CHAPTER 1
GOD REPRESENTATIONS AND MENTAL HEALTH: GENERAL INTRODUCTION AND EXPLORATION OF THE FIELD
In recent years, there has been an increased scientific and clinical interest in the relationships between religion and spirituality (R/S) and mental health. More specifically, the potential of R/S to promote or damage mental health has received increased attention, both in the context of scientific research and clinical practice (Aten, O’Grady & Worthington, 2012; Griffith, 2010; Koenig, King & Carson, 2012; Weber & Pargament, 2014). Although studies examining R/S and mental health generally show positive associations, the relationship seems complex and more differentiated among and between various subgroups: often the link between R/S and mental health is positive but weak, sometimes it is stronger, but sometimes it is negative. Attempting to account for these differences, Granqvist (2014) argues that three types of moderators qualify the link between religion and mental health, namely 1) aspects of R/S, 2) aspects of mental health, and 3) contextual factors. While relational aspects of religion (e.g. belief in a personal, loving God) seem to be most strongly linked to mental health, the opposite is equally true: relational aspects of mental health (e.g. the need for reparation or transformation of mental representations that result from experiences of having been insensitively cared for by parents or significant others) are most consistently linked to religion. Contextual factors such as level of stress or unavailability of a comforting and supportive social environment also have influence on the strength of the associations between R/S and mental health.

Given the complexities, differentiation, and moderation, several authors insist on studies with more sophisticated methodology, greater discrimination between different cultures and traditions, and greater integration of theoretical or even theological contributions to this area (Dein, Cook & Koenig, 2012; Exline, 2013; Granqvist, 2014). This dissertation in psychology of religion aims to make a modest contribution to these three points.

**God representations and mental health: a perspective of multiplicity**

Relational aspects of religion are at the center stage of this thesis. I will focus on representations of God/the divine, which can be defined as the mental representations of the perceived relationship of the individual to God/the divine. These mental representations reflect the personal meaning that God/the divine has for an individual and show who the God who is believed in is for the individual—who who is not believed in, or is wrestled with or doubted on (or what the higher power which is believed in is or is not for the individual) and have a multidimensional and multifaceted nature (Davis, Moriarty & Mauch, 2013; Hall & Fujikawa, 2013; Jones, 2007; Rizzuto, 1979). In this context, God representations can be viewed as representations of the ‘source’ of R/S with highly explanatory power: insight into God representations leads to understanding why people engage in specific religious behaviors such as participating in religious services and/or performing religious rituals, or why people cope with problems and make meaning of difficult situations from a religious framework in the way they do (Koenig, King, Carson, 2012 p. 308). In other words, insight into God representations gives insight into the meaning of religious life and religious behavior (Tisdale et al., 1997).
Main question of the current project is how multiple aspects of God representations are related to and qualified by mental health (or mental illness) and whether God representations of psychiatric patients are qualitatively different from those in a community sample, i.e. without a reported psychiatric diagnosis. Before the various subprojects will be described, the theoretical framework that is used in the current project will be outlined.

God representations from a relational theoretical framework
The study of representations of God/the divine has a long tradition within psychology of religion. Already in 1910, Sigmund Freud argued in *Leonardo da Vinci* that a personal God is, psychologically speaking, nothing else than an exalted father. By that, he meant that the desire for a protecting and almighty father is the (illusionary) origin of belief in God. Ana-Maria Rizzuto, a psychoanalyst who belonged to the British object relations school, wrote *The Birth of the Living God* (Rizzuto 1979), in which she described the process of ‘the formation of the God representation during childhood and its modifications and uses during the entire course of life’ (Rizzuto, 1979, p. 41). Since then, many books and articles on God representations have been published, from developmental and psychodynamic perspectives within psychology such as attachment theory (AT) (e.g. Granqvist, Mikulincer, Gewirtz & Shaver, 2012) and object relations theory (ORT) (e.g. Jones, 2007), but also from social, cognitive, evolutionary and neuropsychological perspectives (e.g. Barrett & Zahl, 2013; Exline, Park, Smyth & Carey, 2011; Kapogiannis, Barbey, Su, Zamboni, Krueger & Grafman, 2009).

In this study, God representations will be investigated from a relational theoretical framework to which both (psychodynamic) ORT and AT contribute. Common to these two approaches is a relational metapsychology, which emphasizes that people develop in the context of, and are fundamentally motivated by significant emotional relationships. Thus, human beings, who are relational by nature, are constantly involved in a pattern of relationships that becomes increasingly complex and reaches maturity via diverse stages. Interpersonal experiences in early interactions are internalized, and these mental representations—which are named ‘object relations’ within ORT and ‘internal working models’ (IWM) within AT – form a relational structure or relational style which comprises implicit relational knowledge of ‘how to be with someone’ and functions as a template for future interactions. Thus, early patterns of relating are repeated and in some sense become fixed throughout life, affecting actual and future relational experiences. Disturbances in these relationships can be developmentally mapped and may lead to pathologies. Healthy and pathological aspects of early relationship patterns can be examined through patients’ reactions to their therapists (Fonagy & Target, 2003 pp. 107-109; Granqvist & Kirkpatrick, 2016; Hall, 2013). Of course, ORT and AT are different on various aspects (Granqvist, 2006; Rizzuto, 2006), but convergences are greater than divergences. Therefore, several authors combine ORT and AT in a fruitful way in their work, also in the study of R/S and God representations (e.g. Fonagy, 2001; Hall, 2003; Hall & Fujikawa, 2013; cf. Davis, Moriarty & Mauch, 2013).
Early relational experiences with parents and significant others, which are reflected in representations of the relationship between self and other (ORT) and in IWM’s (AT) contribute to the formation of God representations, as the individual’s general implicit relational knowledge also affects her/his perceived relationship to God and its representations. Initially, this formation takes place on an implicit level of awareness, as the infant does not yet know consciously who or what is God. Consequently, in this early preverbal stage, object representations are mainly affect-laden, with primary-process subcortical brain emotion systems (such as seeking, anger, fear, care, sadness and play) largely functioning outside of conscious awareness (Davis, Moriarty & Mauch, 2013; Hall & Fujikawa, 2013; Rizzuto, 1979; cf. Davis & Panksepp, 2011; Schaap-Jonker, 2008 pp. 124-125).

By participating to the social environment and religious culture the child discovers the word ‘God’ and acquires a language to put his or her unconscious image of significant others and of God into words (Aletti, 2005; Hall & Fujikawa, 2013; cf. Vergote, 1997). In this way, a conceptual and cognitive understanding of God/ the divine is added to the implicit object-relational representations through a process of religious socialization, with the latter functioning as a filter in the process of acquisition and interpretation of religious beliefs and narratives. These cognitive aspects of God representations are more belief-laden and cortically dominant; they predominantly function at an explicit, verbal and conscious level.

The development of God representations implies that God representations comprise both implicit internal working models to God or object relations between God and the self in the perceived relationship to God (which is also called the ‘God image’; mainly affective), and a set of explicit beliefs about this God (to which is also referred as the ‘God concept’; predominantly cognitive) (Davis, Moriarty & Mauch, 2013; Hall & Fujikawa, 2013; cf. Rizzuto, 1979). At the same time, however, relational and emotional understandings of God may also function on an explicit level of awareness, and conceptual and cognitive understandings of God on an implicit one. By implication, God representations are multidimensional and multifaceted processes: cognitive and affective aspects are dynamically interrelated, interacting on both an implicit and explicit level of awareness (Davis, Moriarty & Mauch, 2013; Hall & Fujikawa, 2013; cf. Zahl & Gibson (2012), who refer to explicit cognitive understandings of God as ‘doctrinal’ God representations, in contrast to experiential ones, which involve explicit emotional understandings of God).

Studying God representations within the framework of relational psychology means a focus on relational spirituality, in other words, on the experiential side of people’s ways of relating to God. Although psychologists of religion are interested in representations of God as they exist in the minds of individuals, and not in theological truth or metaphysics (cf. Zahl, Sharp & Gibson, 2013), a relational psychological approach is closely linked to, and may even interact with theological approaches from various religions that focus on the relationship or the bond between God and humankind (remember that the word ‘religion’ has its origins in the Latin verb ‘religare’, which means ‘to bind together’). In diverse religious traditions the language of
a relational spirituality can be found, for example in the (Protestant) Christian definition of spirituality as ‘the process of becoming fully human by transcending one’s self in the context of relationship with God and the Christian community’, in the Buddhists prayer ‘I take refuge in the Buddha...’, or in the collectivistic relational focus that characterizes Judaism (Augustyn, Hall, Wang & Hill, 2017; Sandage, Jankowski, Crabtree & Schweer, 2015). Although psychological and theological approaches need not be integrated, these different approaches may interact in a critical dialogue and enrich each other, resulting in a deeper understanding of the content and functioning of God representations (cf. Cresswell, 2014).

Conceptualization, operationalization and measurement of God representations
Although Rizzuto (1979) already clearly distinguished between the God image and the God concept, the multiple terms that refer to aspects of the personal God of an individual have been mixed up (cf. Hill & Hood, 1999 ch. 11, who discuss Rizzuto’s questionnaire about the God image under the heading ‘God concept scales’). In scientific literature, the term God image has received a broader meaning and has been used synonymously with the term God representation for a long time (cf. Van der Lans, 2001 p. 357). However, during the last decade conceptualization and operationalization have been made more distinct and precise (Davis, Moriarty & Mauch, 2013; Hall & Fujikawa, 2013), and psychology of religion fits (recent) literature about mental representations from other psychological disciplines, such as cognitive and social psychology. In this context, more recent literature on God representations reflects greater awareness that God representations are not static entities or ‘things’, but dynamic, multifaceted states, which are context-sensitive reconstructions in a connectionist memory system. These representational states interact on different levels of awareness and involve multiple codes of information processing (Hall, 2003; Zahl, Sharp & Gibson, 2013; cf. Bucci, 1997; Smith & Conrey, 2007).

For quite a long time, the measurement of God representations has focused on explicit God representations, which were tapped through self-report measures. For instance, Benson and Spilka (1973) examined with their Loving and Controlling God Scales God representations in relation to self-esteem and locus of control, and Lawrence (1997) developed the quantitative God Image Inventory and God Image Scales which measure aspects of God representations such as ‘presence’, ‘challenge’, ‘benevolence’, and ‘providence’ (see Hill & Hood, 1999 ch. 11 for other measurement instruments; see also Schaap-Jonker, 2008 p. 144). Interesting in Lawrence’s approach is that the focus not only is on attributes or characteristics of God (such as God’s benevolence), but also on the experience of the individual (experience of God’s presence, for instance). In this way, more rational and more experiential aspects of God representations come together. God representations are also involved in measures on attachment to God, as they focus on the dynamic interaction between God and self. One of these instruments is the Attachment to God Inventory (AGI), which measures the avoidance of intimacy and anxiety about abandonment (Beck & McDonald, 2004). To tap more implicit
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aspects of God representations and to measure aspects of God representations more indirectly, reaction time and judgment speed experiments have been performed (Gibson, 2007; Yarborough, 2009) and other measures such as the Inclusion of Other in the Self Scale (to measure the overlap of the self-representation and God representation; Hodges, Sharp, Gibson & Tipsord, 2013) and felt figures (to measure the experienced closeness of God; Cassibba, Granqvist & Costantini, 2013) have been used. The debate on measurement is still going on, with arguments for qualitative and mixed method studies (Davis et al., 2016), and the use of self-report measures as indicators of implicit processes (Hall, Fujikawa, Halcrow & Hill, 2009). Of course, each approach has its own advantages and disadvantages, but a conceptualization of God representations as dynamic, multidimensional and multifaceted states, at least asks for the measurement of multiple dimensions, with precise instructions (Gibson, 2007; Zahl, Sharp & Gibson, 2013).

Importance of religious culture

The emphasis on mental health in association with God representations positions this thesis more in the field of clinical psychology of religion than of a cultural psychology of religion. However, the religious culture is of vital importance for the subject, as religious patterns of thinking, experiencing and acting are created, adopted and promulgated within the context of religious culture. God representations reflect religious beliefs and experiences, which are always about something or someone (namely God/ the divine), and one cannot study God representations without considering what culturally specific systems, as bearers of religious traditions, (also) constitute the content of these representations (Belzen, 2010; Cresswell, 2014; McLean, Cresswell & Ashley, 2016). In other words, an individual’s religious beliefs and religious experience, which are reflected in cognitive and affective aspects of God representations, are simultaneously highly personal and highly cultural, as ‘no one can be an original, except on the basis of a tradition’ (Winnicott, 1967/ 1971 p. 99). Empirical research supports the role of religious culture in the formation and functioning of God representations (e.g. De Roos, Iedema & Miedema, 2001; Eurelings-Bontekoe, Hekman- Van Steeg & Verschuur, 2005; Noffke & McFadden, 2001).

The current study is performed within the Netherlands, among samples that were religious for the greater part; many participants are Protestant Christians to whom religion is highly salient. As only twenty-five percent of Dutch inhabitants consider themselves to be Christians, and fourteen percent are theistic believers, our samples were not representative for Dutch religious context, which is quite diverse and ranges from secular and agnostic to orthodox ways of believing (Bernts & Berghuis, 2016). However, there are good reasons to examine the associations between God representations and mental health within samples in which religious believers are explicitly represented. Hvidt and colleagues (2017) distinguish two opposite epidemiological tendencies in research on religion and health. The first tendency (or form) concerns religious belief that is marked by restfulness (‘restful religiosity’) and is adopted
as personal volition and value through internalization processes that are typified by identification. In contrast, the second tendency/form is characterized by an increasing reliance on religion during crisis (‘crisis religiosity’) and is provoked by stress or group pressure, being internalized by introjection. Hvidt and colleagues presume that the more secular a given population or society is, with low degrees of religious belief, practice and importance, the more likely it would be that crisis religiosity becomes the predominant epidemiological force in cross-sectional research; consequently, forms of restful religiosity could not be detected anymore in a secular context. Thus, to gain insight into the full variety of aspects of God representations, as well as their origins and functioning, researchers should select samples in which respondents with both restful and crisis religiosity are probably represented. It is plausible that our samples meet this expectation.

Structure of the present dissertation

Aim of the current dissertation is to examine the relationship between God representations and mental health with sensitivity for different (sub)cultures and religious traditions from the theoretical framework of relational psychology. The project consists of several subprojects, in which measurement, multiplicity and differentiation, and the meaning of religious culture are important topics. Now, an overview of the various chapters will be given.

To be able to study God representations and mental health in the Netherlands, we need a valid and reliable measurement instrument. Starting point are Murken’s *Skalen zur Religiösen Beziehung* [Scales of religious relationship] (Murken, 1998; Murken, Möschl, Müller & Appel, 2011) a self-report questionnaire which taps the mental representations underlying how people experientially relate with their God and how they cognitively or doctrinally view this God (or divine power) by measuring feelings towards God/ the divine) and perceptions of Gods acting/ the working of divine power). These scales are translated and validated among people from to the general population and people with a psychiatric diagnosis, belonging to various Christian subcultures. In this way, the Dutch *Questionnaire of God Images (QGI)* (later: *Questionnaire of God Representations (QGR)* – see chapter 3) is developed (chapter 2; Schaap-Jonker, Eureling-Bontekoe, Jonker & Zock, 2008). Subsequently, the QGI is examined and refined by means of an item response theory (IRT) analysis, to be better able to discriminate among respondents on the basis of their mental health status, differentiating between emotional and cognitive aspects of God representations. IRT modeling gives more insight into the functioning of individual items and scales, the relation between construct scores (in our study God representation scores) and item endorsement, and the functioning of individual items among different samples. Hence, IRT analysis enables us to examine whether items on God representations have a qualitatively different meaning for groups that differ on mental health status. On the basis of the results of the IRT analysis, a shorter version of the
questionnaire is developed, which can be applied in (epidemiological) survey studies (chapter 3; Schaap-Jonker, Egberink, Braam & Corveleyn, 2016).

God representations have been studied in relation to several types of psychiatric disorders, such as depression (e.g. Braam et al., 2008) and personality pathology (e.g. Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002). This thesis expands these studies by investigating aspects of God representations in relation to a specific type of psychopathology, namely autism spectrum disorders (ASD) (chapter 4; Schaap-Jonker, Sizoo, Schothorst-Van Roekel & Corveleyn, 2013). Impairment of relational capacities and a higher level of stress characterize ASD. By implication, it can be assumed that God representations make use of processes that are thought to be limited or delayed in case of ASD, and differences can be expected between God representations of those with and those without ASD. In the first decennium of the 21st century, when the current study was developed and conducted, no other empirical study had been done in which individuals with ASD themselves were asked about their religiousness in general and God representations in particular to test this assumption.

In chapter 5 and 6 the question of meaning and multiplicity is pursued from a person-oriented approach. Aim is to identify different types of God representations among diverse subgroups of psychiatric patients and non-patients. Thus, focus is not so much on how different aspects of God representations are related to different aspects of mental health, as in the study on God representations and ASD (variable-oriented approach), but rather on how different aspects of the God representations are interrelated (or configured) and function within individuals, and whether mental health status is associated with qualitatively different types of God representations (chapter 5; Schaap-Jonker, Van der Velde, Eurelings-Bontekoe & Corveleyn, 2017). Subsequently, we examine the associations between different types of God representations, personality organization, and religious culture, to gain more insight into psychological and cultural factors that are related to diverse types of God representations (chapter 6; Van der Velde, Schaap-Jonker, Eurelings-Bontekoe & Corveleyn, submitted). In chapter 7, conclusions will be drawn, results will be discussed and related to the field of psychology of religion, and recommendations for follow-up studies and for clinical practice will be given.

This dissertation is a collection of papers that I have written in close conjunction with some colleagues in the field. They represent a part of the moving train of research on God representations and its applications, and we hope that they contribute to this interesting scientific field and clinical practice.

References


Chapter 1


