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God Image Narrative Therapy: A Mixed-Methods Investigation of a Controlled Group-Based Spiritual Intervention

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God Image Narrative Therapy: A Mixed-Methods Investigation of a Controlled Group-Based Spiritual Intervention

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We report findings from a controlled, manualized 10-week group-based spiritual intervention designed to improve God images, attachment to God, and narrative identity, using primarily narrative and experiential interventions. Participants were 61 Christian adults (n = 32 intervention, n = 29 matched controls) from the student population of 2 faith-based universities. Quantitative results (including data from self-report measures and quantified data from God-representation figure drawings) yielded nonsignificant findings. However, in posttest journal entries and during debriefing interviews, intervention participants reported experiencing positive changes in God images, God attachment, and narrative identity. These discrepant results are

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discussed in terms of the existing literature, with a focus on measurement issues. We also discuss the potential of using qualitative and mixed-methods research to study God images and God attachment, particularly (a) in the context of outcome research and (b) if non-self-report methods (e.g., projective measures, narrative methods) are utilized more heavily than self-report methods.

**Keywords:** God images, attachment, narrative, relational spirituality, outcome research

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Over 80% of the world’s population self-identifies with a religious group, and within the United States, 60% of adults report believing that God is a person with whom one can have a relationship (Pew Research Center, 2008, 2012). In fact, within the United States, most religious/spiritual persons view their perceived relationship to God as central to what it means to be religious or spiritual (Gallup & Jones, 1989; Granqvist & Kirkpatrick, 2008; Moriarty & Davis, 2012).

There is increasing scientific interest in understanding how people conceptually view and experientially relate to God—that is, people’s God concepts and images (Davis et al., 2016; Davis, Moriarty, & Mauch, 2013). However, apart from a few exceptions (e.g., Cheston, Piedmont, Eanes, & Lavin, 2003; Murray-Swank & Pargament, 2005; Thomas, Moriarty, Davis, & Anderson, 2011; Tisdale et al., 1997), little research has studied psychotherapeutically promoted God-image change. Recent theoretical developments in the God image literature (e.g., Davis & Badenoch, 2010; Moriarty & Davis, 2012) suggest narrative-experiential approaches may be effective in promoting positive God-image change (e.g., more benevolent God images), but as of yet, no peer-reviewed studies have examined this possibility. Thus, we report findings from a controlled and manualized 10-week group-based spiritual intervention designed to promote adaptive God image change, using primarily narrative and experiential interventions.

**Definitions and Theoretical Framework**

**God Representations (God Concepts and Images)**

*God representations* refer to mental (e.g., cognitive structures) or neural (e.g., neural firing pattern) representations of God (Davis et al., 2013). It has been postulated (Rizzuto, 1979) that there are two main types of God representations: *God concepts* and *God images.* *God concepts* are propositional religious cognitions (e.g., affect-light, doctrinal, head knowledge) that mentally/neurally underlie the ways people conceptually view God. That is, God concepts are the conceptual God representations that underlie one’s theological understanding of God. In contrast, *God images* are implicational religious cognitions (e.g., affect-laden, experiential, heart knowledge) that underlie the ways people experientially relate to God. That is, God images refer to the relational and emotional God representations that underlie one’s embodied, emotional experience in perceived relationship to God (Davis et al., 2013, 2016; Hall & Fujikawa, 2013; Moriarty & Davis, 2012; Rizzuto, 1979). Whereas God concepts tend to be more belief-oriented (i.e., affect-light, cortically dominant), God images tend to be more emotion-oriented (i.e., affect-laden, subcortically dominant). See Davis et al. (2013, 2016) for elaboration on these definitions.

**Healthy Relational Spirituality and Adaptive Head–Heart Congruence**

Pargament (2007, 2013) has argued that a healthy spirituality is characterized by a high degree of integration among its ingredients (e.g., one’s beliefs, practices, and experiences), whereas an unhealthy spirituality is characterized by a low degree of integration among its ingredients. Building on this conceptualization, a healthy relational spirituality can be defined as the degree to which a person’s head (doctrinal) and heart (experiential) knowledge of God is congruent, well-integrated, and contextually adaptive across time and situations. Stated differently, a healthy relational spirituality is characterized by a consistently high degree of adaptive head–heart congruence—that is, resonant
correspondence between one’s head and heart knowledge of God, if that resonant head and heart knowledge is (a) contextually adaptive (e.g., associated with positively valenced psychological and spiritual outcomes within the context of one’s life [situational context] and culture [sociocultural context]) and (b) consistently evident across time and situations (cf. Moriarty & Davis, 2012; Pargament, 2007, 2013; Zahl & Gibson, 2012; Zahl, Sharp, & Gibson, 2013). Increasing adaptive head–heart congruence is a vital goal of psychotherapeutically promoted God-image change (Moriarty & Davis, 2012).

Narratives, Narrative Identity, and God-Image Narrative Identity

Narratives refer to “the linear telling of a sequence of events [and they] entail a focus on action and on the mental states of the individuals of the story, including the self or narrator” (Siegel, 2012b, p. 478). More specifically, narrative identity refers to “an individual’s internalized, evolving, and integrative story of the self” (McAdams, 2008, p. 242), and God-image narrative identity refers to one’s narrative identity in perceived relationship to God (Davis & Badenoch, 2010; Moriarty & Davis, 2012).

Theoretical Framework

Relational Spirituality

In the current study, our intervention protocol’s (Davis, 2009) conceptualization of God image development and dynamics was based on Hall’s (2004) relational-spirituality theory (cf. Hall, 2007; Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009). Therefore, it was undergirded by that theory’s central organizing principles, as described in Hall (2004). For example, it was based on the following two assumptions:

Implicit relational representations are repetitions of relational experiences, sharing a common affective core, that are conceptually encoded in the mind as nonpropositional meaning structures. They are the memory basis for implicit relational [knowing]; that is, our “gut level” sense of how significant relationships work. (Hall, 2004, p. 71)

Implicit relational representations, formed particularly from experiences [in] early relationships with caregivers, shape the emotional appraisal of meaning and subsequent patterns of relationship. (Hall, 2004, p. 72)

Implicit Relational Knowing Correspondence

Because we adopted Hall and colleagues’ (Hall, 2004; Hall et al., 2009) relational-spirituality framework, our conceptualization of God image development and dynamics assumed implicit-relational-knowing correspondence. In other words, we assumed people’s implicit relational knowing about how to perceive, experience, and interact with a divine attachment figure (e.g., God) corresponds to their implicit relational knowing about how to perceive, experience, and interact with human attachment figures (Davis et al., 2013; Hall, 2004; Hall et al., 2009; Moriarty & Davis, 2012).

Narrative Identity

Additionally, we adopted McAdams’s (1993, 2008) narrative identity framework, particularly the understanding that a healthy narrative identity is reflected in personal narratives exhibiting high degrees of coherence, openness, credibility, differentiation, reconciliation, and generative integration. Specifically, a healthy narrative identity emerges from personal narratives typifying the following six narrative standards:

- **Coherence**: The narrative’s components (e.g., events, themes, characters, settings) logically relate to and make sense in light of each other, without excessive contradiction.
- **Openness**: The narrative is flexible, adaptive, and resilient, and it is welcoming of adaptive change and growth.
- **Credibility**: The narrative is based on facts and on reality-based perceptions of events, without gross or fantasy-based distortions.
- **Differentiation**: The narrative is rich with depth, texture, and complexity, including many layers of nuanced meaning.
- **Reconciliation**: The narrative’s differentiated elements and conflicting tensions culminate in harmonious resolution.
- **Generative Integration**: The narrative’s protagonist is well-integrated into the society in which he or she is embedded and has become dedicated to bettering the lives of others, particularly the next generation (McAdams, 1993).
Interventions for Promoting Adaptive God-Image Change

Clinical Trials

A few clinical trials have examined the promotion of adaptive God-image change through psychotherapy. For example, Tisdale et al. (1997) found spiritually integrated multimodal psychotherapy in an inpatient setting was effective in promoting improvements in God images, object relations development, and self-esteem, and all three types of improvements were maintained over a 12-month follow-up period. In a similar study, Cheston et al. (2003) found that traditional individual psychotherapy in an outpatient setting was also effective in promoting positive God-image change, but only for people who evidenced significant corresponding emotional and spiritual change (as per clinician ratings). Taken together, these studies suggest psychotherapeutically promoted God-image change is closely connected to other forms of emotional and spiritual change (e.g., improvements in self-esteem and object relations development). As Moriarty and Davis (2012) have argued, it may be that healthy human attachments, healthy self-esteem, and healthy relational spirituality (as defined above) are intimately related and reciprocally interactive, such that improvements in one of these areas leads to improvements in the others. For instance, as people experience greater attachment security in their human relationships, they may also develop higher self-esteem and become more psychologically able to experience love, security, acceptance, and closeness in their perceived relationship to God (cf. Mikulincer & Shaver, 2004).

Manualized Interventions

Two other studies have examined the promotion of God-image change through participation in a manualized psychotherapeutic intervention. In a small-scale study with two adult female survivors of sexual abuse, Murray-Swank and Pargament (2005) found a brief, manualized, spiritually integrated, individual psychotherapy intervention was effective in promoting positive God-image change. Similarly, in a noncontrolled pilot study with 26 Christian adults, Thomas et al. (2011) found a brief, manualized, spiritually integrated, group psychotherapy intervention was effective in promoting positive shifts in God images and God attachment, as well as increased adaptive head–heart congruence.

In sum, outcome research has provided preliminary evidence that God-image change can be effected through a variety of therapy modalities and formats (e.g., inpatient or outpatient; multimodal, individual, or group; broad-based or targeted; manualized or nonmanualized). However, each of these studies had notable methodological limitations (e.g., no control group; sole use of quantitative measures; nonmanualized intervention), as Thomas et al. (2011) detailed.

Narrative-Experiential Approaches to Promoting Adaptive God-Image Change

Recently, scholars have discussed the promise of using narrative-experiential approaches to promote God-image change (Davis & Badenoch, 2010; Moriarty & Davis, 2012). Indeed, Cozolino (2010); Hall (2007), and Siegel (2012a, 2012b) have described the myriad scientifically grounded reasons why coherent narratives offer an optimal mechanism for promoting psychotherapeutic change. For example, by their very nature, coherent narratives link input from several layers of mental processing (e.g., sensations, images, feelings, and thoughts; left- and right-mode processes; implicit and explicit mental processes) and several types of neural circuits (e.g., cortical and subcortical circuits, sympathetic and parasympathetic nervous systems). Through this linking, coherent narratives promote health and well-being (a) by facilitating various types of mental and neural integration and (b) by supporting affect regulation and maintaining homeostasis, both in the present and across time (Cozolino, 2010; Siegel, 2012a).

When using narrative-experiential interventions to transform God images, the focus is primarily on promoting narrative integration through facilitating new experiences and new understandings (cf. Levenson, 2010). In particular, God-image narrative therapy (GINT) has a three-fold treatment goal: the integration of a client’s spiritual narrative, the integration of a client’s life narrative, and the integration of a client’s spiritual narrative with his or her life narrative. Toward these ends, in
GINT the psychotherapist uses traditional narrative therapy techniques, such as deconstructing problem-saturated narratives, asking questions that help link events across time and explore identity-relevant themes, and coconstructing alternative growth-promoting storylines (Davis & Badenoch, 2010; Moriarty & Davis, 2012; cf. Madigan, 2011).

GINT is a spiritually oriented, narrative-experiential intervention that is based on the recognition that attachment is a central human need and motivation. Thus, it is based on the assumption that affect-involving interpersonal engagement is the primary medium and mechanism for facilitating new experiences and new understandings. Specifically, GINT utilizes the interpersonal nature of the therapy relationship (individual therapy format) and the group context (group therapy format) to help clients articulate and link various components of their spiritual and life narratives, including those narratives’ salient chapters and settings, characters, plots and subplots, themes and tones, images and metaphors, milestones, and conflicts (Davis, 2009; Davis & Badenoch, 2010; Moriarty & Davis, 2012; cf. Levenson, 2010; McAdams, 1993).

To help clients articulate these different narrative components, narrative and experiential interventions are used during and between sessions. For example, between sessions, clients use artistic, reflective, and expressive writing exercises to articulate aspects of their narratives. Then during sessions clients are asked to share these aspects of their narratives and verbally process the meanings they are ascribing to their life experiences. Through reflection, articulation, and interactive engagement, participants bring to the surface the emotions and physiological sensations that are associated with their implicit relational knowing of self, others, and God. Verbal and written reflection is used to attach words, metaphors, and images to these emotions and sensations, thereby promoting narratives that are coherent (e.g., both logical and emotionally meaningful). The last phase of this treatment method is dedicated to (a) coconstructing anticipated future storylines that are likely to foster continued growth and well-being and (b) empowering clients to live out those new storylines (Davis, 2009; Davis & Badenoch, 2010; Hall, 2007; Moriarty & Davis, 2012; cf. Bucci, 1997; Cozolino, 2010). Notably, as research on experiential psychotherapy has reliably shown, for clients who participate in experiential psychotherapies, much of the change they experience may take place after the treatment has ended, particularly when the treatment is brief (see Levenson, 2010; Shedler, 2010, for reviews).

Within the context of individual or group-based GINT, the interpersonal nature of narrative sharing is a central component of the change process. Interpersonal discourse helps clients explicate and integrate the memories, thoughts, feelings, sensations, meanings, and perceptions that are embedded within their life and spiritual narratives. Interpersonal sharing also affords opportunities for clients to explore alternative (and often more adaptive and positively valenced) understandings of their life experiences, thereby providing ample chances for growth-promoting meaning making (cf. Madigan, 2011; Shin & Steger, 2014).

The Current Study

To date, no published studies have evaluated the efficacy of using narrative-experiential interventions to promote God-image change. Because similar types of interventions have demonstrated efficacy in promoting positive therapy outcomes (e.g., see Elliott, Greenberg, Watson, Timulak, & Freire, 2013; Levenson, 2010; Shin & Steger, 2014), we hypothesized this narrative-experiential GINT intervention would also demonstrate efficacy. Specifically, we sought to examine the efficacy of a 10-week, manualized, narrative-experiential group psychotherapy protocol focusing on promoting positive changes in God images, God attachment, and narrative identity. We predicted that, relative to control participants, intervention participants would report greater change in (a) both positively and negatively valenced God images (increase and decrease, respectively), (b) both God attachment anxiety and God attachment avoidance (decrease for both), and (c) self-reported head–heart congruence (increase).

We hypothesized these changes would occur because intervention participants would have an interpersonal context within which to have new experiences and develop new understandings of their spiritual and life narratives. In particular, we surmised participants would experience increased attachment security in their perceived...
relationship to God (lower God attachment anxiety and avoidance) as they recognized God’s presence and role in their spiritual and life narratives. In so doing, they would report experiencing positively valenced God-image change and increased head–heart congruence. Furthermore, given both the empathic, growth-oriented psychotherapeutic context and the narrative focus of the intervention, we expected participants would discover more adaptive, hopeful meanings embedded within their spiritual and life narratives, while concurrently achieving greater coherence in those narratives. In this study, we sought to improve upon three aforementioned limitations of prior research on God-image change by (a) including a control group, (b) employing a mixed-methods design (collecting quantitative and qualitative data), and (c) utilizing a manualized intervention.

Method

Participants

All participants were adult undergraduate and graduate students at two faith-based universities. Participants were recruited via posted flyers, campus-wide e-mails, university chapel announcements, or word-of-mouth (e.g., clinician and campus-chaplain referrals). They were invited to participate in a research study about their spiritual life, relationships, and experience of God, and they were given two options for participating: (a) completing a 10-week intervention group (1.5-hr sessions) or (b) completing questionnaires only (at two time points). Participants self-selected to participate in the intervention condition or the measures-only condition, based on their level of interest and their availability. Thirty-two participants completed the intervention condition (84% retention), and 29 participants completed the measures-only condition (100% retention).

Intervention condition. Thirty-eight prospective participants completed a face-to-face screening session, and they all met inclusionary criteria: at least 18 years old; self-identified Christian; currently nonsuicidal; interested in participating in a group intervention; interested in exploring their spiritual life, relationships, and experience of God; and willing to commit to a 10-week group. In particular, these participants sought spiritual growth experiences that would help them nurture positive spiritual change in their spiritual life and their perceived relationship to God.

Thirty-two participants completed the 10-week intervention condition. Of those participants, there were 4 males (13%) and 28 females (87%), and the mean age was 21.97 (SD = 7.11, range: 18–52 years old). Thirteen self-identified as White (41%), 8 as Black (25%), 6 as Asian (19%), 2 as Latino/a (6%), and 3 as multiracial (9%). All participants were currently either an undergraduate student (n = 28, 87%) or graduate student (n = 4, 13%). In terms of religious affiliation, 30 participants self-identified as Protestant Christian (94%), whereas 2 self-identified as Catholic Christian (6%). Participants reported having been a Christian for an average of 9.41 years (SD = 7.59), and everyone endorsed that religion/spirituality was either a somewhat important (n = 2, 6%) or very important (n = 30, 94%) part of their lives.

Control condition. The 29 control participants were recruited via the same methods and were matched as closely as possible with intervention participants, based on sex, age, and education. There were 5 males (17%) and 24 females (83%), and the mean age was 22.07 (SD = 7.28, range: 18–56). Twenty self-identified as White (69%), 2 as Black (7%), 2 as Asian (7%), 3 as Latino/a (10%), 1 as Native American (3%), and 1 as multiracial (3%). All participants were currently either an undergraduate student (n = 26, 90%) or graduate student (n = 3, 10%). All 29 self-identified as Protestant Christian in affiliation. Participants reported they had been Christian for an average of 11.00 years (SD = 4.16), and everyone endorsed that religion/spirituality was either a somewhat important (n = 2, 7%) or very important (n = 27, 93%) part of their lives.

Group Facilitators

For the intervention condition, there in total were 14 group facilitators (males = 5, females = 9; White = 12, Latino/a = 1, Asian = 1), and each person facilitated only one group. Each of the seven groups was facilitated by two doctoral psychology trainees. Five groups had a male and a female facilitator; two groups had two female facilitators. All 14 facilitators were in their mid-to-late 20s. Twelve identified as
Protestant Christian, and two identified as Catholic Christian.

All facilitators were in their second, third, or fourth year of a doctoral clinical psychology program. Everyone had completed doctoral-level coursework in individual and group psychotherapy, and they all had at least some clinical experience conducting psychotherapy.

Facilitators participated in a 4-hr session to train them in how to facilitate their group in adherence to the manualized protocol. To ensure appropriate clinical care and to monitor compliance with intervention protocol, the second and sixth authors (licensed psychologists TCT and GLM) clinically supervised their respective institution’s facilitators. Each dyad received 1 hour of weekly supervision, starting 2 weeks before their group began and lasting until 2 weeks after their group ended. Facilitators participated in an all-facilitator debriefing session as well.

Procedure

Prospective participants self-selected to either the intervention or measures-only control condition. At an in-person screening meeting, prospective control participants were read the study’s cover letter and then signed the informed consent form, after any questions were addressed. Prospective intervention participants also completed a one-on-one screening session, involving an interview to determine whether they met inclusionary criteria. Because all intervention participants met these criteria, they were either notified of their group’s day/time or they signed up for a group based on compatibility with their schedule. Then they were provided: a copy of the manualized GINT protocol; the contact information for their group cofacilitators and faculty supervisor; and details regarding the day, time, and location of their group.

In the intervention condition, each group consisted of 3 to 6 members and met for ten 1.5-hour sessions, with a homework assignment between sessions. Group members were strongly discouraged from missing sessions and were informed that missing three or more sessions would disqualify them from continued participation.

Intervention participants completed the pretest measures between weeks 1 and 2 of the group and the posttest measures immediately following completion of the 10-week protocol. Control participants completed the posttest measures 10 weeks after they completed the pretest measures. Neither the intervention nor control participants were given any information about the measures; they were only asked to complete the measures and either return them to their group facilitators (intervention group) or drop them off at an assigned location (control group).

Following the conclusion of the 10-week group, intervention participants had an individual 15-minute debriefing session, during which they were asked for feedback about the experience, thanked for their participation, and given the study stipend ($40 cash) and debriefing form. Control participants did not complete a debriefing session but were given their stipend ($10 cash) in person and thanked for their participation. All interactions with participants were conducted in compliance with the American Psychological Association ethics code and the National Institutes of Health standards for research involving human subjects.

Materials

Measures. The pre- and posttest measure set included the God Adjective Checklist (Zahl & Gibson, 2012), Attachment to God Inventory (Beck & McDonald, 2004), and a single-item measure of head–heart congruence (cf. Thomas et al., 2011). At pretest and posttest, intervention participants also completed three God representation figure drawings (Davis et al., 2014a, 2014b), including a brief written narrative describing each drawing. Also, at posttest intervention participants completed a written journal entry about their overall experience in the group.

God Adjective Checklist. The God Adjective Checklist (GAC) is a 30-item self-report measure comparing individuals’ God concepts and images (Zahl & Gibson, 2012). Using a 7-point Likert scale (1 = very undescriptive to 7 = very descriptive), respondents rate each of the 30 trait words. Fifteen trait words measure positively valenced God representations (e.g., loving, patient, kind, and reliable) and 15 measures negatively valenced God representations (e.g., critical, distant, inconsistent, and unforgiving). For each adjective, the respondent is first asked to rate each word according to “what
I should believe God is like” and then to rate each word according to “my personal experience of what God is like.” Therefore, the GAC asks respondents to differentiate between their “head” (doctrinal) and “heart” (experiential) knowledge of God. It includes four subscales—two for positively valenced God representations (positively valenced God concepts and images) and two for negatively valenced God representations (negatively valenced God concepts and images). In the current study, given our research questions, we only concentrated on the two God image subscales. The Cronbach’s alphas (at pretest) were .95 for the positively valenced God images subscale and .86 for the negatively valenced God images subscale.

**Attachment to God Inventory.** The Attachment to God Inventory (AGI; Beck & McDonald, 2004) is a 28-item self-report measure of God attachment. It uses a 7-point Likert scale (1 = disagree strongly to 7 = agree strongly) and has two subscales, assessing God attachment anxiety (i.e., anxiety about abandonment by God; e.g., “I worry a lot about my relationship with God”) and God attachment avoidance (i.e., avoidance of intimacy with God; e.g., “I am uncomfortable being emotional in my communication with God”). In the current study, Cronbach’s alphas (at pretest) were .88 for the AGI anxiety subscale and .87 for the AGI avoidance subscale.

**Head–heart congruence.** To measure head–heart congruence, we utilized a similar single-item measure to the one used in Thomas et al. (2011). Specifically, participants were asked to use a 7-point Likert scale (1 = highly dissimilar to 7 = highly similar) to rate the following statement: “At present, my head knowledge of God and heart knowledge of God are ________.”

**God representation figure drawings and integrative scoring system.** God representation figure drawings (Davis et al., 2014a, 2014b) are based on Rizzuto’s (1979) qualitative research and consist of having respondents draw pictures of God and oneself. We utilized three prompts, based on Moriarty and Davis’s (2012) recommendations: (1) “Draw a picture of you and God”; (2) “Draw a picture of how you FEEL you and God look when you do something wrong. Draw what you feel, not what you think”; and (3) “Draw a picture of how you would like to feel you and God look when you do something wrong.” We used a prompt about doing something wrong because such times are modally characterized by a rupture in one’s perceived relationship to God, at least temporarily leading to decreased head–heart congruence.

Given the narrative-experiential and creative nature of our manualized intervention, we included these God representation figure drawings in the pretest and posttest measure set for the intervention participants only, because we believed drawings would potentially provide rich insights into these participants’ God-representation dynamics and would thus foster emotionally meaningful reflection (e.g., grist for personal and group process). Also, building on prior scholarship, we believed that, relative to self-report measures, these drawings may be more sensitive to changes in God images (Gibson, 2007; Moriarty & Davis, 2012) and more revealing of internal working models, which often operate outside conscious awareness (Davis et al., 2013; Zahl et al., 2013). At both time periods, because of the experiential nature of the intervention, we asked participants to use colored pencils to complete the drawings, to stimulate right-mode processing and to evoke emotions and emotion-laden meaning-making (cf. Mihura, Meyer, Dumitrascu, & Bombel, 2013).

To facilitate more rigorous analysis of this visual qualitative data, we developed an integrative scoring system (Davis et al., 2014b; see Figure S1) to quantify data from participants’ God representation figure drawings. This scoring system consists of 11 items, divided into three subscales: God concepts/images (rating indicators of God as benevolent, accessible, responsive, and authoritarian), God attachment (rating indicators of God as a secure base and safe haven, as well as indicators of God attachment anxiety, avoidance, and disorganization), and self-functioning (rating indicators of self-esteem and psychological well-being).

We also wanted to ensure the scoring system demonstrated strong interrater reliability. Because we hope this system will be utilized in applied settings (e.g., settings in which clinicians often do not have time or money to participate in extensive training on a given instrument), we tested whether there would be a difference in interrater reliability between untrained raters with less clinical experience ($N =$
replicated what prior research has shown in behavioral ratings of marital interactions (Bau-
com, Baucom, & Christensen, 2012; Waldinger,
Schulz, Hauser, Allen, & Crowell, 2004), the
group of 6 untrained and less clinically experi-
cenced graduate students demonstrated statisti-
cally equivalent interrater reliability to the
group of 6 trained and more clinically experi-
cenced raters. For all three drawings, the aver-
age-measures intraclass correlation coefficient
was in the excellent range for both groups (i.e.,
from the upper .80s to the mid .90s). Also, when
we combined the ratings for each rater and
examined each drawing, the scoring system’s
total scale and three subscales each demon-
strated excellent internal consistency: .91 to .95
for the total scale, .86 to .91 for the God con-
cepts/images subscale, .83 to .93 for the God
attachment subscale, and .83 to .90 for the self
functioning subscale (see Tables S1 and S2 in
the online supplemental material).

**Manualized protocol.** With the interven-
tion participants, we used an adapted version of
the GINT manual developed by Davis (2009).  
The original manual was developed for use in
an individual psychotherapy format. However,
for the current study, the first author (Trevor
Olson) adapted the original manual so it could
be used in a group psychotherapy format, and
the second author (Theresa Clement Tisdale)
developed guidance notes for group facilitators.

In both versions of the manual, the GINT pro-
tocol reflects an assimilative-integrationist ap-
proach to treating God image difficulties. That
is, it incorporates interventions from various
psychotherapeutic approaches (e.g., dynam-
ic-interpersonal and cognitive–behavioral), but it
is generally guided by a relational-spirituality
conceptualization and chiefly utilizes narrative-
experiential interventions, such as (a) expres-
sive-writing exercises to facilitate articulation
and deconstruction of one’s problem-saturated
spiritual and life narratives (e.g., chapters, char-
acters, plots, themes, etc.); (b) mindful-
consciousness practices (e.g., contemplation and
guided reflection) and interpersonal discourse
to help link events across time and explore iden-
tity-relevant themes; (c) God-image figure
drawings and automatic thought records to fos-
ter insight into implicit relational knowing of
self, God, and others; and (d) narrative inter-
ventions to coconstruct alternative growth-
promoting storylines (Davis & Badenoch, 2010;
Moriarty & Davis, 2012). See Table S3 for a
detailed overview of the protocol (see Davis,
2009, for a copy of the full GINT protocol).

**Results**

**Analysis of Quantitative Data From
Self-Report Measures**

Data were screened to see whether assump-
tions were met for conducting a 2 (Intervention
vs. Control) × 2 (Pretest, Posttest) mixed-
model repeated measures multivariate analysis
of variance (MANOVA) with five dependent
variables (positively and negatively valenced
God images; God attachment anxiety and
avoidance; head–heart congruence). Three par-
ticipants (1 intervention and 2 controls) had not
completed all items on one pre- or posttest
measure, and those participants’ scores thus
were not calculated for the affected measure.
The pre- or posttest GAC subscale scores had
a few univariate outliers (1 to 3), which were
recoded to the nearest nonextreme value.
Also, the pre- and posttest positively valenced
God image GAC scores were substantially
skewed (−2.94 and −1.29, respectively), but
transformations did not improve the normal-
ity of these variables. For the other variables,
the pre- and posttest skew values indicated
acceptable normality: negatively valenced
God images (0.94 and 0.72), God attachment
anxiety (−0.21 and 0.21), God attachment
avoidance (0.46 and 0.50), and head–heart
congruence (−0.43 and −0.78), respectively.
Levene’s tests were nonsignificant, indicating
equality of error variances for each variable.
Finally, we conducted the mixed-model re-
peted measures MANOVA, which was non-
significant, Wilks’ Λ(5,111) = 0.97, p =
.681. Each variable’s descriptive statistics
and between-subjects condition-by-time in-
teraction effect is presented in Table 1.

In sum, we predicted that, relative to control
participants, intervention participants would re-
port greater change in (1) both positively and negatively valenced God images (increase and decrease, respectively), (2) both God attachment anxiety and God attachment avoidance (decrease for both), and (3) self-reported head–heart congruence (increase). However, none of these hypotheses was supported.

**Analysis of Qualitative Data from Figure Drawings and Posttest Journal Entries**

We also evaluated whether intervention participants’ coded figure drawings evidenced pretest–posttest changes (see Figures S2 and S3 in online supplemental material, for examples of participants’ figure drawings). To do that, we aggregated all 12 raters’ ratings (6 untrained, 6 trained) to provide an average (mean) rating for each participant, each drawing (prompts 1, 2, and 3), and each time period (pretest and posttest). Paired-samples t tests revealed no significant pretest–posttest differences.

Our research team was extremely puzzled, however, because intervention participants often had reported experiencing significant spiritual and psychological growth. For example, in their posttest journal entries and debriefing interviews, a large number of participants reported experiencing increased honesty, closeness, security, satisfaction, and head–heart congruence in their perceived relationship to God. Similarly, participants commonly discussed experiencing increased self-insight and self-acceptance as a result of their group participation. In short, participants frequently reported experiencing positive changes in their God images, God attachment, head–heart congruence, God-image narrative identity, and general narrative identity.

Therefore, for exploratory purposes, we conducted a text analysis of the intervention participants’ posttest journal entries, using the well-utilized and well-validated Linguistic Inquiry and Word Count (LIWC) 2007 software program (Pennebaker, Booth, & Francis, 2007). The LIWC 2007 program analyzes written text samples, evaluating the percentage of words falling into different psychologically meaningful categories (e.g., social, affective, or cognitive processes). Text analysis of participants’ posttest journal entries revealed that participants wrote 203.88 words on average (SD = 274.81, range: 66–1471) and mainly discussed cognitive processes (M = 22.09% of the text, SD = 4.22%), social processes (M = 6.87%, SD = 3.06%), and affective processes (M = 5.27%, SD = 2.30%). With regard to cognitive processes, participants primarily used words indicating insight (e.g., think, know; M = 5.43%, SD = 2.45%) and inclusiveness (e.g., and, with; M = 5.37%, SD = 2.04%). Regarding social processes, they chiefly discussed their perceived relationship to God. Last, regarding affective processes, they discussed significantly more positive emotions (e.g., love, kindness; M =

Table 1

*Pretest and Posttest Descriptive Statistics and Between-Subjects Condition-by-Time Interaction Effects for Study Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervention (n = 32)</th>
<th>Control (n = 29)</th>
<th>C × T</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest (M, SD)</td>
<td>Posttest (M, SD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>God Adjective Checklist (GAC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positively valenced God imagesa</td>
<td>95.25 (10.31)</td>
<td>97.35 (9.15)</td>
<td>.38</td>
<td>.540</td>
</tr>
<tr>
<td>Negatively valenced God images</td>
<td>35.63 (13.34)</td>
<td>35.23 (14.74)</td>
<td>.05</td>
<td>.818</td>
</tr>
<tr>
<td>Attachment to God Inventory (AGI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>God attachment anxiety</td>
<td>53.63 (13.09)</td>
<td>51.42 (11.56)</td>
<td>.57</td>
<td>.454</td>
</tr>
<tr>
<td>God attachment avoidance</td>
<td>40.38 (11.28)</td>
<td>40.74 (12.06)</td>
<td>.00</td>
<td>.979</td>
</tr>
<tr>
<td>Single-item head–heart congruence</td>
<td>4.69 (1.28)</td>
<td>5.00 (1.44)</td>
<td>2.01</td>
<td>.159</td>
</tr>
</tbody>
</table>

Note. C = condition; T = time. Possible values for the subscales of the God Adjective Checklist (Zahl & Gibson, 2012) range from 15 to 105, possible values for the two subscales of the Attachment to God Inventory (Beck & McDonald, 2004) range from 14 to 98, and possible values for the single-item head–heart congruence measure (cf. Thomas et al., 2011) range from 1 to 7. For each variable, higher scores indicate higher levels of the measured construct.

*a This variable’s scores were substantially skewed both at pretest and posttest (~2.94 and −1.29, respectively), but transformations did not improve this variable’s normality.

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3.67%, SD = 1.83%) than negative emotions (e.g., anxiety, sadness; M = 1.31%, SD = 1.47%), t(25) = 5.09, p < .001.

Discussion

Taken together, neither our quantitative data from self-report measures nor our quantified qualitative data from figure drawings supported our hypotheses. Needless to say, this is disappointing news for any researcher. However, text analysis of intervention participants’ posttest journal entries (as well as intervention participants’ spontaneous comments during debriefing interviews) suggested that intervention participants experienced an increase in adaptive, positively valenced religious/spiritual meaning making, including increases in insight and positive emotions. This mixture of findings is puzzling indeed.

There are several possibilities for explaining our largely null results. It is possible our manualized GINT intervention was not effective in promoting the majority of changes we hypothesized. However, such a possibility seems unlikely, given that in their posttest journal entries and debriefing interviews, most intervention participants reported experiencing spiritual and psychological growth. Another possibility is that our mostly null findings were artifacts of several previously identified measurement issues (e.g., lack of sufficient psychometric robustness; ceiling and floor effects). For example, self-report measures of God representations and God attachment may be highly susceptible to socially desirable responding (along with associated ceiling and floor effects; Gibson, 2007; Moriarty & Davis, 2012), particularly among highly religious persons (see Sedikides & Gebauer, 2010). Thus, for our intervention participants, it is possible their pretest responses were largely influenced by socially desirable responding (e.g., reflecting positive impression management or self-deception), whereas their posttest responses represented more authentic self-descriptions (e.g., representing actual gains achieved through intervention participation). Also, as numerous scholars have noted, self-report measures of God representations and God attachment likely tend to assess consciously accessible aspects of these constructs, even though God representations (particularly God images) and God attachment may be largely processed outside conscious awareness (Davis et al., 2013, 2016; Hall & Fujikawa, 2013; Moriarty & Davis, 2012; Zahl & Gibson, 2012; Zahl et al., 2013).

In sum, there is a need for advances in the measurement of God representations and God attachment. In particular, there is a need for God representation and God attachment measures to (a) have inbuilt validity scales; (b) have varying levels of item nuance, sophistication, and difficulty (to lessen the likelihood of ceiling and floor effects); (c) have reliable and valid ways to measure implicit God images and God attachment; and (d) be sensitive enough to track changes over time (e.g., over the course of an intervention; Davis et al., 2016; Hall & Fujikawa, 2013; Moriarty & Davis, 2012; Zahl et al., 2013). This last suggestion may be especially challenging when interventions are brief and when reliable change actually may occur largely after treatment has ended (e.g., during a follow-up period; cf. Levenson, 2010; Shedler, 2010).

Moreover, there is a need for increased reliance on non-self-report methods for measuring God representations (e.g., God concepts and images) and related constructs (e.g., head–heart congruence and God attachment). Because these constructs are highly nuanced, complex, and context-dependent—and because these constructs may largely operate outside conscious awareness (e.g., Davis et al., 2013, 2016; Zahl et al., 2013)—it may be that existing self-report measures of these constructs do not have the sophistication, sensitivity, or psychometric robustness to assess their underlying constructs reliably and validly. Instead, non-self-report measures may be a better alternative. In particular, the use of projective measures (e.g., God representation figure drawings) and narrative methods (e.g., narrative inquiry, text analysis) may prove to be especially effective and elucidating ways to measure God images and God attachment (Davis et al., 2016; Hall, 2007; Moriarty & Davis, 2012). Toward that end, we encourage religious cognition scholars to utilize, evaluate, and refine our preliminarily validated Integrative Scoring System for God Representation Figure Drawings (Davis et al., 2014b). We also encourage the development and validation of narrative-based God image and God attachment measures, such as interview and scoring systems similar to that of the
well-utilized and well-validated Adult Attachment Interview (George, Kaplan, & Main, 1996; Granqvist & Kirkpatrick, 2013). Last, we encourage the use of text-analysis programs such as LIWC (Pennebaker et al., 2007) to analyze text from written or transcribed narratives (e.g., journal entries or transcribed interviews about one’s perceived relationship to God; Davis et al., 2016).

**Limitations**

Our study had several limitations. Most notably, our sample size was quite small (N = 61; thus our study was underpowered), and we did not utilize random assignment (thus there was self-selection bias in sampling). With regard to sample size, a statistical power analysis using G*Power 3.0.10 indicated that, to use a mixed-model repeated measures MANOVA to detect a medium-sized effect (f = .25) with two groups and two time periods, a total sample size of 210 (110 per group) would have been required. In terms of random assignment, we designed the study to give participants a dichotomous choice between the intervention or measures-only (control) group, based on their level of interest and availability. Also, due to logistical constraints, we had to conduct the study within one Spring semester (15 weeks), before all participants and facilitators left for the summer, thereby precluding a waitlist-control group.

The generalizability of our findings is also limited, because our sample was (a) undergraduate and graduate students, (b) Christian (predominantly Protestant Christian), (c) highly religious, and (d) predominantly female. In addition, we relied heavily on self-report measures, some of which demonstrated poor psychometric properties (e.g., the GAC demonstrated substantial skewness, seemingly due to ceiling effects), whereas other measures may not have been sensitive enough to detect changes that did occur. Furthermore, we assessed only spiritual outcomes. In hindsight, assessing psychological outcomes (e.g., changes in self-esteem, depressive and anxious symptoms, or perceived social support) would have been useful too. Also, we only assessed dispositional spiritual outcomes (e.g., God representations and attachment), but assessing contextual/situational spiritual outcomes (e.g., religious/spiritual struggles) would have been interesting as well. In fact, doing so may have been more likely to yield significant quantitative results, given the greater likelihood of psychotherapeutically promoting change in situational than dispositional outcomes, especially when it comes to brief psychotherapeutic interventions such as ours. Moreover, we did not assess participant personality characteristics that might have moderated the intervention’s effects. For instance, we perhaps should have measured trait extraversion, given that previous research suggests extraverts are more likely to benefit from group psychotherapy than introverts (Ogrodniczuk et al., 2003).

Last, the study design did not include follow-up assessment (e.g., at 3-, 6-, and/or 12-months postintervention). It is possible a narrative-experiential approach to promoting God-image change may lead to beneficial effects that emerge largely in the weeks and months following intervention (i.e., the so-called “incubator effect”). As noted earlier, with insight-oriented and experiential approaches such as the one we utilized in this brief intervention, reliable change often emerges after the intervention concludes (Levenson, 2010; Shedler, 2010). Therefore, future outcome research in this area should include follow-up assessment as well.

**Conclusions and Suggestions for Future Research**

Consistent with what prior researchers have proposed (Davis & Badenoch, 2010; Hall, 2007; Moriarty & Davis, 2012), some of our qualitative data (e.g., posttest journal entries and debriefing interviews) suggest narrative-experiential interventions (e.g., GINT) may promote positive spiritual and psychological outcomes, including changes in God images, God attachment, head–heart congruence, God-image narrative identity, and general narrative identity. However, our quantitative data did not corroborate these hypothesized outcomes. Hence, much more research on GINT is needed, and there are several measurement issues that need to be addressed so that quantitative data, qualitative data, and quantified projective data may yield more valid and reliable results. Because of the nuance and complexity of these constructs, mixed-methods designs perhaps hold the most promise for yielding robust and clinically mean-
ingful findings (Davis et al., 2016). More spiritually diverse samples are needed as well.

We agree with scholars who have recommended the more frequent use of qualitative and mixed methods to study God images and God attachment (Davis et al., 2016; Gibson, 2007; Granqvist & Kirkpatrick, 2013; Hall & Fujikawa, 2013). We also agree that religious cognition researchers need to rely increasingly on non-self-report methods (e.g., projective measures, narrative methods) for assessing God images and God attachment. As Zahl and Gibson (2012) have noted, self-report measures necessarily reflect information that is consciously available and filtered through a respondent’s reflection and state of mind, making such measures subject to the constraints of what can be expressed propositionally in words. Additionally, we concur there is a particular need for more outcome research (with follow-up assessment) on psychotherapeutically mediated changes in God images and God attachment (Hall & Fujikawa, 2013; Thomas et al., 2011; Tisdale et al., 1997). In particular, we encourage researchers to explore the interconnections among healthy human attachments, self-esteem, and relational spirituality (as defined above), especially the possibility that psychotherapeutically promoted changes in one of those areas will lead to corresponding improvements in the others (cf. Mikulincer & Shaver, 2004; Moriarty & Davis, 2012). More broadly, we encourage researchers to explore the interconnections among mental/neural representations of God, self, and others. Ultimately, we eagerly anticipate what future research on relational spirituality will discover as researchers seek to illuminate the complexities of how people view and relate to God and how they deconstruct and reauthor their spiritual and life narratives.

References


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