actions or practices, raising the question "*How might we respond/How should we act?*" (Osmer, 2008:4). Hence, this chapter brings those theological conceptions mentioned before in dialogue with clinical practice in terms of practical action. That means, how the conception of suffering in Christian faith can be useful in therapeutic sessions.

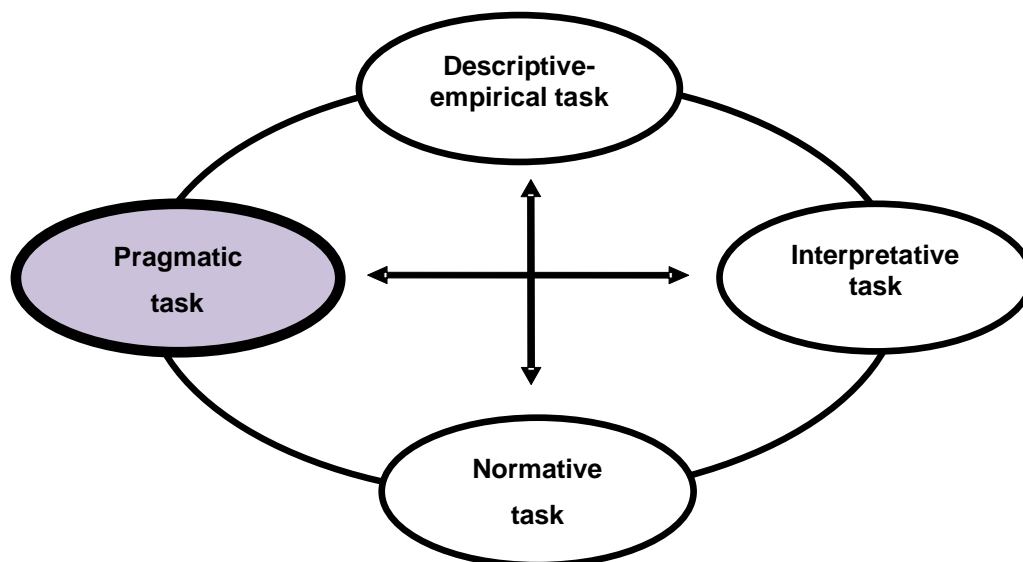


Figure 5-1: The pragmatic task (Osmer, 2008:11)

5.2 OBJECTIVE

The question is not if religious/spiritual content can be addressed in psychotherapy by mental health professionals but how and when. For this reason, the aim of this chapter is to provide a practical theological guideline involving Christian conceptions of suffering and resilience to prepare both Christian and non-Christian clinical psychologists to most effectively engage in such discussions with clients. Furthermore, to provide therapists with an idea of possible issues which Christian clients may experience in moments of suffering that can increase the risk of developing major depressive disorder, anxiety disorder, and posttraumatic stress disorder (PTSD).

5.3 A CLARIFICATION OF THE PREVIOUS CHAPTERS AND THE IMPLICATIONS FOR PRACTICAL THEOLOGICAL GUIDELINES

The central argument of this study is that understanding the interplay between practical theology and psychology can contribute to clinical psychologists' competence when providing effective psychological interventions to Christian clients interested in discussing their spirituality/religion in therapeutic settings. The objective of this research, based on the aforementioned assumption, is to propose practical guidelines for clinical psychologists to address religious/spiritual concerns or struggles and help to foster positive religious coping strategies related to resilience factors in times of suffering.

Even though the theme of spirituality/religion has been a subject of study in psychology, it is by and large still on a theoretical and not a practical level of therapeutic settings. Psychologists' competency, as assessed by their attitudes towards, skill in dealing with and knowledge of religious beliefs is still not an essential component of the field of mental health in a practical way. As a result, clients' spiritual/religious concerns are often not being addressed in their therapy sessions, undermining an important resiliency factor related to Christian clients' well-being.

Psychologists state that they discuss spirituality/religion with only 30% of their clients, and less than half address clients' spiritual/religious experiences and practices during assessment or treatment planning (Saunders, Miller & Bright, 2010:130). A few psychologists have received education and training in how to attend to the religious and spiritual domains in clinical practice ethically and effectively (Brawer *et al.*, 2002:231-239; Hage *et al.*, 2006; Schafer *et al.*, 2011:232; Saunders *et al.*, 2010:355-362). Most psychologists don't have enough basic information on the variety of world religions (Saunders *et al.*, 2010:355).

Religion is very important to people in Africa, the Middle East, Southern Asia and Latin America (Pew Research Center, 2017). For instance, 72% of Brazil’s population is Christian, in South Africa the percentage is 75% and in Uganda 86% (Pew Research Center, 2017). Furthermore, there is an inverse correlation between socioeconomic development and religious commitment in a country. This means poor countries are generally more religious and vice versa (Pew Research Center, 2017).

Since religion/spirituality is still part of the life of many clients, such concerns can arise during therapy sessions. For this reason, psychologists should know how to assess and address religious/spiritual issues as a source of resilience or as a stressful factor that can cause deterioration in clients’ mental health.

In the previous chapters, Osmer’s model of practical theology was used in order to perform the four tasks proposed by him, namely the descriptive, interpretative, normative and pragmatic tasks. The figure 5-2 shows a summary of the main points of each of Osmer’s tasks in this study.

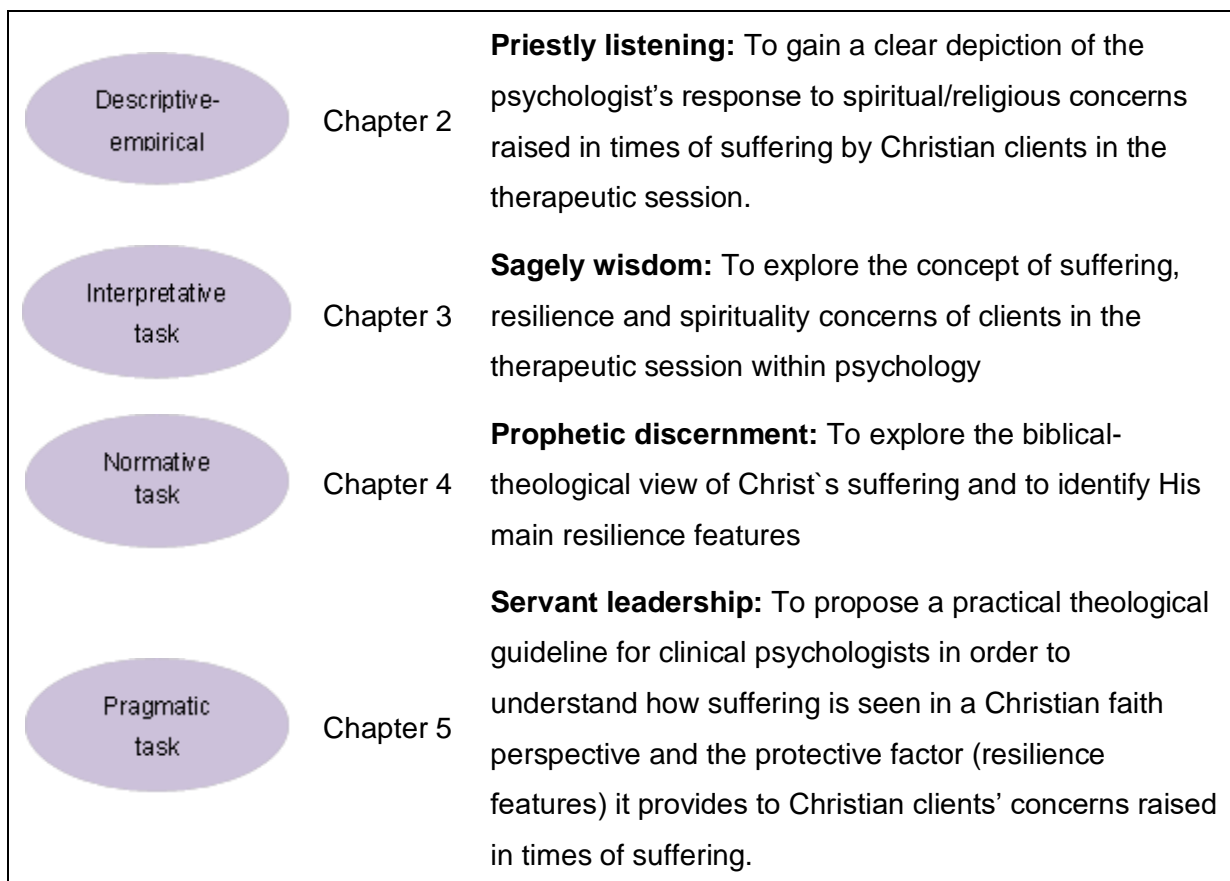


Figure 5-2: Summary of Osmer’s (2008:4) tasks in the study

- In chapter 2, the descriptive-empirical task was the first one to be worked on in this study (Osmer, 2008:4). The question investigated was “How do psychologists respond when Christian clients bring religious/spiritual concerns into the consultation room? Are they equipped to deal with them, and can there be a deepening of understanding?” The study showed that, for a long time, religion was addressed in a negative way by many clinical psychologists. However, this view changed over time and today there is scientific evidence available about the effectiveness of interventions that use the client’s spirituality as part of the therapeutic process.

Research on religious/spiritual interventions has found statistically significant results regarding clients’ mental health. For instance, such interventions have resulted in improvements in clinical symptoms such as levels of anxiety and depression and a decrease in feelings of guilt, worthlessness, loneliness and stress. The study also showed that psychologists consider clients’ religion/spirituality important but that most of them do not assess such matters or address such subjects with clients. There is also a lack of training on the subject of religion and spirituality among clinical psychologists. Most of the studies on spiritual intervention have been done in the USA using the CBT approach, leaving a big gap both with respect to assessing the needs of people from other countries and also with regard to studies based on other psychological approaches.

- In Chapter 3 the interpretive task was dealt with in a manner (Osmer, 2008:4) which raised the question of how the concepts of suffering, resilience and spirituality have been approached in the field of clinical psychology. Many definitions of the terms “religion” and “spirituality” were provided. In general, the term “spirituality” has been seen as a way to describe subjective experiences of transcendence and as something which does not need to be linked with an institution. On the other hand, the term “religion” is more related to an organized system of beliefs, behaviours, values and practices oriented toward the sacred and it is connected with a faith community. Research has shown that religion/spirituality is a protective factor associated with resilience. Religion/spirituality has been used as a positive coping strategy in recuperating from severe mental illnesses, helping to decrease symptoms of anxiety, depression, or psychiatric symptoms more generally. Stressful or traumatic experiences can have a holistic impact on an individual’s life, including its spiritual/religious dimension. During overwhelming experiences, religious/spiritual struggles or concerns can arise causing significant discomfort and having harmful consequences for the daily functioning of individuals.
- In chapter 4 the normative task of Osmer (Osmer, 2008:4) was addressed through a biblical-theological study of suffering and resilience in the historical context of Jesus

Christ's passion narrative (Osmer, 2008:4). The concept of suffering was also investigated by means of a theological perspective using relevant reformed theologians such as Moltmann and Bonhoeffer. The last theme of chapter 4 was resilience, which was examined by looking at the interplay between biblical perfective and resilience theory in an attempt to find Christ's resilience factors. The protective factors identified in Jesus were family, religion/spirituality, self-esteem, self-efficacy, a sense of humour, Jesus' interpersonal skills in his relationships and his ability to depend the support of others.

5.4 RELIGIOUS BELIEFS IN THE THEOLOGY OF THE CROSS WHICH CAN HELP CLIENTS THROUGH THEIR PERSONAL SUFFERING

Religious beliefs and practices can help in difficult moments, increasing the probability of not experiencing psychological problems, improving mood and well-being and also spiritual growth (Pearce, 2106:5).

5.4.1 End of the law and flourish of Grace

Grace is one of the most important concepts in Christian faith. "For it is by grace you have been saved, through faith and this not from yourselves. It is gift of God-not by works, so that no one can boast" (Eph 2:8). God made Jesus who had no sin to be sin for humanity, so through him they might become the righteousness of God (2 Cor 5:21). Jesus' suffering was the price that was needed to be paid for human sins to be forgiven. Jesus in his unconditional love gave this forgiveness of human sin free by grace.

Michael Horton states, "In grace, God gives nothing less than himself. Grace, then, is not a third thing or substance mediating between God and sinners, but is Jesus Christ in redeeming action" (Horton, 2011:12). Through Jesus' suffering righteousness no longer is a work of the law but a gift given to the creation. Different to the society in which individuals are valued based on what they do; in Christian theology salvation and daily life miracles of life, such as to be alive, friendship and so many other things are conceived by God's grace which involves His love and mercy to the creation and not because humans deserve or earn it. The greatest blessings in nature, the sun and rain are provided to worthless and worthy individuals. That means, in Christian faith the blessings of life are not received based on what people do or not do but they are a gift provided by God: "He causes his sun to rise on the evil and good, and sends rain on the righteous and the unrighteous" (Matt 5:45). Christ redeemed us from the curse of the Law (Gal 3:13), his suffering and death gave freedom from the slavery of sin and from the yoke of the Law.

There is no need of self-effort to make God love his creation. It is not based on doing things and obtaining blessing or a failure to do good things and being cursed; it is not based on retribution. That means, the death of a loved one, failure in the life, illness and so on are not punishments from God. Furthermore, in Christian faith salvation is a gift and there is nothing a believer needs to do to reach this. The religious believe grace can have a significant impact on believers psychological and mental health conditions, since such concepts don't demand or request rituals or sacrifice to please or appease God.

5.4.2 The intention of love behind Christ's suffering

Jesus' suffering was not in vain and it was also not a practice of masochism. "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life" (John 3:16). The purpose and meaning behind Jesus' suffering were his unconditional love. The idea of a God who loved his creation so much, to the point that he gave His only son to die for them; allows Christians to trust in God's character that He has a loving intention behind everything.

This love can help Christians believers to find meaning and hope in the midst of their painful trial (Pearce, 2016:85). The faith in God may not answer the question of why I am suffering but help to trust on the One who suffered because of his unconditional love. On the cross the love is expressed through the suffering God who gave up of His son. It is not only Jesus who experienced the pain but the Trinity also felt it - in which Father, Son and the Holy Spirit also suffered (Heltzel & Winn, 2011:174).

Moltmann suggested that it would be impossible to love without suffering, that in the case of Christ it was his passion for the creation that drove his passive condition and vulnerability (Moltmann, 2004:44). This belief can support clients who have been overwhelmed by the belief that love is only correlated with pleasure and happiness. The theology of prosperity which is the fruit of a hedonistic society advertises that suffering must be avoided, but according to Moltmann this mentality brings a false illusion which tries to sedate and suppress suffering (Moltmann, 2004:44).

Questions that can be discussed with clients:

- Do you think the love of Christ for his creation could have some impact in difficult times?
- If yes, how do you think this love could help you in your current experience of suffering?

5.4.3 Hope and faith

There is nothing more essential for those who suffer than to have hope (Keller, 2015:250). "Praise be to the God and father of our Lord Jesus Christ his great mercy he has given us new birth into a living hope through the resurrection of Jesus Christ from the dead" (1 Pet 1:3).

The loss of hope is what makes suffering intolerable. When Jesus was in Gethsemane and Golgotha experiencing the deepest suffering he could have given up on taking all this pain but he did not. He drank the chalice and did not abandon his creation despite all the suffering He went through. In Christian faith, because of Jesus there is always hope, even in the darkest moments of life. Jesus experienced the abandon and rejection that humans deserved, and God has said to his people: "I will never leave you I will never abandon you" (Heb 13:5). Even when humans seem to be or feel to be abandoned by God, they are not despite their failures (Keller, 2015:250). In Revelation 21 the fundamental hope is found:

Now the dwelling of God is with the men, and he will live with them. They will be his people, and God himself will be with them and be their God. He will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away (Rev 21:4-5)

John was writing these words to people who were suffering when the Roman emperor Domitian was persecuting Christians near the end of the first century. In this moment of suffering John shared with them the ultimate hope of "a new heaven and a new earth was coming" (Rev 2:1). In the Christian faith there is the belief in eternal life, that the bodily death is not the end but there is a future which consists of endless joy, where there is no suffering and pain. Jesus Christ's death and resurrection gave the hope that even the worst things will turn into the best things, the greatest are yet to come (Keller, 2015:318). Through the resurrection of Christ there is hope in a better future. However, in the Christian faith, hope is not only in the distant future of eternity, but also here in the present day on earth.

In post war Europe the theologian Moltmann brought the concept of Christian hope through the theology of hope (Woodbridge, 2010:106). Moltmann argued that Christians found hope in the future, but also did not accept the present problem where the world experienced suffering and injustice. Moltmann stated: "Does this hope cheat man of the happiness of the present? How could it do so! For it is itself the happiness of the present" (Moltmann, 1967:32). Theology of hope highlights the importance of current times. It brings the future events to be here and now. Moltmann states: "the source of continual new impulses toward the realization of righteousness, freedom, and humanity here in the light of the promised future that is to come" (Moltmann, 1967:22).

Christian believers should be seen as the people of hope, who repeatedly experience the God who is present in his promises. Christians should be empowered by hope in order to act against the suffering of creation (Woodbridge, 2010:108). As people of God, they are confronted with their responsibility over the care for the creation. That means, the active participation in the world. According to Moltmann, Christian faith is understood as essentially hope for the future of creation promised by the resurrection of the crucified Jesus (Woodbridge, 2010:108).

The theology of hope, suggested by Moltmann, have socio-political implications and can be defined as “the realization of the eschatological hope of justice, the humanizing of man, the socializing of humanity, peace for all creation” (Moltmann, 1967:329). These are seen as the concrete manifestations of God’s kingdom in the modern society.

5.4.4 Gratitude

Gratitude can be an effective cognitive reframing and positive behavioural tool for clients whose complaining are making their mood worse (Pearce, 2016:135). Gratitude can change clients’ focus and action to what is positive and satisfying in their lives (Pearce, 2016:135). The idea is to change a negative interpretation and behaviour to reduce emotions that elicit depression and anxiety. Gratitude can be conceptualized as a protective factor and may also foster positive outcomes following a traumatic experience (Vieselmeyer, Holguin & Mezulis, 2017:62-69; Wang, Wu & Tian, 2018:2131).

A study found that veterans with PTSD, compared to those without PTSD, showed significantly lower dispositional gratitude (Kashdan, Uswatte & Julian, 2006). Dispositional gratitude predicted better daily positive affect, intrinsically motivating activity, self-esteem over and above attributable to PTSD severity (Kashdan *et al.*, 2006:177). Daily gratitude was uniquely associated with well-being in both groups (Kashdan *et al.*, 2006:177).

Religious individuals are more likely to feel grateful than non-religious individuals (Krause, 2009:155-172). This can be because gratitude is encouraged within most main world religions, including Christianity. In Christian faith gratitude is not only toward people but also to God. Christians see situations in their daily lives as a gift given from God (Jas 1:17).

Another point of Christian faith is to give thanks to God in all circumstances, which include difficult times as well, “Give thanks in all circumstances, for this is God’s will for you in Jesus Christ” (1 Thess 5:18). This does not mean that Christian clients should not be sad when undesirable things happen. It does not mean that psychologists should suggest to a client to feel happy and deny feelings of frustration and discontentment or replace those feelings and

thoughts for positive ones. This attitude can be harmful for clients and to the therapeutic relationship. It is also not theologically correct (Pearce, 2016:138).

Gratitude may help Christian clients to see other things besides the suffering. Even in the midst of suffering they may have reasons or positive things that are still present in their lives, things to say thanks for. For instance, “for who he is, his roles in their lives, how he will bring them through the situation, and how even this event will be used for their good” (Rom 8:28). Gratitude helps to see the resources available. The apostle Paul admonishes the church in Thessalonica to express their gratefulness. Paul did not say to believers to thank God for everything, but rather in everything, even in difficult moments.

In the religiously integrated CBT, Pearce (2016) support clients not just in developing general gratitude but also developing religious gratitude, but without running the risk of coming across as insensitive and invalidating, since gratitude can be a challenge for those who have pain and who suffer (Pearce, 2016:139).

Questions that can be discussed with clients:

- Are you aware of situations where Jesus was thankful and gave praise to God in hard moments?
- Do you think being thankful in times of hurt could make you feel better or help you in some way?
- Is there something in Jesus’ suffering that you are grateful for that was meaningful to you?

Gratitude lists encourage clients to list things for which they are grateful. The idea is to help clients to look also at the positive things in their life and how these things can help their mood - to make a connection between being grateful and changes in their mood and behaviour (Pearce, 2016:141), helping clients to challenge and change unhelpful, negative thinking (Pearce, 2016:142). This activity can help to contest negative beliefs such as “nothing is going well in my life”. This activity helps with cognitive restructuring through a gratitude framework (Pearce, 2016:143).

Pearce even suggests that clients spend part of their daily prayer time on prayers of thanksgiving to thank God for each thing they wrote in the list (Pearce, 2016:143). This can also help the feeling of anxiety. The apostle Paul says: “Don’t be anxious about anything, but in everything, by prayer and petition, with thanksgiving, present your request to God” (Phil 4:6)

5.4.5 Solidarity

Christian Theology is not a tragedy but a history of love in which the divine gave up of himself to have solidarity with and for those who suffered and still suffer in our times. That means, God suffers as the creation suffers and he has empathy and solidarity with who is suffering. In hard times it may be common to think of a God who does not care about his children's suffering - an apathetic God who sees and does not care. However, in the Christian faith God is always present in the suffering of his creation being with and for them. The different kinds of suffering caused by losses, war, poverty and sickness can trigger feelings of loneliness and abandonment. The theology of the Cross makes it possible for God to equate with the suffering of human beings and creation, and this belief can offer hope during deep sorrow (Moltmann 2004:44).

Theologians such as Moltmann and Bonhoeffer and even Psychologists such as Victor Frankl state that personal experiences with suffering in the concentration camps gave them a better understanding that suffering and hope are interwoven. Christian faith does not encourage suffering but fights against structural suffering. Hope helps human beings to better accept suffering without denying the existence of pain. Moltmann in his personal experience of suffering suggested that the question "why does God allow us to suffer?" gives the idea of an apathetic God. He suggested the question "where is God in human suffering?" since this question suggests a God who suffers with us, that God is here present during painful times, he has not abandoned me. That means, during suffering the question is not just why but also where is God? Does he share in our suffering? Is he a sufferer among the sufferers? In Christian faith the answer is yes, God is present in the suffering of humanity regardless of the kind of suffering. Here there is an empathetic God that understands the suffering and that through Jesus' death on the cross participates in creation's suffering. Jesus' experience of death and resurrection gave the entry for hope.

Questions that can be discussed with clients:

- Have you ever had the same question that Jesus had on the cross?
- How do you think you can feel the presence of God in your life in this moment?

5.5 THEOLOGY OF THE CROSS, THE GIFT OF FINDING GOD AND THE BLESSING IN SUFFERING

In order to further add to this guideline, the "Redemptive Reframing Skill Building Activities" will be used. It is the second step of the CCBT tool to support client's spiritual suffering

proposed by the clinical psychologist Michelle Pearce (Pearce, 2016). Pearce has used this evidence-based intervention to work on client's spirituality/religiousness during the therapeutic session.

5.5.1 Facilitate a sensitive discussion about spiritual struggle and sacred losses

Clients should be allowed to discuss their spiritual struggles with their therapists in order to stabilize, process and give expression to what may be considered taboo feelings and thoughts in their faith community, for instance, anger, upset feelings and doubt toward God (Pearce, 2016:86). The idea here is not to start a theological discussion but to provide a safe space in which clients can acknowledge and explore their spiritual struggles and losses, such as how their suffering is affecting their relationship with God, their relationship with other members of the faith community and changes in their religious beliefs. Through this discussion psychologists can assess how these factors are correlated with the present psychological problem. The healing process starts by hearing themselves depict their spiritual suffering out loud. This also helps to assess how spiritual pain is increasing or maintaining the psychological problem. The idea is to work on feelings that are triggered by suffering such as feeling rejected and ashamed to be feeling this way. Pearce highlights that people who face hardship can feel more comfortable to provide a narrative of their difficult times than how things are between them and God. It is important that psychologists assess clients suffering in a holistic way since struggles in a specific area over time, when denied, suppressed or negatively deal with, can have a significant impact on clients' other areas of functioning.

Question suggested by Pearce to assess client's spiritual struggles (Pearce, 2016:86):

- Has your relationship with God changed because of your situation (abuse, death of loved one) or anxiety? (Assess for anger, resentment, disappointment, fear, doubt, shame, guilt, etc.).
- What sorts of things are you questioning, if any, that you have never questioned before?
- Does it feel like God is punishing?
- Has your relationship with other Christians changed because of your situation or depression/anxiety?

Another question that Pearce (2016) does not mention but that could be interesting to discuss:

- How do you think your faith community would see you if you shared with them that you are having psychological problems or have even been diagnosed with a mental health disorder? How will they discuss this with you?

To provide Psychoeducation about spiritual suffering is important. Psychologists can explain that difficult times do not just affect clients emotionally and physically it can also affect individuals' spirituality. Psychologists can also explain that rising doubt and strong feelings about God's ostensible absence and care during difficult times is a normal reaction (Pearce, 2016:86).

However, some Christians suppress such feelings which can bring more conflict and discomfort (Bryant, Haynes, Greer-Williams & Hartwig, 2014:798; Pearce, 2016:86). Therapists can ask clients:

- Did anyone in the bible ever express anger toward God?
- Are you having some feeling to God that brings guilt and/or shame?

The Bible describes many people who got angry with God. In the book of Psalms, King David expressed many complaints to God. All Psalms of complaining written by King David started with his sincere and honest feelings about how sad he felt about God but ended up praising Him. To be sincere with feelings is part of the healing process (Pearce, 2016:86). David opened his heart to God and remembered that he can trust in God's unfailing love.

5.5.2 Redemptive reframing through Meaning Making and Benefit Finding

It is to look for potential benefits from clients painful experiences. Pearce suggests that in order to normalize experience and to facilitate meaning making; it can be helpful to look at individuals in the bible who experience suffering and to see how they managed these moments with the ultimate result of bearing the painful trials (Pearce, 2016:89). Psychologists can reflect on the example of Jesus and the redemptive purpose of His suffering. This can convey hope for clients' hardship moments. "For everything that was written in the past was written to teach us, so that through endurance and the encouragement of the Scriptures we might have hope" (Rom 15:4). Therapists can ask clients:

- Can you think of any example of people in the Scripture who endured painful trails? (Pearce, 2016:90).

The Scripture is full of people who underwent suffering and losses. It is a great challenge to find an individual in bible who had not. As the client answers the psychologist might discuss the story and work on:

- What do you make of this? Does it bring you any comfort? Can you relate to any of these stories of suffering? If so, how ?" (Pearce, 2016:90).

The main idea of this discussion is to demonstrate that suffering does not exclude anyone; even Christians are exposed to hardship and can explore God's provisions and purpose in suffering. Pearce state: "Help clients to reframe their struggle by actively looking for ways God may be at work in their lives and the blessings that might be found from the situation" (Pearce, 2016:86). A discussion like this with clients has shown the benefit of processing anger and doubt toward God (cf. Pearce, 2016:90). The discussion on narratives in the bible about suffering and trial can also facilitate meaning making (Pearce, 2016:91). Pearce (2016:90) even suggested the use of bible verses during this "activity" with clients. She suggests asking clients: "What do you think of this verse found in James 1:2-4?"

Consider it pure joy, my brothers and sisters, whenever you face trials of many kinds, because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything.

Pearce (2016:91) suggested another question to clients about suffering: "What comes up for you when read the verse in Lamentation 3:31-33?"

For no one is cast off by the Lord forever. Though he brings grief, he will show compassion, so great is his unfailing love. For he does not willingly bring affliction or grief to anyone.

There are also good books of Christian authors who wrote on spiritual suffering and grief suffering not focusing only on the theoretical but also their personal experience that could be suggested to clients, for instance: *A Grief observed* (1961) by C.S Lewis, *Letters and Papers from Prison* (1951) by Dietrich Bonhoeffer; and Timothy Keller, Elizabeth Elliot on spiritual suffering and grief.

The main two points of the Redemptive Reframing tool proposed by Michelle Pearce (2016) is to help clients to express their spiritual suffering and to look at individuals in the bible who also experienced struggles called "heroes of the faith" (eg. Heb 11). The bible narrates stories of people who suffer - even God is submitted to suffering through Jesus Christ unlike gods of Greek mythology that were portrayed as untouchable and unable to suffer.

If psychologists use the two points of the Redemptive Reframing Skill Building Activities (Meaning making and Benefit finding) in an effective way, "the client feels safe and heard, his emotions and experiences have been normalized and legitimized, and he has explored the idea of suffering in the context of his Christian teachings" (Pearce, 2016:91). Clients may need numerous sessions to process their spiritual pain before they are ready to think through the positive gains that suffering experience might produce (Pearce, 2016:91).

It is prudent to discuss the concept of posttraumatic or stress-related growth with clients, in order to invite them to talk about negative and positive changes that situations have brought

in their lives. Questions like, “What changes have you noticed since X situation occurred or have you since become psychologically affected?” (Pearce, 2016:91) can help to discuss this point. Studies shows that people can see change in their character, worldview, relationship, goals, profession, skills, and so on. The main purpose of this discussion is to encourage clients to use their religious belief in order to recognize that: a) the Loving God is present in their situation, b) to think which blessing was brought with this painful experience, and c) what benefits was found (Pearce, 2016:91). Clients can find some of their suffering as redeemed when reframing its meaning and finding its purpose (Pearce, 2016:91).

In order to reinforce redemptive reframing of clients’ suffering Pearce (2016:91) suggests some questions therapists can use that invite clients to consider the meaning and benefit of their suffering.

- Did these things that happened to you, result in a blessing you were not expecting?
- While going through this situation, has your faith been a help or comfort? In which ways?
- Does your faith change the way you interpret what has happened to you? In which way?
- Do you believe God makes all things work together for our good like it says in Romans 8:28? Do you believe that? How might God be using or planning to use this situation in your life for good?
- Has the situation taught you something new about yourself?
- In which way do you think this new knowledge will help you when you are in a difficult situation in future?

5.6 SUFFERING RELATED TO PUNISHMENT AND UNREPENTANT SIN: HOW SUCH CONCEPTS AFFECT CHRISTIAN CLIENTS’ MENTAL HEALTH

Although suffering is not desired it can bring gifts that could not have been received in joy and pleasure moments. As already mentioned in the previous chapter, in Christian theology suffering does not exclude a single human being, “Man born of woman is of few days and full of trouble “(Job 14:1).

In Christian theology even God is capable of suffering. The theology of the Cross reveals a passible God, a God who is able to suffer because of his unconditional love for the creation. In all Scriptures from Genesis to Revelation it is possible to see the suffering of individuals and nations, women and men. Most of these individuals who suffered were loved by God and

they did not suffer because they were out of the will of God, but because they were at the centre of His will. Suffering is not seen as a punishment or absence of God's presence. God's children can suffer, and this does not mean that he is punishing them or he does not love them anymore. Jesus told his disciples about God's love and immediately after this he said: "In this world you will have trouble. But take heart! I have overcome the world" (John 16:33). The bible does not mention hedonistic promises to keep us far from hardship but promises God's presence and help in hardship.

When you pass through the waters, I will be with you; and when pass through the rivers, they will not sweep over you. When you walk through the fire, you will not be burned; the flames will not set you ablaze (Isa 43:2).

However, it is important to highlight that some clients may have been raised or congregated by a prosperity gospel movement in which its belief provides an untrue understanding of being blessed by God. In the prosperity theology suffering is completely denied and there is a misconception of God's blessing. It is important to understand how this erroneous biblical interpretation could increase psychological stress such as blame, guilt, anxiety, sadness and so on. Negative religious coping methods predict worse mental health and life satisfaction.

In the prosperity gospel theology, believers demand God's blessing including healing and material prosperity. Like a contract between God and the believer, the former must be there to give and provide whatever they ask and the latter should fulfil his/her part including an intense practice of prayer, regular fasting and positive thinking in which it is believed that the miracle has already taken place. The commonest bible text used to justify such beliefs is Malachi 3:10, Matthew 7:7, Mark 10:24, Romans 10:7 and 2 Corinthians 9:6-8. Those whose wishes are not granted are thought to have a lack of faith or the presence of sin that doesn't allow God to act. Poverty can even be seen as spiritual evil and the argument can be supported using examples of people from the Old Testament who are wealthy, such as Abraham and King Solomon. Some religious leaders can even use blessed objects including oil, water, food etc. and those objects are sold at a costly price. Another characteristic of this movement is the need to be a constant winner, successful and not accept failure.

Such a doctrine can foster a spiritual immaturity which is underpinned by the affirmation "God is what I say He is", the one who gives financial stability, the one who must heal my loved one and myself, the one who must make me succeed and never fail (Walborn, 2014:306). The problem of this theology is that when God does not provide the blessings that were expected to be provided, a spiritual crisis can arise.

Inconsistent and unmet spiritual care have negative effects on clients, such as depressive symptoms, less sense of meaning and peace (Pearce, Coan, Herndon, Koenig & Abernethy, 2012:2269; Stauner, Exline, Pargament, Wilt & Grubbs, 2019:291). Religious struggle was also pointed out as a predictor of mortality among medically ill elderly patients in a 2-year longitudinal study (Pargament, Koenig, Tarakeshwar & Hahn, 2001:519).

In some Christian communities it can be difficult to express signs of weakness, vulnerability, or failure (Bryant *et al.*, 2014:796). A cohort study done with Black North American pastors from Christian denominations (Baptist, Pentecostal, and Church of God in Christ) showed that for the majority of them mental health problems, especially depression, is a sign of weakness (Bryant *et al.*, 2014:796). Furthermore, many of those religious leaders believed that to be masculine is to show no signs of weakness (Bryant *et al.*, 2014:797). Several pastors shared the belief that, if you are a man of God and living a righteous life, then you should not have difficult times, and hence you should not have mental health problems (Bryant *et al.*, 2014:797). It is important to consider the population of religious leaders since many of them state not having anyone with whom to talk to about their psychological and spiritual suffering. On the other hand, those who display spiritual maturity make the affirmation “God is” regardless of what I want him to be or do. This spiritual maturity can foster positive religious coping in hard times (Walborn, 2014:306).

5.6.1 Christian clients’ mental health and religious coping

A practical theological guideline can provide psychologists with more knowledge in the understanding of suffering through Jesus’ suffering in order to support patients who are suffering from negative religious coping methods and turn their faith into a protective factor when working on cognitive distortions. Regardless of which psychological intervention clinicians will use to support clients, it is not their role to answer or deny the thoughts regarding client’s religious beliefs but to guide them in self-discovery about their own faith and emotions.

The question of how a loving God could have let his children endure such suffering, and why God is absent when believers most need him can be raised in the midst of suffering. Some traumatic experiences such as being sexually and physically abused, the death of a loved one and the diagnosis of a cancer can bring spiritual pain/suffering in which the understanding of God may be undermined and in some cases be the root of believers’ depression (Pearce, 2016: 810). In this moment of suffering questions can be raised such as “Is it a sin to be upset and angry with God? Why is God abandoning or punishing me? Can doubts about my faith

mean I am not a real Christian? Could people from my congregation think I am committing some sin since I am experiencing such suffering in my life?”

The understanding of the theology of the cross can help Christian believers to understand their own suffering. Christian believers need a way of understanding and processing their suffering that takes into consideration their Christian worldview (Pearce, 2016:81).

In the Cognitive Behavioural Therapy for Christians (CCBT) there is a tool called “Finding God and the Blessing in suffering” which supports clients to explore their spiritual pain and, if wanted, involve a redemptive reframing of this suffering (Pearce, 2016:82).

Stressful events can bring spiritual crises that can cause “deterioration or loss of one’s religious beliefs, religious community, and sense of religious identity” (Burke *et al.*, 2014:239). A way to support Christian clients to overcome their distressing and painful experiences is to involve their religious beliefs and perspectives in order to assist and reconstruct a sense of meaning (Wortmann & Park, 2009:83). Seeing their experience in a new way, a more positive way, can facilitate a better way of dealing with their experience. Pearce states that “having the opportunity to process the painful experience by engaging their Christian worldview, can help discrepancies between their religious beliefs and their life experience” (Pearce, 2016:83).

A meta-analysis on what facilitates posttraumatic growth shows a strong correlation with religious coping, in which religious individuals turn to their faith for support and guidance during and after a difficult event (Prati & Pietrantonio, 2009:364).

5.7 JESUS AS A ROLE MODEL FOR COPING WITH PAIN AND THE SEEMING ABSENCE OF GOD

In the beginning of *The institution of the Christian religion*, John Calvin says “without knowledge of God there is no knowledge of self” (CRTA, 2009). Self-knowledge and knowledge of God are intertwined; however, the latter comes first. In order to know more about ourselves it is necessary to understand who God is through his own revelation. God makes himself known to us through the revelation in Jesus Christ. That means in Christian faith, to know about Jesus gives the opportunity to believers to have more self-knowledge. To know more about a God who suffers, who made himself powerless and weak allows believers to also understand their existential vulnerability and dependence on God.

In Christian faith, Jesus would be the greatest example of resilience in all of the Bible. Jesus’ ability to cope with his suffering and his resilience factors could be a role model to Christian clients who have experienced difficult times. Jesus Christ became weak, vulnerable and

powerless. He exposed himself to all kinds of suffering and rejected his Glory and position of Divinity to become a man.

Psychologists can explain the conception of resilience and the factors that a resilient person can have, to their clients. Afterward the psychologist can encourage clients to identify their own protective factors and how these factors can help clients to overcome or support them during their own suffering.

In Christian faith Jesus serves as a model for those who believe in him. Spiritual modelling can contribute to people behaving in a better way, for instance to foster charity, veracity, kindness, forgiveness, generosity, self-regulation, wisdom and so on. The apostle Paul in the letter addressed to the Christian church in Corinth said "Follow my example, as I follow the example of Christ" (1 Cor 11.1). Peter said, "But just as he who called you is holy, so be holy in all you do, for it is written: Be holy, because I am holy" (1 Pet 1:15-16). A faith community and parents/family with healthy religious/spiritual practices, is a powerful and important positive role model. That means, models and this includes also spiritual models, can have an important impact on an individual's life for good or for worse since many atrocities in history have been conducted in the name of God. Examples include Inquisitions, the Crusades, the 11 September attack on the USA, etc. (Walborn, 2014:2019).

The previous chapter discussed some characteristics of Jesus' resilient factors such as Self-Esteem/Self-Efficacy, sense of humour, spirituality, family and friendship. However, there are still other characteristics that Jesus had and that could be discussed with clients. Connor-Davidson (2003) lists the following resilient characteristics of Jesus:

- Engaging the support of others (Mark 14:36, 14:32-35);
- Commitment (Matt 26:39, 26:42; John 3:68,);
- Personal or collective goals (Matt 20:28, 11:28-30, 11:36, 14:14);
- Strengthening effect of stress (Mark 14: 32-34, 15:21-32);
- Patience (Mark 1:34);
- Self-awareness (Mark 12:6, 13:22; John 10:38).

Questions that can be discussed with clients

- Do you see Christ as resilient?
- Could you identify things present in the life of Jesus that helped him to bear suffering

- Could you identify in yourself protective characteristic that you own?
- Some resilient factors can be developed other are innate. Is there some of these factors that Jesus had that you think could be important to develop? And why?

5.7.1 Scientific support for redemptive reframing

The ability to face stressful life events and develop adaptive beliefs gives opportunity to identify new characteristics and strengths during hard times. Researchers have called this “posttraumatic growth” which will lead individuals to be more resilient the next time they face a stressful situations in future (Jayawickreme, Forgeard & Blackie, 2015:56; Pearce, 2016:83). When experiencing posttraumatic growth, individuals can gain life purpose, wisdom, gratitude for life and experience spiritual growth (Pearce, 2016:82).

A sense of meaning can mitigate an experience of emotional distress, spiritual crises, and poor physical and mental health (Pearce, 2016:83). Posttraumatic or stressed growth theory doesn’t deny the painful events people can undergo during difficult times, since being fragile and vulnerable is part of human beings’ conditions, but those experiences are also an opportunity to gain new growth and strength.

5.7.2 A God who suffers

The power and the strength that a passible God has in the life of believers who undergo hard times is significantly huge. The idea that God can be weak, powerless, forgotten and exposed to vulnerable situations ensures his perfect goodness and unalterable love in moments that those characteristics have not been manifested and visible. There have been theologians who wrote on the topic of suffering after having personally experienced painful times such as war, epidemics, grief of a loved one; and were empowered by the belief that God was with them and that only a suffering God can help. The conception that God can have feelings gives him the paradoxical condition that he can be passionate but also suffer.

- The Hebrew Old Testament contains 842 references to the emotions of God. The most common of these are anger/wrath (447), compassion (101) Joy/pleasure (91), love (44) and Zeal/jealousy (42) (Woorwinde, 2002:24).
- In the New Testament there are 92 references to the emotions of God and 90 references to the emotions of Jesus. The emotions that the New Testament most

frequently mentions are love (53), anger/wrath (29) and compassion (7) (Woorwinde, 2002:24).

The doctrine of God's passibility was hugely influenced and supported by Christian believers during the First and Second World War. Christians were overwhelmed by the war and could not believe in a God who was impassible, that means, unable to suffer. Saint Augustine stated, "God had one son on earth without sin, but never one without suffering." (Klicka, 2006:304). Christ was holy and pure without sin but even though he suffered. This belief can be quite a relief to people who suffers, since "Jesus suffered, why should I not also suffer?" It assures believers that suffering is not the result of punishment or unrepented sin because Jesus was not a sinner and yet he suffered.

Within the Christian faith the concept of a God who suffers does not mean God is hopeless and incapable of helping those who suffer in the world. His power and strength were revealed in an unexpected way and not in glory or with supernatural powers, but through suffering, affliction and death of Jesus Christ that the plan of salvation and the plan of reconciliation was achieved.

It is important to explain to clients the concept of posttraumatic growth and resilience, and make a link with Jesus' suffering. Jesus was not destroyed by suffering, but his suffering brought life and hope according to the Christian tradition. His suffering has empowered many Christian believers who faced hard times on earth.

Questions that can be discussed with clients include:

- Does God have feelings?
- Does God suffer? Do you think God is capable of suffering?
- Do you see meaning in Jesus suffering?
- Does Jesus' suffering and death have meaning making and benefit finding?

Christ is the centre of the Christian faith and his passion and death is absolutely significant and meaningful to those who belief in him. The relevance is so great that Luther (1955:31) states that those who don't see God through suffering and the cross were not worthy to be called theologians.

5.7.3 Making sense of Jesus' suffering

Suffering can bring spiritual growth, C.S Lewis (1940) states that suffering is "God's megaphone to rouse a deaf world", which means, in hard times it can bring believers closer to

God than when things are going well. This does not mean that God purposefully causes suffering in order to bring believers closer to him but that it is possible to make hard times a learning process including learning more about God's character and to reach oneness with him. Jesus' suffering is meaningful for Christian believers since it expresses a saving God who is love.

Jesus' suffering started even before the crucifixion, the most inhuman method of killing portrayed in all of history. Firstly, Jesus went through the depth of agony in the garden of Gethsemane - his soul was overwhelmed with sorrow to the point of death (Mark 14:34). Jesus did not deny his human condition. He knew that what was awaiting him was the greatest suffering and he expressed his feelings with his three closest friends. Jesus does not hide his internal pain and also does not deny the need of having the company of his friends and for this reason invited them to share this difficult time with him.

Questions that can be discussed with clients:

- Are there verses in the Bible that express Jesus' feelings about his future of suffering?
- Have you ever felt like Jesus in terms of fearing what is coming or to experience fear related to the current hard moment?
- Do you feel comfortable to express and share your feelings to your closest friend or family members?
- (In case of men) How does your community see a man expressing their feelings, for instance to be crying?

Jesus' ability to share his agony with others is an important belief for both men and women. The discussion can be relevant to both genders. It may be more challenging in a "macho" society where being masculine means displaying bravery, courage and denying one's feelings. The normal act of crying can be challenging for some men since men are considered to be stronger.

The bible narrative of Jesus in Gethsemane can also be really important in order to support clients to express fears about the future even when they have faith and conviction that God loves them and will never leave them. Jesus knew that his father was in control and despite this demonstrated deep agony about what was coming. To feel worry and fear during painful times is a normal condition and does not mean that the believer does not have faith in God.

Jesus' agony in Gethsemane became much worse during the night of betrayal. Jesus asked God to spare him from suffering but that the will of his father should be done and not his will (Mark 14:36). The silence of God in response to His prayer is considered for some

theologians, such as Moltmann, the climax of Jesus's suffering. The silence and rejection of Jesus's plea to God that night, was painful to the point that his agony triggered "bloody sweat" (Luke 22:44).

Questions that can be discussed with clients:

- Have you ever experienced God's silence during your suffering as he has not answered your wish/will? How was this feeling?
- Did Jesus request something from his Father which was not granted?
- Could you identify yourself with Jesus when he questioned God, "My God, My God why have you forsaken me?"

But it was in Golgotha that Jesus used the phrase that many Christian believers perhaps have used in their personal suffering and can be quite relevant to discuss with those who identify with such statements during the spiritual struggle: "My God, my God, why have you forsaken me? (Mark 15:34). The fact that Jesus no longer calls God as Father could suggest that he doubted whether he was the Son of God (Moltmann, 1994:36).

Jesus was forsaken and he wanted to know why God had done this. Like many believers Jesus also used the question, why? Jesus' statement can be quite powerful to Christian believers since Jesus also faced the same pain of feeling forsaken by God. Jesus who went through all kinds of suffering, even God's silence, is the one to whom everything can be entrusted; because he has suffered everything that can happen to human beings and end even more than that (Moltmann, 1994:37-41). It is important to highlight that Moltmann does not mention this solidarity of Jesus just as theologian who wants to discuss suffering in a theoretical way. He declares this solidarity that Jesus had, as a victim of Nazism cruelty. Moltmann uses this belief to support his pain through his spirituality.

In the Christian faith, the act of God surrendering his own Son Jesus Christ "for us" is the climax of a passionate loving story. The question, "My God why have you forsaken me?" is answered by the apostle Paul, "He who did not spare his own Son, but gave him up for us-how will he not also, along with him, graciously give us all things" (Rom 8:32). Paul adds, "The son of God gave himself for me" (Gal 2:20). God also suffered because he is suffering the death of his own Son (2 Cor 5.19) and the reconciliation came through losing a child. It is Son and Father suffering in solidarity with those who are suffering. Jesus experienced torture, betrayal, rejection, mockery and death to identify with all creation. Christ's passion is the crucial underpinning of Christian theology as without this understanding, Christ's suffering

becomes one more human tragedy. According to Moltmann (1994:44) “Christian suffering is the passion of the passionate God.”

To use the Socratic Method to work with the client’s spirituality is very important because it allows clients to make their own analysis and judgment about their faith. It is not the job of the psychologist to teach the bible to clients like bible school on Sundays. The idea is to follow the same interaction proposed by Pearce in CCBT.

5.8 RELIGIOUS/SPIRITUAL INTERVENTIONS IN DAILY PRACTICE OF PSYCHOTHERAPY

Psychologist should have the capacity to analyse their own attitudes and biases on client’s religions/spirituality in order to avoid conflict and imposition of their own values on clients. Since studies have shown that psychotherapists are much less religious than the clients to whom they provide a service, it can happen that religious concerns are neglected by the psychologist. Conversely, those professionals who are believers can use their personal values to influence client’s treatment especially in terms of dogma and doctrine. Such interventions can be provided effectively by psychologists of all religious/spiritual beliefs or even those without one. It depends more on the client’s religious commitment than congruence between the therapist’s and client’s religion (Barnett & Johnson, 2011:148; Post & Wade, 2009:131; Pearce, 2016:146).

Psychologists don’t need to become experts in theology but in order to work effectively with religious/spiritual clients it is important that psychologists seek out resources to become more familiar with this subject. Psychologists usually receive little or no education and training in religious/spiritual diversity and as a result many of them don’t feel confident and they lack skills to address the subject (Post & Wade, 2009:144; Rosmarin, Green, Pirutinsky & McKay, 2013:424). For this reason, it is important that psychologists have in some way some knowledge on the main points that world religions have as ultimate value, belief and principle. Studies have shown that religious/spiritual discussions during therapy sessions tend to be most helpful when they are client initiated and brought up gradually instead of early on, for instance in the first session (Post & Wade, 2009:131). The therapeutic relationship needs time to develop and for the client to trust in the psychologist’s acceptance of their religious/spiritual worldview.

It is important that the psychologist assesses the client’s religious/spiritual history and concerns, since the psychologist should not bring up such a topic out of routine or because they want to. Religious/spiritual interventions will not work effectively if it is not the client who

decided to work on this intervention. Religious concerns or religion as a source of protective factors should be discussed when clients want to. Even though many religious/spiritual clients would want to talk about their faith during the session, some would prefer to talk about this with their faith community or religious leader. Assessment will help the psychologist to know if the client is religious/spiritual, how important this can be to their life, if there is some struggle in this issue, and if they are interested in the therapist using their faith during the therapy sessions. Religious/spiritual issues are sometimes interconnected with the presenting problems. Hence, psychologist should assess clients on this subject.

5.9 SUMMARY AND CONCLUSION

The main objective of this chapter was to provide a practical theological guideline for clinical psychologists in order to have a better understanding of the theme of suffering and resilience through an investigation of Christ's life. The idea behind the guideline is to both Christian and non-Christian psychologists by providing information on important religious beliefs and values which can help Christians clients to get through their personal suffering. The idea is not to make psychologists experts in theology, but to work effectively with religious/spiritual clients.

A great contribution to the content of this chapter was made by the study done by the clinical psychologist Michelle Pearce on how to address the spirituality of Christian clients during therapy. Her book *Cognitive Behavioral Therapy for Christians with Depression: A practical Tool-Based Primer* (2016) was essential for the elaboration of this guideline. This study did not claim to emphasize any specific mode of intervention, but Cognitive Behavioural Therapy (CBT) is the only intervention that has provided scientific evidence for the effectiveness of addressing spiritual concerns in therapy sessions.

The first religious belief examined when elaborating this guideline was the theme of grace. According to the doctrines of the Christian faith, the blessings of life are not received based on what people do or do not do but are a gift provided by God. Gifts like salvation and daily miracles such as to being alive, having relationships and so many other things are a product of God's grace which involves His love and mercy to creation. The theological concept of God's grace can be especially relevant to support clients during times of suffering or spiritual struggle since it implies that there is no need for rituals or sacrifice to please or appease God. This brings about that suffering, the death of a loved one, failure in life, illness and so on are not punishments from God or signs of being cursed or retribution for the failure to do good.

Another Christian belief that can support clients during spiritual struggle is Jesus' unconditional love. The idea of a God who loved his creation so much that he gave his only son to die for

them allows Christians to trust in God and that He has a loving intention behind everything. According to Pearce (2016:85), this love can help Christians believers to find meaning and hope in the midst of their painful trial.

From a theological point of view times of suffering do not mean the absence of God's love but the opposite. It is because of His unconditional love for his creation that he gave his only Son to die. Jesus suffered in order to suffer with those who are suffering. Moltmann suggested that it would be impossible to love without suffering and that in the case of Christ it was his passion for creation that drove his passive condition and vulnerability (Moltmann, 2004:44).

Hope and faith are two important beliefs in the Christian faith. Because Jesus experienced the abandonment and rejection that people deserved, God has said: "I will never leave you I will never abandon you" (CRTA, 2009). Even when people seem to be abandoned or feel that they have been abandoned by God they are not, despite their failures, and this is a great source of hope in Christianity (Keller, 2015:250). Hope helps human beings to accept suffering better without denying the existence of pain.

Gratitude is also an essential Christian belief that can help suffering clients. The idea is to change negative interpretations of events and negative behaviour in order to reduce emotions that elicit depression and anxiety. Gratitude can be conceptualized as a protective factor and may also foster positive outcomes following a traumatic experience (Vieselmeier, Holguin & Mezulis, 2017:62-69; Wang, Wu & Tian, 2018:2131). This doesn't mean that psychologists should suggest to clients that they avoid feelings of frustration and discontent or replace those feelings and thoughts with positive ones. This attitude can be harmful for clients and the therapeutic relationship (Pearce, 2016:138). Gratitude can help clients to be aware of things in their lives that are positive rather than focus only on the negative.

This chapter also examined the "Redemptive Reframing Skill Building Activities" proposed by Pearce (2006). In this intervention, psychologists facilitate a sensitive discussion about spiritual struggle and losses in the therapeutic setting. The "Redemptive Reframing Skill Building Activities" is not to start a theological discussion but to provide a safe space in which clients can acknowledge and explore their spiritual struggles and losses. Psychologists will address how clients' suffering is affecting their relationship with God and their relationship with other members of the faith community, thereby bringing about changes in their religious beliefs.

The second part of the "Redemptive Reframing Skill Building Activities" is called "redemptive reframing through Meaning Making and Benefit Finding" and it is used to look for potential

benefits from clients' painful experiences in order to normalize experience and to facilitate meaning making (Pearce, 2016:89).

To work on the concept that Jesus can be a role model for coping with suffering and pain, and the seeming absence of God, can be therapeutic for members of the Christian faith. In the Christian faith, knowing about Jesus gives believers the opportunity to have more self-knowledge, for "without knowledge of God there is no knowledge of self" (CRTA, 2009). To know more about a God who suffers, who made himself powerless and weak, also allows believers to understand their existential vulnerability and dependence on God.

Jesus' ability to cope with suffering can be a role model for Christian clients who have experienced difficult times. Conversely, the Prosperity Gospel Movement can increase psychological stresses caused by emotions such as blame, guilt, anxiety and sadness since suffering is denied and avoided. It is important to understand how this erroneous biblical interpretation could cause worse mental health and diminish satisfaction with life.

In Christian theology suffering does not mean a lack of blessing as the prosperity gospel movement has preached. Even Jesus went through deep suffering, becoming weak, vulnerable and powerless. He exposed himself to all kinds of suffering and rejected his Glory and position of Divinity when he became human on earth. In a practical way, psychologists can explain the concepts of posttraumatic growth and resilience to clients and make a link with Jesus' suffering. This allows psychologists to encourage clients to identify their own protective factors (resilience features) and how these factors can help them to overcome or endure their own suffering.

CHAPTER 6

SUMMARY AND CONCLUSION

6.1 INTRODUCTION TO AND PURPOSE OF THE STUDY

During overwhelming experiences, for instance, the death of a loved one, a traumatic experience, a diagnosis of a severe illness, experience of losses and so many other difficult situations, religious individuals may develop a different perception of God – different to the one they had before the event. The loving and compassionate Divine can become a distant, unresponsive, vengeful and punitive God. Questions such as “Where God is in suffering?” and “Why God allows suffering?” can be brought up more often than could be imagined. On the other hand, individuals can use their religion/spirituality as a resilient factor to help them to overcome those overwhelming experiences.

The purpose of this study was to answer the research question (chapter 1) of how the interplay between practical theology and psychology can contribute to psychologists’ understanding, in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session. Therefore, the overarching aim of this study was:

- To indicate the contribution of the interplay between practical theology and psychology to psychologists’ understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session.

This study was undertaken from the perspective of a biblical theological and psychological conception of suffering and resilience. It aims to be of great relevance to individual survivors of structural sin, such as war, poverty, inequality, especially in the humanitarian field, and in low income countries. In these contexts, spiritual/religious practices are one of the main protective factors used by communities in times of crisis and despair.

This study also intended to increase cultural diversity knowledge in the theme of religious/spiritual beliefs and values through a practical theological guideline to both Christian and non-Christian psychologists in order to help Christian clients to overcome their personal suffering.

6.2 STRUCTURE OF THE STUDY

This study was based on Osmer’s (2008) practical theological research methodology which comprises four main questions (Osmer, 2008:4):

- Descriptive empirical question: “*What is going on?*”
- Interpretative question: “*Why is this going on?*”
- Normative question: “*What ought to be going on?*”
- Pragmatic question: “*How might we respond?*”

The four questions guided the researcher to concentrate on the four interconnected intellectual tasks of practical theological research; the descriptive- empirical task, interpretive task, the normative task and the pragmatic task. Osmer’s (2008:4) model is of great relevance since it gives attention to the interdisciplinary issues enabling constant dialogue with other fields of study, theological and non-theological.

- The descriptive empirical task involves collecting information that helps the researcher to discern patterns and dynamics in particular episodes, situations or contexts.
- In the interpretive task the researcher investigates the universal points of contact between the phenomena in the research area of practical theology and other sciences.
- The normative task aims to present a theological perspective of the theme which is being researched in order to interpret a situation and guide one’s response.
- The pragmatic task focuses on strategies and actions that are undertaken in response to the problem formulated in the descriptive-empirical task.

The results yielded by the chapters of the dissertation can be summarized as follows:

6.3 THE DESCRIPTIVE ASPECTS OF HOW PSYCHOLOGISTS RESPOND WHEN CHRISTIAN CLIENTS BRING RELIGIOUS/SPIRITUAL CONCERNS INTO THE CONSULTATION ROOM

Chapter two was aimed at gaining a rich depiction of “*what is going on?*” (Osmer, 2008:4) in terms of the current situation of psychologist’s response to spiritual/religious concerns raised in times of suffering by Christian clients in the therapeutic session. Following Osmer’s (2008:4) descriptive task the research question of chapter two that had to be answered was:

- How do psychologists respond when Christian clients bring religious/spiritual concerns into the consultation room? Are they equipped and can there be a deepening of understanding?

6.3.1 The study of the descriptive task indicated the following significant results

- Many scholars in the 19th century such as Wilhelm Wundt and William James addressed religion/spirituality with criticism and resistance. However, the view and attitudes toward clients' religion/spirituality in the fields of psychiatry and psychology have been changing over the decades. Different approaches of psychotherapeutic theories have integrated religion/spirituality in their interventions such as Behavioural Therapy, Psychoanalytic Therapy, Existential-Humanistic Therapy, Cognitive Behavioural Therapy and Positive Psychology.
- Religion/spirituality has been seen as a source of strength for some clients and helps them to cope with overwhelming life events. Conversely, religion/spirituality can also be a source of stress when spiritual struggles and concerns are rising up. Regardless of whether helpful or harmful, the effect of religion on the physical and psychological health of religious/spiritual clients is an important issue, since studies from different designs have shown the relationship between religion and mental health (Kennedy *et al.*, 2015:1; Pearce, 2016:23; Propst *et al.*, 1992a:94-103).
- Over the last years more than 50 studies including systematic reviews, meta-analyses, and randomized control trials, have searched for evidence on how clients' religious/spiritual beliefs may help alleviate mental health problems. In general, the outcomes of these studies suggest that integrating clients' faith (or religious practices) during psychological treatment does help to reduce symptoms of emotional distress (Pearce, 2016:8).
- In the scientific literature there is a lack of published research on spiritually integrated interventions for Christians in low to middle income countries, most of the studies have been done in developed countries like Australia and especially in the USA (Appel *et al.*, 2019:3; Hui *et al.*, 2011:264-270). Almost all randomized controlled trial (RCT's) are done with Cognitive behavioural therapy (CBT) interventions and not with other psychological approaches. (Koenig *et al.*, 2016:365-376, Noemi, *et al.*, 2015:183-196)
- Most clinical training, both undergraduate and postgraduate, don't provide training in religion and spiritual diversity. And even though most psychologists see the importance of addressing clients' religion/spirituality most of them can feel quite uncomfortable to approach such issues, even more than talking about sex.
- In order to have a comprehensive understanding of a client's existential realities, it is important to have a routine and holistic assessment including an understanding of clients' spirituality and religion (Hodge, 2013:93). A brief screening could be used at the beginning

to decide if spirituality and religion are meaningful and important to the client, and used as an indicator of whether a more detailed assessment of the issue would be pertinent (Hodge, 2013:94).

6.4 OBSERVATION FROM THE INTERPRETIVE ASPECTS CONCERNING THE CONCEPTS OF SUFFERING, RESILIENCE AND SPIRITUAL CONCERNS IN THE FIELD OF PSYCHOLOGY

In order to set the interpretative perspective of “*why this is going on?*” (Osmer, 2008:4) the literature study in chapter three was undertaken, thereby cultivating a better understanding of how the concepts of suffering, resilience and spirituality have been approached in the field of psychology. Following Osmer’s (2008:4) interpretative task the research question of chapter three that had to be answered was:

- How have the concepts suffering, resilience and spirituality been approached in the field of psychology?

6.4.1 Research from the interpretative literature study indicated the following perspectives

- There are plenty of definitions of the term’s spirituality/spiritual and religion/religious in the literature in the field of psychology. In the past the two terms religion and spirituality were used as a synonym, however currently most studies define the two terms as distinct concepts. Religion can be defined as a devotion to mutual beliefs, behaviour, and practices related to a particular faith tradition and community, which gives guidance and direction (Hill *et al.*, 2000). On the other hand, spirituality is viewed as a much broader concept “describing the subjective, embodied, emotional experience of closeness and connection with what is viewed as sacred or transcendent” (Captari *et al.*, 2018:1939).
- Spirituality and religion in the field of clinical psychology are viewed as part of cultural diversity. Cultural diversity includes an “individual’s complete social identity comprising age, sexual orientation, disability, socioeconomic status, race/ethnicity, religious and spiritual orientation” (Loden, 1996:20).
- Studies have shown that traumatic or stressful experiences can have a significant impact on individuals’ life including their spirituality. Empirical studies on the correlation between spiritual/religious struggles and negative mental health outcomes have shown that a troubled relationship with the Divine can lead to a range of maladaptive religious coping

strategies (Ellison & Lee, 2010:503; Pargament & Saunders, 2007:905-907) increasing anxiety, depression, negative moods, guilt, social dysfunctions and even suicidal thoughts.

- Religious/spiritual struggles are conceptualized as “signs of spiritual disorientation, tension, and strain” which often arise in response to painful life events (Pargament & Saunders, 2007:112). During times of suffering some believers may change their perception of God as unresponsive, vengeful and punitive.
- On the other hand, religion/spirituality can also be a protective factor associated with resilience. The term resilience is not easy to define since there are many different fields that give different definitions, but in general the main concept of resilience says it is the ability of people to feel better and adapt successfully after something unpleasant, such as war, injury, etc. Since resilience is a very complex phenomenon and involves human beings as whole, the studies which have made major contributions have adopted a multi-disciplinary perspective and investigated the dynamics of resilience over an entire lifespan (Windle, 2011:1).
- Studies have often highlighted the importance of religion/spirituality when it comes to providing a sense of meaning and purpose to life and have examined the ways in which they have enabled growth in times of distress and suffering (Smith, Webber & DeFrain 2013:5). In difficult times religious/spiritual beliefs can be a source of strength, comfort and hope, give a sense of community and belonging (Malone & Dadswell, 2018:2), foster social solidarity and responsibility, empathy, altruism and compassion, peace and harmony at the individual and the community level (Jakovljevic, 2017:241).
- The theme of suffering has not been much addressed recently in the field of psychology. On the other hand, there has been a vast literature on positive psychology and positive interventions intended to facilitate the pursuit of happiness and well-being. Some scholars have criticized these interventions for neglecting clients’ suffering and paying attention only to positive experiences, including positive thoughts and great achievements. Many scholars have agreed that both negative and positive experiences contribute to human survival and well-being.

6.5 OBSERVATION FROM THE NORMATIVE ASPECTS OF THE STUDY

In an attempt to conclude “*what ought to be going on?*” (Osmer, 2008:4), a Biblical theological study in chapter four was done on the conception of suffering and resilience in the historical

context of Jesus Christ. Following Osmer's (2008:4) normative task the research question of chapter four that had to be answered was:

- What is the Biblical theological conception of suffering and resilience in the historical context of Jesus Christ?

6.5.1 The following normative perspectives of suffering and resilience in the historical context of Jesus Christ were formulated

- The doctrine of impassibility and passibility has to do with the theology of the suffering of God. In the doctrine of impassibility God is divine and for this reason is not capable of suffering. This idea was embedded in society through a strong influence of Greek philosophy on Christian theology and the development of dogma in terms of Hellenization. The reason why the early theologians thought this, is related to the idea of divine immutability: God cannot change or be changed by being affected. On the other hand, in the doctrine of passibility God is capable of suffering. The doctrine of passibility was used in Moltmann's, Bonhoeffer's and Karl Barth's theology in order to highlight an empathic and passionate God who reconciled with his creation through a Trinitarian suffering of Son, Father and Holy Spirit. The suffering of God through Christ's death on the cross plays an essential role in the understanding of human suffering.
- The German theologians Jurgen Moltmann and Dietrich Bonhoeffer brought an essential and important insight on the theme suffering in Christian theology. Their contributions on this theme were not only by using their great theological academic knowledge on the Christology of suffering but also through their own personal experiences of deep suffering during World War II. In the Christology of suffering presented by Moltmann, God is present in the suffering of humanity regardless of the kind of suffering and relates that suffering with the suffering of Christ. God not only understands the suffering, but also participates in it and through his experience of death and resurrection gave the entrance for hope (Moltmann, 1994:36-40). The centre of Bonhoeffer's Christology is the concept of vicariousness (*Stellvertretung*) which involves the action and suffering, referring to Christ's action of voluntarily taking on the sins of humanity through his deep suffering that was present through his incarnation in human form and his crucifixion, as well as the victory through the resurrection (Bonhoeffer, 2009:120). For both theologians, Moltmann and Bonhoeffer, God suffers in solidarity with all who suffer. His suffering on the cross was to reconcile the world, thus influencing Christians to be like God and become involved in the world's reconciliation in an unjust and unequal society.

- Augustine once wrote “God had one son on earth without sin, but never one without suffering” (Klicka, 2006) Jesus’s passion was surrounded by different kinds of suffering. Jesus’s suffering was not only or exclusively during his last days, but the style of life that Jesus chose during his life on earth was a life that always did the Father’s will, and this led him to rejection, betrayal, denial, mocking, humiliation, torture, being reviled, abandonment and to death on the cross. Jesus’s suffering is also expressed in the suffering servant of Isaiah 53: “He had no beauty or majesty to attract us to him, nothing in his appearance that we should desire him. He was despised and rejected by men, a man of sorrows, and familiar with suffering” (Isa 53:2-3).
- There is no suffering that the creation have faced that Christ has not gone through and for this reason he is the best model of resilience that Christians could have. Jesus possessed many protective factors that are associated with resilience, which can teach Christian believers when they experience suffering. The main protective factors discussed in this study were:
 - a) Jesus’s family which provided him with healthy parenting; involving protection, care and transmission of healthy values, beliefs and behavioural practices;
 - b) Jesus’s spirituality involving his relationship with God and with the Jewish community;
 - c) Jesus’s friendship, his ability to have close friends, for instance his relationship with the 12 disciples, especially with Peter, John and James and with the siblings Lazarus, Martha and Mary;
 - d) The ability to engage the support of others, that means, the ability to recognize the help of someone when needed;
 - e) Self-esteem in which Christ did not have the need to prove anything to anyone about who He was, and much less to the devil since he was very clear about his identity as the Son of God;
 - f) Self-efficacy Bible texts that show Jesus’s ability to make use of talents and gifts that God gave to him such as teaching God’s word, performing miracles and driving out demons; were also discussed.

6.6 RESULTS OF THE PRAGMATIC TASK CONCERNING A PRACTICAL THEOLOGICAL GUIDELINE FOR CLINICAL PSYCHOLOGIST

In order to conclude the last task namely the pragmatic task, which raised the question “*How might we respond/How should we act?*” (Osmer, 2008:4) a practical theological guideline for clinical psychologists was proposed in chapter five to understand how suffering is seen in a Christian faith perspective and the protective factors (resilience features) it provides to

Christian clients' concerns raised in times of suffering. Following Osmer's (2008:4) pragmatic task the research question of chapter five that had to be answered was:

- What practical theological guideline could be important for clinical psychologists in order to understand how suffering is seen in a Christian faith perspective and the protective factor (resilience features) it provides to Christian clients' concerns raised in times of suffering.

6.6.1 Proposed practical theological guideline for clinical psychologists

- The practical theological guideline is for use by both Christian and non-Christian psychologists, by providing information on important religious beliefs and values which can help Christian clients get through their personal suffering. The main objective is not to make psychologists experts in theology, but to work effectively with religious/spiritual clients. Another important point in this guideline is that it should be used only after the psychologist had already assessed their clients' religious/spiritual history and concerns, since they should not bring up such a topic out of routine or because they want to. Religious/spiritual interventions definitely are not a method of evangelism and will not work effectively if it is not the client who makes the decision to proceed in this way.
- In Christian faith there are religious beliefs present in the Theology of the Cross which can help clients to go through their personal suffering, increasing the probability of not experiencing psychological problems, improving mood and well-being and also spiritual growth. The main religious beliefs worked on were:
 - a) The doctrine of grace in which the blessings of life are not received based on what individual do or do not do, but are a gift provided by God and overwhelming moments are not punishments from God nor signs of being cursed or receiving retribution for the failure to do good;
 - b) The idea of a God who loved his creation so much that he gave his only son to die for them allows Christians to trust in God's character and that He has a loving intention behind everything;
 - c) Hope and faith that help individuals to accept suffering better without denying the existence of pain;
 - d) Gratitude which helps clients to see also good things during moments of suffering but at the same time don't exclude feelings of frustration and discontentment;

- e) A God who suffers, since only a suffering God can help. Jesus power and strength was revealed in an unexpected way and not in glory or with supernatural powers, but it was through suffering, affliction and death that the plan of salvation and the plan of reconciliation was achieved.
- The guideline used in the “Redemptive Reframing Skill Building Activities” was proposed by Pearce (2006) which includes two main points: a) psychologists facilitate a sensitive discussion about spiritual struggle and sacred losses in the therapeutic setting; b) redemptive reframing through meaning making and benefit finding, that means, to look for potential benefits from clients’ painful experiences in order to normalize experience and to facilitate meaning making.
 - The opposite of theology of the cross is the prosperity gospel movement in which suffering is completely denied and there is a misconception of God’s blessing. In the prosperity gospel theology, believers demand God’s blessing including healing and material prosperity. The theology present in this movement shows an erroneous biblical interpretation and can increase psychological stress such as blame, guilt, anxiety, sadness and depression.
 - Jesus’ ability to cope with suffering can be a role model for Christian clients who have experienced difficult times. During clinical practice psychologists can explain the concepts of posttraumatic growth and resilience to clients and make a link with Jesus’ suffering. Afterwards, the psychologist can encourage clients to identify their own protective factors and how these factors can help them to overcome or endure their own suffering.

6.7 FINAL CONCLUSION

This study achieved the main objective of answering the reach question: “How can the interplay between practical theology and psychology contribute to psychologists’ understanding in order to address the suffering, resilience and spirituality concerns of clients in an efficacious way in the therapeutic session?” This study showed that a biblical theological perception of Jesus Christ’s passion narrative can be a very important religious /spiritual belief for Cristian clients who have undergone suffering. The passion of Christ expresses God’s suffering as the creation suffers and is a demonstration of solidarity in suffering.

This study aimed to challenge, through the theology of the Cross, the pathologizing of human suffering. The theology of the Cross is fundamental in Christian faith where a life based in the idyllic and without suffering is denied, but sees suffering as a way in which Christians reach

oneness with God who gave the promise of never undergoing God forsakenness; since God present in the Trinity is always present in the suffering of His creation, being with and for them. This understanding can be worked into the therapeutic setting when clients bring spiritual struggles arising in the time of suffering.

In summary, in order to address religious/spiritual issues during psychotherapy it is important that clinical psychologists: a) have the capacity to analyse their own attitudes and biases toward clients' religion/spirituality in order to avoid conflict and imposition of their own values on clients; b) it is important that psychologists have some knowledge on the main points that world religions have as ultimate values, beliefs and principles; c) assess clients' religious/spiritual history and concerns in order to help the psychologist to know if the client is religious/spiritual, and how important this can be to their life, if there is some struggle in this area, and if they are interested in the therapist using their faith during the therapy session.

6.8 RECOMMENDATIONS REGARDING FUTURE RELATED RESEARCH TOPICS

The following recommendations can be made for further study on the topics of suffering, resilience and spirituality:

- Use of more researchers and studies in low income countries since most of the research was done with the USA population.
- Use of exegetical bible study methods in order to extract more information from the text on the theme of suffering, resilience and spirituality.
- To work on the conception of suffering in the Old Testament including the entrance of suffering through the fallen man in Genesis and Books of Job, Psalms, Isaiah, Hosea and Jeremiah.
- To pilot the guidelines contained in this thesis in a clinical setting and obtain feedback from therapists and their clients.

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