Construction and validation of the apperception test God representations : An implicit measure to assess God representations

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Construction and Validation of the Apperception Test God Representations: An Implicit Measure to Assess God Representations

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For now we see in a mirror dimly,

but then face to face.

Now I know in part;

then I shall know fully,

even as I have been fully known.

(1 Corinthians 13:12, The Holy Bible, English Standard Version)

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Chapter 1.

Introduction

The Importance of Religion and Spirituality for Psychological Functioning

Although for a long time the influence of religiosity on mental health has been viewed as predominantly negative (Neeleman & Persaud, 1995), contemporary psychologists (Jones, 2008; Kirkpatrick & Shaver, 1990; Rizzuto, 1979) acknowledge its potential positive influence on various aspects of mental health. Koenig, McCullough, and Larson (2001) and Koenig, King, and Carson (2012) reviewed all available evidence about the associations between religion/spirituality and mental and physical health, and clearly demonstrated a predominantly positive influence of religiosity/spirituality on almost every aspect of mental (and physical) health. However, they also summarize studies that found no influence or even a negative influence, for example for patients suffering from cluster C Personality Disorders.

The importance and relevance of religion/spirituality for mental health for most of the world population is undergirded by the position statement of the World Psychiatry Association (WPA). Because of the existing evidence of its importance, the WPA has included R/S as a dimension of quality of life and states that all psychiatrists should take R/S into account, irrespective of their own spiritual, religious or philosophical orientation. This includes an understanding of religion and spirituality and their relationship to the diagnosis, etiology, and treatment of psychiatric disorders. The WPA also emphasizes the need for more research on R/S in psychiatry (Moreira - Almeida, Sharma, van Rensburg, Verhagen, & Cook, 2016).

There is no consensus about the definitions of religion and spirituality. Often spirituality refers to more individual and experiential states of mind —related to the transcendental, the sacred— , whereas religiosity is more often associated with membership of religious institutions and communities, with shared doctrinal beliefs and communal practices (Hill et al., 2000; Zinnbauer & Pargament, 2005).

Religiosity and spirituality are multi-layered phenomena and there is not much consensus about the mechanisms underlying the associations between R/S and well-being or distress (Ellison & Levin, 1998; Ellison, 1983; Hackney & Sanders, 2003; Pargament, 2001; Park, 2005). More insight is needed into which aspects of religiosity/spirituality are especially related to problematic psychological functioning, by obstructing the potential positive influence of R/S on mental health, or even by causing or enhancing distress. Hopefully, this will also lead to more insight into effective therapeutic interventions to influence these associations.

An important focus in studies into the associations between religion and mental health is on God representations. God representations can be described as mental

representations of a deity. There is a lack of conceptual clarity in defining God representations, and some other terms (God concept, God image) are also used frequently, referring to various aspects of God representations. An important distinction is that between head (doctrinal, conceptual, rational) or heart (experiental, affect-laden) knowledge of God (Sharp et al., 2019). We assume that for many adherents of theistic religions, and especially in Christianity, the personally experienced relationship with the god they believe in, is a very important aspect of R/S.

The two main theoretical frameworks about God representations and their development are object-relations theory and attachment theory. They both assume that personal representations of God are formed under the influence of early experiences with important caregivers, and that these mental representations are predominantly implicit, unconscious. The mental representations can be viewed as relational schemas or internal working models. These schemas and working models form the basis for interpersonal behavior.

Object-Relations Theory

Object-relations theories describe the development of internal, mental representations of self and important others and of the relationships between them. According to object relations theory (Fairbairn, 1954; Klein, 1946; Mahler, 1971; Winnicott, 1971), healthy internal working models involve integrated, symbolized, and predominantly positive representations of self and others, facilitating affect tolerance, affect regulation, tolerance of ambivalence, other forms of self-regulation, and the ability to understand the perspective of others. More pathological functioning is associated with difficulties in differentiating between the self and others, or in integrating positive and negative feelings about self and/or others. These difficulties often lead to emotional instability, the use of primitive defense mechanisms like splitting and projective identification, and to a tendency to view others as less benevolent and more judgmental or punitive (Huprich, Auerbach, Porcerelli, & Bupp, 2015; Kernberg & Caligor, 1996).

The principles of object relation theory have also been applied to the development of God representations. In her groundbreaking "Birth of the Living God", Rizzuto (1979) builds on Winnicott's (1971) concepts of transitional phenomena and of object use. Winnicott assumed that for a child the transition from an omnipotent stance to a phase of differentiation and separation is accompanied by disillusion. The child bridges this gap by creating transitional objects between inner and outer worlds to deal with the conflicts between these two worlds. According to Winnicott and Rizzuto, this ability to create and play does not lose its function: it serves as a life-long source to deal with reality and is related to art, culture, and religion. God representations emerge in this intermediate area and are based on all (positive and negative) early experiences with the caregivers, and on culturally existing images of God. For mature (religious) object-relational functioning, it is important that positive and negative aspects of representations of someone's God can be integrated and that this God can be

viewed as benevolent instead of malevolent. In four case studies, Rizzuto (1979) demonstrated how troubled relationships with caregivers influenced patients' God representations and how the dynamic process of creating God representations functioned in a continuing effort to maintain a psychological equilibrium. There is also some quantitative evidence of the usefulness of object-relations theory in the domain of religion (Brokaw & Edwards, 1994; Hall & Brokaw, 1995; Stalsett, Engedal, & Austad, 2010; Tisdale, Key, Edwards, & Brokaw, 1997).

Attachment theory

Attachment theory is the second theoretical framework that may shed light on the associations between R/S and well-being or distress. The experienced relationship with God may be viewed as an attachment relationship. Attachment relationships serve two important functions. The first function is referred to as the *safe haven function* of the attachment relationship (Ainsworth, 1985b; Collins & Read, 1994). Theoretically, the attachment system is only activated in case of threat/danger that is severe enough to lead to feelings of insecurity. The system aims at restoring the normal sense of security. Persons differ in the strategies they use in trying to restore their sense of security (Bowlby, 1972). These strategies give rise to different attachment patterns, each of which is related to a specific internal working model of the attachment relationship. These internal working models (IWM's) consist of representations of self and (the availability of) important others (Bretherton & Munholland, 2008). Persons who are confident of the availability, responsiveness and helpfulness of attachment figures in stressful situations, who feel secure in exploring the world in the absence of threat, have a *secure attachment style.* Persons who are uncertain about this availability of the caregivers, become anxious and try, without much success, to reduce their anxiety by clinging to the attachment figure, have an *anxious attachment style.* People who also don't have much confidence in the availability of the attachment figure, but —when feeling threatened— abstain from seeking support from their caregivers, have an *avoidant attachment style,* and may give the impression of being self-reliant (Ainsworth, 1972, 1985a, 1985b; Bartholomew & Horowitz, 1991; Hesse, 1999; Main, Goldwyn, & Hesse, 2008; Stayton, Ainsworth, & Main, 1973). Initially, Hazan and Shaver (1987) described only these three (adult) attachment styles, based on the major infant attachment styles, but Bartholomew & Horowitz (1991) called the avoidant attachment style *dismissing-avoidant* and added a new style: *fearful-avoidant*, that involved people that desire intimacy but distrust others and also avoid close relationships. Main & Solomom (1990) added for infant attachment the disorganized attachment style, characterized by the inability to maintain one coherent attachment strategy (Main & Solomon, 1990).

Mikulincer and Shaver (2012) demonstrated that insecure attachment patterns are related to psychopathology. Important supposed mechanisms at work are disturbed affect regulation and mentalization (Fonagy, Gergely, & Jurist, 2004).

The second function of the attachment relationship, referred to as the *secure base function* (Ainsworth, 1985b; Waters & Sroufe, 1977), is at work in the absence of threat/danger. It allows activation of the exploratory system, and consists of the notion of being guided and supported by the attachment figure.

In the last decade of the last century, attachment theory gave a great boost to research into God representations (Hall & Fujikawa, 2013). In this approach, attachment to God representations are viewed as a special form of relational representations. God can be viewed as the ultimate attachment (father) figure who is always present, knows and understands his children, and comforts, helps and guides them (Kirkpatrick and Shaver, 1990). The conceptualization of God as an attachment figure led to the hopeful idea that a secure attachment to God can compensate for insecure interpersonal attachments, as well as to the more pessimistic idea that interpersonal attachment styles correspond with one's attachment to God (Granqvist, 1998).

Most evidence seems to indicate that internal working models of interpersonal representations and of attachment to God representations correspond (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012; Hall & Fujikawa, 2013). This correspondence explains why secure attachment to God is often positively associated with well-being (Belavich & Pargament, 2002; Feenstra & Brouwer, 2008; Kirkpatrick & Shaver, 1990; Kirkpatrick & Shaver, 1992), and why insecure attachment to God is often associated with distress and symptoms of mental problems (Ano & Pargament, 2013; Bickerton, Miner, Dowson, & Griffin, 2015; Bradshaw, Ellison, & Marcum, 2010; Exline, Pargament, Grubbs, & Yali, 2014; Hancock & Tiliopoulos, 2010; Homan, 2010, 2014; Homan, McHugh, Wells, Watson, & King, 2012; Kézdy, Martos, & Robu, 2013; Knabb, 2014; Knabb & Pelletier, 2014; Miner, Dowson, & Malone, 2013, 2014; Reiner, Anderson, Elizabeth Lewis Hall, & Hall, 2010; Sandage & Jankowski, 2010).

The Necessity for Developing an Implicit God Representation Measure

Problems with self-report measures

Self-report measures are known to be susceptible to social desirability effects (Van de Mortel, 2008). For religious measures, a doctrine effect may also exist: persons who, often literally 'in good faith' report what they, according to their faith system, should feel or think, instead of reporting their actual feelings or thoughts (Brenner, 2017; De Lely, van den Broek, Mulder, & Birkenhäger, 2009; Eurelings - Bontekoe & Luyten, 2009). Object-relations and attachment theory both emphasize the implicitness of internal working models. It is unknown and questionable whether self-report measures of God representations are able to assess implicit aspects of God representations. For this reason, researchers have plead for the development of implicit measures for assessing God representations (Birgegard & Granqvist, 2004; Gibson, 2008; Hall,

Fujikawa, Halcrow, Hill, & Delaney, 2009; Jong, Zahl, & Sharp, 2017; Sharp et al., 2019; Zahl & Gibson, 2012).

Other measurement issues

Besides the implicit aspects, there are other characteristics of God representations that are not captured well with existing measures. Both theoretical frameworks, namely object relations theory and attachment theory, consist of specific constructs that are not assessed with the existing range of self-report instruments of God representations.

Object relations theory is not only interested in the positive or negative content of (God) representations, but also in the structural aspects of these representations, with concepts as complexity, integration and differentiation (Kernberg, 1988, 1995). This implies that activated God representations may consist of various, often conflicting, thoughts, feelings and accompanying behavioral tendencies, and that persons may differ in the extent to which they are able to integrate these elements into a coherent response. Lack of tolerance of ambiguity may lead to the use of rigid defense mechanisms like splitting. Positive or good images and experiences of God are firmly separated from the negative or bad characteristics of God. Although for interpersonal object-relations a well-validated implicit measure exists, namely the Social Cognition and Object Relations system (SCORS, Westen, 1985) for coding responses on the Thematic Apperception test (TAT, Murray, 1943), for assessing and coding implicit aspects of God representations no such measure exists.

Most research on attachment to God is done with the social cognition approach, with assessment of attachment styles which heavily relies on self-report measures. Such measures exist for secure, anxious and avoidant attachment (to God) scales. The validity of especially avoidant attachment scales is questionable because of the tendency for people with this style to downplay their emotions and to 'faking good'. This may lead to results with self-report measures that are similar to the results of measures of secure attachment (Beck & McDonald, 2004; Bretherton & Munholland, 2008; Dozier & Kobak, 1992; Eurelings-Bontekoe, Verschuur, & Schreuder, 2003).

In the developmental attachment perspective, adult attachment models are based on representations of the adult's childhood relationship with primary caregivers. These models are mostly assessed with the well-validated Adult Attachment Interview (Bakermans-Kranenburg & Van IJzendoorn, 1993; Hesse, 1999, 2008). This measure assesses attachment representations, including an avoidant (or: in terms of adult attachment: *dismissing*) attachment style by analyzing formal aspects of the narrative instead of the content of responses. In that sense, the AAI may be considered as an implicit measure of attachment representations.

For interpersonal attachments, Roisman et al. (2007) demonstrated that the association between attachment as measured by the implicit AAI and explicit attachment style dimensions as measured by self-report, is trivial to small. We expect that for

attachment to God this will also be the case, indicating that explicit measures do not seem to assess implicit processes very well.

Gibson (2008) describes several measurement issues related to specific characteristics of God representations. People hold multiple schemas for God (for example doctrinal and experiential representations). Representations can differ strongly in complexity, seeing different roles and aspects of God. God representations are relational, implying that views of self influence how God is perceived, and vice versa. God schemas are dynamic 'working models', implying that various situations may activate various representations of God and of the self in relationship with God. A new measure should address (some of) the problems of identifying the implicit aspects of God representations.

Appropriateness of existing measures for patients suffering from personality pathology

Most God representation measures are only validated in non-clinical samples. An exception is the well-validated Questionnaire God Representations (QGR, Schaap-Jonker, 2008) that has also been validated for patient groups: results with this measure demonstrated some specific associations between negative aspects of God representations and indications of A- and C-cluster personality disorders (PD), based on self-report measures of pathology (Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002). Based on object-relations and attachment theory and also undergirded by the findings of Koenig et al. (2012), it seems that the relational problems of persons suffering from personality disorders may also negatively affect their God representations. Their problems not only seem to obstruct the buffer function of the relationship with God in coping with distress, but probably also directly add distress to the patient. Because these types of patients are known for their lack of self-insight (Eurelings-Bontekoe, Luyten, Remijsen, & Koelen, 2010; Shedler, Mayman, & Manis, 1993), assessment of God representations with self-report may pose additional problems besides the already mentioned social desirability- and doctrine effects. In general, the existing self-report God representation measures don't seem to be developed or appropriate to assess negative aspects of God representations in patients with PD. Examples of characteristics of these inner representations are rigid defense mechanisms like splitting or projective identification, and a lack of differentiation between the self and God. We therefore think that implicit measures of God representations are needed, especially for patients suffering from personality disorders, and should be validated in appropriate samples.

The lack of well-validated measures for assessing implicit God representations

At the start of this thesis-project in 2012, to the best of our knowledge, there were no well-validated implicit measures of God representations. In two studies, an adaptation

of the AAI was used to assess implicit God representations. Marchal (2010), in a qualitative study with six subjects, found clear correspondence between implicit AAI state of mind classifications of adult attachment and of implicit attachment to God. Fujikawa (2010), in a study among 19 college students, found that the implicit state of mind classifications of adult attachment, measured with the AAI, and implicit attachment to God, measured with the Spiritual Experiences Interview (SEIn) were significantly associated. In one study (Proctor, Miner, McLean, Devenish, & Bonab, 2009), self-report assessment of attachment to God representations is questioned and the God Attachment Interview schedule (GAIS) has been developed because of the strength of interviews to tap both conscious and unconscious material. However, the analysis of the results of this interview is based only on the content of the narratives and only aims at assessing explicit God representations.

A recent overview of existing God representation measures (Sharp et al., 2019) confirms that at present, there still are no well-validated implicit God representation measures. Although another adaptation of the AAI (Granqvist & Main, 2017) has recently also been used to assess implicit God representations, the measure is not well-validated yet and definite results have not been published at the moment. A similar approach as Proctor et al. (2009) was conducted by Kimball, Boyatzis, Cook, Leonard, and Flanagan (2013), who developed a coding system for attachment to God language in interviews about religious experiences, but they did not qualify their measure as explicit or implicit. They also did not find statistically significant associations between their attachment to God measures and self-report measures of interpersonal attachment. Moradshahi, Hall, Wang, and Canada (2017) developed the Spiritual Narrative Questionnaire (QSN), a paper-and-pencil questionnaire with open end questions, to assess psychospiritual health from a relational spirituality perspective. One of its five aspects is secure attachment to God, assessing, in accordance with the AAI, the extent to which narratives are coherent, thorough, complete, and open. External validation took place with the explicit Spiritual Transformation Inventory (STI, Hall & Edwards, 1996, 2002), but the secure attachment to God scale was the only scale that did not correlate significantly with any of the STI subscales. One study (Olson et al., 2016) used a mixed method design by using both the explicit Attachment to God Inventory (AGI, Beck & McDonald, 2004; McDonald, Beck, Allison, & Norsworthy, 2005), and drawings of God and oneself that were analysed using a specially developed scoring system, with an attachment to God subscale. Although interrater reliabilities were excellent, also in case of untrained graduate students, the study regrettably did not examine the validity of this scale.

Another group of implicit God representation measures should not be left unmentioned here. This group refers to experimental procedures based on the reaction speed of respondents for categorizing presented stimuli. Results of this approach explain processes on an aggregate (group) level, and may therefore be useful for researchers,

but seem less suitable for assessment at an individual level (Sharp et al., 2019). Because individual differences in God representations cannot be related to differences in related variables, specific aspects of God representations may remain very unclear, which makes this approach less suitable for clinical use.

For clinical use Sharp et al. (2019) recommend performance based tests, and conclude that until now these measures (of which they found only seven) in general do not demonstrate much evidence of reliability or validity. However, anticipating the conclusions of this thesis, they consider the ATGR, the new measure developed in the current thesis project, to be the most thoroughly validated performance-based measure at the moment.

The Apperception Test God Representations (ATGR)

The ATGR is a performance based test for measuring implicit God representations. Analogous to the Thematic Apperception Test, (TAT, Murray, 1943) it consists of a series of cards (15) with pictures of more or less ambiguous situations, especially designed to elicit narratives that conceal object-relational and attachment functioning with regard to the God the person believes in. Westen (1985) developed a scoring system for TAT-narratives, the Social Cognition and Object Relations Scales (SCORS), to assess implicit relational functioning. For the ATGR, this coding system is adapted to make it suitable for God representations. Also, some experimental scales were added to focus specifically on attachment to God styles.

Psychological Theory, Religion, and this study's approach

In the domain of the psychology of religion, there exist various assumptions about the meaning and relevance of psychological descriptions and explanations of religion and religiosity. At the extremes, two opposite positions can be discerned. The first is the reductionist view that religious processes can fully be understood by psychological theories and grasped with scientific methods. In fact, this approach assumes that there is no transcendent reality. The content of God representations is purely made up out of psychological material. The second position states that there is a transcendent reality, that there is a divine being or power, that can only be experienced in a state of faith. These religious experiences can hardly (or, according to some, not) be approached by scientific methods. Nor can they be understood by psychological explanations that also play a role in explanations of non-religious behavior. Like most psychologists of religion, we see our position as somewhere in the middle of these extremes. We think that religious experiences cannot be reduced to psychological processes, but that they are partly 'determined' by them. Psychological processes are part of religious experiences and religious experiences are mediated by psychological

processes. It is like a house that is build-up by stones: the house consists of stones and it is also more: a home.

As a consequence we prefer psychological explanations of religious behavior that do not 'explain away' religious experiences by assuming that they are purely the product of infantile fears and desires, as Freud stated, or by assuming that the brain produces these experiences in dealing with unpredictable events, as is the explanation of the cognitive science of religion (although these approaches may discover things that we should not too easily put aside). We find the object-relation theory approach of religion of for example Winnicot and Rizutto more preferable, because they leave open the possibility that people can only fantasize about or create someone (in the transitional space) that somehow also really exists and who's existence and attributes are conveyed by (religious) culture. And although the attachment theory may be interpreted along Freudian lines, as if God should be viewed as the ultimate attachment figure, and that he therefore can make up for failing interpersonal attachment relations, or that interpersonal attachment filters also determine the attachment to God, it also leaves open the possibility that our experienced relationship with God does not (primarily) stem from those interpersonal attachment experiences and might be obscured or supported by them. A more extreme position would be to start from the religious assumption that God, who has created us, has also given us a consciousness of and a longing for a relationship with him, and that, because our spiritual nature is more basic than our experiences with important caregivers, our interpersonal experiences are determined by the religious/spiritual reality (Miner, 2007).

In this study, although we especially examined associations between interpersonal and God representations, we tried to keep an openness for characteristics of religious experiences that differ from psychological experiences. The narrative method, in which respondents can report in their own words, contributes to that. But also in the coding of experiences, based on the SCORS scales for interpersonal representations, we adapted some categories of this system to fit more adequately to religious experiences. This is most clearly the case for the adaptation of the SCORS scale Understanding of Social Causality, that measures the extent to which respondents understand the behavior of others, by offering psychological explanations (motives, intentions, emotions) for their behavior. Actions of God are viewed quite different from human actions, and attributing them in a narrative is an act of faith. Gods influences can be seen as affecting situations or as directly affecting human's feelings, or their will or motivation, their heart. In contrast to current psychological notions, external locus of control (agency attributed to God) instead of internal locus of control (agency attributed to the self) can —from a religious perspective— be viewed as more mature, and may also refer to notions of surrender to God as quite healthy. For depressed persons that are strongly demoralized, and do not believe that there is a positive force insides themselves that makes them yearn for a relationship with God, it might even be a comfort

to attribute to God the power to completely overrule their own will and personality. Instead of understanding God, it may be more important to believe that, although one does not understand what God does in his or her life, it will eventually turn out to take a turn for the better. This also refers to a more passive, receptive attitude than the usual favorable psychological attitude of internal locus of control.

Aims of the Thesis

The purpose of the studies conducted for this thesis was 1) to examine the associations between God representations and psychological functioning, in order to get more insight into the relevance of God representations for mental health, and 2) to describe the construction, reliability and validity of the ATGR

Research Questions

1. Do measures of God representations in general have stronger associations with well-being and distress than more general or behavioral measures of religiosity/spirituality?
2. Are God representations in general associated with indicators of interpersonal functioning as conceptualized by object-relations and attachment theory?
3. What is the reliability of the ATGR?
4. What is the validity of the ATGR?
5. Is the ATGR sensitive for changes in God representations after treatment and are these changes associated with changes in distress and relational functioning?

Outline of the thesis

Chapter 2. Chapter 2 addresses the first and second research questions. It describes the results of a meta-analysis investigating the associations between God representation measures on the one hand, and measures of distress and well-being, (object-relational) views of self and others, and neuroticism/worrying or hope, on the other. Six types of God representation measures were distinguished: secure attachment to God, anxious attachment to God, avoidant attachment to God, positive God representation, negative God representation, and God control.

Chapter 3. Chapters 3 to 6 address research questions 3 and 4. Chapter 3 describes the construction of the ATGR and of the separate scales that were based on object-relation theory. It reports the reliability of these scales. Validity of the ATGR scales was examined by comparing associations between the implicit ATGR scales and scores on explicitly and implicitly measured distress, with associations between explicit God representation scales and explicitly and implicitly measured distress. This has been done in both a clinical group and a nonclinical group. Evidence of validity

would be that associations between same-method variables are stronger than associations between mixed method variables.

Chapter 4. In chapter 4, the ATGR scale and subscales that were derived from attachment theory are described, as well as their reliability. The validity is examined in a similar way as for the object-relational God representation scales, described in chapter 3.

Chapter 5. In chapter 5, associations of the ATGR with explicit and implicit measures of object-relational (OR) functioning are compared with associations of explicit God representation scales with those OR-measures.

Chapter 6. In this chapter, associations of the ATGR with a self-report measure for personality functioning are described and compared with associations of explicit God representation scales with these personality functioning scales

Chapter 7. Chapter 7 addresses research question 5. In this last chapter, the sensitivity of the ATGR for changes in aspects of God representations is described, by examining differences between implicit God representation scores before and at the end of a therapy program of approximately 9 months. In addition, the association between changes in implicit God representations and changes in implicitly and explicitly measured distress and in explicitly measured object-relational functioning has been investigated.

In table 1 the contributions to the study of the various co-authors and others are summarized.

Table 1 *Contribution of PHD-Candidate, Co-authors and Others to the Study*

	HS	LE	GG	JK	AS	PdH	StV	StL	Ps.Ass.
General design of the study									
Design	x	x	x						
Supervision		x	x						
Chapter 2: Meta-analysis									
Design	x	x	x	x					
Search	x								
Inclusion/scoring of quality	x				x				
Analyses	x								
Writing	x								
Critical supervising/editing		x	x	x					
General tasks empirical studies									
Construction of ATGR cards	x								
Adaptation of SCORS system	x								
Pilot with cards and scoring system	x								
Training students in assessment with ATGR	x								
Training students in assessment with TAT/SCORS		x							
Assessments ATGR/TAT clinical gr.	x								x
Asessments ATGR/TAT nonclinical							x		
Scoring of ATGR	x						x		
Scoring of TAT								x	
Chapter 3									
Design	x	x	x						
Data Analysis	x								
Writing	x								
Critical supervising/editing		x	x	x		x			
Chapter 4									
Design	x	x	x						
Translation AGI	x								
Data Analysis	x								
Writing	x								
Critical supervising/editing		x	x			x			

Table 1 (continued)

Chapter 5							
Design	x	x	x				
Translation BORI	x						
Data Analysis	x						
Writing	x						
Critical supervising/editing		x	x	x		x	
Chapter 6							
Design	x	x	x				
Data Analysis	x						
Writing	x						
Critical supervising/editing		x	x	x		x	
Chapter 7							
Design	x	x	x				
Data Analysis	x						
Writing	x						
Critical supervising/editing		x	x	x		x	
Chapters 8,9							
Writing	x	x	x				
Critical supervising/editing		x	x			x	

NOTE. HS= Henk Stulp; LE=Liesbeth Eurelings-Bontekoe; GG=Gerrit Glas; JK= Jurrijn Koelen; AS= Annemiek Schep; PdH= Peter de Heus, StV= Students Viaa Universityl StL= Students University of Leiden; Ps.Ass.=Psychological assistent of the mental health institution

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Chapter 2.

God Representations and Aspects of Psychological Functioning: A Meta-Analysis

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Abstract

Context: Results of meta-analyses show weak associations between religiosity and well-being, but are based on divergent definitions of religiosity. ***Objective:*** The aim of this meta-analysis was to examine the magnitude of the associations between God representations and aspects of psychological functioning. Based on object-relations and attachment theory, the study discerns six dimensions of God representations: Two positive affective God representations, three negative affective God representations, and God control. Associations with well-being and distress and with self-concept, relationships with others and neuroticism were examined. ***Methods:*** The meta-analysis was based on 123 samples out of 112 primary studies with 348 effect sizes from in total 29,963 adolescent and adult participants, with a vast majority adherent of a theistic religion. ***Results:*** The analyses, based on the random-effects model, yielded mostly medium effect sizes ($r = .25$ to $r = .30$) for the associations of positive God representations with well-being, and for the associations of two out of three negative God representations with distress. Associations of God representations with self-concept, relationships with others and neuroticism were of the same magnitude. Various moderator variables could not explain the relatively high amount of heterogeneity. The authors found no indications of publication bias. ***Conclusion:*** The observed effect sizes are significantly stronger than those generally found in meta-analyses of associations between religiousness and well-being/mental health. Results demonstrate the importance of focusing on God representations instead of on behavioral or rather global aspects of religiosity. Several implications with respect to assessment, clinical practice, and future research are discussed.

Introduction

During the last decades, there has been a significant increase in attention in scientific research for religion in the context of mental health. In mental health care, religion has long been thought to have a negative effect on health (Neeleman & Persaud, 1995). This can be traced back to Sigmund Freud's view that religion is a projection of an infantile need for an authoritative being that can function as a father figure (Freud, 2004). As a consequence, religion was supposed to have a predominantly negative influence on mental health because, according to this view, religion would be accompanied by many restrictive rules that lead to strong feelings of guilt and fear of punishment by an angry god. Other psychologists (Rizzuto, 1979; Winnicott, 1971) have argued that religion may also have a positive influence on psychological functioning because believers may as well project positive attributes to their god. This can give them strength and may contribute to personal growth.

Although convincing evidence —as presented below— exists for the association between religiosity and well-being/mental health, not much is known yet about the underlying mechanisms that explain this relation. More insight is needed, and this is especially important for health professionals working with religious/spiritual patients. It might contribute to the development of interventions that may strengthen the potential positive influences of religion/spirituality (R/S), and to interventions that may lead to diminishing or solving negative influences.

There is a lot of debate about the definitions of religiosity and spirituality (Hill et al., 2000; Zinnbauer & Pargament, 2005). According to Koenig, King, and Carson (2012), the terms religion and religiosity are often used to refer to shared beliefs and rituals and to the membership of a faith community, whereas the term spirituality is often used to emphasize more individualistic beliefs and rituals. However, basically, both concepts share a belief in the sacred and the transcendental. In this meta-analysis, we will therefore use both terms interchangeably. However, the main focus of this study is on a specific aspect of religiosity and spirituality that is based on monotheistic religions (as, e.g. Christianity, Islam, and Judaism) that assume the existence of one personal God to whom the believer can relate (Davis, Granqvist, & Sharp, 2018b): the personal God representation.

In this meta-analysis, we will, amongst others, examine if the personal God representation has stronger associations with well-being/mental health than more general aspects of religiosity. There is confusion about the construct of God representations (Gibson, 2008). Terms like God concept, God image, and God representation are often used interchangeably. A useful distinction is that between two dimensions of God representations: cognitive/doctrinal beliefs (about how God is conceptually viewed by a person) and emotional/experiential feelings about God, about the personally experienced relationship with God (Davis, Moriarty, & Mauch, 2013; Zahl & Gibson, 2012). In this study we will focus on the relational/emotional/experiential dimension.

For adherents of a theistic religion, someone's God representation may indicate psychological mechanisms at work that could explain much of the association between religiosity and well-being. There are some sound reasons to focus on God representations concerning well-being and mental health. One of them is that findings from studies of the associations between broader defined religiosity and well-being suggest the importance of personal beliefs. Therefore, we will first explore the results of these findings. Another reason is that on theoretical grounds God representations can be viewed as an important explanation for the found associations between religiosity and wellbeing/mental health. We will subsequently discuss these theoretical grounds, based on attachment and object-relations theory. Well-being/mental health and its counterpart, psychological distress are summarized in this study with the term adjustmental psychological functioning, to emphasize the general notion that they can be

viewed as indicators of psychological adjustment (Ano & Vasconcelles, 2005; Salsman, Brown, Brechting, & Carlson, 2005).

The Associations Between Religiosity/Spirituality and Adjusmental Psychological functioning

The available meta-analyses of the associations between religion and adjustmental psychological functioning (Ano & Vasconcelles, 2005; Bergin, 1983; Hackney & Sanders, 2003; Smith, McCullough, & Poll, 2003; Witter, Stock, Okun, & Haring, 1985) suggest that in general being (more) religious is associated with higher well-being and with fewer mental health problems (see Table 1). The found associations are weak, but support the notions of Winnicott (1971) and Rizzuto (1979) about the potential positive influences of religiosity.

Various factors influence the strength and direction of the associations, such as the variety in dimensions and aspects of religiosity. Witter et al. (1985), for example, found stronger positive associations for activities than for beliefs. Hackney and Sanders (2003), in turn, found stronger associations for personal devotion than for institutional membership and ideology, whereas Smith, McCullough, and Poll (2003) found that extrinsic religiosity was positively, and other measures of religiosity (e.g., intrinsic religious orientation, religious attitudes, and beliefs), were negatively associated with depressive symptoms. A second factor is the distinction between positive and negative aspects of religiosity and of psychological adjustment. Results of Ano and Vasconcelles (2005), for example, suggest that positive aspects of religiosity (e.g. asking for forgiveness, seeking support from clergy, seeking spiritual connection) are more strongly associated with positive aspects of adjustmental psychological functioning, and negative aspects of religiosity (e.g. spiritual discontent, seeing God as punishing) more strongly with negative aspects of adjustmental psychological functioning. The relevance of these finer distinctions within the concept of religion (and spirituality) is that they may explain some of the ambiguous or inverse associations found in a minority of the included studies.

Most narrative reviews about the association between religiosity and adjustmental psychological functioning (Ellison & Levin, 1998; Gartner, Larson, & Allen, 1991; Koenig et al., 2012; Koenig, McCullough, & Larson, 2001; Larson et al., 1992; Payne, Bergin, Bielema, & Jenkins, 1991) also conclude that religiosity is predominantly positively associated with well-being, and predominantly negatively with mental problems, but that there are also studies with ambiguous or inverse results. One factor that seems related to negative or ambiguous results is psychopathology: Payne et al. (1991) found negative or no associations for the few studies with clinical samples in their review, and Koenig et al. (2012) found relatively more studies with positive associations between religiosity and mental problems for C-cluster Personality

Disorders (18 studies, 17% negative, 50% positive) and Bipolar Disorder (4 studies, 0% negative; 50% positive).

Table 1. *Meta-Analyses About the Association Between Religiosity and Well-Being/ Mental Health*

Study	Number of samples	Number of clinical samples	Measures of religiosity	Measures of well-being/mental health	Aggegrated association	Percentage of studies or effect sizes with positive /negative association
Bergin 1983	24	1	- Beliefs - Experiences - Activity - believers-nonbelie-vers	Clinical pathology measures	.09	47/23
Witter 1985	28	?	- Activities - Religiosity (single question) - Attitude	- Happiness - life satisfaction - Morale - general quality of life and well-being	.16	?
Hackney 2003	35	0	- Institutional - Ideological - Personal devotion	- Psychological distress - Life satisfaction - Self-actualization	.10	?/30%
Smith 2003	147	19 [1]	- Behaviors - Attitudes and beliefs - Orientation - Intrinsic - Extrinsic - Positive religious coping - Negative religious coping - Religious well-being - God concept	Depression	-.10	76/18
Ano 2005	49	?	Positive and negative religious coping in specific situations	Psychological adjustment measures	.33[2] -.12[3] .22[4] .02[5]	83/10

Note [1] adults 'with psychological concerns'; [2] positive coping and positive adjustment; [3] positive coping and negative adjustment; [4] negative coping and positive adjustment; [5] negative coping and negative adjustment; ? = not reported.

Explanations for the associations between R/S and well-being/mental health. Koenig et al. (2012) developed various comprehensive models to explain associations between religion and mental health. In their model for monotheistic religions they stress the importance of God representations: The relationship with God has direct effects on wellbeing and mental health, fostering positive emotions caused by a sense of being loved and protected by a beneficial divine being. They also include indirect effects in their model: religion generates social support, offers sources and strategies of coping, influences (good) choices, and diminishes the influence of negative life experiences. These effects are moderated by background factors as early life experiences, genetic factors shaping temperament, life events during adulthood, etc.

More specific explanations are offered by attachment and object-relations theory. Both developmental theories assume that a core element of personality and personality pathology, namely how persons view themselves and others (Livesley, 1998, 2013), influence how they see and experience their relationship with God. This approach of religion is known as 'relational spirituality' (Davis, Granqvist, & Sharp, 2018a; Hall, 2007a, 2007b) and also integrates findings from stress-coping theory, social cognition theory, and brain research.

Object-relations theory and attachment theory (Hall, 2007a, 2007b) both assume that mental representations of people are formed during early development, which in turn influence the way God representations are formed. These experiences lead to mostly unconscious relational schemas or internal working models, which comprise representations of self and others, as well as their affective quality.

Less optimal experiences of responsivity and availability, according to attachment theory, may result in insecure attachment styles, such as: (a) anxious attachment: trying to restore disturbed feelings of security by using hyperactivating strategies (e.g., expressing anxiety and anger) to establish the availability of the attachment figure; (b) avoidant attachment: trying to restore this inner sense of felt security by using deactivating strategies (e.g., suppressing disturbing emotions or thoughts (Bowlby, 1972, 2008; Bretherton & Munholland, 2008; Bretherton & Munholland, 1999; Mikulincer & Shaver, 2008). In normal development, internal working models foster the capacity for affect regulation and stress coping (Fonagy, Gergely, Jurist, & Target, 2004; Mikulincer & Shaver, 2008). Insecure working models of attachment relationships may confer risk for physical disease and psychopathology through non-adaptive coping and impaired stress and affect regulation (Maunder & Hunter, 2008). Several studies have confirmed the usefulness of the attachment theory framework in the domain of religion (Granqvist, 1998; Granqvist & Hagekull, 1999; Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1990; Kirkpatrick & Shaver, 1992).

According to object relations theory (Fairbairn, 1954; Klein, 1946; Mahler, 1971; Winnicott, 1971), pathological internal working models involve less integrated representations of self and others. On the lowest levels, persons have difficulty in differentiating between the self and others, or in integrating positive and negative feelings about self or others. This often leads to emotional instability and the use of primitive defense mechanisms like splitting and projective identification. On lower levels others are predominantly viewed as less benevolent (affectionate, benevolent, warm, constructive involvement, positive ideal, nurturant) and more punitive (judgmental, punitive, and ambivalent) (Huprich, Auerbach, Porcerelli, & Bupp, 2015; Kernberg & Caligor, 1996). Higher, healthier levels correspond to more integrated and symbolized representations of self and others, involving affect tolerance, regulation, ambivalence and the ability to understand the perspective of others. There is also evidence of the usefulness of object-relations theory in the domain of religion (Brokaw & Edwards, 1994; Hall & Brokaw, 1995; Stalsett, Engedal, & Austad, 2010; Tisdale, Key, Edwards, & Brokaw, 1997).

Dimensions of God Representations

Most measures of God representations have been derived from these described theoretical frameworks, and therefore for this meta-analysis we based our dimensions of God representations predominantly on these theories: *Secure*, *anxious* and *avoidant* attachment to God (Granqvist & Hagekull, 1999; Kirkpatrick, 1998; McDonald, Beck, Allison, & Norsworthy, 2005), and *positive* and *negative* God representations, which we derived from measures using adjectives/attributes like benevolent, kind, supporting or wrathful, judging/punishing, for how God is perceived, and terms like gratitude, fear, anger etc., for the feelings a person experiences in his or her relationship with God (Benson & Spilka, 1973; Lawrence, 1997; Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002).

One aspect of God representations is not as clearly related to these theoretical frameworks, and regards the extent to which God —according to the subject— has power, exerts control, gives guidance (Benson & Spilka, 1973; Schieman, 2008). We refer to this aspect as the *God control* aspect.

God Representations and Dispositional Aspects of Psychological Functioning

Attachment and object-relations theory both assume that general schemas underlie both interpersonal representations of self and others and God representations. These general schemas or models are supposed to have trait-like characteristics. Traits are general 'underlying', not directly observable dispositions that have relative stability over time and are supposed to be related to heredity and upbringing (Fridhandler,

1986; Mischel, 2013; Strelau, 2001). Some scholars, for example, refer to attachment models as relatively stable traits (Green, Furrer, & McAllister, 2007) or chronic general models (Collins & Feeney, 2004). Davis et al. (2013) assume that God representations also have trait-like, chronic characteristics. However, it must be emphasized that these working models are especially determined by interactions with caregivers, and therefore have to be considered less stable than temperament-based traits.

If it is true that relatively stable general schemas underlie both God representations and internal working models of self and others, one would expect God representations and representations of self and others to be associated with each other. In attachment theory research in the domain of religion, this assumed association is known as the correspondence hypothesis (Granqvist, 1998; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1990). But these authors also hypothesize that attachment to God representations may compensate for insecure or negative interpersonal representations (known as the compensation hypothesis). Hall et al. (2009) assume correspondence on the deeper level of (implicit) internal working models, and on a more behavioral level they expect evidence of compensation. This compensation implies that insecurely attached persons may be more actively involved in actions aimed at finding relief in religion and in the relationship with God.

We expect that God representations, are not only associated with adjustmental aspects of psychological functioning, but also with relatively stable, trait-like representations of self and others, and with neuroticism as an indicator of trait-like affect (dis)regulation. We will refer to these factors as dispositional aspects of psychological functioning. Existence of associations between God representations and dispositional aspects of psychological functioning can be considered as support for the importance of the ideas of attachment and object relations theory for understanding the development of God representations.

Aim of Meta-Analysis and Hypotheses

Aim of meta-analysis. In this meta-analysis we examine the associations between God representations and adjustmental aspects of psychological functioning, to see if these associations are stronger than the usually found associations with broader measures of religiosity. We also examine the associations between God representations and dispositional aspects of psychological functioning: theoretically related variables that are connected with internal working models of relationships: self-concept, relationships with others and neuroticism.

The meta-analytic method is suitable to detect sources of diversity (Borenstein, Hedges, Higgins, & Rothstein, 2005). Because we used a wide variety of God representation measures and measures of dispositional and adjustmental aspects of psychological functioning, originating from diverse samples, this meta-analysis especially aims at detecting sources of diversity. Therefore we performed analyses on three

levels, starting from the most general level that compromises all God representation dimensions and examining associations with undifferentiated adjustmental and dispositional aspects. On the second level, we split out the God representation measures in the six dimensions (*Secure attachment to God, Anxious attachment to God, Avoidant attachment to God, Positive God representations, Negative God representations, and God control*) again examining associations with undifferentiated adjustmental and dispositional aspects. On the third level, we examined more specific associations between dimensions of God representations and the adjustmental subdomains of well-being and distress and the dispositional subdomains self-concept, relationships with others, and neuroticism (as an operationalization of the capacity for affect regulation). We compared the strength of associations between these various measures. We also aimed to detect the effect of various moderator variables on the found associations. Finally we addressed the issue of publication bias, to determine whether in the selected studies an underrepresentation of studies with weak or non-significant associations existed.

Hypothesis 1. We expect that (a) positive God representations will be significantly and positively related to well-being and negatively to distress, and that (b) negative God representations will be significantly and negatively related to well-being and positively to distress. The strength of these associations will be larger (>.20) than the weak aggregated association of about $r = .10$ between religiosity and well-being/mental health that is generally found in the discussed meta-analyses, because we assume that God representations are a more determining aspect of religiosity than many other widely used measures.

Hypothesis 2. We expect that (a) positive God representations will be significantly and positively related to positive self-concept and to positive relationships with others, and negatively to neuroticism, and that (b) negative God representations will be significantly and negatively related to positive self-concept and to positive relationships with others, and positively to neuroticism.

Moderator analyses. To gain more insight into the association between God representations and psychological aspects, it is also important to examine the influence of potential moderator variables on this association. As moderator variables we use the various study- and sample characteristics of the included studies: (a) *context/respondent status* (samples with subjects with mental health problems or serious life problems); (b) *method of measurement* (self-report or implicit/indirect measures)*;* (c) *religion/denomination;* (d) *religiosity* (the degree of religious involvement); (e) *gender*; (f) *age*; (g) *quality of the study*; (h) *year of the study*; and (i) *quality of God representation measures*.

Method

Eligibility Criteria

Included were all studies with samples with a mean age of 15 years or older, regardless of design, using a combination of on the one hand a measure for God representations (aimed at a monotheistic belief in a personal god) and on the other hand a measure of an adjustmental or dispositional dimension factor (as defined), and of which we obtained a statistical association measure for one or more association(s) between them. Only scholarly (peer-reviewed) journal articles were included. No language restrictions were imposed. All studies complying with these criteria, dating from 1990 to May, 2015 were included.

Literature Search

The search strategy was developed by the first author, in cooperation with an experienced librarian/data information specialist and adjusted for the different search machines/databases. Searches were conducted in Psychology and Behavioral Sciences Collection, MEDLINE, PsycINFO and PsycARTICLES by the comprehensive search machine Academic Search Premiere, and in Science Direct, restricted to journals in the sections Nursing and Health Professions, Psychology and Social Sciences, in May 2015. Search terms for God representations were all possible combinations of the term G*od* with (different forms of) the terms *image* or *representation* or *concept* or *attachment*. These terms were combined with the terms for the adjustmental or for the dispositional dimension. For the adjustmental dimension the terms *anxiety*, *depression*, *pathology*, *distress*, *therapy*, *outcome*, *well-being*, *happiness*, *life satisfaction* and *adjustment* were used, and for the dispositional dimension the search consisted of the terms *personality*, *object relation*, *adult attachment* and *child attachment*.

Study Selection and Data Extraction Process

First, two researchers (first and third author) independently screened titles and abstracts for inclusion; articles on which both agreed about exclusion, were excluded. From the remaining articles, the full text was read and independently assessed. Disagreement or doubt was resolved in consensus discussions. This resulted in 135 initial studies to be included.

Fifty-six studies of forty-nine authors did not report (all) correlations. Authors of studies with missing data or without the required data format for any of the relevant associations were approached by email in an attempt to obtain the correct data. Two reminders were sent in case of no response. Twenty-five authors replied (51%), 13 authors (26.5%) provided us with the missing correlations for 20 studies, 12 replied that the data were not available anymore. Twenty-one did not respond to the emails, and from three authors their email address was unknown or no longer operational.

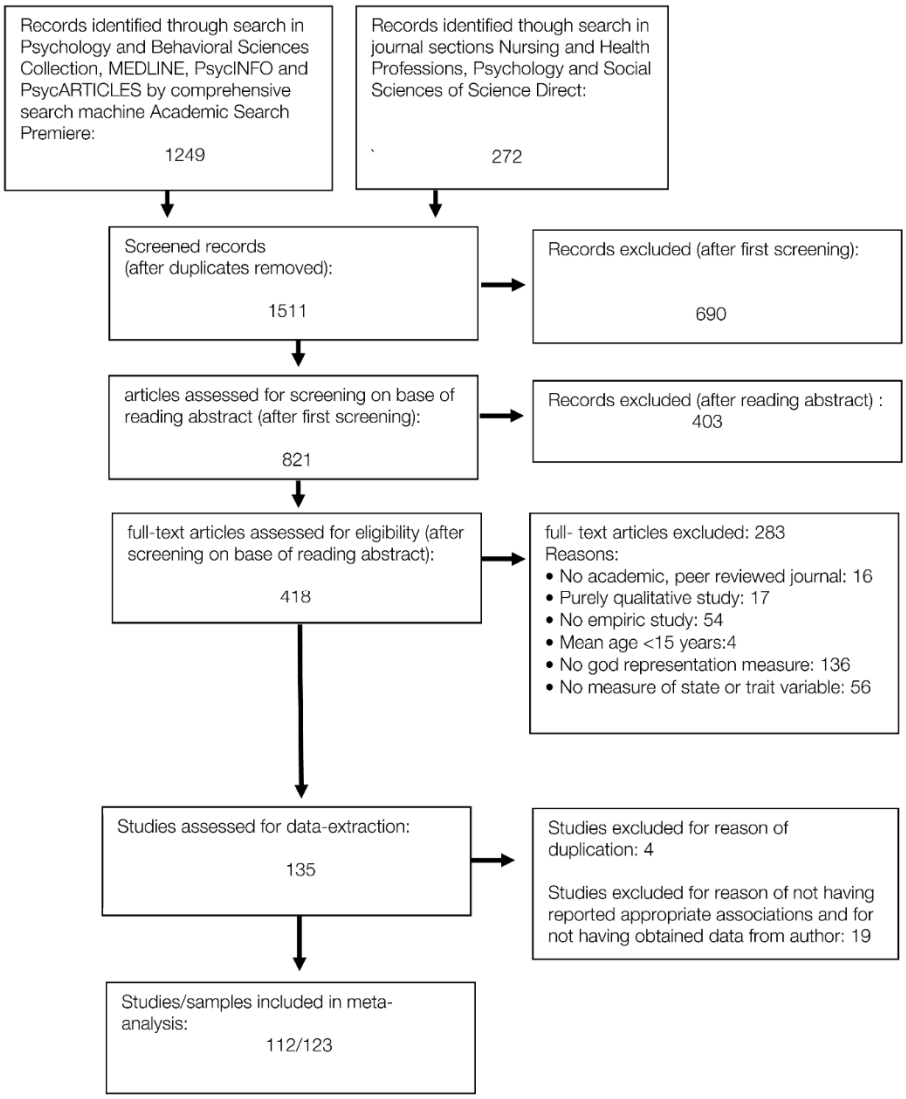

Figure 1. Flow Diagram of Study Selection

From the remaining 36 incomplete reporting studies, 17 studies could be included because they reported about at least one of the associations of this meta-analysis. The remaining (36 – 17 =) 19 studies had to be excluded from the meta-analysis because they did not report about any associations between the measures of this meta-analysis. This resulted in (135 – 19 =) 116 studies. Four of these studies were excluded because

they reported about the same samples and measures, resulting in (116 – 4 =) 112 studies.

Four studies had the same samples but reported about different measures. These studies were combined, resulting in (112 – 4 =) 108 separate or combined studies. Ninety-six of these studies consisted of one sample, 10 studies had two samples with appropriate associations, one study had three samples, and one study had four samples with appropriate associations, resulting in (96 x 1 + 10 x 2 + 1 x 3 + 1 x 4) = 123 independent samples (Figure 1).

Data from selected studies were extracted by the first author. The third author checked the accuracy of extraction on a sample of 22 of the 112 studies. Only one minor incorrect extraction was discovered, implying that the accuracy of data extraction was good.

Assessment of Methodological Quality of Studies

Because most studies had an observational design, many of the criteria of a well-known and widely used tool for assessing risk of bias —The Cochrane Collaboration tool— were not applicable. Therefore an adjusted tool was used, based on a selection of the criteria of the Newcastle-Ottawa Scale adapted for cross-sectional studies

(Kocsis et al., 2010) and of a checklist for the evaluation of research articles (Durant, 1994). It addresses the following aspects: *selection* (sample size, method of acquisition and criteria for in- and exclusion, non-response), *measurement* (method of measurement, reliability and validity), *statistics* (selection of adequate tests, dealing with confounders) and *conclusions* (logic, limitations). Every aspect was independently assessed by the first and third author on a three-point scale (0 to 2 points), resulting in a maximum score of 18 points. When scores of both raters differed at least three points, the scores on every criterion were assessed on the basis of consensus (12.6% of the quality scores had to be discussed this way). Total-score differences less than three were averaged. The interrater reliabilities were good to excellent, according to the Intra Class Correlation Coefficients (two-way random effects model, absolute agreement) for the independently scored quality-scores: ICC = .71 (single measure) /.83 (average measure).

Measures

God representation scores were categorized into three groups, consisting of in total six dimensions, based on theoretical distinctions. The first group contained all *attachment to God* measures, measuring the way the person feels and acts regarding his attachment-based relationship with God. Within this group, three types of measures were distinguished: (1) *secure attachment to God* (a mix of measures with only secure

attachment items and measures with secure and insecure items, placed on one dimension; (2) *anxious attachment to God*; (3) *avoidant attachment to God*. The second group of measures is called *positive/negative God representations* and focuses on the way a person perceives or affectively experiences God; here every measure is reduced to a (4) *positive image of God* or a (5) *negative image of God*. The third type of measure, (6) *God control* measures, regards the extent of *control*, *influence*, or *power* that is attributed to God. This also includes seeing God as a *judging/punishing* God, as far as it is not taken personally.

For the *adjustmental aspects of psychological functioning,* measures of (1) *well-being/adjustment* and of (2) *distress* were chosen. For well-being, studies with a variety of measures have been selected, such as *satisfaction* (of work, body, marriage, etc.), *adjustment* (to work, or after trauma), *personal growth* (after a crisis), *therapy outcome*, or *general measures of well-being*. For distress, also studies with a wide range of measures have been used: *general distress*, *anxiety, depression, dissatisfaction, state-anger,* etc.

The selection of measures of *dispositional aspects of psychological functioning* was based on attachment theory and object relations theory. For (1) *self-concept*, studies with measures of *self-concept* and *locus of control* were selected. *For (2) relationships with others*, studies with measures of *object-relational functioning* and *interpersonal attachment* (partners, parents, friends) were selected. All scores were treated as either secure/positive or insecure/negative representations of self and others. The link with *affect regulation* was established by selecting studies that measured (3) *worrying*, and the Big Five dimension *neuroticism* (negatively); or disposition measures of *hope* and *optimism* (positively). In Table 2 we listed the type(s) of measures we extracted from each study.

Assessing Moderator Factors

Assessing study- and sample characteristics/moderator factors took place on the basis of consensus, and involved the following variables and categories:

(1) *context/respondent status* (1 = sample with a non-patient mental health status, no serious life-events/problems; 2 = sample with non-patient status, but characterized by suffering from serious life-events/problems; 3 = sample defined by patient status);

(2) *method of measurement (*1 = God representations and psychological functioning measured with self-report only, 2 = only God representations measured otherwise than with self-report, 3 = only psychological functioning measured otherwise than with self-report, 4 = God representation and psychological functioning measured otherwise than with self-report);

(3) *religiosity (*1 = highly religious (> 80%); 2 = not highly religious, or unknown);

(4) *religion/denomination (1* = orthodox Christian (> 80%), 2 = mainstream of mixed Christian, 3 = evangelical/baptistic (> 80%), 4 = mixed Christian/other religions, 5 = Jewish, 6 = Islamic, 7 = other theistic religions, 8 = mixed religious/non-religious (non-religious > 20%);
(5) *sex* (1 = predominantly male (> 80%), 2 = predominantly female, 3 = mixed);
(6) *age* (1 = mean age between 15 and 25 years, 2 = mean age between 25.1 and 50 years, 3 = mean age higher than 50 years);
(7) *year of study*
(8) *quality of study* (0–18 points);
(9) *quality of God representation measures* (5 = all measures valid/reliable, 4 = mix of valid/reliable and moderately valid/reliable instruments, 3 = only moderately valid/reliable instruments, 2 = mix of moderately and weakly valid/reliable instruments, 1 = only instruments with weak or unknown validity/reliability).

Table 2 shows the scores on the moderator variables for each study, Table 3 shows the distribution of the number of studies across the categories of the moderator variables, overall and per combination of God representation measure and dispositional or adjustmental measures.

Calculation of Effect Sizes

Pearson's Correlation coefficient as effect size. The majority of selected studies (90%) reported the Pearson correlation coefficient for the associations between God representations and the dispositional or adjustmental dimension. For studies reporting data in other formats *and* for which we did not obtain correlation coefficients from the authors, data were transformed using standard meta-analytic calculations (Borenstein et al., 2005). These scores were then imported in the software program for meta-analyses Comprehensive Meta-Analysis Version 2 (CMA, Borenstein, Hedges, & Rothstein, 2014), leading to 30 possible outcomes per study: six types of God representation measures x five other measures (two types of adjustment measures + three types of disposition measures). In the present meta-analysis, this resulted in 348 effect sizes from 123 independent samples (average of 2.83 effect sizes (ES's) per sample). Effect sizes were assigned a positive value if they were consistent with the a priori predictions, and a negative value if they were inconsistent with the a priori predictions. All analyses for the present study were performed using the CMA software. Following Cohen (1988), correlations of .10 to .29 are considered as small effect sizes, correlations of .30 to .49 as medium effect sizes, and correlations of at least .50 as large effect sizes.

Table 2. *Study/Sample Characteristics*

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Abdelsayed 2013	P	N,S		75	NP	ASR	HR	OC	M	26-50	12	5
Alavi 2013	P,N		D	100	SLP	ASR	NHR	CO	Mx	26-50	7	4
Allen 2014	P	S	D,W	267	NP	ASR	HR	OC	Mx	15-25	13	5
Ano 2013	As,An,Av,P	N	D	309	NP	ASR	NHR	MC	Mx	15-25	13	4
Basset 2003	P,N	S		102	NP	ASR	NHR	MC	Mx	15-25	8	1
Bassett 2008	P,N,C	N		133	NP	ASR	NHR	MC	Mx	15-25	8	5
Bassett 2009	C	N		117	NP	ASR	HR	MC	Mx	15-25	12	4
Bassett 2013	An,N	R		152	NP	ASR	HR	MC	Mx	15-25	10	5
Beck 2004 study2	An, Av	R		118	NP	ASR	NHR	MC	Mx	15-25	11	3
Beck 2004 study3	An,Av	R		109	NP	ASR	NHR	MC	Mx	15-25	12	3
Belavich 2002	As,An,Av		W	155	SLP	ASR	NHR	CO	Mx	26-50	12	4
Bickerton 2014, 2015	An,Av	N	D	835	NP	ASR	HR	MC	Mx	26-50	12	4
Birgegard 2004 exp1	An	R		29	NP	ASR	NHR	MC	Mx	15-25	11	5
Birgegard 2004 exp2	An	R		47	NP	ASR	NHR	MC	Mx	26-50	11	5
Birgegard 2004 exp3	An	R		89	NP	ASR	NHR	MC	Mx	26-50	11	5
Bishop 2014	An		D,W	261	SLP	ASR	HR	RN	M	>50	14	5
Braam 2008a	P,N,C	N	D	60	NP	ASR	NHR	MC	Mx	>50	14	5
Braam 2008b	P,N,C	N	D	59	NP	ASR	NHR	MC	Mx	26-50	17	5
Braam 2014	P,N		D	292	MHP	ASR	NHR	MC	Mx	>50	17	5
Bradshaw 2008	P,N		D	1629	NP	ASR	NHR	MC	Mx	26-50	16	3
Bradshaw 2010	As,An,P,N		D	1041	NP	ASR	NHR	MC	Mx	>50	16	3
Brokaw 1994	P,N,C	R		92	NP	PSN	NHR	MC	Mx	15-25	14	4

Table 2 (Continued).

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Buri 1993	P	R,S		392	NP	ASR	HR	MC	Mx	15-25	14	5
Cassibba 2008	As	R			NP	PSN	NHR	MC	Mx	26-50	17	3
Cecero 2004-Fordham	P	R,S	D	205	NP	ASR	NHR	MC	Mx	15-25	12	3
Cecero 2004-Nau	P	R,S	D	68	NP	ASR	NHR	RN	Mx	15-25	12	3
Ciarrocchi 2009	P		D,W	541	NP	ASR	NHR	RN	Mx	26-50	14	5
Dickie 2006	P,C	R,S		132	NP	PSGN	NHR	MC	Mx	15-25	11	2
Dumont 2012 ACOA	An,AV		W	96	SLP	ASR	NHR	EB	F	15-25	14	4
Dumont 2012 nonACOA	An,AV		W	171	NP	ASR	NHR	EB	F	15-25	14	4
Eriksson 2009	P		D	111	NP	ASR	NHR	MC	Mx	26-50	13	5
Eurelings-Bontekoe 2005	P,N,C	R,S	D	206	NP	ASR	NHR	MC	Mx	26-50	16	5
Exline 2013 study 1	N	R		471	NP	ASR	NHR	CO	Mx	26-50	12	5
Exline 2013 study 2	An, N	R		236	NP	ASR	NHR	RN	Mx	15-25	13	5
Exline 2014	An,N		D	1025	NP	ASR	NHR	MC	Mx	15-25	14	5
Feenstra 2008	As		W	135	NP	ASR	NHR	MC	Mx	15-25	12	3
Fergus 2014	An,Av	R	D	450	NP	ASR	NHR	RN	Mx	26-50	13	5
Fisk 2013 study 1	An,N,C	S	D	157	NP	ASR	HR	MC	Mx	26-50	10	5
Fisk 2013 study 2	An,N		D	139	NP	ASR	HR	MC	Mx	15-25	11	5
Freeze 2015 study 1	An,Av	S	W	117	NP	ASR	NHR	OC	Mx	26-50	14	4
Freeze 2015 study 2	An,Av		D,W	185	NP	ASR	NHR	EB	Mx	26-50	14	4
Gall 2004	P,N,C	N,S	W	34	SLP	ASR	NHR	MC	M	>50	12	5
Gall 2007	P,C	N,S	D,W	101	SLP	ASR	NHR	CO	F	26-50	15	5
Gall 2009	P,N	N	D,W	93	SLP	ASR	NHR	MC	F	>50	15	5
Ghafoori 2008	An, P	R	D	102	SLP	PSN	NHR	RN	Mx	>50	15	5

Table 2 (Continued).

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Goeke-Morey 2014	P		D	667	NP	ASR	NHR	MC	M	15-25	15	5
Gonsalvez 2010	N		D	179	NP	ASR	NHR	RN	Mx	15-25	13	4
Granqvist 1999	An	R		156	NP	ASR	NHR	RN	Mx	15-25	12	3
Granqvist 2001	An	R		196	NP	ASR	NHR	RN	Mx	15-25	12	3
Granqvist 2005	As,An	R		197	NP	ASR	NHR	CO	Mx	26-50	13	3
Granqvist 2007	P,N	R		70	NP	PSN	NHR	RN	Mx	26-50	16	5
Granqvist 2012	An,Av,P	R		352	NP	ASR	NHR	JW	Mx	15-25	12	5
Greenway 2003 Females	P,N	S	D	132	NP	ASR	NHR	MC	F	26-50	10	3
Greenway 2003 Males	P,N	S	D	69	NP	ASR	NHR	MC	M	26-50	10	3
Grubbs 2013 sample1	N	N		413	NP	ASR	NHR	RN	Mx	15-25	14	5
Hale-Smith 2012	P,C	S		614	NP	ASR	NHR	RN	Mx	15-25	13	5
Hall 1998	N	R		76	NP	ASR	NHR	RN	Mx	26-50	11	3
Hall 2002	An,N	R		438	NP	ASR	NHR	RN	Mx	15-25	9	3
Hancock 2010	An,Av		D	96	NP	ASR	NHR	RN	Mx	26-50	11	4
Hernandez 2010	As		D	221	NP	ASR	NHR	MC	Mx	15-25	10	3
Ho 2013	As	N,S	D	336	NP	ASR	NHR	MC	Mx	15-25	14	5
Homan 2010	An,Av		D	231	NP	ASR	NHR	MC	F	15-25	12	4
Homan 2012	An		D	94	NP	ASR	NHR	MC	M	15-25	12	4
Homan 2013	An,Av	R	D,W	104	NP	ASR	NHR	RN	F	15-25	12	4
Homan 2014a	An,Av	S	D,W	188	NP	ASR	NHR	RN	Mx	26-50	15	4
Homan 2014b	An,Av		D	186	NP	ASR	HR	MC	F	15-25	11	4
Houser 2013	An,Av	N,R		251	NP	ASR	NHR	MC	Mx	15-25	12	4
Jankowski 2014	An	S		211	NP	ASR	NHR	CO	Mx	26-50	12	5
Kelley 2012	As	R,S	D,W	93	SLP	ASR	NHR	MC	F	26-50	13	5
Kézdy 2013	An,Av,P,N	S	D	215	NP	ASR	NHR	MC	Mx	26-50	11	5

Table 2 (Continued).

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Kirkpatrick 1990,1992	As,P,N	R	W	147	NP	ASR	NHR	RN	F	26-50	13	5
Kirkpatrick 1998	P,N	R		1126	NP	ASR	NHR	MC	Mx	15-25	13	5
Knabb 2014a	As,An,Av,P	R	D	138	NP	ASR	NHR	MC	Mx	26-50	15	5
Knabb 2014b Fs	An,Av,P		W	58	NP	ASR	NHR	MC	F	26-50	14	5
Knabb 2014b Ms	An,Av,P		W	58	NP	ASR	NHR	MC	M	26-50	14	5
Knabb 2014c	An,Av	N	D	179	NP	ASR	NHR	MC	Mx	15-25	12	5
Krause 2009	P	S		537	NP	ASR	NHR	RN	Mx	>50	13	1
Krause 2015	P	S		985	NP	ASR	NHR	RN	Mx	>50	14	1
Krumrei 2013	P,N		D	208	NP	ASR	NHR	JW	Mx	26-50	14	5
Lewis-Hall 2006	An	S	D,W	181	NP	ASR	NHR	EB	Mx	26-50	13	5
Limke 2011	An,AV	S		173	NP	ASR	NHR	RN	Mx	15-25	11	4
Mattis 2003	P	N		149	NP	ASR	NHR	RN	Mx	26-50	12	3
McDonald 2005	An,Av	R		101	NP	ASR	NHR	MC	Mx	15-25	9	4
Mendonca 2007	P,N	N	D,W	321	NP	ASR	NHR	MC	Mx	26-50	11	5
Miner 2009	As	N		116	NP	ASR	NHR	RN	Mx	26-50	13	3
Miner 2013,2014	An,AV,P		D	225	NP	ASR	HR	MC	Mx	26-50	13	3
Namini 2009	As		D	50	NP	ASR	NHR	EB	Mx	26-50	11	3
O'Grady 2012	An,N		W	108	SLP	ASR	NHR	RN	Mx	26-50	12	5
Prout 2012	An,Av		W	46	MHP	PSN	NHR	MC	Mx	26-50	12	4
Reiner 2010	An,Av	R	D	276	NP	ASR	NHR	EB	Mx	15-25	13	4
Reinert 2005	An,AV,N	R,S		75	NP	ASR	NHR	MC	M	15-25	14	5
Reinert 2009	An,P,N	R		150	NP	ASR	NHR	RN	Mx	15-25	12	4
Reinert 2012	An,P,N	R,S		305	NP	ASR	NHR	RN	Mx	15-25	14	4
Rouse 2012 study1	As	N,S		345	NP	ASR	NHR	CO	Mx	15-25	13	4
Miner 2009	As	N		116	NP	ASR	NHR	RN	Mx	26-50	13	3
Miner 2013,2014	An,AV,P		D	225	NP	ASR	HR	MC	Mx	26-50	13	3

Table 2 (Continued).

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Namini 2009	As		D	50	NP	ASR	NHR	EB	Mx	26-50	11	3
O'Grady 2012	An,N		W	108	SLP	ASR	NHR	RN	Mx	26-50	12	5
Prout 2012	An,Av		W	46	MHP	PSN	NHR	MC	Mx	26-50	12	4
Reiner 2010	An,Av	R	D	276	NP	ASR	NHR	EB	Mx	15-25	13	4
Reinert 2005	An,AV,N	R,S		75	NP	ASR	NHR	MC	M	15-25	14	5
Reinert 2009	An,P,N	R		150	NP	ASR	NHR	RN	Mx	15-25	12	4
Reinert 2012	An,P,N	R,S		305	NP	ASR	NHR	RN	Mx	15-25	14	4
Rouse 2012 study1	As	N,S		345	NP	ASR	NHR	CO	Mx	15-25	13	4
Rouse 2012 study2	As	N,S		70	NP	ASR	NHR	MC	Mx	15-25	13	4
Rowatt 2002	An,Av	N	D,W	323	NP	ASR	NHR	MC	Mx	26-50	10	3
Sandage 2010a	An,N		D	181	NP	ASR	NHR	MC	Mx	26-50	12	5
Sandage 2010b	An	R	D,W	213	NP	ASR	NHR	CO	Mx	26-50	12	5
Sandage 2013	An	R		139	NP	ASR	NHR	MC	Mx	26-50	13	5
Schaap-Jonker 2002	P,N,C		D	46	MHP	ASR	NHR	MC	Mx	26-50	10	3
Schaefer 1991	P,N,C	N		161	NP	ASR	NHR	RN	Mx	15-25	14	5
Schieman 2006	C	S		1167	NP	ASR	NHR	RN	Mx	>50	15	3
Schreiber 2011,2012	C		D,W	129	SLP	ASR	NHR	MC	F	>50	15	3
Schwab 1990	P,N	N	D	149	NP	ASR	NHR	MC	Mx	26-50	12	3
Siev 2011	P,N		D	147	MHP	ASR	NHR	CO	Mx	26-50	14	5
Sim 2011	As	N,R,S	D	106	NP	ASR	NHR	CO	Mx	15-25	14	6
Simpson 2008	P	R		298	NP	ASR	HR	MC	Mx	26-50	12	5
Steenwyk 2010	P,N	N	W	254	NP	ASR	HR	MC	Mx	15-25	15	4
Strawn 2008	P	N		204	NP	ASR	NHR	MC	Mx	26-50	12	3
Sutton 2014	An,Av	N		389	NP	ASR	NHR	MC	Mx	15-25	13	4
TenElshof 2000	P	R		216	NP	ASR	HR	MC	Mx	15-25	13	5
Tisdale 1997	P	R,S		99	MHP	ASR	NHR	EB	Mx	26-50	10	4

Table 2 (Continued).

Study name	God representation	Dispositional	Adjustmental	Sample size	Respondent Status	Measurement	Religiosity	Religion	Sex	Age	Quality study	Quality God Rep Measure
Tran 2012	P,N		D	449	MHP	ASR	NHR	RN	M	>50	16	1
Wei 2012	As,Av		D,W	183	NP	ASR	NHR	EB	Mx	26-50	13	3
Witzig 2013	N	N	D,W	302	NP	ASR	NHR	EB	Mx	26-50	15	5
Wood 2010 study2	N	N	D	93	NP	ASR	NHR	RN	Mx	15-25	12	3
Wood 2010 study3	N		D,W	109	NP	ASR	NHR	MC	Mx	15-25	12	3
Wood 2010 study4	N	N	D	304	NP	ASR	NHR	CO	Mx	15-25	12	3
Wood 2010 study5	N	N		162	NP	ASR	NHR	RN	Mx	15-25	12	5
Yi 2014	P		D,W	295	NP	ASR	NHR	MC	Mx	26-50	14	3
Zahl 2012	An,Av,P,N	R,S	W	415	NP	ASR	NHR	MC	Mx	15-25	12	4

Note.

God representations:
As = Secure attachment to God
An = Anxious attachment to God
Av = Avoidant attachment to God
P = Positive God representations dimension
N = Negative God representations dimension
C = God control

Disposition measure:
N = Neuroticism
R = Relationship with others
S= Self-concept

Adjustment measure:
D = Distress
WB= Well-being

Sex:
M = Males (>80%)
F = Females (>80%)
Mx = Mixed sex

Religion:
OC = Orthodox Christian
OC = Orthodox Christian
MC = Mainstream or mixed Christian
EB = Evangelical/Baptist
CO = Christian/other religions
JW = Jewish
RN = Religious/non-religious

Respondent Status:
NP = Non-patient
SLP = Serious Life Problems
MHP = Mental Health Patient

Religiosity:
HR = Highly religious
NHR = Not highly religious

Measurement:
ASR = All self-report
PSN = Psychol. variable not self-report
PSGN = both not self-report

Quality of God representation instruments:
5 = All valid/reliable
4 = Mix of valid/reliable and moderately valid/ reliable
3 = Only moderately valid/reliable
2 = Mix of moderately and weakly valid/ reliable
1 = Only weakly valid/reliable or unknown

Table 3. *Study and Subgroup Characteristics*

Study characteristics	Number of studies	Number of effect sizes	Sec ATG x disp	Sec ATG x adj	Anx ATG x disp	Anx ATG x adj	Avd ATG x disp	Avd ATG x adj	Pos GR x disp	Pos GR x adj	Neg GR x disp	Neg GR x adj	God Cntr x disp	God Cntr x adj
Context/respondent status														
-No problems	106	291	10	9	36	**27**	19	21	36	**26**	31	**23**	11	2
-Serious life problems	11	44		2		**5**		2		**5**	2	**4**	2	3
-Mental health problems	6	13	1	1		**1**		1	1	**4**		**4**		1
Method of measurement														
-Only self-report	117	322	10	12	36	31	19	23	36	34	31	31	11	6
-State and/or trait otherwise than self-report	5	12	1			2		1	3	1	2		1	
-God representation and trait or state otherwise than self-report	1	4							1				1	
Religiosity														
-Highly religious	14	32			1	**5**	1	3	**6**	3	2	3	2	
-Not highly relig./unknown	109	316	11	12	35	**28**	18	21	**34**	32	31	28	11	6
Denomination														
-Orthodox Christian	3	9			**1**	**1**	**1**	1	2	1				
-Mainstream or mixed Christian	66	207	6	6	**19**	**18**	**12**	**13**	**24**	**25**	**18**	**21**	9	5
-Evangelic/Baptist	9	25		2	**2**	**5**	**1**	**5**	**1**		**1**	**1**		
-Mixed Christian/ other religions	10	25	2	1	**3**	**2**		**1**	**1**	**2**	**3**	**2**	1	1
-Jewish	2	5			**1**		**1**		**1**	**1**		**1**		
-Mixed religious/ not religious	33	77	3	3	**10**	**7**	**4**	**4**	**11**	**6**	**11**	**6**	3	

Table 3 (Continued).

Study characteristics	Number of studies	Number of effect sizes	Sec ATG x disp	Sec ATG x adj	Anx ATG x disp	Anx ATG x adj	Avd ATG x disp	Avd ATG x adj	Pos GR x disp	Pos GR x adj	Neg GR x disp	Neg GR x adj	God Cntr x disp	God Cntr x adj
Sex														
-(>80%) male	8	28			1	**2**	1	**1**	**3**	**5**	3	3	1	1
-(>80%) female	13	48	2	2	1	**7**	1	**6**	**4**	**5**	3	3	1	2
-Mixed	102	272	9	10	34	**24**	17	**17**	**33**	**25**	27	25	11	3
Mean age														
-15-24 years	55	143	**5**	**5**	**21**	**12**	**13**	**9**	**18**	**7**	**17**	**8**	**6**	4
-25-50 years	56	166	**6**	**5**	**15**	**18**	**6**	**15**	**16**	**21**	**13**	**17**	**4**	2
-> 50 years	12	39		**1**		**3**			**6**	**7**	**3**	**6**	**3**	
Study Quality														
-High (>14 points)	18	68												
-Moderate (11-14 points)	92	264												
-Low (< 11 points)	14	43												
Quality of God representation measures														
-All measures valid/reliable	53	260	4	3	**15**	**13**	**4**	**5**	**19**	**17**	**18**	**14**	9	4
-Mix of valid/reliable and moderately valid/reliable measures	34		3	3	**14**	**17**	**12**	**16**	**10**	**7**	**8**	**7**	2	
-Only moderately valid/reliable measures	32	75		3	**7**	**3**	**3**	**3**	**8**	**10**	**6**	**9**	1	
-Mix of measures with moderate and weak or unknown validity/reliability	1		3						**1**				1	2
-Weak or unknown validity/reliability	3	13	1	1					**2**	**1**	**1**	**1**		

Table 3 (Continued).

Note. Rows of boldfaced numbers have at least two categories with at least four studies for the specific characteristic. Sec ATG = Secure attachment to God dimension; Anx ATG = Anxious attachment to God dimension; Avd ATG = Avoidant attachment to God dimension; Pos GR = Positive God representations dimension; Neg GR = Negative God representations dimension; God Cntr = God control dimension; disp = dispositional measures; adj = adjustmental measures.

Calculations of effect sizes on three levels. We calculated effect sizes on three levels of varying abstraction. On the first level, we examined the associations of undifferentiated God representations with respectively undifferentiated adjustmental and undifferentiated dispositional aspects. For calculating effect sizes on this level, multiple correlations per individual study were averaged, to meet the statistical assumption of independence required for meta-analysis. In doing so, we followed standard meta-analytic procedures (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000).

On the second level, we examined the associations between the six dimensions of God representations and undifferentiated adjustmental measures and the associations between the six dimensions of God representations and undifferentiated dispositional measures, 12 (6 x 2) effect sizes in total.

On the third level, we examined associations between each dimension of God representations and the subdomains of the adjustmental aspects (well-being and distress) and associations between each dimension of God representations and the subdomains of the dispositional aspects (self-concept, relationships with others and neuroticism), 30 effect sizes in total.

For determining the significance of the effect sizes, we lowered the usual 5% level of significance to 0.1% ($p = .001$) because we calculated 42 (12 + 30) separate effect sizes. This correction was aimed at diminishing the risk of type I errors ('false positives') given the large number of separate tests.

The random-effects model. Calculations of effect sizes were based on the random-effects model, because we expected the true effect size to vary between studies due to varying measures, used within very different populations under various circumstances. This has its effect on the weight assigned to each individual study as a function of the within-study variance.

Heterogeneity Analysis

Heterogeneity was examined by inspecting several aspects of the aggregated effect sizes, using forest plots. Differences in effect sizes between individual studies were examined for the presence of heterogeneity using the Q_B statistic, and the I^2-value, which is a measure for the proportion of the total variance that can be addressed to these real differences. For an interpretation of I^2, the Cochrane website offers the following rules of thumb: 0%–40%: might not be important; 30–60%: may represent *moderate* heterogeneity; 50%–90%: may represent *substantial* heterogeneity; 75%–100%: *considerable* heterogeneity. We considered I^2-values of 50% and higher as an important indication for the need to examine sources of heterogeneity. However, it should be emphasized that this measure is a relative measure, giving no indication of the absolute magnitude of the heterogeneity, which is better represented by the T-value. This is the standard deviation of the aggregated effect size, which is in the same

scale as the chosen measure for all effect sizes: the correlation coefficient (Borenstein et al., 2005). Therefore we considered the heterogeneity of effect sizes with $T < 0.10$, regardless of the I^2-value, also as not substantial.

Examining Sources of Heterogeneity

On both levels of analysis, we used subgroup analyses and meta-regression analyses to examine potential sources of heterogeneity, thereby simultaneously testing our hypotheses.

Subgroup analyses. Our hypotheses are about differences in aggregated effect sizes, caused by differences between dimensions of God representation or caused by differences between subdomains of adjustment or disposition measures (lower level). These differences were examined by subgroup analyses based on the fixed-effects model, as this is the common approach (Cuijpers, 2016).

When examining these differences between subgroups for explaining heterogeneity, studies that had outcomes for both subgroups were excluded, to avoid violating the assumption of independence. This often led to the exclusion of many available effect sizes. Only for a few subgroup analyses, if independent comparisons were impossible, we used all available effect sizes, treating them as independent.

Moderator analyses. For examining the possible effects of moderator variables, meta-regression analyses were conducted on the two highest levels. With these analyses, the influence of three continuous variables (year and quality of study and quality of God representation measures) and of six categorical variables (respondent status, method of measurement, religiosity, religion/denomination, sex, and age) were established.

We included categorical variables for analyses if a variable had at least two categories with four or more studies for the subgroup. This broad approach was chosen to be able to detect potential differences in a majority of the small subgroups.

Publication Bias

In meta-analyses there is always the risk of overestimating the strength of the combined effect size because of the well-known "file-drawer effect" (Thornton & Lee, 2000), implying that non-significant findings, which are more likely in small studies, are less likely to be published. Therefore it is important to check if small studies with relatively small effect sizes are underrepresented in meta-analyses. A useful method for examining this is looking at the funnel plot. An indication for publication bias are 'missing' studies at the lower-left corner of the plot. These 'missing' studies are the (smaller) studies with lower standard errors and with lower effect sizes. A more quantitative approach to checking publication bias is by simulating a meta-analysis that corrects for potentially missing effect sizes by making the funnel plot symmetrical and

comparing the simulated with the observed results. This is done with Duval and Tweedie's (2000) trim and fill analysis. We conducted these trim and fill analyses on all three levels.

To test the robustness of the found effect sizes, we did Orwin's (1983) fail-safe analyses on the first level. With these analyses, we calculated how many studies with a correlation of $r = 0$ would be needed to lower the found effect size to $r = .10$, the usually found association between religiosity and well-being/mental health. On the third level, we also examined the robustness of the significant effect sizes of the associations of specific God representations with well-being and distress with $r > .20$, because they are based on much smaller numbers of studies.

Results

Summary of Study Characteristics and Results of Meta-Analysis

Table 3 summarizes the distribution of studies/samples and separate effect sizes across the categories of the moderator variables of all the studies in this meta-analysis. The distributions of studies across the 12 subgroups used in subsequent analyses are shown as well. Table 4 shows the results of the meta-analysis on all three levels of analysis.

Analyses on Level 1

The effect size of the association between undifferentiated God representations and undifferentiated adjustmental aspects of psychological functioning was highly significant, $r = .196$, and approximated the expected effect size of $r = .20$, as stated in hypothesis 1. We compared this result with a new computation in CMA of Bergin's (1983) studies, which yielded a nonsignificant effect size of $r = .072$. A test of the difference between the two effect sizes was significant, $Q = 5.481$, $p = .019$. Comparing our results with those of Hackney and Sanders (2003), their overall effect size of $r = .10$, *CI 95%* [.10, .11] differed significantly from our average effect size, as the not overlapping confidence intervals indicated. At last we compared our results with the meta-analytical outcome of Smith et al. (2003), who found a random-effects weighted average effect size of $r = -.096$, *CI 95%* [-.011, -.08]. Converted to positive values, this $r = .096$, *CI 95%* [.08, .11] differed significantly from our $r = .196$, indicated by the clearly not overlapping confidence intervals.

The association between undifferentiated God representations and undifferentiated dispositional aspects was also highly significant, $r = .242$, as expected by hypothesis 2.

The substantial or considerable heterogeneity of both effect sizes asks for further examination. At the next level, we aim at finding sources of heterogeneity in the

Table 4. *Characteristics of Effect Sizes at Three Levels of Analysis*

God representations dimension	Adj. or Disp. dimension	*k*	*r*	*p* [a]	*Q*	*p* [b]	I^2	*T*	DT	95% CI	95% PI
God represent. (un-dif.)	Adj. (undif.)	73	.196**	<.00001	248.539	< .00001	71	.103	19 L/7 LB	[.167, .224]	[.085, .281]
Sec ATG	Adj. (undif.)	11	.189**	<.00001	40.096	.00002	75	.115	3 L/2 LB	[.232, .379]	[-.084, .436]
	Wellb	5	.274**	<.00001	2.533	.63877	0	<.001	0	[.208, .339]	[.165, .377]
	Distr	8	.168	.00200	37.681	< .00001	38	.133	0	[.062, .270]	[-.182, .480]
Anx ATG	Adj. (undif.)	33	.263**	<.00001	132.790	< .00001	76	.115	5 L/1 LB	[.219, .307]	[.030, .469]
	Wellb	16	.211**	<.00001	50.703	.00001	70	.123	3 L/2 LB	[.140, .282]	[-.061, .456]
	Distr	24	.301**	<.00001	104.106	< .00001	78	.112	2 L/0 LB	[.252, .348]	[.070, .500]
Avd ATG	Adj. (undif.)	24	.099**	.00001	223.554	.00076	55	.076	3 L/2 LB	[.056, .142]	[-.065, .258]
	Wellb	13	.135	.00152	39.875	.00008	70	.125	3 L/2 LB	[.052, .217]	[-.154, .403]
	Distr	16	.092**	<.00007	29.298	.01472	49	.063	1 L/0 LB	[.047, .137]	[-.051, .231]
Pos GR	Adj. (undif.)	35	.194**	<.00001	174.696	< .00001	81	.129	4 L/3 LB	[.144, .242]	[-.072, .434]
	Wellb	12	.301**	<.00001	24.758	.00989	56	.078	1 LB	[.243, .357]	[.124, .460]
	Distr	29	.168**	<.00001	135.455	< .00001	79	.121	0	[.116, .218]	[-.085, .400]
Neg GR	Adj. (undif.)	31	.218**	<.00001	154.270	< .00001	81	.125	8 L/3 LB	[.168, .269]	[-.040, .449]
	Wellb	9	.193**	.00009	32.080	.00009	75	.124	0	[.097, .285]	[-.122, .472]
	Distr	26	.245**	<.00001	152.035	< .00001	84	.136	0	[.187, .301]	[-.038, .491]
God Cntr	Adj. (undif.)	6	.068	.12679	5.322	.37784	6	.028	1 R	[.019, .154]	[-.077, .210]
	Wellb	3	.133	.19459	4.627	.09893	57	.133	1 R	[-.068, .323]	[-.964, .979]
	Distr	5	.039	.44215	5.003	.28696	20	.051	2 R	[-.060, .137]	[-.187, .260]

Table 4 (Continued).

God represent. (undif.)	Disp. (undif.)	87	.242**	<.00001	555.092	< .00001	85	.155	0	[.207, .277]	[-.063, .507]
Sec ATG	Disp (undif.)	11	.307**	<.00001	29.686	.00096	66	.109	1 R	[.232, .379]	[.053, .524]
	Rwo	6	.297**	.00001	16.415	.00575	70	.139	1 R	[.170, .415]	[-.124, .628]
	Self	5	.350**	.00020	30.959	< .00001	87	.201	0	[.172, .507]	[-.333, .793]
	Neur	6	.289**	<.00001	7.704	.17332	35	.052	0	[.222, .354]	[.120, .443]
Anx ATG	Disp. (undif.)	36	.307**	<.00001	300.000	< .00001	88	.187	7 R	[.245, .366]	[-.069, .606]
	Rwo	23	.245**	<.00001	68.896	< .00001	68	.106	3 R	[.193, .296}	[.023, .444]
	Self	10	.390**	<.00001	105.776	< .00001	91	.230	1 R	[.255, .510}	[-.146, .749]
	Neur	6	.393**	.00003	97.624	< .00001	95	.237	2 R	[.216, .544]	[-.290, .810]
Avd ATG	Disp. (undif.)	19	.159**	<.00001	45.069	.00041	60	.080	2 R	[.112, .206]	[-.016, .325]
	Rwo	10	.168**	<.00001	20.314	.01607	56	.078	1 R	[.102, .233]	[-.028, .351]
	Self	6	.081	.04842	8.482	.13161	41	.064	2 L/ 1 LB	[.001, .161]	[-.128, .284]
	Neur	6	.200**	.00007	25.303	.00012	80	.111	0	[.102, .293]	[-.136, .494]
Pos GR	Disp. (undif.)	40	.224**	<.00001	285.070	< .00001	86	.165	9 R	[.169, .278]	[-.112, .514]
	Rwo	17	.212**	<.00001	99.588	< .00001	84	.150	3 R	[.133, .287]	[-.116, .498]
	Self	19	.263**	<.00001	133.623	< .00001	87	.162	3 R	[.185, .337]	[-.083, .552]
	Neur	14	.168**	.00020	49.702	< .00001	74	.141	4 L/2 LB	[.080, .253]	[-.152, .456]
Neg GR	Disp. (undif.)	33	.198**	<.00001	187.587	< .00001	83	.149	0	[.141, .253]	[-.110, .471]
	Rwo	14	.183**	<.00001	47.859	.00001	73	.010	0	[.120, .245]	[-.043, .391]
	Self	8	.145	.06408	55.834	< .00001	87	.203	0	[-.009, .292]	[-.368, .590]
	Neur	14	.236**	.00002	91.738	< .00001	86	.188	1 L/0 LB	[.130, .337]	[-.184, .583]
God Cntr	Disp. (undif.)	13	.084	.04054	43.627	.00002	72	.116	1 L	[.004, .163]	[-.185, .341]
	Rwo	3	.072	.12834	1.265	.53133	0	<.001	0	[-.023, .166]	[-.499, .599]
	Self	7	.050	.36974	31.305	.00002	57	.125	0	[-.060, .160]	[-.293, .382]
	Neur	7	.185**	<.00001	5.816	.44412	20	<.001	2 R	[.109, .259]	[.085, .281]

Table 4 (Continued).

Note. p^{a} = *p*-value of significance test of *r*; p^{b} = *p*-value of significance test of *Q*, DT= Duval and Tweedie's trim and fill analysis; PI= Prediction interval; L= 'missing' studies at left side of mean; LB= 'missing' studies at left side with *SE* > 0.10, Sec ATG = Secure attachment to God dimension, Anx ATG = Anxious attachment to God dimension, Avd ATG = Avoidant attachment to God dimension; Pos GR = Positive God representations dimension, Neg GR = Negative God representations dimension, God Cntr = God control dimension. Adj. = Adjustmental; Disp. = Dispositional, Undif.= undifferentiated, Wellb= Wellbeing; Distr= distress; Rwo= Relationships with others; Self= Self-concept; Neur= Neuroticism.

** p < .0001

differences between the various God representation dimensions in the strength of associations with adjustmental and dispositional measures.

Analyses on Level 2

Associations of differentiated God representation measures with undifferentiated adjustmental aspects. Five out of six dimensions of God representations had highly significant associations with undifferentiated adjustmen-tal aspects of psychological functioning (well-being/distress). Anxious attachment to God and negative God representation, with effect sizes of respectively $r = .263$, and $r = .218$, had the strongest associations with well-being/distress, in accordance with hypothesis 1, which expected effect sizes > .20. The highly significant associations of positive God representation, $r = .194$, and secure attachment, $r = .189$, with well-being/distress were just below the expected strength. The highly significant association of avoidant attachment, $r = .099$, and the not significant association of God control, $r = .068$, with well-being/distress were much lower. From the significant associations with well-being/distress, the heterogeneity for the association with avoidant attachment to God — according to I^2 — was substantial, but the standard deviation of the effect size was low ($T = .076$), indicating that differences between effect sizes of individual studies were relatively small. The heterogeneity of the significant effect sizes for the associations between the other God representation measures and well-being/distress was still considerable, asking for further analyses for its potential sources. The omnibus test for subgroup analysis (see Table 5) detected no significant differences between the effect

Table 5. *Differences Between God Representation Dimensions in Strength of Association With Adjustmental Aspects*

	Dependent				Independent			
God representation dimensions	*k*	*r*	Q_B	*p*	*k*	*r*	Q_B	*p*
Combined measures	49	.182	9.390	.094	-	-	36.491	**< .001**
Secure attachment to God	6	.120			13	.211		
Anxious attachment to God	4	.293			41	.263		
Avoidant attachment to God	-	-			29	.109		
Positive God representations dimension	7	.201			41	.208		
Negative God representations dimension	6	.184			35	.232		
God Control	1	.201			8	.071		

Note. Boldfaced *p*-values < .05

sizes of the six subgroups of God representation measures. Because there were no studies that used only avoidant attachment to God measures in combination with adjustmental aspects, we could not test these differences by treating the effect sizes as dependent. Therefore we did this subgroup analysis again, treating all available 167 effect sizes as independent. Now the omnibus test yielded highly significant differences between effect sizes, and results of post hoc analyses showed that the associations of God Control and avoidant attachment to God with undifferentiated adjustmental aspects (well-being/distress) were significantly lower than the associations of the other God representation measures with well-being/distress.

Associations of differentiated God representation measures with undifferentiated dispositional aspects. Nearly all effect sizes of the associations between the dimensions of God representations and undifferentiated dispositional aspects were significant, as expected (hypothesis 2). Only the association between God Control and dispositional aspects was not significant. The associations of secure and anxious attachment to God with dispositional aspects had the strongest effect sizes, r = .307 and r = .307, respectively, followed by positive God representation and negative God representations, that had effect sizes of respectively r = .224, and r = .198, for their associations with dispositional aspects. The weakest associations with dispositional aspects were found for the God representation dimensions avoidant attachment to God, r = .159, and God Control, r = .084.

Heterogeneity, based on I^2, was substantial for the association of dispositional aspects with secure attachment to God, and it was considerable for the association with the other five God representation measures. Only the effect size of the association of dispositional aspects with avoidant attachment to God had a low standard deviation (T = .080), indicating that differences between effect sizes of individual effect studies were relatively small. Sources of potential heterogeneity must be examined for the association of the other God representation dimensions with dispositional aspects.

Subgroup analyses. The omnibus test for subgroup analysis (see Table 6) detected no significant differences between the effect sizes of the six subgroups in their associations with undifferentiated dispositional aspects. To examine the potential difference between avoidant attachment to God versus other God representation dimensions in their associations with dispositional aspects, we used all 181 effect sizes in a new subgroup analysis by treating them as independent. Results of post hoc analyses showed that the association between God control and undifferentiated dispositional aspects was significantly lower than the associations of the secure and anxious attachment to God dimensions and of the positive God representations dimension with undifferentiated dispositional aspects. The associations of the negative God representations dimension and of avoidant attachment to God with the undifferentiated dispositional aspects were significantly lower than the associations of secure and anxious attachment to God with the undifferentiated dispositional aspects.

Table 6. *Differences Between God Representation Dimensions in Strength of Association with Dispositional Aspects*

	Dependent				Independent			
God representation dimensions	*k*	*r*	Q_B	*p*	*k*	*r*	Q_B	*p*
Combined measures	47	.214	5.780	.328	-	-	34.281	**< .001**
Secure attachment to God	7	.298			17	.309		
Anxious attachment to God	9	.258			39	.306		
Avoidant attachment to God	-	-			22	.160		
Positive God representations dimension	14	.293			50	.220		
Negative God representations dimension	8	.276			36	.196		
God Control	2	.117			17	.095		

Note. Boldfaced *p*-values < .05

Analyses on Level 3

Associations between differentiated God representations and differentiated adjustmental aspects.

Associations of God representations dimensions with well-being. Four out of six God representation dimensions were highly significantly associated with well-being. Secure and anxious attachment to God and positive God representations had the strongest associations, with $r > .20$, as expected (hypothesis 1). The negative God representation dimension had an association with well-being less than $r = .20$. The associations of avoidant attachment to God with well-being and of God Control with well-being were non-significant.

Heterogeneity of the significant effect sizes was very low for the association of well-being with secure attachment, according to I^2 and T. For the association with positive God representations it was substantial, but T was smaller than 0.10, indicating that differences between individual effect sizes were relatively small. For the associations of well-being with anxious attachment to God, with positive God representations, and with negative God representations, heterogeneity was considerable or substantial.

Associations of God representations dimensions with distress. From the associations of the six God representation dimensions with distress, only the dimensions anxious attachment to God and negative God representations were significantly associated with this adjustmental aspect with $r > .20$, as expected (hypothesis 2). The dimensions avoidant attachment to God and positive God representations were also significantly associated with distress, but here $r < .20$. The associations of secure attachment to God and God Control with distress were non-significant.

Heterogeneity of the significant effect sizes was considerable for the associations of anxious attachment to God, negative God representations, and positive God representations with distress. According to I^2, heterogeneity was moderate for the as-sociation between avoidant attachment to God and distress, with $T < 0.10$, indicating that this effect size might be a rather precise estimate.

Subgroup analyses. Results of subgroup analyses (see Table 7) confirmed significant differences in strength of the associations between well-being and distress on the one hand and the positive and negative God representation dimensions on the other. The positive God representation dimension had significantly stronger associations with well-being than with distress; the negative God representation dimension had significantly stronger associations with distress than with well-being. There were no significant differences between well-being and distress regarding their associations with attachment to God measures.

Table 7. *Differences Between Adjustmental Aspects in Strength of Association With the God Representation Dimensions*

Subgroups within God representation dimensions	*k*	*r*	Q_B	*p*
Secure attachment to God				
Adjustment combined	2	.329	4.899	.086
Well-being	3	.244	0.244	
Distress	6	.118		
Anxious attachment to God				
Adjustment combined	7	.289	1.476	.478
Well-being	9	.202		
Distress	17	.279		
Avoidant attachment to God				
Adjustment combined	5	.150	1.672	.433
Well-being	8	.079		
Distress	11	.093		
Positive God representations dimension				
Adjustment combined	6	.280	15.136	**.001**
Well-being	6	.308		
Distress	23	.136		
Negative God representations dimension				
Adjustment combined	4	.346	28.319	**< .001**
Well-being	5	.080		
Distress	22	.165		

Note. Boldfaced p-values < .05

Associations between differentiated God representations and differentiated dispositional aspects

Associations of God representation dimensions with relationships with others. As shown in Table 4, five of the six associations of God representation dimensions with relationships with others were highly significant; only the association of God Control with relationships with others was non-significant.

Heterogeneity of the associations was considerable or substantial. The associations of avoidant attachment to God and of the negative God representation dimension with relationships with others had standard deviations of $T < 0.10$, suggesting valid estimates.

Associations of God representation dimensions with self-concept. Three out of six associations of self-concept with the God representation dimensions were (highly) significant: secure attachment to God, anxious attachment to God and positive God representations. Heterogeneity of the effect sizes of all three significant associations was considerable.

Associations of God representation dimensions with neuroticism. All six God representation dimensions showed significant associations with neuroticism. Heterogeneity of the aggregated effect sizes was low for the association of secure attachment to God and of God control with neuroticism. It was substantial or considerable for the association of positive God representations and anxious attachment to God with neuroticism.

All in all, on the third level all associations were positive, and 73% of the associations were significant at the $p = .001$ level. From these significant associations, 82% still had substantial or considerable heterogeneity, to be examined further with moderator analyses.

Subgroup analyses. For the associations with secure attachment to God and God control, studies with measures of the dispositional dimension did not meet the criterion of at least two categories with at least four studies. For the other four God representation dimensions, none of the differences in strength of associations between dispositional aspects and God representations was significant (see Table 8).

Publication Bias

To check whether small studies with relatively small effect sizes were underrepresented in these meta-analyses, we generated two funnel plots (see Figure 2), based on separate meta-analyses for the associations between undifferentiated God representation measures and undifferentiated state measures and for the associations between undifferentiated God representation measures and undifferentiated trait aspect measures.

Table 8. *Differences Between Dispositional Aspects in Strength of Association with the God Representation Dimensions*

Subgroups within God representation dimensions	*k*	*r*	Q_B	*p*
Anxious attachment to God				
Disposition combined	3	.322	5.276	.153
Relationships with others	20	.251		
Self-concept	8	.395		
Neuroticism	5	.388		
Avoidant attachment to God				
Disposition combined	3	.166	5.768	.123
Relationships with others	7	.200		
Self-concept	4	.068		
Neuroticism	5	.164		
Positive God representations dimension				
Disposition combined	10	.210	1.557	.669
Relationships with others	10	.237		
Self-concept	9	.279		
Neuroticism	11	.182		
Negative God representations dimension				
Disposition combined	3	.174	1.570	.666
Relationships with others	12	.196		
Self-concept	5	.105		
Neuroticism	13	.245		

Note. Boldfaced *p*-values < .05

For the effect sizes of God representations with adjustmental aspects, Duval and Tweedie's trim and fill analysis indicated that there were seventeen 'missing' studies at the left side of the mean. Inspecting the funnel plot showed that these missing studies were distributed equally over the standard error axis, so there was no overrepresentation of 'missing' studies at the lower–left corner of the plot (representing the smaller studies with lower standard errors and with lower effect sizes). According to Orwin's fail-safe analysis, it would take 63 studies with a correlation of $r = 0$ to lower the aggregated effect size (based on 73 studies) to $r = .10$ (the generally found association between religiosity and well-being).

For the effect sizes of God representations with dispositional aspects, based on 87 studies, inspection of the funnel plot and Duval and Tweedie's trim and fill analysis indicated that there were no 'missing' studies at the left side of the mean. It would take 128 studies with a correlation of $r = 0$ to lower the aggregated effect size to $r = .10$.

Therefore, there were no indications of publication bias for the aggregated effect size of undifferentiated God representations with undifferentiated state aspects and with undifferentiated trait aspects, so the estimate of the associations was sufficiently robust.

Because specific God representations on the second and third level of analysis differed in their associations with state and trait aspects from the associations on the first level, we also checked for 'missing' effect sizes at the left side on the second and third level and if positive, looked at their distribution accross the standard error axis.

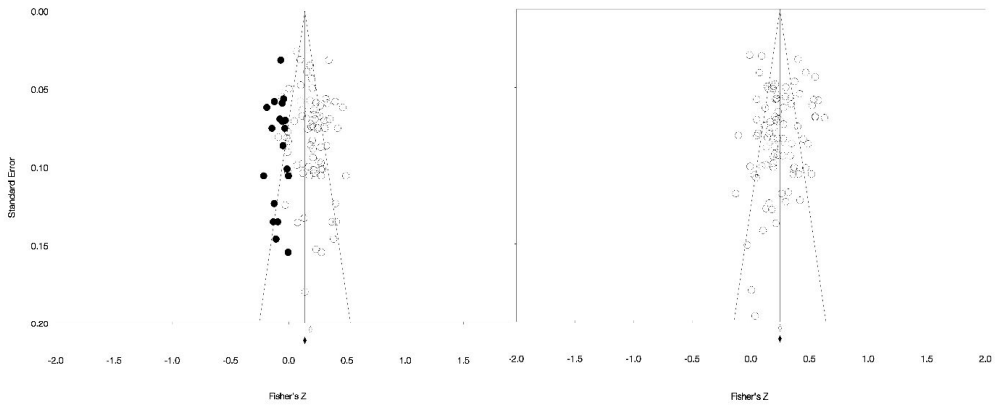

Figure 2. Funnel plots of associations of undifferentiated God representation measures with undifferentiated adjustmental measures (left) and with undifferentiated dispositional measures (right). On the x-axis the strength of effect size in Fisher's *Z*-score. On the y-axis the standard error as an indication of the precision of the studies. The open circles represent observed effect sizes for each study, closed circles represent the 'missing' effect sizes. The open diamond-shaped symbol represents the overall effect size based on observed effect sizes, the black symbol represents the estimated effect size after imputing the 'missing' studies.

Overall, these funnel plots also yielded no indications of publication bias. Only three of the 30 associations on level 3 had a slight underrepresentation of small studies with low effect sizes, with for two of them (the associations of anxious and avoidant attachment to God with well-being) two out of three missing studies with low precision, and for the third (the association between the positive God representation dimension and well-being) only one missing study, placed at the low precision part of the standard error axe (see Table 4).

At last, we did Orwin's fail-safe analyses on the third level to examine the robustness of the significant effect sizes of the associations of specific God representations with well-being and distress with $r > .20$, because they are based on much smaller numbers of studies. We again checked the robustness by calculating how many studies with a correlation of $r = 0$ would be needed to lower the found effect size to $r = .10$. For the association between secure attachment to God and well-being (based on 5 studies) this would take 10 studies; for the association between anxious attachment to God and well-being (based on 16 studies) it would take 19 studies; for the association between anxious attachment to God and distress (based on 24 studies) it would take 48 studies; for the association between the positive God representations dimension and well-being (based on 12 studies) it would take 25 studies; and for the association between the negative God representations dimension and distress (based on 26 studies) it would take 31 studies with $r = 0$ to lower the aggregated correlation to $r < .10$. We consider the results at level three to be sufficiently robust, because also for these associations there were no indications of publication bias.

Moderator Analyses

Moderator analyses were performed to further examine heterogeneity. On the third level, the subgroups were too small to do these analyses. In fact, this was also the case for many combinations on level 2. For reasons of limited space, we report only the results of analyses on level 1. On this level, Religion/denomination and Year of study were the only factors that explained some variation.

Religion/denomination. There was a significant effect of religion/denomination on the association between God representations and adjustmental aspects, explaining 12% of the total between-study variance (see Table 9). Post hoc analyses of the differences revealed that mixed religious/not religious samples showed lower associations between God representations and adjustmental aspects, than the orthodox, evangelical/Baptist and mainstream Christian samples. There was also a significant effect on the association between God representations and dispositional aspects, explaining 9% of the total between-study variance. The association was significantly stronger for Evangelical/Baptist and for mixed Christian/other religions samples than for mainstream Christian and for mixed religious/not religious samples.

Year of study. The effect of the continuous moderator variable year of study on the associations between God representations and dispositional measures (see Table 10) was significant, explaining 9% of the total between-study variance. More recent studies showed stronger associations.

Taken together, most of the substantial or considerable heterogeneity of the effect sizes could not be explained by the selected moderator variables.

Table 9. *Effects of Categorical Moderator Variables*

	Undifferentiated adjustmental aspects						Undifferentiated dispositional aspects					
Categorical moderator variables	*k*	*ES*	Q_B	*df*	*p*	r^2	*k*	*ES*	Q_B	*df*	*p*	r^2
Respondent status												
no problems	57	.203	0.98	2	.614	0	81	.239	1.63	2	.669	0
serious life problems	11	.159					5	.291				
mental health problems	5	.167					1	.347				
Lv2: Anxious attachment to God												
no problems	27	.239	16.05	2	**.000**	28						
Serious life problems	5	.050										
mental health problems	1	.370										
Method of measurement												
Only self-report							82	.249	2.72	2	.257	0
Trait not self-report							4	.099				
God repr. not self-report							1	.131				
Religiosity												
Not highly religious	65	.196	0.01	1	.913	0	77	.239	0.37	1	.544	3
Highly religious	8	.191					10	.264				
Religion/denomination												
orthodox Christian	2	.332	11.18	5	**.048**	12	2	.250	12.47	5	**.029**	9
evang. /Baptist	8	.250					4	.396				
mainstream and mixed Christian	42	.202					45	.231				
mixed Christian/other religions	5	.182					5	.367				
Jewish	1	.297					1	.217				
mix religious/not religious	15	.125					26	.194				
Lv2: Avoidant attachment to God												
orthodox Christian	1	.005	15.10	4	**.005**	61						
evang. /Baptist	5	.112										
mainstream and mixed Christian	13	.131										
mixed Christian/other religions	1	-.145										
Jewish												
mix religious/not religious	4	-.002										
Sex												
Mixed	54	.194	0.08	2	.959	0	77	.244	197	2	.373	0
Female	13	.203					6	.203				
Male	6	.184					6	.116				
Age												
15-25 years	25	.173	4.17	2	.124	0	43	.207	4.71	2	.095	0
26-50 years	39	.224					37	.284				
Older than 50	9	.143					7	.230				
Lv 2: Anxious attachment to God												
15-25 years							21	.260	4.48	1	**.034**	16
26-50 years							15	.372				
Lv 2: Negative God representations												
15-25 years							17	.126	9.28	2	**.010**	30
26-50 years							13	.276				
Older than 50							3	.281				

Note. Lv2 = Analyses on level 2. From the associations on level 2, only those with significant effects are reported. Boldfaced *p*-values < .05.

Table 10. *Effects of Continuous Moderator Variables*

Continuous moderator variables	Undifferentiated adjustmental aspects						Undifferentiated dispositional aspects					
	k	*b*	*SE*	*z*	*p*	r^2 (%)	*k*	*b*	*SE*	*z*	*p*	r^2 (%)
Year of study												
God representations (undifferentiated.)	73	0.0010	0.0032	0.30	.766	0	87	0.0061*	0.0030	2.04	0.04	9
Secure attachment to God	11	-0.0035	0.0064	-0.44	.580	0	11	0.0090	0.0062	1.46	.143	9
Anxious attachment to God	33	0.0147*	0.0073	2.02	.043	8	36	0.0156	0.0069	2.25	.024	9
Avoidant attachment to God	24	0.0044	0.0066	0.66	.511	0	19	-0.0138*	0.0057	-2.44	.015	29
Positive God representation	35	-0.0011	0.0045	-0.24	.811	0	40	0.0032	0.0042	0.78	.437	3
Negative God representation	31	-0.0008	0.0046	-0.17	.867	0	33	0.0057	0.0045	1.27	.206	3
God Control	6	-0.0035	0.0183	-0.19	.847	0	13	-0.0040	0.0069	-0.58	.056	0
Quality of studies												
God representations (undifferentiated.)	73	-0.0028	0.0083	-0.33	.740	0	87	0.0115	0.011	1.04	.296	0
Secure attachment to God	11	-0.0323	0.0268	-1.20	.228	0	11	-0.0027	0.040	-0.07	.947	0
Anxious attachment to God	33	-0.0058	0.0174	-0.33	.739	0	36	0.0385	0.026	1.51	.131	0
Avoidant attachment to God	24	0.0035	0.0177	0.20	.845	0	19	-0.0170	0.019	-0.90	.371	0
Positive God representation	35	-0.0110	0.0115	-0.96	.337	14	40	0.0030	0.016	0.19	.846	0
Negative God representation	31	0.0069	0.0117	0.59	.557	0	33	0.0206	0.014	1.48	.139	0
God Control	6	0.0180	0.0250	0.72	.472	0	13	0.0097	0.018	0.54	.591	0
Quality of God representation measures												
God representations (undifferentiated.)	73	0.0153	0.0084	1.83	.068	15	87	0.0092	0.020	0.87	.385	0
Secure attachment to God	11	-0.0048	0.0259	-0.18	.953	0	11	0.0420	0.026	1.61	.107	7
Anxious attachment to God	33	0.0008	0.0212	0.04	.968	0	36	0.0032	0.023	0.13	.993	0
Avoidant attachment to God	24	-0.0347*	0.0171	-2.04	.042*	32	19	-0.0313	0.020	-1.57	.118	10
Positive God representation	35	0.0255*	0.0119	2.15	.032**	32	40	-0.0030	0.015	-0.21	.838	7
Negative God representation	31	0.0210	0.0126	1.67	.096	26	33	0.0198	0.018	1.13	.257	6
God Control	6	0.0313	0.0232	1.35	.177	10	13	0.0100	0.025	0.40	.689	0

Note: * *p*-values < .05.

Discussion

The main aim of this meta-analysis was to examine associations between various dimensions and aspects of religiosity, in particular, God Representations, and mental health, from the perspective of attachment theory and object-relations theory. The meta analysis was based on 123 studies with one or more associations between God representations and adjustmental or dispositional aspects of psychological functioning, resulting in 348 effect sizes, of in total 29,816 participants. The most important finding is that medium-sized associations were found for the associations between dimensions of God representations and well-being and distress, as well as for the associations between God representations and self-concept, relationships with others and neuroticism. These associations are much stronger than those generally reported in studies adopting unidimensional and behavioral measures of religiousness. Because there were no signs of publication bias and the results, based on Orwin's (1983) fail-safe analyses, were sufficiently robust, the effect sizes reported in the current meta-analysis may be considered as valid estimates of the examined associations.

God Representations and Adjustmental Psychological Functioning

The results of this meta-analysis predominantly confirmed the first hypothesis: the effect sizes for the association between God representations and measures of well-being/distress were in the expected directions, and the aggregated effect size, $r = .20$, had the expected strength. It was also significantly stronger than the meta-analytical outcomes from Bergin (1983); Hackney and Sanders (2003); Smith et al. (2003) for the associations between religiosity and well-being/distress. To our knowledge, this is the first study that demonstrates with a meta-analysis such robust associations of structural aspects of religion with well-being and distress. It indicates that the concept of God representation is an important mediating factor in the association between monotheistic religiosity and well-being/mental health and distress. The results are in line with the notion of many scholars in the religious domain, often referred to as relational spirituality, that the relational character of monotheistic religions, the experienced personal relationship with the divine, is a central factor of those religions (Davis, Hook, & Worthington Jr, 2008; Davis et al., 2018b; Hall, 2007a; Hill & Hall, 2002; Leffel, 2007a, 2007b; Sandage & Williamson, 2010; Simpson et al., 2008; Verhagen & Schreurs, 2018).

Difference between positive and negative God representations in their associations with well-being and distress. The highly significant findings that positive God representations were more strongly associated with well-being than with distress (and vice versa for negative God representations) clearly demonstrates the

complexity of religious/spiritual functioning. Results suggest that they are not just two opposite poles of the same dimension, but should be considered as two different aspects of God representations. Gibson (2008) recognizes this ambiguity with regard to God representations. He emphasized the existence of multiple cognitive schemas for God in one person. These findings also undergird object-relations theory explanations of God representations. This theory made invaluable contributions to the understanding of these phenomena with its concept of integration of good and bad internalized objects. It is considered mature to attribute good as well as bad attributes to the self, to important others and to the relationship with them, and to be able to integrate them in such a way that they can exist together at the same time, to tolerate and to somehow also understand this ambiguity. Apparently, this also applies to God representations.

This notion should have consequences for the operationalization of God representations: besides their content, God representation measures should also assess more structural components as ambiguity, differentiation and integration.

God Representations and Dispositional Psychological Functioning

Results also confirmed the second hypothesis: measures of secure attachment to God and of positive God representations were positively associated with positive self-concept and positive relationships with others, and negatively with neuroticism, whereas measures of insecure attachment to God were negatively associated with positive self-concept and positive relationships with others. The aggregated effect size of $r = .24$ had the expected strength, and we found medium effect sizes for the associations of the dispositional measures with secure and anxious attachment to God.

To the best of our knowledge, this is the first meta-analysis focusing on the associations between God representations and dispositional measures, implying that comparisons with other meta analytic studies on this topic cannot be made. Our findings extend other influential reviews indicating that mental representations of people are associated with psychopathology (Huprich & Greenberg, 2003).

God representations and view of self and others. The results demonstrate that God representations are associated equally strongly with self-concept, the experienced relationships with others, and neuroticism. The findings are in support of the correspondence hypothesis, demonstrating correspondence of God representations not only with the view of self but also with the experienced relationship with others. Many scholars explain the often found association between God representations and self-concept, or —more specifically— self-esteem (Benson & Spilka, 1973; Lawrence, 1997; McDargh, 1983) by hypothesizing that the God representation is merely or predominantly a projection of the the self. In the domain of attachment-theory inspired research of God representations, the emphasis is more on the perception of others, and here the correspondence hypothesis (Granqvist, 1998; McDonald et al., 2005) assumes that an insecure relationship with God corresponds with an insecure

attachment to parents or adults. The observed associations of God representations with neuroticism (as an indication of the capacity for affect regulation) also corroborate theoretical explanations of object-relations and attachment theory, which both stress the central role of internal working models in affect regulation (Fonagy, Gergely, & Jurist, 2004; Kernberg & Caligor, 1996).

Weak associations with God Control

Results also demonstrated that the God control dimension had significantly weaker associations with adjustmental and dispositional aspects than the other God representation dimensions. The only significant association was the positive association between God control and neuroticism. There are several potential explanations for finding hardly any significant associations. First, it may be due to the small statistical power caused by the low number of studies that used this God representation dimension. Second, conceptual confusion about God control may also be a cause: although we aimed at choosing a rather neutral, less affective measure of beliefs about the agency of God, the specific items of questionnaires that measured God control also focussed for example on the protection by a benevolent God, or on the rejection by a judging God. Therefore the items also contained affective aspects. Third, the concept of God control may have different meanings for healthy subjects than for patient and for orthodox and non-orthodox patients. Jonker (2007) found that scores on the Questionnaire God Representations scale perceiving God's actions as ruling/punishing positively related to feelings of anxiety for God, except for non-patient members of the Orthodox-Reformed or Evangelical/Baptist denominations. The Ruling/punishing image of God was also related to positive feelings towards God, but only among non-patients. In a non-clinical sample, Eurelings-Bontekoe et al. (2005) found this particular concept of God to be rather independent of personality and attachment variables. Therefore the ruling/punishing image of God can be viewed as a double-edged sword (Johnson, Li, Cohen, & Okun, 2013). In future research, in operationalizing the God control dimension it might be important to pay more attention in formulations of items to the distinction between the concept of "God as a judge" both as a non-affective, rather doctrinal phenomenon as well as an affect laden God representation. In addition, it is also important to be aware of differences in interpretation of this concept between adherents of various denominations, and between patients and non-patients.

Moderator Analyses

Although subgroup analyses demonstrated some significant differences that enhanced our insight in the associations between God representations and adjustmental and dispositional aspects, they did not contribute much in explaining and reducing

statistical heterogeneity. Moderator analyses for the effect of religiosity, religion/denomination, sex, age, year of study, and quality of study and of God representation measures also could not explain the heterogeneity of most effect sizes. With our broad approach, including all studies that reported associations between God representations and adjustmental or dispositional aspects, this was to be expected. Yet, the heterogeneity of these findings remains to be explained.

Undoubtedly, different measures for similar concepts, and different samples, caused much heterogeneity that could not be incorporated as study-level variables and thus could not be explored. Therefore, although we consider the found effect sizes to be valid and robust, future research should aim to explain the remaining heterogeneity in most of the associations.

Attachment- and object-relations theory, with their emphasis on implicit working models, implies that assessment of God representations should (also) focus on implicit aspects thereof. To note, in nearly half of the studies of this meta-analysis, authors mentioned the use of self-report instruments as a limitation, and half of them thereby pointed at the specific nature of unconscious processes that asked for implicit measurement. However, remarkably, only one study in our meta-analysis used an implicit measure of God representations, and only five studies used other than self-report measures for dispositional or adjustmental aspects. Therefore, the potential important influence of this moderator factor could not be established well.

The notion that the presence of (more severe) psychopathology might moderate the general associations between religion and well-being/mental health or distress, as suggested by the outcomes of meta-analytic studies about the associations between religion and well-being, could also not be established because of a lack of studies that focus on God representations in clinical samples.

Clinical Implications

An important issue is the clinical significance of the statistically significant results of this meta-analysis. The strongest associations in this meta-analysis, the association between the positive God representations dimension and well-being and the association between anxious attachment to God and distress, have medium effect sizes (for both $r = .30$). If God representations on a general level have this association with well-being and distress, it should have clinical implications. Approximately half of the world population has a theistic belief (Hackett, Grim, Stonawski, Skirbekk, & Potančoková, 2012). The World Psychiatric Association officially stated that "A tactful consideration of patients' religious beliefs and practices as well as their spirituality should routinely be considered and will sometimes be an essential component of psychiatric history taking" (Moreira - Almeida, Sharma, van Rensburg, Verhagen, & Cook, 2016). Therefore it is important in clinical intakes to systematically address religion and to pay attention to God representations among patients with a theistic belief. If this is

done by self-report questionnaires, results of this meta-analysis indicate that it is important to use questionnaires that treat secure and insecure attachment to God and positive and negative God representations as separate dimensions. Otherwise potential negative God representations, associated with mental health problems, might be overlooked and neglected.

Of course, the relevance of this distinction is dependent on the course of therapeutic treatment. In line with popular trends as positive psychology and solution-focused therapy, the focus in therapy may lie on strengthening a positive God representation, thereby avoiding focusing on negative God representations. However, in a discussion of various modern spiritual approaches to mental health, Leffel (2007a, 2007b) warns for 'simple spirituality' that seems to assume that just focusing on positive feelings and positive thinking will make the negative emotions go away, while ignoring the implicit nature of representations. In his view, deep and lasting spiritual (and resulting personality) transformations are possible by focusing on disclosure and integration of negative emotions, directed at changes in the affective implicit and procedural structures of personality. This should be related to a focus on character change and the development of virtues; not on well-being or happiness, instrumentally fostered by religion or spirituality. Our results suggest the importance of focusing in therapy on negative as well as positive God representations.

While there is some strong (meta-analytic) evidence that taking patients' cultural/religious background into account significantly enhances therapeutic effects (Bouwhuis-van Keulen, Koelen, Eurelings-Bontekoe, Glas, & Hoekstra-Oomen, 2017; Smith, Bartz, & Scott Richards, 2007), not much research has yet been done into therapeutic interventions aimed at changing clients' God representations. There is scarce evidence that negative God representations may be changed by (religious) therapeutic interventions (Thomas, Moriarty, Davis, & Anderson, 2011; Tisdale et al., 1997) and that changes in God representations are accompanied by changes in well-being, view of self, or view of others (Currier et al., 2017; Kerlin, 2017; Kim, Chen, & Brachfeld, 2018; Monroe & Jankowski, 2016; Murray-Swank, 2003; Tisdale et al., 1997).

Limitations

This meta-analysis has several limitations that need to be mentioned when interpreting the results. First, an important limitation, implied by the choice for God representation measures, is our reduction of religion/spirituality to theistic religions. Though in our search we looked at samples from all theistic religions, our final selection contained only two samples with predominantly other than Christian (namely Jewish) subjects. This does not mean that our results are based only on adherents of Christian religions: the study contains 10 samples with a mix of Christian subjects and subjects that adhere to other religions, and 33 samples are a mix of religious and non-

religious subjects. Therefore it should be kept in mind that other than Christian religions are underrepresented in this study, which in turn limits the generalizability of the results. A second limitation is the quality of the included studies. Results are based on observational data of predominantly cross-sectional studies, which precludes any conclusions about the direction of the found associations. Third, this meta-analysis is based on published articles only. Although we found no indications of publication bias in our selection of studies, analyses are not based on all potentially available data. Fourth, in this meta-analysis much of the considerable or substantial heterogeneity of the effect sizes could not be explained, meaning that there is still much variation of true effect sizes. Fifth, a limitation is that we categorized the different measures of God representations into six dimensions, thereby ignoring more subtle differences. For example, we did not distinguish more specific negative God representations such as feeling anxious or being mad at God or seeing God as distant, while it seems reasonable that these differences are associated with different personality traits. There is some evidence that these differences are distinctively associated with types of religious struggle (Exline, Grubbs, & Homolka, 2015). Sixth, it must be noted that part of the association between God representations and adjustmental aspects may be the result of a specific same-method effect; the linguistic similarities in God representation items and adjustment-measure items as anger, fear, frustration, etc. More research is needed in this area to clarify these issues. Seventh, a limitation of this meta-analysis is the low number of studies with clinical samples, with samples with subjects with serious life problems, and with implicit measures.

Future Research

A meta-analysis with analyses only at study-level variables is not a suitable method for testing pathways between the variables of a model. As a consequence, we cannot give conclusive answers about the nature of the examined relations. Nevertheless, results of this meta-analysis suggest that there may be some direct influence of God representations on well-being and distress that is relatively independent of religious denomination, respondent status (serious life problems or mental health problems), sex or age. It is unclear, however, whether and to what extent God representations impact psychological functioning through an experienced 'real' relationship with the God object that may also alter the self-concept, rather than through a mere projection of the self.

Further, to examine causal relationships between God representations and adjustmental aspects and the mediating role of dispositional aspects, is it important to conduct longitudinal studies, ideally examining development from early childhood to adulthood. A major advance would be if meta-analyses could be conducted by synthesizing the available data on respondent level, to be able to examine the pathways and the best fitting model to explain the complex interrelations between the different

variables. We recommend the development of systems to be able to aggregate data on this level, and we welcome the development of a scientific culture that makes this possible.

Theoretically, it is assumed that implicit aspects of God representations, especially for subjects that suffer from external stressors such as serious life problems, or from internal stressors such as personality problems, have an important influence on their psychological functioning. This meta-analysis demonstrated two important gaps in this respect. First, there is a lack of studies that examine associations between God representations and well-being/mental health for subjects that suffer from mental health or serious life problems. Future research should take this into account by examining these associations for samples with various mental health problems (under which particularly personality disorders) and samples of subjects undergoing various serious life problems. Second, there are hardly any studies that measure associations of implicit God representations with well-being/mental health. It is unknown if and to what extent discrepancies exist between scores on explicit and implicit measures of God representations, and if these discrepancies differ between healthy and pathological or otherwise seriously stressed subjects. Hall and Fujikawa (2013) assume that different attachment styles are related to specific discrepancies between explicit and implicit God representation measures. We subscribe their statement that advances in the field of God representation research are dependent on the development of implicit God representation measures to examine these discrepancies. Therefore future research should take this into account by examining and comparing explicit and implicit God representations and their associations with adjustmental and dispositional aspects in both clinical and non-clinical samples.

A first step is the development of a reliable and valid instrument for measuring implicit God representations. This meta-analysis is part of a project in which such an implicit measure has been developed and is being validated in both a non-clinical and a clinical sample (Stulp, Glas, & Eurelings-Bontekoe, 2020; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019).

Conclusions

This meta-analysis has clearly demonstrated the importance of God representations for research on the association between religiosity and well-being/mental health, at least for adherents of a theistic religion. We demonstrated that narrowing down the general concept of religiosity to specific measures of God representations resulted in stronger associations with well-being and mental health than previously reported. We also demonstrated that object relations and attachment theory may be fruitful approaches in potentially explaining the mechanisms behind this association.

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* = included in meta-analysis

Chapter 3.

Construction and validation of an implicit instrument to assess God representations. Part 1: Associations between implicit and explicit God representation and distress measures

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Abstract

For adherents of theistic religions, God representations are an important factor in explaining associations between religion/spirituality and well-being/mental health. Because of limitations of self-report measures of God representations, we developed an implicit God representation instrument, the Apperception Test God Representations (ATGR) and examined its reliability and validity. Its scales could be scored reliably and were within a clinical sample associated more strongly than explicit God representation scales with the Global Assessment of Functioning scale. Compared to the ATGR scores of a non-clinical sample, the clinical sample had less complex, positive, and mature God representations, indicating discriminant validity.

Introduction

For many religious persons, the way they think and feel about the God they believe in, and about their relationship with this God, may be a central factor explaining associations between (other measures of) religiosity and well-being (Stulp, Koelen, Schep-Akkerman, Glas, & Eurelings-Bontekoe, 2019). We refer to this mechanism as "God representations". These relational representations have a stronger association with well-being than behavioral indicators of religion (Stulp et al., 2019). Much research has already been done into this aspect of religiosity, under various terms as God concept, God image, attachment to God, and God representations. Most of this research has been conducted with self-report measures, but the comprehensive scope and validity of these self-report measures have been questioned for several reasons, which we will elaborate on below. Therefore an implicit assessment measure might help solve some of these validity problems and shed more light on the (mental) processes and mechanisms at work. The present study aims at constructing and validating an instrument to assess implicit God representations.

God Representations As a Central Factor

Research into God representations is predominantly embedded in two theoretical frameworks: object relations theory and attachment theory. One of the main assumptions of both frameworks is that mental relational representations are particularly formed in early development, based on experiences with primary caregivers. A second assumption is that these representations are operating at a mostly implicit level. Representations of relationships involve more or less implicit expectations about the (positive or negative) attitude and availability of others in relation to the self. Mental representations are based on important early interpersonal experiences (Fonagy, 2001) in which caregivers more or less successfully regulate negative feelings of the child.

This influences the capacity of the child for affect regulation, since positive expectations about the availability of support from others foster the capacity to think about and understand one's own and other's thoughts, feelings and motives (Fonagy, Gergely, & Jurist, 2004). It decreases the level of negative emotions because it entails predictability about reactions of self and others and thereby provides a sense of control over the environment.

Scholars from both frameworks view God representations as a special form of relational representations that, as psychological phenomena, are subject to the same psychological mechanisms as interpersonal representations and that can be studied with the same methods (Kirkpatrick & Shaver, 1990; Rizzuto, 1979). Evidence indicates that God representations are indeed associated with interpersonal and mental functioning. A meta-analysis (Stulp et al., 2019) demonstrated significant relations between God representation measures (derived from attachment theory or object-relation theory) and measures of self-concept, of interpersonal relationships and of neuroticism. This suggests that the object-relational approach of God representations, with its emphasis on representations of self, significant others and on affect-regulation, is fruitful.

Use of Self-Report Measures of God Representations

Research on God representations and their measurement has met problems and limitations. Most of these problems are related to the use of self-report instruments. These instruments do not seem to capture particular specific features of God representations (Gibson, 2008; Hall & Fujikawa, 2013; Zahl & Gibson, 2012). In the next paragraphs, we discuss some of the conceptual and methodological issues that are associated with the use of these self-report instruments.

First, there is conceptual confusion about the construct of God representations, as evinced by the (often interchangeable) use of terms like God concept, God image, and God representation. Scholars have pointed to differences between two dimensions of God representation levels: cognitive/doctrinal beliefs and emotional/experiential feelings about God (Gibson, 2008). Often it is not clear which dimension a specific self-report instrument aims at or whether the responses really are at the supposed dimension. Instructions for self-report assessment aimed at addressing both dimensions separately indeed lead to different results (Jonker, Eurelings-Bontekoe, Zock, & Jonker, 2008; Zahl & Gibson, 2012).

Second, some aspects of God representations, especially those at the emotional/experiential level, are assumed to be more implicit than explicit. Although attachment theory and object relation theory both assume that our basic relational representations are predominantly implicit, and researchers therefore repeatedly emphasize that they should be examined with implicit measurement instruments,

practically all research on God representations has been based on self-report measures (Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009; Hall & Fujikawa, 2013).

Third, it is assumed that one person may have multiple and even conflicting representations of God (Gibson, 2008). Explicit representations may be in tension with implicit representations. Discrepancies between implicit and explicit aspects of God representation may even reflect discrepancies in other, broader dimensions of mental health (Hall & Fujikawa 2013)

Fourth, God representations are supposed to reflect dynamic working models. Working models are internal scenario's representing relation- and situation-specific representations of the self and the persons' God and related imagined interactions between them. Different moods and situations activate different God representations (Gibson, 2008). Self-report measures of God representations may insufficiently take into account this dynamic aspect of God representations.

Apart from assessment problems stemming from the specific nature of God representations, self-report assessment of God representations also suffers from two often reported general limitations of self-report: reliance on the degree of respondents' self-insight/mentalizing skills, and a susceptibility to social desirability. The first limitation especially seems at work for persons suffering from personality disorders (Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002). Research (Eurelings-Bontekoe, Luyten, Remijsen, & Koelen, 2010) has demonstrated that the lack of self-understanding and introspection that may accompany structural personality pathology leads to denial of vulnerabilities on self-report measures.

The second limitation (social desirability) seems especially relevant for specific religious subgroups and can be labeled as 'doctrine effect': the tendency to give the 'right' doctrinal answers, instead of answers about real personal experiences. For example, research showed that clinically assessed depressive patients from orthodox protestant denominations scored lower on self-reported depressive symptoms than non-religious depressed patients (De Lely, Broek van den, Mulder, & Birkenhäger, 2009).

All in all, these notions raise serious doubts about the capacity of self-report measures to measure experiential, implicit, conflicting, dynamic, and situation-dependent aspects of God representations. We strongly agree with the statement of Hall and Fujikawa (2013) that advance in the field of God representation research is dependent on more sophisticated measurement methodologies that enable the exploration of the relationship between implicit and explicit God representations. Moreover, to be able to apply those measures to the clinical field, their validation should be partly based on clinical samples with patients with personality disorders, because of the questioned validity of self-report measures especially for this group. However, hardly any research into God representations has been done yet with clinical samples. This study is a first attempt aiming to overcome some of these pitfalls.

Aim of the Current Study

We developed a new apperceptive test for assessing God representations, the Apperception Test God Representations (ATGR). This instrument is based on the Thematic Apperception Test (TAT, Murray, 1943) and on a well-validated scoring system for it, the Social Cognition and Object Relations Scale (SCORS) system of Westen (1995). This study aims at examining the reliability and validity of the scales of the ATGR in two samples; a homogeneous sample of young Christian adults without mental health problems, and a sample of young Christian adults with personality pathology.

The validity of the ATGR scales will be undergirded when (a) its scales discriminate between patients and non-patients and (b) when its associations with implicit measures of distress are stronger than with explicit measures of distress, and also (c) when its scales are more strongly associated with implicit measures of distress than with explicit measures of God representations.

It is, to the best of our knowledge, the first study that assesses both implicit and explicit God representation measures in both a non-clinical as well as in a clinical sample.

Method

Participants

This study includes a non-clinical and a clinical sample. The first sample of this study is a convenience sample of 71 non-clinical participants, recruited at a Dutch Christian University of Applied Science and at a Dutch Christian intermediate vocational education school. These institutions train people for work in the domains social work, pastoral work, nursing, and education.

The recruiting was approved by the boards of both institutions. Global information about the aim of the study and procedures for participation were given on the website of our research institute, and in short group presentations at several student groups of both institutions. Additional recruitment took place in an Orthodox church community in the Dutch city of Kampen and on the websites of four Christian student's associations in Zwolle. Approximately 1500 persons were invited for participation. Exclusion criteria were: being younger than 17 or older than 30 years, suffering from mental health problems for which professional help had been —or was intended to be— called upon. The inclusion criterion was: having a relationship with God (self-stated). The respondents were recruited between 2012 and 2015. Of the 114 subjects that initially approved for participation, 38 (33.3%) opted out, partly by not starting or not finishing the online questionnaire, partly by failing to make an appointment for the assessment of the projective part. We excluded 2 participants who were younger

than 17 years, two participants with minimal scores on religious affiliation, and one participant for whom the assessment of the TAT and the ATGR did not meet the standards.

The second sample consisted of 74 hospitalized patients who followed one out of four inpatient treatment programs for personality disorders at a Dutch Christian mental health care institution. All patients received a letter with the request for signing for participation together with the sent invitation for their first appointment at the institute, and were asked then by the clinician if they signed the letter, thereby giving informed consent. Most of the patients (82 out of approximately 100) initially consented. Six patients withdrew later in the process, mostly because of the extra strain they thought it would give them, and the data of two patients could not be used because of incomplete data. The data were collected from February 2013 to February 2016. The study was judged to be not subject to the Medical Research on Human Subjects Act by the ethical medical committee of the Free University of Amsterdam, and approved by the ethical committee of the mental health care institution. On the basis of a clinical interview focusing on Axis II of the DSM IV-TR[1] (First, Gibbon, Spitzer, Williams, & Benjamin, 1997) patients received the following classifications: Personality disorder NOS: 25 (33.8%); C-Cluster personality disorders or features: 28 (37.8%); B-Cluster Personality Disorder or features: 13 (17.6%); features of A-Cluster and B-Cluster personality disorders: 2 (2.7%); A-Cluster personality disorders: 1 (1.4%); Deferred diagnosis: 5 (6.8%).

Procedure

Respondents of the non-clinical sample who volunteered for participation received an email with a hyperlink to the online questionnaire with instructions. They were also invited by email for the assessment of the apperceptive test. This invitation and assessment were done by 14 fourth-year students of Social Work and Health Care of Viaa University who received assessment training by the first author. The assessments were recorded by voice recorders, and transcribed by the students according to a protocol, using the transcription software program F4.

Respondents of the clinical sample were invited within a timeframe of three weeks after the start of their treatment program for answering the online questionnaire at the institution. An appointment was also made for the assessment of the apperceptive test, often on the same day. The assessments were done by the first author and by a psychological testing assistant, both well-trained and experienced in administering

[1] The institution still used DSM-IV classifications, because the Dutch translation of the DSM-5 was published in 2014, and officially prescribed by the Dutch government from January the 1st, 2017.

apperceptive tests. These assessments were also transcribed according to a protocol, using the software program F4.

Measures

Implicit aspects of God representations.

Materials and assessment procedure. Implicit aspects of God representations are measured by the newly developed ATGR, an apperceptive test consisting of 15 cards especially developed for measuring implicit God representations. Resulting narratives are analyzed by the SCORS scoring system, which was adapted for measuring God representations in narratives. These SCORS scales have shown good reliability and validity (Huprich & Greenberg, 2003). Relevant in particular for this study is their ability to discriminate between patients with borderline personality disorders and non-clinical control groups (Nigg, Lohr, Westen, Gold, & Silk, 1992; Westen, Lohr, Silk, Gold, & Kerber, 1990; Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990) and between cluster-B and cluster C-personality disorders (Ackerman, Clemence, Weatherill, & Hilsenroth, 1999) (Ackerman, Clemence, Weatherill, and Hilsenroth, 1999). Westen has developed a specific version of this coding system for analyzing TAT-based narratives (Westen, 1995). If the same processes in the development of interpersonal representations also apply to God representations, we assume that adaptation of the SCORS-scales to the specific nature of God representations will enable us to assess various important aspects of implicit God representations.

Construction of cards. The cards were assembled by the first author with photo editing software, using elements of pictures gathered from his private collection and from the internet. The depicted situations implied, for example, family harmony, potentially threatening or painful situations, and important religious events. We chose depictions that were most likely to elicit religiously/spiritually related thoughts and feelings. These thoughts and feelings are often triggered by religious rituals (Ladd & Spilka, 2013) and by important life experiences (Ingersoll, 1994). These life experiences may be of a positive nature, leading to experiencing feelings of gratitude, marveling, and connectedness with others and the world. But often life situations will also question the personal process of constructing meaning and will probe the personal relationship with God; old answers and certainties just do not simply suffice anymore, leading to religious doubts or problems with given meaning to life (Dittmann-Kohli & Westerhof, 2000). Therefore, in our selection of situations, we varied between religious and non-religious contexts, as well as between positive and negative or more ambiguous situations.

Coding system. The ATGR has six scales that are based on the four dimensions of the SCORS scoring system. In the following paragraphs, we describe and give a rationale for how we applied these four dimensions to develop six scales measuring representations of God. For both the SCORS scales Affect Tone and Capacity for emotional investment in relationships we developed two God representation scales.

Complexity of representation of God (Complexity). The SCORS-scale *Complexity of representations of people* assumes a developmental continuum at which low levels indicate immature and unhealthy functioning, characterized by problems with differentiation in perspective of self from others, problems with the integration of different aspects of self and others, and by splitting good from bad aspects of self and others. The transition to the experienced relationship with God can be easily made. God may be viewed as someone who has exactly the same feelings and motives as the respondent (or the character in the narrative) without any indication of differences. He may also be viewed as unidimensional, without much nuance, or as someone who is all good or all bad; maybe fluctuating in time, but never simultaneously. We assume that people with mature faith integrate different aspects of God representations, with some understanding of how negative aspects (e.g., anger and punishment) are related to positive aspects (e.g., love, forgiveness). The different levels of the representations are coded on a scale from 1 – 5, with lower scores representing lower levels of representations (see also Table 1).

Affect Tone of relationship with God for character and respondent (Affect Tone character and Affect Tone person). The SCORS-scale Affect Tone of the relationship measures the extent to which someone expects relationships to generally be painful and threatening, or pleasurable and enriching. Westen, the developer of the original SCORS scale, emphasizes that patients with borderline personality disorder tend to view others as malevolent, which may be regarded as the projection of their own aggression. Frustration of basic needs in early development has shaped rigid perceptions about all others as frustrating or unavailable, without much differentiation regarding different persons. It seems plausible to assume that for religious people with immature representations of others, these implicit rigid representations could emerge easily in their relationship with God, because this relationship has many parent-child characteristics that may activate these representations.

The adapted ATGR scale is scored in two ways; the first regards the way the (main) character experiences his or her relationship with God (Affect Tone character), the second regards the way the respondent may elaborate on this experience (Affect Tone person). The respondent may emphasize that God is more positive than the character experiences, but also that —although the character is rather content with God— God is less positive about the character. The different levels of the affect tone are coded on a scale from 1 – 5, with lower scores representing more negative feelings (see also Table 1).

Emotional investment in the relationship with God (Investment). The SCORS scale Capacity for emotional investment in relationships is about the capacity to have reciprocal relations that are satisfactory for the sake of the relationship itself, thereby being able to invest in the relationship, even when this asks for endurance in tolerating frustration. On low levels, a narcissistic, need-gratifying attitude prevails, without

much regulation and attuning of the investment; leading to impulsive and intense relational behavior as is known for borderline patients, or to defensive withdrawal, as is known for patients with avoidant and schizoid personality disorders.

This ATGR scale is about the character's motivation for having a relationship with God; from more egocentric to more loving and reciprocal. The different levels of emotional investment are coded on a scale from 1 – 5, with lower scores representing a more egocentric motivation (see also Table 1).

Dealing with religious rules and principles (Religious Rules). The SCORS scale Moral standards is loosely based on Kohlberg's (1983) stages of moral reasoning, with low levels indicating an egocentric perspective, and a mid-level indicating the importance of being approved and accepted, while higher levels represent mature orientations with internalized convictions.

This ATGR scale applies the same principles to the relationship with God. The different levels of this dimension are coded on a scale from 1 – 5, with lower scores representing an infantile attitude of being afraid of punishment and of conforming to rules for approval, and higher scores representing commitment to principles behind rules, or reciprocal love as the ultimate reason for trying to live according to Gods will.

Agency of God (Agency). The SCORS scale *Understanding of social causality* is about perspective-taking and understanding psychological motives (needs and intentions) that lead to specific actions. Of course, the more a person can reflect upon motives of others, the less he or she is subjected to primitive fears.

This ATGR scale was the hardest dimension to apply to the relationship with God, because the original SCORS dimension assumes that logical attributions can be discriminated from illogical assumptions about the intentions of others. On the domain of religion, judging attributions of intentions of God as logical is rather subjective and choices will easily be biased by the religious beliefs and God representations of the researcher. Therefore we tried to base our criteria for a mature understanding of Gods actions not on doctrinal beliefs, but on more pragmatic considerations such as: what types of attributions of Gods actions may be expected to support a person in dealing with various situations? Thereto we added —for higher scores— the notion of God as actively involved in specific individual situations, having specific reasons for his involvement. To facilitate the complexity of the scoring process, the Agency of God scores were determined by combining scores on three subscales: Gods influence on the situation (Agency-s: yes or no), Gods influence on character's reactions; his thoughts, feelings, intentions, actions (Agency-r: not, shared influence, or decisive influence) and attributed reasons for Gods actions (Agency-e: no explanation, general explanation, specific explanation). These scores were then converted to a total score on a scale from 1 – 5. A low score indicates that God has no influence on events. Higher scores indicate that God has influence, and this influence can be understood and trusted. The highest score (5) acknowledges not only general (good) intentions, but

Table 1. *Object-Relation and Social Cognition Theory Informed ATGR Scales*

	Level 1:	Level 2	Level 3:	Level 4:	Level 5:
Complexity of representation of God	Poor differentiation between thoughts / feeling of the character and of God	Poor understanding of God: vague, confused, incoherent, fluctuating or unintegrated representations	Superficial understanding: unidimensional, unelaborated descriptions of God's characteristics, thoughts or feelings	Acknowledgement of God's complexity; detailed descriptions, differentiated, ambiguous. Stability of God's characteristics over time/situations	Understanding of complexity/ ambiguity, relating it to general characteristics of God
Affect tone of relationship with God	Representations of God are malevolent, causing great distress or helplessness	Representations of God as hostile or disengaged, or defensively positive	Affective relationship with God with predominantly negative feelings	Relationship with God is affectively neutral or characterized by mixed feelings	Relationship with God is experienced with predominantly positive feelings
Emotional investment into relationship with God	No relationship with God or selfish relationship, only for own gratification	Superficial relationship, probably enduring, but need gratification prevails	Conventional relationship with God with some emotional investment, driven by wish for acceptance, pleasing God	Dedicated relationship with God, emotional investment based on principles, inner convictions	Deep, dedicated relationship with God for the sake of the relationship itself. Awareness of reciprocity.
Dealing with religious rules and principles	No sense of approval or disapproval from God, or only fear for discovery of bad acts because of negative consequences.	Some sense of approval or disapproval from God, absence of guilt or disproportionally feeling guilty. Problems with acknowledging Gods authority.	Complying because it's Gods will, without inner conviction, emphasizing rules instead of principles or relationship. Emphasis on avoiding punishment or obtaining approval.	Complying/ obeying out of inner conviction, respecting God's authority	Complying/ obeying out of affectively experienced relationship with God; sense of reciprocity, feelings of regret are related to relationship.
Agency of God	God has no influence on situations or on character's reactions	God has influence on situations or joint divine and personal influence on the character's reactions. No explanation for Gods action is given.	God has influence on situations or shared influence on the character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but no explanation is given for it.	God has influence on situations or shared influence on character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but only a general explanation is given for it.	God has total influence on character's reactions, and a specific explanation is given for it.

assumes that God has specific intentions for specific persons. See also Table 1 for a more detailed description of the scales.

Assessment procedure. The assessment of the ATGR, according to protocol, begins with the instruction that the subject should make up fantasized stories about the cards to be shown. These cards are introduced as (translated from Dutch): "You will be shown 15 cards about people relating to God, and/or about God relating to people. Would you make up a story about these cards? Would you tell what happens on the card, what has led up to it, and how the story will end? Will you also address the question what the people on the card think and feel? And what God thinks and feels, what he does and why?" The instruction is repeated at least one time. Assessors should prompt only one time per card for an unaddressed aspect, and only by repeating the general question. The recordings of the assessments are transcribed according to protocol.

Coding procedure. Scoring took place by 27 students in 15 couples in which each student first independently scored protocols, then compared the scores with the other student of the couple, and discussed all different scores to achieve consensus.

Coders followed an intense training program, given by the first author, who is an experienced psychologist with much experience with administering apperceptive and projective tests. For each scale at least 15 hours of training were spent: three joint sessions of three hours and six hours of individual scoring at home.

Explicit aspects of God Representations

The Dutch Questionnaire God Representations (QGR), in earlier publications also referred to as Questionnaire God Image (QGI) is a 33-item self-report questionnaire, a translation and adaptation of Murken's (1998) scales of God relationships. It consists of two dimensions; the dimension "feelings towards God", with three scales: Positive feelings towards God (Positive), Anxiety (Anxiety) and Anger towards God (Anger); and the dimension "God's actions", with three scales: Supportive actions (Support), Ruling and/or Punishing Actions (Ruling/punishing), and Passivity of God (Passivity). All items are scored on a five-point scale, with (1) for not at all applicable, and (5) for completely applicable. The scale has good psychometric properties. The internal consistency of the scales is sufficient, with Cronbach's alpha's ranging from 0.71 to 0.94. Validity was confirmed by more unfavorable scores for mental health patients and by associations with religious saliency, church attendance and religious denomination (Schaap-Jonker & Eurelings-Bontekoe, 2009).

In this study three scales scored excellent in terms of internal consistency, as indicated by Cronbach's alpha: Positive (α = .94), Anxiety (α = .91), and Support (α = .94). Two scales scored good: Anger (α = .83) and Passivity (α = .82), and one scale, Ruling-Punishing, scored fair (α = .70).

Implicit and explicit distress

Global assessment of functioning (GAF). The GAF scale is a very well-known overall measure on a 1-100 scale of the severity of psychiatric symptoms and psychological, social and occupational functioning. It is Axis V of the Diagnostic and Statistical Manual of Mental Disorder, fourth edition (APA, 2000). This measure was added to this study because of its availability, although research suggests some problems with reliability and validity (Aas, 2010, 2011). We only used the GAF score indicating current patient's functioning.

Outcome Questionnaire OQ-45, patient and clinician. The OQ-45, (Lambert et al., 1996) is an American instrument to measure clinical outcomes, translated and adapted for a Dutch population by (De Jong et al., 2007). The Dutch version consists of four scales: Symptom Distress (SD), Interpersonal Relations (IR), Social Role Performance (SR), and Anxiety and Somatic Distress (ASD). The latter scale is a subscale that consists almost exclusively of SD-items, and is added to the Dutch version on the base of the results of factor analysis. Internal consistency of the scales was good for SD (0.89 to 0.91), for ASD (0.70 to 0.84), and for IR (0.74 to 0.80), and moderate for SR (0.53 in a community sample; 0.69 in a clinical sample). Scores on all scales were significantly higher for the clinical than for the normal population. Concurrent validity was sufficient, as shown by significant relations with subscales of the Symptom Checklist 90-items version, SCL-90; (Arrindell & Ettema, 1986), the Depression Anxiety and Stress Scales, DASS; (de Beurs, Van Dyck, Marquenie, Lange, & Blonk, 2001), and the Groningse Vragenlijst Sociaal Gedrag (Groningen Questionnaire of Social Behavior) 45-item version, GVSG-45; (De Jong & Van Der Lubbe, 2001). In the current study, the internal consistencies of two OQ-scales, based on Cronbach's alpha, were excellent: OQ-SD (α = .96), and OQ-ASD (α = .90). The internal consistency of the OQ IR scale was good (α = .84), and of the OQ-SR it was poor (α = .67).

To obtain also an indirect measure of distress, for the clinical sample we let the clinician fill in an adapted version of the OQ-45 Questionnaire, estimating the functioning of the patient on the various domains. This was done within the first three weeks after the start of treatment. The internal consistency of OQcl-SD (α = .89) and of OQcl-ASD (α = .82) were good; the internal consistency of the OQcl-SR scale (α = .74), and of the OQcl-IR scale (α = .73) were fair.

Religious affiliation. Religious affiliation was assessed by means of the sum score of five items with a five-point Likert scale regarding the question how important the participants' faith or life philosophy is in their own life. The items are: I view myself as a religious person; My faith is important to me; My faith plays a big role when making important decisions; Without my faith I could not live; My faith has much influence on my daily life. Cronbach's alpha in this study was 0.86.

Data Analyses

First, characteristics of the two samples were described and analyzed with *t* tests for independent samples and with Chi-square tests to examine significant differences between the non-clinical and clinical group on the potential confounding variables sex, age, level of education, religious affiliation, and religious denomination.

Second, the Intraclass Correlation Coefficient (ICC; Shrout & Fleiss, 1979) was used to calculate the interrater reliability of the scoring of ATGR scales, and internal consistencies of the scales were determined by Cronbach's alphas. Psychometric properties of the various scales (by tests of skewness and kurtosis and by the Kolmogorov-Smirnov and the Shapiro-Wilk test) were inspected to examine potential violations of assumptions for the various tests.

The divergent and convergent validity of the ATGR was examined by comparing the strength of associations of ATGR scales and QGR scales with implicit and explicit measures of distress, to see whether they were in line with the following expectations:

1. Associations of explicit God representation measures with explicit distress measures would be stronger than associations of implicit God representation measures with explicit distress measures
2. Associations of implicit God representation measures with implicit measures of distress would be stronger than associations of explicit God representation measures with implicit distress measures
3. Associations of implicit God representation measures with implicit distress measures would be stronger than associations of implicit God representation measures with explicit distress measures
4. Associations of explicit God representation measures with explicit measures of distress would be stronger than associations of explicit God representation measures with implicit measures of distress.

Comparing the results of the clinical and the non-clinical group:

5. In the non-clinical group, the associations between explicit and implicit attachment to God scales would be stronger than in the clinical group, because we assume that more healthy persons have their implicit and explicit representations more integrated.

Comparing implicit with explicit measures of God representations:

6. Based on differences in the level of implicitness, associations of the implicit God representation scale Affect Tone person would be more strongly associated with the explicit God representation scales than the implicit God representation scale Affect Tone character.
7. Based on conceptual relatedness, the implicit God representation scale Agency would be more strongly associated with the explicit God representation scales Passivity and Anger than the implicit God representation scales Affect Tone

person and character. The latter would be more strongly related to the explicit God representation scales Ruling/punishing and Anxiety.

We examined these associations with the multidimensional scaling method (MDS). This is a statistical technique that uses proximity data (distances between objects) and transforms these into a visual representation. It searches for an optimal positioning of points in which the distances between these points match best with all the proximities between the objects, and provides coordinates and a geometrical representation of these positions. This is done by means of minimalizing the stress, that is the difference between estimated distances and raw proximity data. We applied this method with the SPSS-procedure PROXSCAL as developed by the University of Leiden (Busing, Commandeur, Heiser, Bandilla, & Faulbaum, 1997). We let PROXSCAL assign the locations of the scales in a two-dimensional space, based on the correlation matrix of the observed correlations between all scales as measures of proximity. Thereto we first transformed the values of the correlations into distances (δ) with the following formula:

$$\delta = \sqrt{2 * (1 - |r|)} \qquad (1)$$

This way, specific information about the positioning of each individual scale in relation to all other scales was obtained. There are some rules of thumb to establish the goodness of fit of the found solution, but these, according to Borg, Groenen, and Mair (2012), are not very reliable because there are many aspects that need to be considered when judging stress. In this study we used the Normalized Raw Stress-value (NRS). An NRS value of 0 means absolute fit, but the ideal NRS value is .02, according to McGrady (2011). Because we have a theoretical model to compare the found solution to, we reported the various stress-values but did not reject solutions, based on these subjective criteria for bad fit. We only examined two-dimensional solutions and compared solutions that treated distances as ordinal and as interval with a Torgerson start configuration with those with multiple random starts and 1000 trials. To gain more insight into the stress, we examined the results of decomposing the Normalized Raw Stress, by looking at relatively high stress values of separate scales.

Results were computed separately for the non-clinical and clinical group, to control for the possibility that suffering or not suffering from psychopathology as a third variable would be the potential moderator of the found associations.

Finally, we examined discriminant validity of the TAGR with *t* tests for independent samples and with Mann-Whitney tests to see if the non-clinical and the clinical group differed on scores on the ATGR-scales. We also checked with *t* tests, One-way ANOVA's and Pearson's correlation coefficients whether the potential confounding variables sex, age, level of education, religious affiliation, and religious denomination were significantly associated with the ATGR scales.

Results

Sample Characteristics

Table 2. *Sample Characteristics of the Non-clinical and the Clinical Group*

	Non-clinical		Clinical		Total	
Sample characteristics	n	%	n	%	n	%
Sex						
Male	15	21.1%	9	12.2%	24	16.4%
Female	56	78.9%	65	87.8%	121	83.6%
Age						
17-19	25	35.2%	10	13.5%	35	24.1%
20-22	33	46.5%	16	21.6%	49	33.8%
23-25	9	12.7%	20	27.0%	29	20.0%
>25	4	5.6%	28	23.8%	32	21.1%
Church denomination						
Orthodox	11	15.5%	30	40.0%	41	28.1%
Mainstream	46	68.4%	29	38.7%	75	51.4%
Evangelical/Baptist	14	19.7%	16	21.3%	30	20.5%
Religious affiliation						
10-19	14	19.7%	31	41.9%	45	31.0%
20-22	24	33.8%	22	29.7%	46	31.7%
23-25	33	46.5%	21	28.4%	54	37.2%
Level of education						
1 VMBO	0	0.0%	5	6.8%	5	3.4%
2 HAVO/MBO	15	21.2%	36	48.6%	51	35.2%
3 VWO/HBO	54	76.1%	25	33.8%	79	54.5%
4 WO	2	2.8%	8	10.8%	10	6.9%

NOTE: VMBO = Voorbereidend Middelbaar Beroepsonderwijs (preparatory secondary vocational education); HAVO = Hoger Algemeen Voortgezet Onderwijs (senior general secondary education); MBO = Middelbaar Beroepsonderwijs (senior secondary vocational education and training); VWO = Voorbereidend Wetenschappelijk Onderwijs (pre-university education); HBO = Hoger Beroepsonderwijs (higher professional education); WO = Wetenschappelijk Onderwijs (academic higher education).

In Table 2 we listed sample characteristics of the non-clinical and the clinical sample for the variables sex, age, church denomination, religious affiliation, and education. Church denomination is categorized into three groups as follows: *Orthodox* (Reformed Bond, 4; Reformed Congregations, 22; Old-Reformed Congregations, 2, Restored Reformed Church, 5; Reformed Congregations in the Netherlands, 7; Home reading, 1) *Mainstream (* Protestant Church in the Netherlands,28; Christian Reformed Churches, 11; Reformed Churches in the Netherlands (Liberated), 30; Netherlands Reformed Churches, 6) and *Evangelical/Baptist* (Evangelical/Baptist, 28; Congregation of Believers, 2). For education we categorized the various

educations (highest diploma) into two levels. The lower levels (level 1 and 2) regard lower general secondary education and intermediate vocational education (number of years of education: 4-7), the higher levels (level 3 and 4) regard pre-university education and university (number of years of education: 6-10).

Various tests were conducted to compare the samples on these characteristics. The continuous variables age and affiliation did not meet the assumption of a normal distribution. Therefore Mann-Whitney tests instead of *t* tests for independent samples were conducted. Results indicated that the non-clinical and the clinical sample showed significant differences regarding age, ($U = 1235$, $z = -5.61$, $p < .001$, $r = -.46$), and affiliation, ($U = 1952.5$, $z = -2.80$, $p = .005$, $r = -.23$). Chi-square tests showed that church denomination and level of education were unequally distributed across the non-clinical and the clinical sample, $\chi^2(2) = 12.691$, $p = .002$, and $\chi^2(1) = 18.638$, $p = <.001$ respectively) . However, sex was equally distributed across the two samples ($\chi^2(1) = 2.212$, $p < .137$).

Taken together, participants in the clinical sample were older, more orthodox religious and stronger religiously affiliated and had a lower educational level than participants of the non-clinical sample. Therefore it is important to examine if these variables are also associated with the ATGR scales.

Reliability of ATGR

Interrater reliability. The weighted average interrater reliability (ICC) of the ATGR scales were good for the scales Affect Tone character, Affect Tone person and Agency, fair for the Complexity scale, and poor for Investment and for Religious Rules (Cicchetti, 1994). Because more than half of the protocols were scored poorly for Religious Rules, this scale was left out of our further analyses.

Internal consistency. The internal consistency of the ATGR scales, as indicated by Cronbach's alpha, was good for the Complexity-scale ($\alpha = .88$) and for the Affect Tone person scale ($\alpha = .85$). It was fair for the Agency-scale ($\alpha = .75$), and low for Affect Tone character ($\alpha = .63$) and for Investment ($\alpha = .64$).

Distribution of the ATGR scale scores. Table 3 shows the distribution of the ATGR-scales scores. Scores on the Complexity scale showed a normal distribution in both the non-clinical and the clinical group, scores on the Affect Tone character scale and the Agency scale had normal distributions in the non-clinical group, and scores on the Affect Tone person scale and on the Religious Rules scale had normal distributions in the clinical group. For the remaining combinations of scales/groups, the scores were not normally distributed.

Table 3. *Characteristics of Distribution of Mean Scores of Respondents on ATGR Scales*

Scale	sample	Mean	sd	mdn	Min	Max	skew-ness	*z*-score[a]	kurt.	*z*-score[b]	Kol.	Shap.-Wilk
Complexity	Non-clin.	3.46	0.28	3.47	2.93	4.07	0.33	1.16	-0.58	1.03	ns	ns
	Clinical	3.18	0.42	3.13	2.20	4.00	-0.57	**-2.04**	-0.17	-0.31	ns	ns
Affect Tone character	Non-clin.	3.62	0.30	3.60	2.86	4.47	0.48	1.67	0.44	0.79	ns	ns
	Clinical	3.58	0.28	3.60	2.80	4.33	0.53	0.19	1.27	**2.30**	.01	ns
Affect Tone person	Non-clin.	4.34	0.41	4.40	2.93	5.00	-1.34	**4.69**	2.69	**4.78**	.02	<.01
	Clinical	3.84	0.48	3.80	2.67	4.73	-0.21	-0.75	-0.47	-0.85	ns	ns
Investment	Non-clin.	3.09	0.27	3.07	2.27	3.93	-0.07	0.26	1.10	**1.96**	.03	ns
	Clinical	2.88	0.33	2.93	1.93	3.60	-0.72	-2.58	0.53	0.96	.02	.02
Agency	Non-clin.	2.61	0.55	2.47	1.43	4.36	0.68	**2.38**	0.36	0.63	.01	.01
	Clinical	2.16	0.69	1.93	1.00	3.93	0.57	2.04	-0.57	-1.03	<.01	<.01
Agency-s	Non-clin.	1.67	0.20	1.67	1.25	2.00	-0.13	0.47	-0.63	1.12	ns	ns
	Clinical	1.58	0.28	1.60	1.00	2.00	-0.12	-0.43	-1.19	**-2.16**	.04	<.01
Agency-r	Non-clin.	1.56	0.32	1.50	1.07	2.50	0.88	**3.08**	0.30	0.53	.02	<.01
	Clinical	1.48	0.34	1.38	1.00	2.27	0.57	2.04	-0.74	-1.34	<.01	<.01
Agency-e	Non-clin.	1.67	0.44	1.57	1.07	2.86	0.47	1.65	-0.64	1.14	<.01	<.01
	Clinical	1.41	0.45	1.20	1.00	2.67	0.96	3.44	-0.25	-0.45	<.01	<.01

Note. sd = standard deviation; mdn = median; min = minimum score; max = maximum score; [a] = *z*-score of skew-ness; kurt. = kurtosis; [b] = *z*-score of kurtosis; Kol. = significance/*p*-value of Kolmogorov-Smirnov test; Shap.-Wilk = significance/p-value of Shapiro-Wilk test; ns = not significant.

Intercorrelations between ATGR scales. In the clinical group nine out of the 10 intercorrelations between the five main scales were significant, with eight of them highly significant ($r > .35$). The highest correlation in this group was the correlation between Complexity and Agency, $r = .66$, indicating a shared variance of 44%. All correlations were in the expected direction. In the non-clinical group, only four out of the 10 intercorrelations were highly significant. Yet, none of them had stronger correlations than $r = .40$, which means that scales shared less than 16% of their variance.

Validity of ATGR Scales

Convergent and divergent validity.

Solutions of the multidimensional scaling method. For the clinical group, starting with the classical Torgerson configuration and treating distances as ordinal yielded a two-dimension solution with a stress-value of NRS = .04; treating distances as interval gave a stress-value of .08. Starting with a random figuration and 1000 trials yielded the same NRS stress-value of .04 for a two-dimension solution. Since this solution was theoretically better interpretable, we used this solution for further analysis (see Figure 1). Decomposition of NRS showed that for this solution, the explicit God representation scales Passivity, Anxiety and the implicit God representation scale Affect Tone character had stress-values that were more than .02 greater than the mean NRS-value, respectively .08, .08 and .06.

For the non-clinical group, a Torgerson start configuration using ordinal level yielded a two-dimensional solution of NRS = .04; treating distances as interval yielded an NRS of .08. A random start with 1000 trials (ordinal) yielded a two-dimensional solution with an NRS of .04. Here we also choose the latter (see Figure 1). Decomposition of NRS showed that for this solution, the explicit God representation scale RULP and the explicit OQ-SR scale had stress-values that were more than .02 greater than the mean NRS-value, respectively .11 and .08.

Associations between implicit and explicit God representation scales.

The clinical group. All ATGR scales were positioned at the lower side of the vertical dimension. The three affective ATGR scales (Affect Tone character and person and Investment) were, as expected, positioned most closely to the explicit God representation scales. Against our sixth expectation, Affect Tone character was positioned more closely than Affect Tone person to the explicit scales. We assumed the vertical dimension to represent an implicit-explicit dimension, and the horizontal dimension to represent conceptual differences. On the horizontal dimension, the position of the explicit Ruling/punishing and the Passivity scales did not correspond with the expected positions of the implicit Affect Tone person and Agency scales (see Figure 1).

The non-clinical group. We assumed that the same implicit-explicit and conceptual differences dimensions as for the results of the clinical group also applied for the non-clinical group. All ATGR scales except Affect Tone person were positioned at the lower (implicit) side of the assumed implicit-explicit dimension. Two of the three affective ATGR scales (Affect Tone character and person) were positioned most closely to the explicit God representation scales. In line with our sixth expectation, Affect Tone person was positioned more closely than Affect Tone character to the explicit scales. On the horizontal dimension the affective ATGR scales were positioned more to the left than the more cognitive ATGR scales. In line with our seventh expectation, the position of the explicit Ruling/punishing and the Passivity scales corresponded with the positions of the implicit Affect Tone person and Agency scales (see Figure 1).

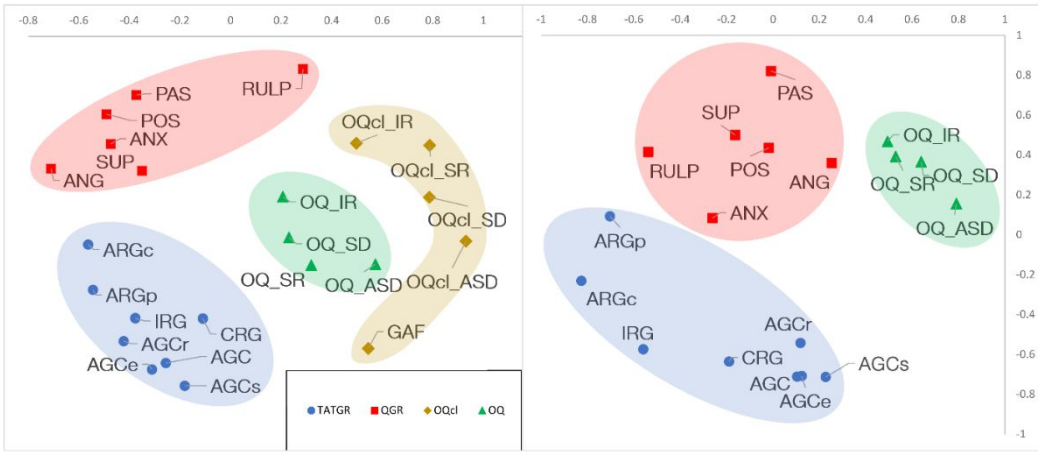

Figure 1. By MDS estimated locations of the scales for the clinical (left) and the non-clinical (right) group.

Implicit God representation scales: CRG= Complexity; ARGc = Affect Tone character; ARGp = Affect one person; IRG = Investment; AGCs = Agency-situation; AGCr = Agency-reaction; AGCe = Agency-explanation; Explicit God representation scales: POS = Positive; ANX = Anxious; ANG = Anger; SUP =Supportive; RULP = Ruling/punishing; PAS = Passivity; OQ= OQ patient; OQcl = OQ clinician; IR =Interpersonal relations; SR = Social Role Performance; SD = Symptom Distress; ASD = Anxiety and Somatic Distress.

Comparing the strength of correlations between the clinical and non-clinical group. In the clinical group, nine out of the 10 intercorrelations between the five main scales were significant, with eight of them highly significant ($r > .35$). The highest correlation in this group was the correlation between Complexity and Agency, $r = .66$,

indicating a shared variance of 44%. All correlations were in the expected direction. In the non-clinical group, only four out of the 10 intercorrelations were highly significant (see Table 4), with none of them stronger than .40, which means that scales shared less than 16% of their variance. Against our fifth expectation, correlations in the clinical group (average correlation: $r = .19$), were not weaker than correlations in the non-clinical group (average correlation: $r = .13$) (see also Table 4).

Associations of implicit versus explicit God representation scales with explicit distress scales.

The clinical group. Results of MDS for the clinical group (see Figure 1) showed that overall the implicit distress scales were at the same vertical level as the explicit distress scales, but positioned further away from the implicit as well as the explicit God representation scales. Assuming that the vertical direction represents an implicit-explicit dimension, this does not confirm the validity of the implicit God representation scales.

We compared the distances from each ATGR scale to each explicit distress scale with the distances from each QGR scale to each explicit distress scale. From the 24 comparisons with the CRG scale, 21 distances were shorter than the distances between QGR scales and explicit distress scales. From Affect Tone character and Investment 16 of the 24 distances were shorter, and from AGC and Affect Tone person half of the distances were shorter (see Table 5). Thus, against our expectations, in the clinical group overall the explicit God representation scales were not associated more strongly than the implicit God representation scales with the explicit distress scales.

The non-clinical group. In the non-clinical group (see Figure 1) overall the group of explicit distress scales was positioned more closely to the group of QGR scales than to the group of ATGR scales. We compared the distances from all ATGR scales to all OQ scales with the distances from all QGR scales to all OQ scales (see Table 5). For only 9 of the 192 comparisons, an ATGR scale was positioned more closely than a QGR scale to an explicit distress scale. Seven of these distances involved the QGR scale Ruling/punishing. Thus, in the non-clinical group, in line with our expectations, overall the explicit God representation scales were more strongly associated with the explicit distress scales than the implicit God representation scales.

Associations of implicit versus explicit God representation scales with implicit distress scales. We compared (only for the clinical group) the distances from each ATGR scale to each implicit distress scale with the distances of the QGR scales to these scales (see Figure 1 and Table 5). Nearly all QGR scales were positioned more closely to all OQcl distress scales than most ATGR scales. An exception was the distances of all ATGR scales to the implicit distress scale GAF: they were all shorter than all distances between QGR scales and the GAF scale. Thus, in line with our expectations, the implicit God representation scales were associated more strongly

Table 4. *Correlations Between Implicit and Explicit God Representation Scales for the Clinical and the Non-clinical group*

God Repr. scales		Implicit God representation scales								Explicit God representation scales					
		Com-plexity	Affect Tone c	Affect Tone p	Invest-ment	Agency	Agency -s	Agency -r	Agency -e	Positive	Anxiety	Anger	Support	Ruling/ Punishing	Passi-vity
Complexity	*r*		.15	**.38****	**.42****	**.66****	**.57****	**.60****	**.67****	.20	-.20	-.20	**.26***	.21	-.18
	p		.203	.001	<.001	<.001	<.001	<.001	<.001	.091	.09	.086	.029	.068	.133
Affect Tone character	*r*	.11		**.54****	**.36****	**.24***	.13	**.32****	.20	**.24***	-.23	**-.30****	**.27***	-.17	-.18
	p	.350		<.001	.002	.037	.29	.005	.09	.044	.052	.008	.022	.152	.135
Affect Tone person	*r*	.16	.23		**.48****	**.48****	**.40****	**.53****	**.48****	**.29***	-.22	**-.31****	**.30****	-.21	-.19
	p	.197	.055		<.001	<.001	<.001	<.001	<.001	.014	.055	.008	.009	.077	.108
Investment	*r*	.22	**.39****	**.32****		**.49****	**.35****	**.53****	**.51****	.08	**-.25***	-.16	**.24***	-.14	-.09
	p	.060	.001	.006		<.001	.003	<.001	<.001	.482	.035	.181	.044	.225	.453
Agency	*r*	**.36****	.15	.10	**.32****		**.90****	**.90****	**1.0****	.04	-.10	-.22	.21	.09	-.06
	p	.002	.225	.402	.008		<.001	<.001	<.001	.73	.416	.06	.069	.451	.592
Agency-s	*r*	**.37****	-.02	-.15	.10	**.64****		**.71****	**.84****						
	p	.002	.881	.200	.424	<.001		<.001	<.001						
Agency-r	*r*	.15	**.24***	.03	**.24***	**.71****	**.38****		**.86****						
	p	.223	.046	.800	.040	<.001	<.001		<.001						
Agency-e	*r*	**.40****	.06	.05	**.29***	**.97****	**.56****	**.64****							
	p	.001	.641	.670	.016	.000	.000	.000							
Positive	*r*	**.24***	-.01	**.25***	.09	.00									
	p	.043	.943	.038	.481	.976									
Anxiety	*r*	-.14	-.14	**-.28***	-.01	.18									
	p	.237	.237	.017	.937	.141									
Anger	*r*	-.13	-.05	.04	.03	.15									
	p	.276	.693	.749	.797	.208									
Support	*r*	.20	-.07	**.31****	.09	.08									
	p	.096	.553	.009	.446	.525									
Ruling	*r*	-.01	**-.26***	**-.25***	-.06	.13									
	p	.910	.031	.032	.639	.275									
Passivity	*r*	-.05	-.02	-.03	-.01	-.09									
	p	.667	.899	.788	.906	.460									

Note. Left-below: non-clinical group; Right-upper: clinical group. *r* = Pearson's correlation coefficient; *p* = significance value of *r;*
*correlation significant at <.05 level (bold); **correlation significant at <.01 level (bold)

Table 5. *MDS-distances Between Scales for the Clinical and the Non-clinical Group*

	CRG	ARG-c	ARG-p	IRG	VHG	VHG-s	VHG-r	VHG-e	POS	ANX	ANG	SUP	RULP	PAS	OQ-cl-IR	OQ-cl-SR	OQ-cl-SD	OQ-cl-ASD	GAF	OQ-IR	OQ-SR	OQ-SD	OQ-ASD
Complexity		0.8	0.9	0.4	0.3	0.4	0.3	0.3	1.1	0.7	1.1	1.1	1.1	1.5						1.3	1.3	1.3	1.3
Affect Tone character	0.6		0.3	0.4	1.0	1.2	1.0	1.1	1.0	0.6	1.2	1.0	0.7	1.3						1.5	1.5	1.6	1.7
Affect tone person	0.5	0.2		0.7	1.1	1.2	1.0	1.2	0.8	0.4	1.0	0.7	0.4	1.0						1.3	1.3	1.4	1.5
Investment	0.3	0.4	0.2		0.7	0.8	0.7	0.7	1.1	0.7	1.2	1.1	1.0	1.5						1.5	1.5	1.5	1.5
Agency	0.3	0.7	0.5	0.3		0.1	0.2	0.0	1.2	0.9	1.1	1.2	1.3	1.5						1.2	1.2	1.2	1.1
Agency-s	0.3	0.8	0.6	0.4	0.1		0.2	0.1	1.2	0.9	1.1	1.3	1.4	1.6						1.2	1.1	1.2	1.0
Agency-r	0.3	0.5	0.3	0.1	0.2	0.3		0.2	1.0	0.7	0.9	1.1	1.2	1.4						1.1	1.0	1.0	1.0
Agency-e	0.3	0.7	0.5	0.3	0.1	0.2	0.2		1.2	0.9	1.1	1.2	1.3	1.5						1.2	1.2	1.2	1.1
POS	1.1	0.7	0.9	1.0	1.3	1.4	1.1	1.3		0.4	0.3	0.2	0.5	0.4						0.5	0.6	0.7	0.9
ANX	0.9	0.5	0.7	0.9	1.1	1.2	1.0	1.1	0.2		0.6	0.4	0.4	0.8						0.8	0.8	0.9	1.1
ANG	1.0	0.4	0.6	0.8	1.1	1.2	0.9	1.1	0.4	0.3		0.4	0.8	0.5						0.3	0.3	0.4	0.6
SUP	0.8	0.4	0.6	0.7	1.0	1.1	0.9	1.0	0.3	0.2	0.4		0.4	0.4						0.7	0.7	0.8	1.0
RULP	1.3	1.2	1.4	1.4	1.6	1.7	1.5	1.6	0.8	0.8	1.1	0.8		0.7						1.0	1.1	1.2	1.4
PAS	1.2	0.8	1.0	1.1	1.3	1.5	1.2	1.4	0.2	0.3	0.5	0.4	0.7							0.6	0.7	0.8	1.0
OQcl_IR	1.1	1.2	1.3	1.2	1.3	1.4	1.4	1.4	1.0	1.0	1.2	0.9	0.4	0.9									
OQcl_SR	1.2	1.4	1.5	1.5	1.5	1.5	1.6	1.6	1.3	1.3	1.5	1.1	0.6	1.2	0.3								
OQcl_SD	1.1	1.4	1.4	1.3	1.3	1.4	1.4	1.4	1.3	1.3	1.5	1.1	0.8	1.3	0.4	0.3							
OQcl_ASD	1.1	1.5	1.5	1.4	1.3	1.3	1.4	1.4	1.6	1.5	1.7	1.3	1.1	1.5	0.7	0.5	0.3						
GAF	0.7	1.2	1.1	0.9	0.8	0.8	1.0	0.9	1.6	1.4	1.5	1.3	1.4	1.6	1.0	1.0	0.8	0.7					
OQ_IR	0.7	0.8	0.9	0.8	1.0	1.0	1.0	1.0	0.8	0.7	0.9	0.6	0.6	0.8	0.4	0.6	0.6	0.8	0.8		0.1	0.2	0.4
OQ_SR	0.5	0.9	0.9	0.7	0.8	0.8	0.8	0.8	1.1	1.0	1.1	0.8	1.0	1.1	0.6	0.8	0.6	0.6	0.5	0.4		0.1	0.4
OQ_SD	0.5	0.8	0.8	0.7	0.8	0.8	0.8	0.9	1.0	0.8	1.0	0.7	0.8	0.9	0.5	0.7	0.6	0.7	0.6	0.2	0.2		0.3
OQ_ASD	0.7	1.1	1.1	1.0	1.0	1.0	1.1	1.0	1.3	1.2	1.4	1.0	1.0	1.3	0.6	0.6	0.4	0.4	0.4	0.5	0.3	0.4	

Note. Left-below: clinical group; Right-upper: non-clinical group

with the implicit distress scale GAF than the explicit God representation scales. However, against our expectations, overall the implicit God representation scales were not more strongly associated with the implicit OQ scales than the explicit God representation scales.

Associations of implicit God representation scales with implicit versus explicit distress scales. We compared the distances from the ATGR scales to the implicit distress scales with the distances to the explicit distress scales (see Figure 1 and Table 5). Nearly all explicit distress scales were positioned more closely to the ATGR scales than the implicit distress scales. Thus, against expectations, overall the implicit God representation scales were not associated more strongly with the implicit than with the explicit distress scales.

Associations of explicit God representation scales with implicit versus explicit distress scales. We compared the distances from the QGR scales to the explicit distress scales with the distances to the implicit distress scales (see Figure 1 and Table 5). Nearly all QGR scales were positioned more closely to the explicit than to the implicit distress scales. Thus, in line with our expectations, overall the explicit God representation scales were associated more strongly with the explicit than with the implicit distress scales.

Discriminant Validity

Differences in scores on ATGR scales between the non-clinical and clinical group. To examine if the mean scores of subjects from the clinical group on the ATGR scales differed from those of the non-clinical group, we conducted an independent samples *t* test for Complexity, and Mann-Whitney tests for the other scales because their scores were not normally distributed in the non-clinical and/or in the clinical sample.

Table 6. *T-test and Mann-Whitney tests for differences in ATGR scale scores*

	non-clinical			clinical						
ATGR scales	*N*	*M*	*sd*	*N*	*M*	*sd*	*t*	*df*	*U*	*p*
Complexity	71	3.46	0.28	74	3.18	0.41	**4.693****	128		<.001
Affect Tone character	71	3.62	0.30	74	3.59	0.28			2540	0.745
Affect Tone person	71	4.34	0.41	74	3.84	0.46			**1060****	<.001
Investment	71	3.09	0.27	74	2.88	0.34			**1647****	<.001
Agency	71	2.61	0.55	74	2.16	0.69			**1552****	<.001
Agency-s	71	1.67	0.20	74	1.58	0.28			2168.5	0.069
Agency-r	71	1.56	0.32	74	1.48	0.34			2212.5	0.101
Agency-e	71	1.67	0.44	74	1.42	0.45			**1647****	<.001

Note. ** = significant at <.01 level (bold)

For all ATGR main scales, the clinical group had lower mean scores than the non-clinical group (see Table 6). For Complexity, this difference was significant. For Affect

Tone person, Investment, Agency and its subscale Agency-e, distributions of scores of both groups on these scales differed significantly from each other.

Associations of potential confounding variables with ATGR scales. Because the clinical group differed from the non-clinical group on the variables age, level of education, religious affiliation, and religious denomination, we examined if these control variables were associated with the ATGR scores. For the associations of age and affiliation with the ATGR scores, we computed Pearson's correlation coefficients. For the associations of level of education and church denomination, we conducted one-way ANOVA's, after examining if the assumption of homogeneity of variances was violated.

Age. Age correlated significantly and negatively with Complexity, $r = -.25$, $p = .003$, and with Affect Tone person, $r = -.23$, $p = .006$.

Affiliation. Affiliation correlated significantly and positively with Affect Tone person, $r = .20$, $p = .015$, with Investment, $r = .22$, $p = .009$, and with Agency, $r = .17$, $p = .043$.

Level of education. A one-way ANOVA showed that level of education was significantly associated with Affect Tone person, $F = 4.854$, $p = .003$. Planned contrasts showed that participants with level 3 had significantly higher mean scores than participants with level 2 and significantly lower mean scores than participants with level 4. Level of education also had a significant effect on Investment, $F = 5.464$, $p = .001$. Because Levene's statistic was significant, indicating that variances of the subgroups were not homogeneous, the more robust Welch test was conducted for the association, which was also significant, $p = .024$. Planned contrasts showed that participants with level 2 scored significantly lower on Investment than participants with level 3. Level of education was significantly associated with Agency-e, $F(3) = 3.356$, $p = .021$. Because Levene's statistic was significant, the more robust Welch test was conducted for the association between education and Agency-e. This test was significant ($p = .006$). The group with the lowest level of education ($n = 5$) and the group with the highest level of education ($n = 10$) had significantly lower scores on Agency-e than the group with level 3 education (VWO/HBO).

Church denomination. Denomination had significant effects on Affect Tone person, $F = 11.349$, $p < .001$ and on Investment, $F = 8.761$, $p < .001$. Planned contrasts showed that the group of Orthodox denominations had significantly lower Affect Tone and Investment scores than the mainstream and evangelical/Baptist groups.

Associations within the non-clinical and the clinical group. Within both groups, none of the ATGR scales were significantly associated with age. Affiliation, level of education, and church denomination were only significantly associated with Affect Tone person, and only within the non-clinical group. Correlations between affiliation and Affect Tone person were —contradictory to the direction of the overall correlation— positive in both groups. In the clinical group, level of education and

church denomination were not associated with the ATGR scales, and in the non-clinical group, the only remaining effects were the lower mean scores on Affect Tone person for respondents with the highest level of education and for orthodox respondents. The implications of these findings for the interpretations of our results will be discussed below.

Discussion

Reliability of ATGR Scales

Overall, interrater reliability of four of the six ATGR scales was sufficient. It was good for the scales Affect Tone character, Affect Tone person, and Agency, fair for the Complexity scale, and poor for the Investment scale and for the Religious Rules-scale. Because of poor results, the latter scale was left out of further analyses.

Internal consistencies of the scales, as indicated by Cronbach's alpha, was good for the Complexity and the Affect Tone person scale, fair for the Agency scale. They were poor (< .70) for the Affect Tone character and the Investment scale. This may not necessarily need to be viewed as problematic. It may be the result of person-situation interaction, which (Jenkins, 2017) refers to as 'card pulling'. Because of this phenomenon, classical test theory with its emphasis on internal consistency reliability may not be appropriate for establishing the reliability of instruments as for example the TAT (Cramer, 1999; Jenkins, 2017).

Interrelations of ATGR Scales

In the non-clinical group, the correlations between ATGR scales were weak to moderate, indicating that these scales indeed measure different aspects of God representations. Overall, in the clinical group, the correlations between the ATGR scales were stronger than in the non-clinical group, and more correlations between the scales were significant than in the non-clinical group. This was most notably the case for three correlations between ATGR scales.

First, in the non-clinical group the correlation between Affect Tone character and Affect Tone person —two scales that are conceptually strongly related— was moderate and not significant, whereas in the clinical group this correlation was strong and highly significant. Apparently, whereas in the non-clinical group respondents' feelings about God often were distinguished from the feelings about God they attribute to the characters in their stories, in the clinical group this distinction often was not made. This may be the result of a diminished ability to distinguish between the role of observer versus participant in an interaction or in other words: of a weakened functioning of the "observing ego" for respondents of the clinical group (Glickauf-Hughes, Wells, & Chance, 1996).

Second, in the non-clinical group, the scale Complexity was not significantly associated with Affect Tone person and with Investment, whereas in the clinical group these correlations were highly significant. So for respondents in the non-clinical group, seeing God as unidimensional or complex was unrelated to a positive or negative affective relationship with God, or to the attribution of a selfish or dedicated attitude to the character in his relationship with God, whereas these aspects were more intertwined for respondents in the clinical group.

Third, in the non-clinical group, the scales Affect Tone person and Agency were not significantly correlated, whereas this correlation was highly significant in the clinical group, indicating that less positive feelings of the patients towards God are associated with attributing to God less active involvement with situations in the told stories. Apparently, where respondents in the non-clinical group could distinguish positive and negative aspects of God representations, respondents in the clinical group were more susceptible for global negative evaluations of God and their relationship with him; a phenomenon that may be inherently related to the lower scores on Complexity for this group.

Construct Validity of ATGR Scales

Correlations between ATGR scales and QGR scales.

Validating implicit God representation measures by examining correlations with other instruments is difficult because there is not a good criterion to compare these new measures with. Although it is well-known that implicit and explicit measures of the same construct often hardly correlate (Hofmann, Gawronski, Gschwendner, Le, & Schmitt, 2005; Roisman et al., 2007), nevertheless we examined associations between ATGR and a well-validated explicit instrument for measuring God representations: the QGR. We expected that the ATGR scales would show weak associations with the self-reported aspects of God image. On the other hand, it would attribute to the validity if results demonstrated that conceptually more related aspects of God representations of the ATGR and the QGR were associated more strongly with each other than with less related aspects.

We based our expectations about differences in strength of associations on two dimensions: implicitness/explicitness and conceptual relatedness of the various scales. Results were interpretable using these two dimensions. On the assumed implicit-explicit dimension of the MDS solution, the implicit ATGR scales were clearly discerned from the explicit QGR scales, especially in the non-clinical group. In the non-clinical group, the Affect Tone person scale was the only ATGR scale that deviated from this pattern, being positioned at the same level of this dimension as the explicit QGR Anxiety scale. However, this confirmed our expectation that Affect Tone person would be more strongly associated with explicit God representation measures than Affect Tone character. In the non-clinical group, most expectations based on conceptual

relationship were confirmed. Based on their positions on the assumed conceptual dimension, the affective ATGR scales Affect Tone character and person and Investment and the QGR scales Ruling/punishing and Anxious were conceptually more related to each other than to the other scales. This also held for the ATGR scales Agency and Complexity that were on the same side of this dimension as QGR scales Passivity and Anger. Overall, these results undergird the validity of the ATGR scales.

In the clinical group these patterns did not emerge clearly: the ATGR scales predominantly held their relative positions towards each other, but the QGR scales had different positions; the Anger scale, and —to a lesser extinct— the Passivity scale were more strongly associated with the affective ATGR scales, and the Ruling/punishing scale was conceptually more strongly related to the cognitive than to the affective ATGR scales. Possibly, our assumption that an attribution of God as passive would be especially associated with anger about him (born out of frustration about not having a better life), does not hold clearly for patients; they may also hold God more actively responsible for their misfortune (e.g., being punished by him). This is in line with results of research into religious coping, demonstrating an association between symptoms of psychopathology and negative religious coping/spiritual struggles (McConnell, Pargament, Ellison, & Flannelly, 2006). The different positions of the QGR scales in the clinical group might also be attributed to other associations in this group, particularly with the explicit and implicit distress scales, which also influence the positioning of the scales. In the MDS solution for the clinical group, the implicit and explicit scales —and especially the IR scales— are more strongly associated with the QGR scale Ruling/punishing and less strongly with the Anger scale than in the non-clinical group. This might imply that interpersonal relations in the clinical group are less strongly associated with explicitly experienced anger about God and more strongly with experiencing God as ruling/punishing than in the non-clinical group.

Comparison of correlations in the non-clinical versus the clinical group. As was the case for the correlations between the ATGR scales, correlations of ATGR scales with QGR scales also were stronger and more often significant in the clinical group than in the non-clinical group. This was contradictory to our expectation that for more healthy persons, the implicit and explicit aspects of their God representations would be more integrated (i.e., more strongly correlated). We based this assumption on theoretical grounds (Hall & Fujikawa, 2013), but there is no empirical research to undergird this assumption. If this assumption is true, not finding stronger associations in the non-clinical group might indicate that one or both instruments do not validly measure God representations in this group. Perhaps the social desirability and doctrine effects on the self-report measure in this group were much stronger than in the clinical group, making them less valid. Another explanation could be that the instruction for the apperceptive test to make up stories, has —for non-patients more so than

for patients— led to stories that do not reflect real, but idealized representations of God. This might be in line with the critical discussion of the TAT by Leigh, Westen, Barends, Mendel, and Byers (1992) who wonder if characters in the stories always are projections of the real self, and suggest that they may also be projections of an idealized self.

Yet, there is still another explanation that does not necessarily undermine the validity of the chosen instruments. The stronger associations between implicit and explicit God representation scales in the clinical group could be explained by assuming that for patients implicit aspects of God representations partly infiltrate their explicit God representation measures. Self-report questions about who God represents for the person might activate the attachment system, which may inhibit mentalizing (i.e., the ability to think about others and oneself in terms of mental states) and cause a shift to "pre-mentalistic modes" that "destroy the coherence of self-experience that the narrative provided by normal mentalization generates" (Bateman & Fonagy, 2008, p. 183). Applied to this context: implicit, negative (God) representations distort the potentially available more explicit positive God representations that could otherwise support the person. This might imply that explicit God representation measures, to a greater extent than generally assumed, assess implicit aspects of God representations, especially for patients. This conclusion is in line with Hall et al.'s (2009) notion that self-report measures can actually be seen as indicators of implicit aspects of experience.

Theoretically, we expected implicit and explicit measures to be differently related in the clinical compared to the non-clinical group. To the best of our knowledge, these differences have not yet been investigated. Our findings only indicate that differences exist, but they deviate from what we expected: results suggest a stronger rather than weaker association between both types of instruments among the clinical sample. This finding does not undermine the validity of the ATGR scales, but it does suggest that findings from non-clinical samples should not automatically be generalized to clinical samples. Future research into associations between implicit and explicit measures should be conducted with both groups or should otherwise control for level of psychopathology.

Associations of implicit and explicit God representation scales with measures of implicit and explicit distress. In the non-clinical group, but not in the clinical group, results were in line with our first expectation that the explicit God representation scales would be associated more strongly with the explicit measures of distress than the implicit God representation scales. In the clinical group aspects of the implicit God representation were more strongly related to various aspects of self-reported distress than aspects of the explicit God representation. This unexpected outcome raises the question why these associations were not found in the non-clinical group. One potential explanation might be that negative implicit God representations

in this group invade the conscious experiencing of negative affects to a much lesser extent. Another explanation may be that the level of distress in this group is much lower and does not trigger persons to seek support from God, but lets them rely on more secular coping strategies. This is in accordance with the buffer theory for explaining associations between religiosity and wellbeing/distress, which states that this association is moderated by the level of stress (Ellison & Levin, 1998; Koenig, King, & Carson, 2012) and with the recovery approach in mental health, which states that for psychiatric patients existential/religious coping and existential/religious identity might be much more important than for non-patients (Huguelet et al., 2016; Jong & Schaap-Jonker, 2016; Mohr et al., 2012; Roberts & Wolfson, 2004).

Only for the GAF scale, results were in line with our second expectation that the implicit God representation measures would be associated more strongly than the explicit God representation measures with the implicit measures of distress. (To note, this and the following expectations could only be examined in the clinical group.) Probably the OQcl scales are less sensitive than the GAF in discriminating between patients that —despite various symptoms or problems in psychological, interpersonal or occupational functioning— still have enough strength and patients that miss strength to cope relatively adequately with their life situation.

In general, results were not in line with our third expectation that the implicit God representation scales would be more strongly associated with implicit than with explicit measures of distress. On the contrary, most implicit God representation measures were more strongly associated with the explicit than with the implicit distress measures. This might imply that the ATGR scales do not validly measure implicit God representations, but it might also be attributed to a weak validity of our implicit distress measures and to the already mentioned possibility that the implicit God representations invade the conscious experiencing of negative feelings. Vice versa, effects of depression, stress or anxiety in the clinical group, by triggering more negative God representations, might also have caused the stronger association between explicit distress and implicit God representations in this group.

Results were partly in line with our fourth expectation that explicit God representation measures would be more strongly associated with explicit than with implicit measures of distress. Most explicit God representation scales were indeed associated more strongly with the explicit than with the implicit distress scales, but two explicit God representation scales (Ruling/punishing and Passivity) were associated more strongly with the implicit OQcl scales, especially with the IR scale. This exception underlines that some aspects of the explicit God representations are also associated with implicit measures of distress, again indicating that for patients self-reported God representations may to a greater extent be influenced by implicit psychological processes than generally assumed (Hall & Fujikawa, 2013).

Discriminant Validity of ATGR Scales

Scores on Complexity, Affect Tone person, Investment and Agency differed significantly between the clinical and the non-clinical group, with lower scores for the clinical group. This might demonstrate the ability of these scales to discriminate between groups of subjects with and without psychopathology. However, various biographical variables that significantly differed between the clinical and non-clinical group, were also significantly related to various ATGR-scores. Age was significantly negatively associated with Complexity and Affect Tone person. This contradicts the theoretic assumptions that the SCORS Affect Tone scale is unrelated to age, and that the SCORS Complexity scale is a developmental scale, on which the scores will increase with higher age (Westen, 1985), which is also confirmed in various studies with a wide age range of individuals. The finding that within both groups scores on the ATGR scales were unrelated to age, undergirds our assumption that the lower scores of the clinical group on Complexity and on Affect Tone person are caused by psychopathology. Yet, new research is needed to confirm this.

It also seems illogical or counterintuitive that higher scores on religious affiliation, as is the case in the clinical group, would lead to lower scores on Complexity, Affect Tone person, Investment, and Agency. One might expect higher religious affiliation to be related to more positive God representations, as Jonker, Eurelings-Bontekoe, Zock, and Jonker (2008) found in a sample of 804 respondents, of whom 244 subjects received psychotherapy. Having found positive instead of negative correlations within both groups, and only a significant correlation with Affect Tone person for the non-clinical group, makes it plausible that a third factor is accountable for the overall negative association between religious affiliation and the ATGR scales. Therefore it seems more logical to attribute the lower scores on these ATGR scales exclusively to psychopathology, but new research is needed to clear this point.

On level of education, the clinical group scored lower than the non-clinical group. This variable was also significantly associated with ATGR scales Complexity, Affect Tone person, Investment, and Agency, with lower levels of education being associated with lower scores on these scales. It is thinkable that on higher levels of education subjects have higher verbal intelligence that enables them to express more rich, complex descriptions of God that leads to increased scores on these scales. But research at the association between verbal intelligence (measured with the WAIS-R Vocabulary subtest) and verbal productivity and the related SCORS scale Complexity yielded no significant results (Leigh et al., 1992). Moreover, our finding that these associations were not found within the two groups, suggests that here also a third factor may be accountable for this overall associations. Therefore the lower scores of the clinical group on these ATGR scales might be attributed to psychopathology, but further research should confirm this.

Church denomination might, besides psychopathology, explain the lower scores on Affect Tone person and Investment in the clinical group. The scores of members of orthodox denominations on these scales were significantly lower. It is well known that in many churches of these orthodox denominations the doctrine emphasizes more strongly than in other denominations a ruling/punishing God image. These results would also be in line with Jonker et al. (2008), who found a significant effect of religious denomination on all six scales of the QGR, with orthodox-reformed subjects having less positive and more negative God representations than mainstream Protestants and/or evangelical subjects. Yet the fact that within the two groups these effects were not found (except for the significant lower scores on Affect Tone person for orthodox participants in the non-clinical group), again suggests that these associations might be caused by a third factor, likely psychopathology.

All in all, results seem to confirm the discriminant validity of the SCORS based scales of the ATGR in discriminating between healthy subjects and subjects with personality pathology, but further research is needed to answer raised questions about the associations of biographical variables with various ATGR scales.

Limitations

A first limitation of this study is its specific focus on Christian believers. The ATGR with its scoring system is only applicable for adherents of a monotheistic religion. Not having a self-stated personal relationship with God was an exclusion criterion for the study. We think that this restriction is also a strength, because we wanted to examine specific God representations that were related to believing in God as a person. Yet, this could imply that the validity of our conclusions may be restricted to a specific Dutch group of Protestant Christians. Differences between countries in doctrinal beliefs and personal spirituality may have impact on the associations between God representations and distress.

A second limitation of this study is the significant differences between the non-clinical and the clinical sample on various biographic variables. The data of the non-clinical group were mainly collected in the first two years after the onset of the study. We could not predict the distribution of those control variables over the clinical group, of which the data-collection was dependent on the ongoing treatment assignment, and therefore we were unable to correct for imbalances. Because various biographical variables were also significantly related to various ATGR scales, we could not statistically control for their potential influences. Although often ANCOVA's are conducted for this purpose, the also significant differences between the clinical and the non-clinical group on the biographical variables make it, according to Miller and Chapman (2001), impossible to statistically disentangle associations of biographical variables and of psychopathology with the ATGR scales.

A third limitation is the moderate and strong correlations between ATGR scales in the clinical group. This might indicate that scales overlap too much. But we conclude that this overlap is not inherent to the instrument itself, because these moderate correlations only occurred in the clinical group, suggesting that the overlap may be influenced by psychopathology.

A fourth limitation is the use of the GAF scale in this study. There is some debate about its psychometric qualities, as for example its problems in integrating symptoms and dysfunction (Bøgwald & Dahlbender, 2004). Because we used this measure as an indication for a more intuitive judgment of clinicians about the extent of distress of their patients, we assume these problems do not diminish the validity of our conclusions.

Final Conclusion and Future Research

This study demonstrates preliminary evidence for the reliability and construct and discriminant validity of five of the six scales of the ATGR. Construct validity must be further established by examining associations of the scales with implicit measures that have already been extensively validated, such as for example the SCORS.

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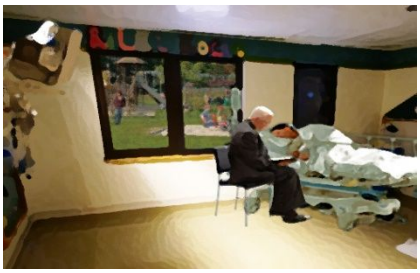
Appendix A: ATGR Cards

Card 1

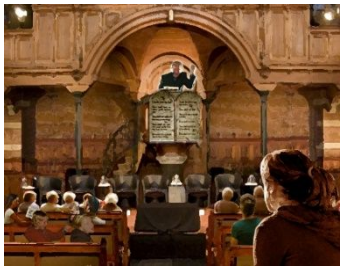
Card 2

Card 3



Card 4

Card 5



Card 6

Card 7

Card 8

Card 9

Card 10

Card 11

Card 12

Card 13

Card 14

Card 15

Appendix B: Correlations between all measures

Correlations between all variables

	ATGR					QGR						OQ				OQcl			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1. Complexity		.11	.16	.22	.39***	.24*	.15	.13	.20	.01	.05	.00	.00	.01	-.08				
2.Affect Tone character	.15		.23	.39***	.09	-.01	.14	.05	-.07	.26*	.02	.02	.06	-.01	.01				
3.Affect Tone person	.38***	.54***		.32**	.08	.25*	.28*	-.04	.31**	.25*	.03	.03	-.10	-.03	-.07				
4.Investment	.42***	.36**	.48***		.34**	.09	.01	-.03	.09	.06	.01	.03	.04	-.07	-.05				
5.Agency	.66***	.24*	.48***	.49***		.00	-.18	-.15	.08	-.13	.09	.00	-.03	.05	.08				
6.Positive	.20	.24*	.29*	.08	.04		.44***	.46***	.78***	-.17	.22	.32**	.28*	.27*	.12				
7.Anxious (r)	.20	.23	.22	.25*	.10	.50***		.45***	.35**	.28*	.07	.14	-.03	.09	.12				
8.Anger (r)	.20	.30**	.31**	.16	.22	.72***	.39***		.43***	-.14	.36**	.37***	.47***	.46***	.33**				
9.Supportive	.26*	.27*	.30**	.24*	.21	.80***	.44***	.78***		-.27*	.28*	.23	.23	.21	.08				
10.Ruling/punishing (r)	.21	-.17	-.21	-.14	.09	-.08	-.26*	-.03	-.02		-.16	-.17	-.31**	-.10	.00				
11.Passivity (r)	.18	.18	.19	.09	.06	.65***	.34**	.65***	.68***	.08		.25*	.10	.14	-.03				
12.Interpersonal Relationships (r)	.21	.23*	.17	.20	.21	.17	.18	.11	.23	.19	.20		.49***	.67***	.47***				
13.Social Role Performance (r)	.15	.29*	.35**	.16	.12	.12	.10	.05	.11	-.14	.12	.37***		.68***	.46***				
14.Symptomatic Distress (r)	.32**	.29*	.13	.26*	.21	.29*	.41***	.18	.33**	-.10	.12	.54***	.47***		.85***				
15.Anxiety and Somatic distress (r)	.25*	.15	.03	.20	.13	.17	.32**	.06	.21	-.22	.00	.34**	.40***	.88***					
16.Interpersonal Relationships (r)	.17	.22	-.02	.08	.13	.12	.08	.10	.24*	.27*	.27*	.44**	.13	.24*	.12				
17.Social Role Performance	.16	-.07	-.04	.00	.04	.08	-.09	.04	.15	.17	.21	.22	.16	.19	.13	.64***			
18.Symptomatic Distress (r)	.15	.07	-.02	.14	.04	.09	.03	.05	.17	.11	.10	.20	.11	.45***	.43***	.52***	.67***		
19.Anxiety and Somatic Distress (r)	.09	.01	-.10	.06	-.03	.03	.01	-.02	.08	-.02	.02	.17	.14	.45***	.50***	.32**	.48***	.88***	
20.Global Assessment of Functioning	.31*	-.16	.05	.12	.31*	.01	.02	-.06	.07	.08	-.09	.20	.19	.33**	.35**	.13	.19	.31*	.39***

NOTE. Above diagonal: nonpatient group; below diagonal: patient group
(r) = reversed scores
* = p ≤ .05
** = p ≤ .01
*** = p ≤ .001

Chapter 4.

Validation of the Apperception Test God Representations: An implicit measure to assess attachment to God representations. Associations with explicit attachment to God measures and with implicit and explicit measures of distress

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Abstract

In the context of theistic religions, God representations are an important factor in explaining associations between religion/spirituality and well-being/mental health. Although the limitations of self-report measures of God representations are widely acknowledged, well-validated implicit measures are still unavailable. Therefore we developed an implicit Attachment to God measure, the Apperception Test God Representations (ATGR). In this study we examined reliability and validity of an experimental scale based on attachment theory. Seventy-one nonclinical and 74 clinical respondents told stories about 15 cards with images of people. The composite Attachment to God scale is based on scores on two scales that measure dimensions of Attachment to God: God as Safe Haven and God as Secure Base. God as Safe Haven scores are based on two subscales: Asking Support and Receiving Support from God. Several combinations of scores on these latter subscales are used to assess Anxious and Avoidant attachment to God. A final scale, Percentage Secure Base, measures primary appraisal of situations as non-threatening. Intra-Class Correlation Coefficients showed that the composite Attachment to God scale could be scored reliably. Associations of scores on the ATGR scales and on the explicit Attachment to God Inventory (AGI) with scores on implicitly and explicitly measured distress partly confirmed the validity of the ATGR scales by demonstrating expected patterns of associations. Avoidant attachment to God seemed to be assessed more validly with the implicit than with the explicit scale. Patients scored more insecure on the composite Attachment to God scale and three subscales than nonpatients.

Introduction

Research has demonstrated a predominantly positive influence of religiosity/spirituality on well-being and mental health, as the two monumental reviews of Koenig and his co-workers (Koenig, King, & Carson, 2012; Koenig, McCullough, & Larson, 2001) demonstrate. Koenig developed models for various types of religiosity/spirituality to explain the found associations. His Western model assumes that for adherents of a monotheistic religion, the relationship with God is the most important source for these associations. Stulp, Koelen, Schep-Akkerman, Glas, and Eurelings-Bontekoe (2019) argued that not merely having a relationship with God, but the type of relationship persons have with their God, might be a central mechanism in explaining the associations. In their meta-analysis they demonstrated this by finding medium effect sizes for the associations of positive God representation measures (positive God image and secure attachment to God measures) with well-being and for the associations of two out of the three examined negative God representation measures (negative God image and anxious and avoidant attachment to God) with distress.

Most of the research at God representations is conducted with self-report measures, although many scholars see this as an important limitation, mostly because of the assumed implicit functioning of God representations (Birgegard & Granqvist, 2004; Cassibba, Granqvist, Costantini, & Gatto, 2008; Exline, Homolka, & Grubbs, 2013; Granqvist, Ivarsson, Broberg, & Hagekull, 2007; Grubbs, Exline, & Campbell, 2013; Kézdy, Martos, & Robu, 2013; Knabb & Pelletier, 2014; Miner, Dowson, & Malone, 2014; Zahl & Gibson, 2012). Self-report measures are known for their susceptibility to social desirability effects. For self-report measures in the domain of religion, doctrine- or religious identity-related effects add up to these effects (Brenner, 2017; Jong, Zahl, & Sharp, 2017). If implicit processes/mental representations indeed play an important role in religious functioning, explicit measures might fail to tap into these processes. In a clinical setting, this seems especially important when more pathological implicit God representations prevent religious persons from deriving comfort, support and strength from their explicit, and more cognitive, doctrinal belief in a benevolent God. For patients suffering from personality pathology, self-reported God representation measures might, because of difficulties with introspection (Eurelings-Bontekoe, Luyten, Remijsen, & Koelen, 2010; Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002), to an even stronger extent differ from their implicit negative God representations. Discrepancies between explicit and implicit God representations might be of diagnostical value (Hall & Fujikawa, 2013) and may be indicators of psychopathology. Overlooked or neglected insecure attachment to God, which is especially likely in case of avoidant attachment, may in therapy obstruct the use of potential powerful religious healing sources for patients who wish to integrate religion in their treatment.

Various scholars emphasize the importance of developing well-validated measures of implicit God representations ((Finke & Bader, 2017; Gibson, 2008; Hall & Fujikawa, 2013; Sharp et al., 2019). Hall and Fujikawa (2013) even state that advance in the field of attachment to God representations research is dependent on more sophisticated measurement methodologies that enable the exploration of the relationship between implicit and explicit attachment to God representations.

Because well-validated implicit measurement instruments for God representations are hardly or not available at the moment, we developed the Apperception Test God Representations (ATGR) and already reported about its construction and about the reliability and aspects of validity of those scales that are based on object-relational functioning (Stulp, Glas, & Eurelings-Bontekoe, 2020; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019a; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019b). In their critical review of measures of God representations, Sharp et al. (2019) distinguish seven performance-based measures of God representations, and see it as a drawback that these measures generally do not demonstrate much evidence of reliability and validity. They consider, only based yet on its associations with explicit and implicit

measures of well-being, the ATGR with its object-relation scales as currently the most thoroughly validated performance-based measure of God representations, with (only) adequate evidence of reliability and validity. The object-relation scales of the ATGR were derived from the well-validated Social Cognition and Object Relations Scales (SCORS, Westen, 1985).

Because research at God representations is, besides by object relation theory, also heavily inspired by attachment theory, we added an experimental Attachment to God scale, with some subscales, based on concepts from attachment theory, to the ATGR. After discussing the main concepts of attachment theory and their application to God representations, the need for such a measure will also be demonstrated.

God Representations and Attachment Theory

In the last decade of the last century, research into God representations received a great boost from attachment theory (Hall & Fujikawa, 2013). Attachment theory (Bowlby, 1972) emphasizes strategies people use to restore a (distorted or threatened) sense of security. These strategies give rise to particular attachment patterns, which are related to specific internal working models of attachments. These internal working models (IWM's) consist of representations of self and (the availability of) important others (Bretherton & Munholland, 2008). Insecure attachment patterns are related to psychopathology, as is summarized by Mikulincer and Shaver (2012). Important supposed mechanisms at work are problematic affect regulation and mentalization (Fonagy, Gergely, & Jurist, 2004).

An important function of the attachment system regards the distinction between two functions of attachment relationships. Theoretically, the attachment system is activated only in case of threat/danger leading to felt insecurity. This function is referred to as the safe haven function of the attachment relationship (Ainsworth, 1985b; Collins & Read, 1994). The other function of the attachment relationship, referred to as the secure base function (Ainsworth, 1985b; Waters & Sroufe, 1977), is at work in the absence of threat/danger, allows activation of the exploratory system, and consists of the notion of being guided and supported by the attachment figure. Secure attachment refers to persons who are confident of the availability, responsiveness and helpfulness of attachment figures in stressful situations, and who are able to feel secure in exploring the world in the absence of threat. Anxious attachment refers to persons who are uncertain about this availability of the caregivers, get anxious and try, without much success, to reduce their anxiety by clinging to the attachment figure. Avoidant attached persons cope with their lack of confidence in others by avoiding help seeking. They prefer to be self-reliant in case of distress (Ainsworth, 1972, 1985a, 1985b; Bartholomew & Horowitz, 1991; Hesse, 1999; Main, Goldwyn, & Hesse, 2008; Stayton, Ainsworth, & Main, 1973).

Many scholars from attachment theory view attachment to God representations as a special form of relational representations that, as psychological phenomena, are subject to the same psychological mechanisms as interpersonal attachments and can be studied with the same methods (Kirkpatrick and Shaver, 1990). God can be viewed as the ultimate attachment (father) figure who is always present, knows and understands his children, and comforts, helps and guides them. This conceptualization of God as an attachment figure has led to the hopeful idea that a secure attachment to God can compensate for insecure interpersonal attachments, as well as to the more pessimistic idea that secure or insecure interpersonal attachment corresponds with the type of attachment to God (Granqvist, 1998).

Most evidence indicates that internal working models of interpersonal representations and of attachment to God representations correspond (Granqvist, Mikulincer, Gewirtz, & Shaver, 2012; Hall & Fujikawa, 2013), by demonstrating moderate associations. Moreover, the importance of attachment to God is demonstrated by finding secure attachment to God to be positively associated with well-being (Belavich & Pargament, 2002; Feenstra & Brouwer, 2008; Kirkpatrick & Shaver, 1990; Kirkpatrick & Shaver, 1992), and insecure attachment to God to be positively associated with distress and with symptoms of mental health problems (Ano & Pargament, 2013; Bickerton, Miner, Dowson, & Griffin, 2015; Bradshaw, Ellison, & Marcum, 2010; Exline, Pargament, Grubbs, & Yali, 2014; Hancock & Tiliopoulos, 2010; Homan, 2010, 2014; Homan, McHugh, Wells, Watson, & King, 2012; Kézdy et al., 2013; Knabb, 2014; Knabb & Pelletier, 2014; Miner, Dowson, & Malone, 2013; Miner et al., 2014; Reiner, Anderson, Elizabeth Lewis Hall, & Hall, 2010; Sandage & Jankowski, 2010).

Research at attachment to God is mostly based on self-report assessment stemming from attachment research in the social cognition domain. In the developmental attachment perspective, adult attachment models are based on representations of the adult's childhood relationship with primary caregivers, and are mostly assessed with the Adult Attachment Interview (AAI, Bakermans-Kranenburg & Van IJzendoorn, 1993, Hesse, 1999, 2008). For interpersonal attachments, Roisman et al. (2007) demonstrated that the association between attachment as measured by the implicit AAI and explicit attachment style dimensions as measured by self-report, is trivial to small. We expect that for attachment to God this will also be the case. However, a developmental attachment perspective approach, focusing on implicit working models, has hardly been used in the attachment to God research. In the next paragraph we summarize the scarce research that used implicit measures for interpersonal attachment or attachment to God.

Use of Implicit Attachment Measures in Attachment to God Studies

A few studies in the religion domain acknowledge the importance of implicit processes in attachment, but compared implicitly measured interpersonal attachment with explicit measures of —not on attachment-theory based— God representations (Granqvist et al., 2007) or with explicit attachment to God measures (Cassibba et al., 2008). Granqvist et al. (2007) found a significant association of a loving God image with the subscale 'loving mother' of the 'estimated experiences' AAI-scale, which is based on self-report, but not with the more implicit 'state of mind' aspect of attachment representations. Cassibba et al. (2008) found significant associations between attachment to God classifications and one of the self-reported negative attachment experiences scales (role reversal father), but no significant associations between the explicit attachment to God classifications and the more implicit ' state of mind' classification for adult attachment.

In a few studies, assessment of attachment to God representations was based on interviews that focus on narratives of religious experiences. This approach acknowledges the susceptibility of self-report for impression management and is in alignment with the notion of Hall (2007a, 2007b) that attachment representations have a narrative structure. Proctor, Miner, McLean, Devenish, and Bonab (2009) derived an extensive number of relational markers from attachment theory to assess attachment to God styles. However, they do not claim to measure implicit attachment representations. Kimball, Boyatzis, Cook, Leonard, and Flanagan (2013) developed a coding system for attachment to God language in interviews about religious experiences, but did not qualify their measure as explicit or implicit. They found no statistically significant associations between their attachment to God measures and self-report measures of interpersonal (peer and parent) attachment.

Three studies specifically aimed at assessing implicit attachment to God representations. All three based their assessment on adaptations of the AAI. Marchal (2010), in a qualitative study with six subjects, found clear correspondence between implicit AAI state of mind classifications of adult attachment and of implicit attachment to God. Fujikawa (2010), in a study among 19 college students, found that the implicit state of mind classifications of adult attachment, measured with the AAI, and implicit attachment to God, measured with the Spiritual Experiences Interview (SEIn) were significantly associated. Moradshahi, Hall, Wang, and Canada (2017) developed the Spiritual Narrative Questionnaire (QSN), a paper-and-pencil questionnaire with open end questions, to assess psychospiritual health from a relational spirituality perspective. One of its five aspects is secure attachment to God, assessing, in accordance with the AAI, the extent to which narratives are coherent, thorough, complete, and open. External validation took place with only an explicit measure; the Spiritual

Transformation Inventory (STI), but the secure attachment to God scale was the only scale that did not correlate significantly with any of the STI subscales.

Only one study (Olson et al., 2016) used a mixed method design by using both the explicit Attachment to God Inventory (AGI) and drawings of God and oneself that were analysed using a specially developed scoring system, with an attachment to God subscale. Interrater reliabilities were excellent, also in case of untrained graduate students. However, the study did not examine the validity of this scale.

Recent applications of social cognition theories and methods to the domain of religion also stress the importance of implicit processes (Birgegard & Granqvist, 2004; Granqvist et al., 2012; Pirutinsky, Carp, & Rosmarin, 2017). The procedure of subliminal priming allows researchers to examine the influence of various aspects of religion on behaviour by means of experiments instead of methodologically much weaker observational studies, and one of its benefits is the diminishing of shared method variance that hinders studies that use self-report methods only. However, this approach, to the best of our knowledge, has not yielded any clinically useful measures to assess individual attachment to God representations, and has several disadvantages, as the debate about what underlying psychological processes these measures actually tap into, and a less straightforward interpretation about what they measure (Sharp et al., 2019). Nevertheless, this approach may be useful in validating the implicitness of attachment to God measures (Granqvist et al., 2012).

Taken together, although some measures and scoring procedures for measuring implicit attachment to God have been developed, we agree with Sharp et al. (2019) that there are no well-validated implicit attachment to God measures at the moment.

An Apperceptive Approach for Measuring Implicit Attachment to God

Although Sharp et al. (2019) advise the use of an —on the AAI based— interview and coding for measuring implicit attachment to God, results with this kind of interviews have until now not demonstrated good validity. Because the scoring of the AAI heavily rests on coherent, detailed narratives about remembered concrete experiences with the attachment figures, and religious experiences in our opinion may not have the same kind of concreteness, we wondered if the apperception approach of the ATGR, eliciting fantasized stories about the relationship with God, might be more appropriate to assess implicit attachment to God representations. This narrative approach is theoretically undergirded by Hall's (2007b) conceptualization of attachment as a narrative structure. He states that our attachment filters, our internal working models through which we experience the world, are stored in the form of stories, and that through stories we access them. Based on McAdams' (1993) narrative approach, Hall summarizes:

> Stories are emotionally meaningful sequences of actions that are causally linked in a particular way. They contain a setting that provides the overall context for the unfolding of a series of emotionally meaningful events. In addition, stories contain characters, human or human-like figures that live within this setting. An initiating event occurs to the central characters, motivating them to strive after certain goals, which in turn leads to a consequence. Multiple episodes of a story, each containing this basic structural sequence, build on each other and provide shape to the story as it unfolds. As the story unfolds, tension builds across the episodes eliciting in us a desire for resolution. This tension typically builds to a climax, or turning point, which is followed shortly by some solution to the plot. (Hall, 2007b, p. 33)

We assume that, besides biographical stories, fantasized stories about characters' relationship with God, elicited by pictures, will also reveal implicit working models of the attachment relationship with God. There are a few other interpersonal attachment measures that are based on fictional narratives, for example the Attachment Script Assessment (Chen et al., 2013) that uses carefully selected words to prompt the storytelling, and the Adult Attachment Projective Test (George, West, & Pettem, 1999), that prompts stories by seven pictures with attachment scenes. Pictures may address a deeper, more emotional and implicit level than verbal prompts, because, according to Bucci (1997), our attachment experiences are —on an gut level— primarily coded as and organized in images.

When a story contains a threat for the character, securely attached persons will be able to see God as a safe haven and let their characters turn to God for help or comfort, and the solution of the story will compromise the experience of Gods help, support, proximity, emotional closeness, or comfort. Persons that are insecurely attached to God, will in their stories disclose their strategies to maintain a sense of security by hyperactivating or deactivating the attachment system. Hyperactivation (related to an anxious attachment style) will in the stories be disclosed as turning to God for help, but the solution of the story will not compromise the experience of Gods help, support, proximity, emotional closeness, or comfort. Deactivation (related to an avoidant attachment style) will in the stories be expressed as not turning to God for help, support, etc. When a story contains no threat, we assume that persons that are securely attached to God, will let their characters experience Gods presence or guidance in exploring their world, whereas persons that are not securely attached to God, will not let their characters experience this presence or guidance.

The Current Study

In this study we examine the validity of the attachment to God scales of the ATGR based on its associations with measures of distress. The associations of the attachment to God scales of the ATGR (implicit measure) with measures of implicit and explicit distress will be compared to the associations of explicit measures for attachment to

God with distress. We hypothesise that the associations between same-method (explicit with explicit, and implicit with implicit) measures will be stronger than the associations between mixed-method (implicit with explicit) measures.

We want to base our validation of the attachment to God scales of the ATGR on two samples: (a) a group of religious patients with personality disorders, because results from Koenig et al. (2012); Schaap-Jonker et al. (2002); Schaap-Jonker, van der Velde, Eurelings-Bontekoe, and Corveleyn (2017) indicate that these patients have less mature and more negative God representations, which possibly cannot be found and therefore also not be measured in a nonclinical group. (b) a group of religious nonpatients that is comparable to the patient group on age, sex, level of education, religious salience and affiliation. We hypothesise that patients suffering from personality pathology will have lower scores on secure attachment to God, as a specific form of God representations, than nonpatients.

Because Hall and Fujikawa (2013) assume that discrepancies between implicit and explicit God representations may be the result of psychopathology, we will also examine whether in a nonclinical group the associations between explicit and implicit attachment to God scales will be stronger than in the clinical group.

We know of only one study about the associations between attachment to God representations and well-being/distress that used an implicit measure: Ghafoori, Hierholzer, Howsepian, and Boardman (2008), amongst a sample of 102 war veterans, found only very weak correlations between explicit Attachment to God measures and implicit measures of distress. To the best of our knowledge, this is the first study with implicit and explicit measures both for attachment to God representations and well-being/distress.

Method

Participants

The first sample of this study consists of 74 patients from a Dutch Christian mental health care institution that followed one out of four inpatient treatment programs for personality disorders. Together with the sent invitation for their first appointment at the institute, all patients received a letter with the request to sign for participation in this study. Most of the patients consented, and approximately two-third of them participated in the study. The ethical medical committee of the Free University of Amsterdam judged the study not to be subject to the Medical Research on Human Subjects Act. The ethical committee of the mental health care institution approved of the study. On the basis of a clinical interview focusing on Ax II of the DSM IV-TR (First, Gibbon, Spitzer, Williams, & Benjamin, 1997), patients received the following classifications: Personality disorder NOS: 25 (33.8%); C-Cluster personality disorders or

features: 28 (37.8%); B-Cluster Personality Disorder or features: 13 (17.6%); features of A-Cluster and B-Cluster personality disorders: 2 (2.7%); A-Cluster personality disorders: 1 (1.4%); Deferred diagnosis: 5 (6.8%).

The second sample consisted of 71 nonpatients. Knowing that the patient sample would consist of young religious adults from various protestant denominations, we aimed at a sample that was comparable to the clinical group on sex, age, religious affiliation and salience, level of education. Participants were therefore recruited at a Dutch Christian University of Applied Science, Viaa Zwolle, at a Dutch Christian intermediate vocational education school; the Menso Alting College, Zwolle; at four Christian student's associations in Zwolle, and at a local Orthodox church community. We also approached these groups because of our relationships with its members; it would be much more difficult to recruit participants and ask them for such an intense investment if we would not have these relationships.

Important exclusion criteria for both samples were: not having a (self-stated) personal relationship with God, or very low scores on a religious salience scale.

Regrettably, the samples were not matched, because we had to do the assessments and scoring in the nonclinical group at the beginning of our research project, whereas the assessment of the patient group was dependent on the progress of intakes for the treatment groups. More detailed information about the procedures and also about the measure is given in Stulp, Koelen, et al. (2019a).

Measures

Apperception Test God Representations

Materials. The Apperception Test God Representations (ATGR) is a narrative test. It consists of 15 cards especially developed for measuring implicit God representations (see Appendix A). Narratives are analysed by a specially developed coding system, derived from the Westen scoring system (SCORS, Westen, 1985) and —for this study— from attachment theory.

Assessment and coding procedures.

Assessment. According to protocol, the assessment of the ATGR starts with the instruction that the subject should make up fantasized stories about the cards to be shown. These cards are introduced as (translated from Dutch): "We will show you 15 cards about people relating to God, and/or about God relating to people. Would you make up a story about these cards? Would you tell what happens in the picture, what has led up to it, and how the story will end? Will you also address the question what the people in the picture think and feel? And what God thinks and feels, what he does and why?" The instruction is repeated at least one time. During the assessment, assessors should prompt only one time for a forgotten/not attended aspect, and only by repeating the general question. The recordings of the assessments, with an average length of approximately one hour, are transcribed according to protocol.

Coding procedure. The coding is based on a theoretically-driven approach, using attachment concepts and Hall's, Bucci's and McAdams' notions of respectively the narrative structure of attachment representations, levels of emotional coding and story plots. Scoring took place by 15 students in 9 couples. First, both students per couple independently scored their protocols; then they compared their scores. Couples discussed different scores to achieve consensus. Scoring took place based on a codebook with detailed scoring rules. Coders followed an intense training program, given by the first author, who is an experienced psychologist with much experience with administering apperceptive and projective tests. For each scale at least 15 hours of training were spent: three joint sessions of three hours and six hours of individual scoring at home.

ATGR scales.

God as a safe haven (Safe Haven). This scale is scored only when a story contains elements of threat or danger for the character. Scores are based on combinations of story elements as characters turning or not turning to God for help, and receiving and experiencing help from God, or not receiving or experiencing help from God. To facilitate the scoring process, each story is first scored on two subscales, and these two scores are then combined for the Safe Haven score of the story. The subscales are: *Asking support from God* (Asking Support) and *Receiving support from God* (Receiving Support). Asking Support from God is scored dichotomously; it is scored positive when the character actively seeks contact with God, for example by reading in the Bible, by praying or by attentively listening to a sermon. This also encompasses the expression of emotions towards God; for example sadness, confusion, or anger. It is also scored positive when the character is expecting help or support from God. The expected help may consist of active interference in the situation (to be cured, saved, a positive solution for the situation), but also of receiving insight or strength for dealing with a difficult situation. Scorers must also be alert on more indirect clues that reveal that the character expected help from God, for example when the respondent only tells that a character in a specific situation feels rejected by God. Receiving support from God is scored on a three-point scale. The most positive score (3) is attributed when God supplies and this is also experienced by the character as coming from God. The score 2 is attributed when God supplies, but the help is in the story not recognized by the character as coming from God. Score 1 is attributed when God does not help. Help from God is defined as help that is in alignment with the expressed need. When Gods actions only have the intention or effect that the character gets more oriented towards God, but there is no actual relief regarding the expressed need, score 1 must be attributed. Of course, when a character purely asks for the experiencing of more closeness to God, and then this happens, it will be scored with a 3.

Each of the six combinations of scores on both subscales gets a specific score, ranging from 1 to 6: Not asking and not receiving support: 1; Asking and not receiving

support: 2; Not asking support and receiving unexperienced support: 3; Asking support and receiving unexperienced support: 4; Not asking support and receiving experienced support: 5; Asking support and receiving experienced support: 6. The ultimate Safe Haven score is the mean score of the Safe Haven scores of each story.

Specific attachment styles are also derived from the two subscales. We assume that an anxious attachment to God style will be expressed in the stories by characters asking for support from God but not receiving or experiencing this support. Scores on *Anxious attachment to God* are calculated by converting the relevant Safe Haven-scores of each separate story. A Safe Haven score 2 (asking but not receiving support) is converted to an Anxious attachment to God score 3; a Safe Haven score 4 (asking support and receiving unexperienced support) is converted to an Anxious attachment to God score 2. We assume that an avoidant attachment to God style is expressed in the stories by characters not asking for and not receiving or not experiencing support from God. Scores on *Avoidant attachment to God* are calculated by converting the relevant Safe Haven-scores of each separate story. A Safe Haven score 1 (not asking and not receiving support) is converted to an Avoidant attachment to God score 3; a Safe Haven score 3 (not asking support and receiving unexperienced support) is converted to an Avoidant attachment to God score 2. The final scores on Anxious attachment and Avoidant attachment to God are calculated by summing the scores obtained on each picture. Both scales have score ranges from 0-45.

God as a secure base (Secure Base). This scale is scored only when a story contains no elements of threat or danger to the character. It is a 3-point scale. The score 3 is attributed to stories in which the characters experience Gods presence and borrow strength from this presence or receive guidance for the current situation or future. This may also encompass life lessons from God to which the character responds. The score 2 is attributed when a character experiences the presence of God, but it remains unclear if he/she borrows strength of guidance from this presence. Score 1 is attributed when it is not mentioned that the character experiences Gods presence. The scores of the separate stories are averaged.

Attachment to God (Attachment to God-overall). On the base of the scores on the scales Safe Haven and Secure Base, a total Attachment to God score is calculated. This is the mean score of the summation of Safe Haven and Secure Base scores over all 15 stories. The sum of Safe Haven scores is first divided by 2 to render the scores of this 6-point scale compatible with the 3-point scale of Secure Base.

Percentage Secure Base (PSB). This score represents the percentage of the 15 stories that could be scored on the dimension of Secure Base, i.e. the percentage of stories that did not contain threat or danger. In terms of coping theory, this measure can be viewed to assess the primary appraisal of situations as threatening or non-threatening, to be distinguished from the subsequently chosen strategies to cope with the situation (secondary appraisal).

Other measures

Religious salience. Religious salience was assessed by totaling the scores of five items on a five-point Likert scale regarding the question of how important the participants' faith or life philosophy is in their own life. The items are: I view myself as a religious person; My faith is important to me; My faith plays a big role when making important decisions; Without my faith, I could not live; My faith has much influence on my daily life.

AGI. The Attachment to God Inventory (AGI) is an adaptation by Beck and McDonald (2004) of the measure Experiences in Close Relationships (ECR) from Brennan, Clark, and Shaver (1998). It consists of two scales: Anxiety over abandonment from God, and Avoidance of intimacy with God. Both scales have 14 items, with answers scored on a 7-point scale (1= strongly disagree, 7 = strongly agree).

The AGI (English version) has good psychometric qualities, with an internal consistency of α = .80 for the Anxiety-scale and of .84 for the Avoidance scale. A Principal Component Analysis confirmed the two-factor structure. Scales had a shared variance of only 1.4% (r =.12). Results of initial research suggest that AGI Anxiety is associated with adult attachment anxiety (Beck & McDonald, 2004) and that AGI-Avoidance is associated with parental attachment (McDonald, Beck, Allison, & Norsworthy, 2005).

For this study we translated the measure in Dutch, using back-and-forward translation between source and target language, the back-translation being conducted by a native English speaker. From the AGI scales the Anxiety scale scored excellent on internal consistency (α = .91), the Avoidance scale scored good (α = .90).

OQ-45, patient and clinician versions. The Outcome Questionnaire OQ-45, (Lambert et al., 1996) is an American measure to measure clinical outcomes, translated and adapted for a Dutch population by De Jong et al. (2007). The Dutch version consists of four scales: Symptom Distress (SD), Interpersonal Relations (IR), Social Role Performance (SR), and Anxiety and Somatic Distress (ASD). The latter scale is a subscale that consists almost exclusively of SD-items and is added to the Dutch version on the basis of the results of factor analysis. The measure also has a total score scale. Internal consistencies of the scales were good for OQ total score (ranging from 0.91 to 0.93 in three different populations), for SD (0.89 to 0.91), for ASD (0.70 to 0.84), and for IR (0.74 to 0.80), and moderate for SR (0.53 in a community sample; 0.69 in a clinical sample). Scores on all scales were significantly lower for the normal than for the clinical population. Concurrent validity was sufficient, as shown by significant relations with other measures of distress (De Jong & Van Der Lubbe, 2001).

In this study, the internal consistencies of three OQ-scales, based on Cronbach's alpha, were excellent: OQ-total (α = .97), OQ-SD (α = .96), and OQ-ASD (α =

.90). The internal consistency of the OQ-IR scale was good (α = .84), and of the OQ-SR was too low (α = .67).

To obtain also an indirect measure of well-being/distress, for the clinical sample the clinician filled in an adapted version of the OQ-45 Questionnaire, estimating the functioning of the patient on the various domains. This was done within the first three weeks after the start of treatment.

The internal consistency of the OQ-clinician total scale was excellent: (α = .92). The internal consistencies of OQ-SD (α = .89) and of OQ-ASD (α = .82) were good; the internal consistencies of the OQ-SR scale (α = .74), and of the OQ-IR scale (α = .73) were fair.

Data Analysis

Sample characteristics. First, to examine significant differences between the nonclinical and clinical group on the potentially confounding variables sex, age, religious salience, religious denomination and level of education, we described and analysed characteristics of the two samples with *t* tests for independent samples and with Pearson's Chi-square tests.

Reliability. Second, we analysed the reliability of the scoring of the ATGR Attachment to God-overall scale. We examined the interrater reliability with the Intraclass Correlation Coefficient, the internal consistency of the scale by computing Cronbach's alpha, the normality of distribution of scale scores and intercorrelations between the main and subscales.

Construct validity. Third, we examined the validity of the ATGR Attachment to God scales, by examining the strength of the associations of the implicit ATGR scales with the explicit Attachment to God measures. Moreover, we examined the associations between these measures on the one hand, and the implicit and explicit measures of distress on the other hand. This was examined by (a) testing proportions of expected stronger correlations between scales, (b) testing differences in correlations (c) examination of individual significant correlations between scales, and (d) computing partial correlations between implicit Attachment to God scales and distress scales, controlling for the associations of explicit Attachment to God scales with distress scales, when both types of Attachment to God measures correlated significantly with distress measures.

Testing proportions of expected stronger correlations between scales. We compared the (absolute) strength of correlations of implicit versus explicit Attachment to God scales with the implicit or explicit object-relation scales, and also the strength of correlations of respectively the implicit and explicit Attachment to God scales with explicit versus implicit object-relation scales. The significances of proportions of stronger associations were tested by a binomial test, performed in EXCEL with the formula BINOM.DIST (number_s, trials, probability_s, cumulative). For the

first argument (number of successes) we filled in the number of comparisons with stronger associations for the same method combination, for the second (trials) we filled in the total number of comparisons, for the third argument (the probability of success) we filled in .5, and for the fourth we filled in 'True', which yields the cumulative probability. If the proportion found was higher than 0.5, we used the formula 1-BINOM.DIST; if it was lower than 0.5, we used the formula BINOM.DIST. Because these tests assume that the comparisons are independent, in the tested comparisons we only used those four ATGR scales that were logically independent from each other: Asking Support, Receiving Support, Secure Base, and Percentage Secure Base.

Testing differences in correlations. Expected differences between correlations were tested with the null-hypothesis that these correlations were equal. If a correlation between a scale and a same-method scale (r_{12}) was stronger than the correlation between this scale and an other-method scale (r_{13}), this difference was tested one-sided using Steiger's (1980) formulas (14) and (15) for Z_1^* and Z_2^*, based on improved versions of Fisher's r to z formula. These formulas account for the shared variance between two scales of which the associations with another scale are compared (r_{23}).

Examination of individual significant correlations between scales. To detect possible associations between specific scales, we inspected the strength and significance of the various correlations between scales in both groups.

Partial correlations. When implicit and explicit attachment to God scales correlated significantly with the same distress scale, partial correlations were computed to test if there was a unique contribution of the implicit Attachment to God scales in explaining the variance in that distress scale.

Differences between the clinical and nonclinical group in ATGR scale scores. Fourth, we examined differences in scores on ATGR scales between the two samples with t tests for independent samples or (when distributions were not normal) with Mann-Whitney U-tests to see if the nonclinical and the clinical group had different scores on the ATGR-scales. We also checked with t tests, One-way ANOVA's and Pearson's correlation coefficients whether the potentially confounding variables sex, age, religious salience, religious denomination and level of education, were significantly associated with the ATGR scales.

Differences between the clinical and nonclinical group in discrepancies between implicit and explicit Attachment to God scores. Fifth, by comparing correlations we examined if discrepancies between implicit and explicit Attachment to God scores were larger for the clinical than for the nonclinical group.

Results

Sample Characteristics

Table 1 displays sample characteristics for the variables sex, age, church denomination, religious salience, and education. Church denomination is categorised into three groups, Orthodox, Mainstream and Evangelical/Baptist. For education (defined as the highest education that was finished with a diploma) the various educations were categorised in four levels. The lower levels (level 1 and 2) pertain to lower general secondary education and intermediate vocational education, the higher levels (level 3 and 4) to pre-university education and university.

The continuous variables age and salience did not meet the assumption of normality of the distribution, as indicated by the Kolmogorov-Smirnov and the Shapiro-Wilk tests that were both highly significant. Therefore Mann-Whitney tests instead of t-tests for independent samples were conducted. Results indicated that the nonclinical and the clinical sample differed highly significantly regarding age, $U = 4037$, $p < .001$, and salience, $U = 1943$, $p = .007$. Pearson's Chi-square tests demonstrated significant differences between the nonclinical and the clinical sample in church denomination, $\chi^2 (2) = 12.03$, $p = .002$, and in level of education: $\chi^2 (1) = 27.84$, $p = <.001$. The samples did not differ significantly regarding sex: $\chi^2 (1) = 2.21$, $p < .147$.

Taken together, compared to the nonclinical sample, respondents in the clinical sample were older, more orthodox religious and stronger religiously committed, with lower educational level. It is therefore important to examine the effect of these potentially confounding variables in subsequent analyses.

Reliability of ATGR Attachment to God Scale

Interrater reliability and internal consistency. According to the guidelines of Cicchetti (1994), Intra Class Correlation Coefficient (ICC) for the Attachment to God-overall scale was excellent (0.90) for one couple, that scored 18% of the protocols, for three couples it was good, ICC = 0.83 - 0.89 (82% of the protocols). The internal consistency of the scale, as indicated by Cronbach's alpha, was good (α = .74).

Normality of distributions of scores. The distribution of scores on Anxious attachment to God was significantly skewed to the left, as indicated by its *z*-score, $z = 5.61$. The *z*-sores of the kurtosis of the distribution of scores on Safe Haven, Receiving Support and Anxious attachment to God were also significant, respectively $z = -2.26$, $z = -2.10$ and $z = 4.08$, indicating infrequent extreme scores. Distribution of scores on the other scales was normal.

Associations between ATGR Attachment to God scales. In the clinical group, the correlations between those ATGR Attachment to God scales (see Table 2) that are partly based on the same subscales, were as expected all significant. However,

the correlations between the independently computed scales ranged between .00 and .53, which is sufficiently low to conclude that they measure distinguishable aspects of attachment to God representations. In the nonclinical group the pattern of correlations was very similar to the pattern in the clinical group.

Table 1. *Sample Characteristics*

	Clinical group		Nonclinical group		Total	
Sample characteristics	n	%	n	%	n	%
Sex						
Male	9	12.2%	15	21.1%	24	16.4%
Female	65	87.8%	56	78.9%	121	83.6%
Age						
17-19	10	13.5%	25	35.2%	35	24.1%
20-22	16	21.6%	33	46.5%	49	33.8%
23-25	20	27.0%	9	12.7%	29	20.0%
>25	28	23.8%	4	5.6%	32	21.1%
Church denomination						
Orthodox	29	39.2%	11	15.5%	40	27.6%
Mainstream	29	39.2%	46	68.4%	75	51.7%
Evangelical/Baptist	16	21.3%	14	19.7%	30	20.7%
Religious salience						
10-19	31	41.9%	14	19.7%	45	31.0%
20-22	22	29.7%	24	33.8%	46	31.7%
23-25	21	28.4%	33	46.5%	54	37.2%
Level of education						
1 VMBO	5	6.8%	0	0.0%	5	3.4%
2 HAVO/MBO	36	48.6%	15	21.2%	51	35.2%
3 VWO/HBO	25	33.8%	54	76.1%	79	54.5%
4 WO	8	10.8%	2	2.7%	10	6.9%

NOTE: VMBO = Voorbereidend Middelbaar Beroepsonderwijs (preparatory secondary vocational education); HAVO = Hoger Algemeen Voortgezet Onderwijs (senior general secondary education); MBO = Middelbaar Beroepsonderwijs (senior secondary vocational education and training); VWO = Voorbereidend Wetenschappelijk Onderwijs (pre-university education); HBO = Hoger Beroepsonderwijs (higher professional education); WO = Wetenschappelijk Onderwijs (academic higher education).

Table 2. Correlations Between Implicit and Explicit God Representation Scales and Implicit and Explicit Distress Scales for the Clinical and Nonclinical Group

	ATGR								AGI		OQcl/GAF					OQ			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1 Attachment to God-overall		**.86****	.07	**.56****	**.50****	**.84****	**.75****	.02	.16	.02						.10	-.05	.02	.05
2 Safe Haven	**.89****		.08	**.57****	**.59****	**.98****	.35**	-.14	.13	.04						.15	-.05	-.02	-.00
3 Anxious attachment (r)	.30**	.23*		-.31**	**-.56****	.25*	.00	.32**	.14	-.04						.16	.18	.19	.06
4 Avoidant attachment (r)	**.42****	**.52****	-.16		**.77****	**.43****	.27*	**.41****	-.02	-.00						-.11	-.13	-.19	-.07
5 Asking Support	**.44****	**.59****	**-.48****	**.68****		**.39****	.18	-.07	-.04	-.05						.02	-.17	-.08	-.04
6 Receiving Support	**.89****	**.98****	**.37****	**.43****	**.43****		.35**	-.15	.15	.05						.17	-.02	.00	.01
7 Secure Base	**.83****	**.51****	.19	.11	.18	.53**		.11	.09	-.05						.01	-.10	.02	.07
8 Percentage Secure Base	.00	-.07	**.44****	.41**	-.22	-.03	-.08		-.04	-.04						-.12	-.04	-.08	-.03
9 AGI Anxiety (r)	.08	.05	-.12	.13	.06	.06	.10	.01		.35**						**.39****	**.34****	**.45****	**.43****
10 AGI Avoidance (r)	.15	.17	-.17	.15	.15	.14	.10	-.09	.15							.20	.09	.07	-.02
11 OQcl IR (r)	.25*	.34**	-.09	**.37****	**.38****	.29*	.08	.02	.01	.33**									
12 OQcl SR (r)	.20	.26*	-.16	.22	**.40****	.20	.13	-.12	-.04	.22	**.64****								
13 OQcl SD (r)	.14	.19	-.17	.13	.30**	.14	.12	-.10	-.01	.14	**.52****	**.67****							
14 OQcl ASD (r)	.03	.08	-.20	.08	.26*	.04	.03	-.13	.00	.06	.32**	**.48****	**.88****						
15 GAF	.09	.04	-.06	-.04	.04	.04	.17	-.11	-.01	-.04	.13	.19	.31*	**.39****					
16 OQ IR (r)	.33**	.33**	-.00	.28*	.21	.32**	.24*	-.04	.08	.30**	**.44****	.22	.20	.17	.20		**.49****	**.67****	**.47****
17 OQ SR (r)	.31**	.32**	-.10	**.38****	**.38****	.26*	.17	-.02	.10	.15	.13	.16	.11	.14	.19	.37**		**.68****	**.46****
18 OQ SD (r)	.27*	.20	-.10	.28*	.24*	.18	.28*	.09	.31**	.23*	.24*	.19	**.45****	**.45****	.33**	**.54****	**.47****		**.85****
19 OQ ASD (r)	.13	.07	-.14	.23*	.21	.04	.15	.15	.20	.10	.12	.13	**.43****	**.50****	.35**	**.34****	**.40****	**.88****	

Note: Left-below: Clinical group; Right upper: Nonclinical group; OQ & OQcl (clinician) scales: IR = interpersonal Relations; SR = Social Role Functioning; SD = Symptomatic Distress; ASD = Anxiety and Somatic Distress; GAF = Global Assessment of Functioning. Bold correlations are significant at least at $p = .05$ level Scales with (r) are reversed. * = $p \leq .05$ ** = $p \leq .01$ **Bold ** = $p \leq .001$**

Construct Validity of the ATGR Attachment to God Scales

Comparisons of same-method with mixed method correlations. Table 3 summarises the results of the comparisons of same-method correlations with mixed method correlations.

Table 3. *Comparisons of Same-Method with Mixed Method Correlations*

	stronger correlations for same-method than for mixed-method			significant differences		significant correlations			
						for same-method correlations		for mixed-method correlations	
	k	%	p	k	%	k	%	k	%
Explicit versus implicit ATG x explicit distress (clinical group)	32/64 16/32 [a]	50% 50%	n.s.	5/64 1/32	8% 3%	3/8	38%	6/16	38%
Explicit versus implicit ATG x explicit distress (nonclinical group)	50/64 25/32 [a]	78% 78%	<.001	25/64 13/32	39% 41%	4/8	50%	0/16	0%
Implicit versus explicit ATG x implicit distress (clinical group)	50/80 23/40 [a]	63% 58%	n.s	7/80 4/40	9% 10%	9/40 5/20	23% 25%	1/10	10%
Implicit ATG x implicit versus explicit distress (clinical group)	45/160 25/80 [a]	28% 31%	n.s.	1/160 0/80	1% 0%	9/40 5/20	23% 25%	15/32 6/16	47% 38%
Explicit ATG x explicit versus implicit distress (clinical group)	31/40	78%	<.001	7/40	18%	4/8	50%	1/10	10%

NOTE: ATG = Attachment to God. [a] row with the number of stronger associations with four independent ATGR scales (Asking Support, Receiving Support, Secure Base, and Percentage Secure Base), its percentage and the significance of this percentage; ns = not significant

Associations of explicit versus implicit attachment to God with explicit distress in the clinical group. In the clinical group, against expectations, explicit distress measures were not more strongly associated with explicit than with implicit attachment to God scales. Of the tested comparisons (only the associations with the four independent ATGR scales), only 50% (16/32) was stronger for the explicit attachment to God scales. Only for one of those comparisons, the difference between

the correlations —with a stronger correlation for the explicit God representation scale– was significant. The explicit distress measures had as much significant correlations with the four independent implicit attachment to God scales (38%) as with the explicit attachment to God scales (see also Table 4).

Table 4. *Numbers of Stronger Correlations of Explicit than Implicit God Representation Scales with Explicit Distress Scales in the Clinical group*

AGI scales	OQ scales								Tot
	IR		SR		SD		ASD		
	k	Tot	k	Tot	k	Tot	k	Tot	
Anxiety[a]	1 [8]		1 [8]		4		3 [6,7,8]		9/16
Avoidance[a]	3 [5,7,8]		1 [8]		2 [7,8]		1 [6]		7/16
		4		2		6		4	16/32
Anxiety[b]	1 [3]		1 [3]		4		3 [1,2,3]		9/16
Avoidance[b]	2 [3,4]		1 [3]		2 [2,3]		2 [2,3]		7/16
		3		1		6		4	16/32

NOTE: AGI: Attachment to God Inventory; OQ: Outcome Questionnaire; [a] Comparisons with the four independent ATGR scales; [b] Comparisons with the four other ATGR scales; [1]Attachment to God-overall; [2] Safe Haven; [3]Anxious attachment to God; [4]Avoidant attachment to God; [5]Asking Support; [6]Receiving Support; [7]Secure Base; [8]Percentage Secure Base (ATGR Scales with smaller correlations with the OQ scale than the AGI scale); OQ-scales: IR: Interpersonal relationships; SR: Social Role; SD: Symptom distress; ASD: Anxiety and somatic distress)

Associations of explicit versus implicit attachment to God with explicit distress in the nonclinical group. In the nonclinical group, however, the explicit distress measures were, as expected, clearly more strongly associated with explicit than with implicit measures of attachment to God; a significantly higher proportion of comparisons (78%) with the four independent implicit Attachment to God scales was in favour of the explicit attachment to God scales (see also Table 5), and 41% of the compared correlations indicated significantly stronger associations of explicit distress scales with explicit attachment to God scales than with implicit attachment to God scales.

Four out of eight correlations between the same method measures versus none of the mixed method correlations were significant. All correlations between the explicit AGI Anxiety scale and the explicit distress scales were stronger than the correlations between the implicit ATGR scales and these explicit distress scales. The AGI Avoidance scale correlated in only 56% of the comparisons more strongly than the ATGR scales with the explicit OQ scales, with regard to both the four independent ATGR scales and the four other ATGR scales.

Table 5. *Numbers of Stronger Correlations of Explicit than Implicit God Representation Scales with Explicit Distress Scales in the Nonclinical Group*

AGI scales	OQ scales								Tot
	IR		SR		SD		ASD		
	k	Tot	k	Tot	k	Tot	k	Tot	
Anxiety[a]	4		4		4		4		16/16
Avoidance[a]	4		2 [6,8]		2 [6,7]		1 [6]		9/16
		8/8		6/8		6/8		5/8	25/32
Anxiety[b]	4		4		4		4		16/16
Avoidance[b]	4		2 [1,2]		2 [1,2]		1 [2]		9/16
		8/8		6/8		6/8		5/8	25/32

NOTE: AGI: Attachment to God Inventory; OQ: Outcome Questionnaire; [a] Comparisons with the four independent ATGR scales; [b] Comparisons with the four other ATGR scales; [1] Attachment to God-overall; [2] Safe Haven; [3] Anxious attachment to God; [4] Avoidant attachment to God; [5] Asking Support; [6] Receiving Support; [7] Secure Base; [8] Percentage Secure Base (ATGR Scales with smaller correlations with the OQ scale than the AGI scale); OQ-scales: IR: Interpersonal relationships; SR: Social role; SD = Symptom distress; ASD = Anxiety and somatic distress.

Associations of explicit versus implicit attachment to God with implicit distress in the clinical group. Because for the nonclinical group we did not obtain implicit measures of distress, the remaining analyses only regard the clinical group. Against our expectations, the implicit distress measures did not correlate significantly more often (68%) stronger with the four independent implicit attachment to God scales than with the explicit attachment to God scales (see also Table 6).

Table 6. *Numbers of Stronger Correlations of Implicit than Explicit God Representation Scales with Implicit Distress Scales*

ATGR	Implicit distress scales										Tot
	OQcl-IR		OQcl-SR		OQcl-SD		OQcl-ASD		GAF		
	k	Tot	k	Tot	k	Tot	k	Tot	k	Tot	
AS	2		2		2		2		2		10/10
RS	1 [1]		1 [1]		1 [1]		1 [1]		2		6/10
SB	1 [1]		1 [1]		1 [1]		1 [1]		2		6/10
PSB	1 [1]		0		0		0		0		1/10
		5/8		4/8		4/8		4/8		6/8	23/40
ATG	0		1 [1]		1 [1]		1 [1]		2		5/10
SH	2		2		2		2		2		10/10
An	0		0		0		0		2		2/10
Av	2		2		1 [1]		2		2		9/10
		4/8		5/8		4/8		5/8		8/8	26/40

NOTE: ATGR: Apperception Test God Representations; OQ: Outcome Questionnaire; OQcl: clinician version; IR: Interpersonal relationships; SR: Social role; SD: Symptom distress; ASD: Anxiety and somatic distress); [1] AGI Anxiety; [2] AGI Avoidance (AGI Scales with smaller correlations with the OQcl scale than the ATGR scale).

Ten percent of the compared correlations were significantly stronger for the four independent implicit than for the explicit Attachment to God scales, and more same-method correlations (25%) than mixed-method correlations (10%) were significant, both for the four independent ATGR scales and the other four scales. Three of the four independent implicit ATGR scales (not the PSB scale) correlated more strongly than the explicit AGI Anxiety scale with all implicit distress measures. In only 7 of the 20 comparisons, correlations between the four independent implicit ATGR scales and implicit distress scales were stronger than the correlations of the explicit AGI Avoidance scale with the implicit distress measures.

Associations of implicit attachment to God with explicit versus implicit distress in the clinical group. The four independent implicit Attachment to God scales, against expectations, did not correlate more often (31%) stronger with implicit than with explicit distress scales (see also Table 7), and none of those compared cor-

Table 7. *Numbers of Stronger Correlations of Implicit God Representation Scales with Implicit than with Explicit Distress Scales*

ATGR	Implicit distress scales										Tot
	OQcl-IR		OQcl-SR		OQcl-SD		OQcl-ASD		GAF		
	k	Tot	k	Tot	k	Tot	k	Tot	k	Tot	
AS	4		4		3 [1,3,4]		3 [1,3,4]		0		14/20
RS	3 [2,3,4]		2 [3,4]		1 [4]		0		1 [4]		7/20
SB	0		0		0		0		2 [2,4]		2/20
PSB	2 [1,2]		0		0		0		0		2/20
		9/16		6/16		4/16		3/16		3/16	25/80
ATG	1 [4]		1 [4]		1 [4]		0		0		3/20
SH	4		2 [3,4]		1 [4]		1 [4]		0		8/20
An	3 [2,3,4]		0		0		0		3 [2,3,4]		6/20
Av	3 [1,3,4]		0		0		0		0		3/20
		11/16		3/16		2/16		1/16		3/16	20/80

NOTE: ATGR: Apperception Test God Representations; ATG: Attachment to God; OQcl: Outcome Questionnaire clinician version; IR: Interpersonal relationships; SR: Social role; SD: Symptom distress; ASD: Anxiety and somatic distress; GAF: Global assessment of functioning scale; [1] OQ IR; [2] OQ SR; [3]OQ SD; [4]OQ ASD (Outcome Questionnaire scales with smaller correlations with the ATGR scale than the implicit distress scale)

relations was significantly stronger for an implicit than for an explicit distress scale. Also, only about a quarter of the same-method correlations were significant (both of the four independent and the four other implicit ATGR scales), whereas 38% of the mixed-method correlation was significant. In line with our expectations and differing from the general pattern of correlations for these comparisons were the correlations of one ATGR scale with the implicit and explicit distress scales: Most correlations

between the implicit ATGR scale Asking Support and the implicit distress scales were stronger than their correlations with the explicit distress scales.

Associations of explicit attachment to God with explicit versus implicit distress in the clinical group. The explicit Attachment to God scales, in line with our expectations, correlated significantly more often (78%) stronger with explicit than with implicit distress scales (see also Table 8), 18% of the compared correlations were significantly stronger for the explicit distress scales, and 50% of the correlations of explicit distress scales versus 10% of the implicit distress scales correlated significantly with explicit Attachment to God scales.

The AGI Anxiety scale correlated more strongly with all explicit OQ scales than with all five implicit distress scales. For AGI Avoidance, only 55% of the comparisons had stronger associations with explicit than with implicit distress scales.

Table 8. *Numbers of Stronger Correlations of Explicit God Representation Scales with Explicit than with Implicit Distress Scales*

AGI scales	Explicit distress scales								Tot
	OQ-IR		OQ-SR		OQ-SD		OQ-ASD		
	k	Tot	k	Tot	k	Tot	k	Tot	
Anxiety	5		5		5		5		20/20
Avoidance	4 [2,3,4,5]		3 [3,4,5]		4 [2,3,4,5]		0		11/20
		9/10		8/10		9/10		5/10	31/40

NOTE: OQ-scales: IR = Interpersonal relationship; SR = Social role functioning; SD = Symptomatic distress; ASD = Anxiety and somatic distress); [1] OQcl IR; [2] OQcl SR; [3]OQcl SD; [4]OQcl ASD [5]GAF scale (implicit distress scales with smaller correlations with the explicit AGI scale than the OQ scale)

Significant correlations and partial correlations between attachment to God scales and distress scales.

Correlations of distress scales with explicit attachment to God scales. In the nonclinical group AGI Anxiety correlated highly significantly with all four OQ scales, but AGI Avoidance did not correlate significantly with any of these scales. In the clinical group, AGI Anxiety correlated highly significantly with OQ scale Symptomatic Distress; AGI Avoidance correlated highly significantly with OQ scale Interpersonal Relationships and significantly with OQ scale Symptomatic Distress. Also in the clinical group, correlations between AGI Anxiety and the five implicit distress scales were zero or very close to zero. AGI avoidance correlated only (highly) significantly with OQcl scale Interpersonal Relationships. After controlling for the associations of the distress scales with the implicit attachment to God scales in the clinical group, only the association of AGI Anxiety with QO SD remained significant (see also Table 9).

Table 9. *Partial Correlations of the Associations Between Implicit Attachment to God Scales and Distress Scales*[1]

Implicit Attachment to God scales		Explicit OQ scales				Implicit OQ scales and GAF scale				
		IR (r)	SR (r)	SD (r)	ASD (r)	IR (r)	SR (r)	SD (r)	ASD (r)	GAF
Attachment to God overall	*r*	**.31****	**.29***	**.24**	.11	.21	.18	.13	.02	.10
	p	.009	.012	.044	.378	.073	.135	.291	.839	.424
Safe Haven	*r*	**.29***	**.30****	.17	.05	**.30****	**.24***	.17	.07	.05
	p	.012	.010	.164	.668	.010	.045	.158	.538	.695
Anxious attachment to God (r)	*r*	.06	-.07	-.03	-.11	-.04	-.14	-.15	-.19	-.07
	p	.635	.555	.782	.368	.759	.256	.214	.106	.587
Avoidant attachment to God (r)	*r*	**.25***	**.36****	.23	.20	**.35****	.20	.11	.07	-.03
	P	.035	.002	.053	.088	.003	.088	.342	.565	.806
Asking Support	*r*	.17	**.36****	.21	.19	**.36****	**.38****	**.29***	**.25****	.05
	p	.148	.002	.082	.108	.002	.001	.014	.033	.703
Receiving Support	*r*	**.29***	**.25***	.15	.02	**.26***	.18	.13	.03	.05
	p	.012	.038	.222	.886	.028	.133	.294	.812	.697
Secure Base	*r*	.22	.15	**.25***	.12	.05	.12	.11	.02	.18
	p	.064	.209	.035	.298	.656	.326	.376	.864	.152
Percentage Secure Base	*r*	-.01	-.00	.12	.16	-.05	-.11	-.09	-.13	-.12
	p	.906	.980	.331	.177	.684	.371	.464	.286	.363

NOTE: [1] Controlled for the correlations between the explicit attachment to God scales and the distress scales; df = 63 for all correlations; (r) = reversed scale.
* = Significant at the .05 level;
** = Significant at the .01 level

Correlations of distress scales with implicit attachment to God scales. None of the ATGR scales correlated significantly with the GAF distress scale, and the ATGR scales Percentage Secure Base and Anxious attachment to God did not correlate significantly with any of the distress scales.

Of the 24 correlations between ATGR scales and explicit OQ scales, 15 were significant, and eight of them were of moderate strength ($r > .30$). Of the correlations between ATGR scales and implicit OQcl scales, nine were significant, and seven of them were of moderate strength.

After controlling all correlations between ATGR scales and the explicit distress scales for their associations with the explicit AGI scales, nine of the 15 correlations with the explicit OQ scales remained significant, explaining 9-13% in the variance of the various explicit distress scales that could not be explained by the AGI scales.

After controlling all correlations between ATGR scales and implicit distress scales for the associations between the distress scales and the two explicit AGI scales, eight significant correlations remained significant, explaining 9-14% of unique variance in implicit distress scores that could not be explained by the AGI scales.

In summary, results of the comparisons of correlations and of the examination of partial correlations demonstrate that, in line with our expectations: 1) In the

nonclinical group, most of the explicit attachment to God scales were more strongly associated than the implicit attachment to God scales with the explicit distress scales. 2) In the clinical group, the explicit AGI Anxiety scale correlated more strongly with all explicit distress scales than with all implicit distress scales. 3) The implicit attachment to God scale Asking Support correlated more strongly with most implicit than with most explicit distress scales, and most correlations between Asking Support and the implicit distress scales were stronger than the correlations between the two explicit God representation scales and the implicit distress scales. Three of the four independent Attachment to God scales correlated more strongly with the Global Assessment of Functioning (GAF) scale than the explicit Attachment to God scales.

Results also demonstrate that, against our expectations: 1) Associations between implicit and explicit attachment to God measures were not stronger in the nonclinical than in the clinical group. 2) In the clinical group, the four independent implicit attachment to God scales were not significantly more often stronger associated with implicit measures of distress than with explicit attachment to God scales. 3) In the clinical group, the explicit attachment to God scales were not more strongly associated than the implicit Attachment to God scales with explicit distress measures (most implicit attachment to God scales especially correlated more strongly than the explicit attachment to God scales with the OQ SR scale, and more strongly than the explicit AGI Avoidance scale with the OQ IR scale), and also explained unique variance in OQ SR and OQ IR that could not be explained by the explicit attachment to God scales). 4) In the clinical group, the explicit AGI Avoidance scale did not correlate significantly more often than the ATGR scales with the explicit OQ scales.

Differences Between Clinical and Nonclinical Group in Scores on ATGR Scales

The difference between mean scores of the nonclinical and the clinical group on the Attachment to God-overall scale was significant, $t(143) = 2.546$, $p = .012$, with the nonclinical group scoring higher on this scale, indicating a stronger secure attachment to God. On the Safe Haven subscale the scores between the nonclinical and the clinical group also differed significantly, $U = 2080$, $p = .030$, with higher scores for the nonclinical group. From the subscales on which the scores of the Safe Haven scale are based, significant differences between nonclinical and clinical group showed up on Receiving Support, $U = 2108$, $p = .040$, (with higher scores for the nonclinical group) and on Avoidant attachment to God, $t(143) = -2.067$, $p = .040$ (with higher scores for the clinical group). No significant differences between clinical and nonclinical group occurred on the Safe Haven subscales Anxious attachment to God and Asking Support, and on Secure Base and Percentage Secure Base (see also Table 10).

Table 10. *T-tests of Differences in Mean scores or Mann-Whitney U-tests on ATGR Scales*

ATGR scales	Clinical group		Nonclinical group					
	m	*sd*	*m*	*sd*	*t*	*df*	*U*	*p*
Attachment to God-overall	1.64	0.38	1.79	0.31	**2.546***	143		.012
Safe Haven	3.00	1.04	3.37	0.98			**2765.5***	.030
Asking Support	1.41	0.22	1.46	0.24	1.201	143		.232
Receiving Support	1.80	0.46	1.95	0.43			**2108***	.040
Anxious Attachment to God	4.31	3.88	3.70	2.91			2765.5	.578
Avoidant Attachment to God	9.54	4.35	8.10	4.00	**-2.076***	143		.040
Secure Base	1.76	0.38	1.85	0.30	1.476	143		.142
Percentage Secure Base	52.97	10.91	56.24	10.67	1.823	143		.070

NOTE: *significant at the .05 level

Associations of potentially confounding variables with ATGR Attachment to God scales. Because the clinical group differed from the nonclinical group on the potentially confounding variables sex, age, religious salience, religious denomination, and level of education, we examined if these variables were associated with the ATGR Attachment to God scores. None of them had a significant effect on the Attachment to God scales except church denomination, that was significantly associated with the scale Attachment to God-overall, $F(2, 142) = 3.3$, $p = .040$. Planned contrasts showed that the mean score of orthodox participants on Attachment to God-overall (1.60) was significantly lower than the mean score of Evangelical/Baptistic participants (1.71), $t(142) = -2.568$, $p = .011$. Within the patient group there was no significant association between church denomination and Attachment to God overall, $F(2,71) = 0.569$, $p = .569$. Within the nonclinical group this association was highly significant, $F(2,68) = 6.002$, $p = .004$, with the mean score of Orthodox participants (1.51) significantly lower than the mean scores of Mainstream (1.83) and Evangelical/Baptistic (1.87) participants, respectively $t(68) = -3.241$, $p = .002$ and $t(68) = -3.085$, $p = .003$. Although often ANCOVA's are conducted to statistically control for a confounding variable, the also significant difference between the clinical and the nonclinical group on church denomination makes it, according to Miller and Chapman (2001), impossible to statistically disentangle associations of church denomination and of psychopathology with the ATGR scales. Therefore the lower scores of the nonclinical group on Attachment to God-overall cannot merely be attributed to their clinical status.

We assume that the significant differences between the nonclinical and clinical group on ATGR scales Safe Haven, Receiving Support and Avoidant attachment to God can be attributed to the difference in mental health status.

Associations between implicit and explicit Attachment to God scales. Against our expectation, the correlations between implicit and explicit attachment to God scales

were not stronger in the nonclinical group (average of correlations: $r = .03$) than in the clinical group (average of correlations: $r = .06$), see also Table 2.

Discussion

The aim of this study was to validate the attachment to God scales of the ATGR by examining if associations between same-method measures of attachment to God and distress (implicit with implicit and explicit with explicit) were stronger than associations between mixed-method measures of attachment to God and distress (explicit with implicit). For the clinical group, results confirmed the implicitness of the ATGR scales by showing that implicit measures of distress were more strongly associated with the implicit ATGR scales than with explicit measures of attachment to God.

Reliability

A prerequisite for establishing validity, both the interrater reliability and the internal consistency of the Attachment to God overall scale were good. Moreover, the various ATGR subscales predominantly showed only weak intercorrelations, indicating that they measure distinct aspects of attachment to God.

Validity: Confirmation of the ATGR as Implicit Measure

The implicitness of the attachment to God scales of the ATGR is undergirded by the partial confirmation of our expectation that in the clinical group implicit attachment to God measures were more strongly associated with implicit measures of distress than explicit attachment to God measures: The stronger associations of the implicit attachment to God measures with those implicit distress measures that specifically focus on interpersonal functioning, namely the Interpersonal Relations and Social Role Performance scales, could be interpreted as support for the validity of the ATGR measures.

Our expectation that implicit and explicit attachment to God measures would be correlated more strongly with each other in the nonclinical as opposed to the clinical group was not confirmed. Instead, we found that implicit attachment to God was associated more strongly with explicit measures in the clinical group. One potential explanation for the stronger associations in the clinical group between implicit and explicit attachment to God measures, and also for the stronger associations of implicit than explicit Attachment to God measures with explicit distress measures in this group might be that in the clinical group insecure implicit attachment to God representations invade the conscious experiencing of the relationship with God and of negative affects to a much greater extent than in the nonclinical group. Bateman and Fonagy (2010) describe how the process of mentalization, by which we implicitly

and explicitly interpret the actions of ourselves and others, may be disturbed for patients with most mental disorders. They suggest that the move from controlled to automatic mentalizing, or even eventually to non-mentalizing modes, is determined by attachment patterns. Disruptions of early attachment processes might impair the capacity for mentalizing. Patients may be thrown back to "pre-mentalistic modes" that "destroy the coherence of self-experience that the narrative provided by normal mentalization generates" (Bateman & Fonagy, 2008, p. 183). In other words, implicit, insecure attachment to God representations distort the potentially available more explicit secure Attachment to God that could otherwise support the person.

Our results might imply that, especially in clinical groups, explicit measures of distress, to a greater extent than generally assumed, may be relevant indicators of implicit psychological processes, because there is more overlap between implicit and explicit measures. Another explanation might be that —vice versa— depression, stress or anxiety in the clinical group might have triggered negative attachment to God representations which in turn might have increased the association between explicit distress and implicit attachment to God representations.

The Validity of Specific ATGR Scales

Not all ATGR scales were associated equally strongly with implicit measures of distress, implying that some aspects of implicit attachment to God representations might not be assessed validly with the ATGR. The Safe Haven subscales Asking Support and Avoidant attachment to God were associated most strongly, and the Secure Base and Percentage Secure Base scales most weakly, with the implicit distress scales. Most strongly related to clinicians' estimations of patients' interpersonal and social role distress was the ATGR Safe Haven subscale Asking Support. In line with these findings, significant differences in scores between the clinical and the nonclinical group were found only for the ATGR scales Safe Haven and its subscales Receiving Support and Avoidant attachment to God, with the scores of the clinical group indicating significantly more insecure attachment to God representations. These findings indicate that the ATGR predominantly seems to measure the Safe Haven function of attachment to God, and especially those aspects that are related to Avoidant attachment to God. Evidence for the validity of the two Secure Base scales and of the Anxious attachment to God scale is much weaker.

The association between implicit avoidant attachment to God and implicit distress. There are several potential explanations for the association between (implicit) avoidant attachment to God and implicit distress. First, avoidant attachment to God may render patients more susceptible to relational problems, which are observed by their clinicians, yet not reported in the self-report measures by the patients themselves. Put another way; avoidant patients seemed to underestimate their relational problems and distress. This is in line with Mikulincer (1998), who found that avoidantly attached persons, when confronted with imagined hostility of their

partners, reported low levels of anger, lacked awareness of physiological signs of anger and demonstrated escapist responses.

Second, the avoidant attachment to God of patients, characterised by not asking for support from God, may be related to a similar interpersonal attitude of not seeking social support. This may have led to more distress. This explanation is in line with the well-known correspondence hypothesis in attachment theory inspired religious research (Granqvist, 1998; Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009; Kirkpatrick & Shaver, 1990). Moreover, there is evidence that persons with insecure attachment styles engage support networks differently from persons with a secure attachment style (Anders & Tucker, 2000; Moreira et al., 2003; Ognibene & Collins, 1998; Priel & Shamai, 1995). In particular, patients with an avoidant style may be less likely to seek professional help by self-concealment (Vogel & Wei, 2005). Of course, the inverse relationship cannot be ruled out: the distress that accompanies psychiatric problems enhances avoidant tendencies and thus decreases the tendency to seek support from God.

The validity of the ATGR Avoidant attachment to God scale compared to the validity of the AGI Avoidance scale. AGI Avoidance might be a less valid measure of avoidant attachment to God than the ATGR Avoidant attachment to God scale, because the explicit AGI Avoidance scale was hardly associated with the implicit Avoidance to God scale. Moreover, the ATGR Avoidant attachment to God explained unique variance in distress related to interpersonal and social functioning that could not be explained by AGI Avoidance. Thus, we are optimistic that this scale may overcome the often signaled problems with explicit avoidant attachment to God scales: the results with this explicit measure are often similar to results with measures of secure attachment, because patients with avoidant and secure attachment share a positive model of self (Beck & McDonald, 2004; Bretherton & Munholland, 2008; Dozier & Kobak, 1992; Eurelings-Bontekoe, Verschuur, & Schreuder, 2003).

Clinical Implications

For patients that have expressed that they would like to address and integrate religiosity in their treatment, it might be valuable to assess their implicit attachment to God with the ATGR, rather than to use a self-report measure assessing avoidant attachment to God. This might prevent clinicians from not recognising avoidant attachment to God. Undetected avoidant attachment to God may obstruct therapy aimed at strengthening existential identity, which may be an important aspect of treatment in religiously based mental institutions (Jong & Schaap-Jonker, 2016). Mobilising hope in demoralised patients might be a key element in every treatment (Frank & Frank, 1993) and research underpins the importance of spirituality and meaning of life for patients with psychiatric disorders (Huguelet et al., 2016; Mohr et al., 2012). In case of avoidant attachment to God, the ATGR stories the patient told (and in which he or

she did not let the characters turn to God for help or comfort) could be used as an entry to talk about patient's tendency to rely on him- or herself, and to encourage the patient to explore his or her expectations about Gods availability, willingness and power to help, to explore parallel processes with interpersonal attachment, and to encourage and support the patient to share his or her feelings with God. More detailed suggestions for how to deal with insecure attachment to God styles are given by Reinert, Edwards, and Hendrix (2009).

Limitations and Future Research

A first limitation of this study is that results are based on a specific religious group: Dutch Christians from predominantly Protestant denominations. In fact, the cards of the ATGR (not the scoring system) are also specifically designed for this group. Findings, therefore, cannot be generalised to adherents of other religions or Christian denominations.

A second limitation of this study, hindering the comparisons of ATGR scores between the clinical and nonclinical group, is that the nonclinical group significantly differed from the patient group on potentially confounding biographical factors. Although most of these variables were not significantly associated with the scores on the ATGR scales, church denomination was significantly associated with the Attachment to God-overall scale, an effect that was not found within the clinical group, but only within the nonclinical group. Therefore, further research into the influence of church denomination on this scale is needed.

A third limitation is the observational design of the study that does not permit conclusions about causal directions; this means that our results cannot undisputedly confirm the theoretically assumed effect of Attachment to God on distress; and it must be noted that the inverse might also be the case: distress might have caused or triggered more insecure attachment to God representations.

A fourth limitation of this study is that most expectations could only be examined in the clinical group, because in the nonclinical group we had no measures for implicit distress. Actually, some may find it even disputable to classify the OQ-clinician measure that we assessed in the clinical group as a purely implicit measure. However, because we asked clinicians to base their ratings on intuitive estimations instead of what they actually heard from their patients, and because patients could not deliberately influence the score, in our opinion this indirect measure qualifies as measuring implicit aspects of their functioning. In terms of the Yohari-window for modelling interpersonal awareness, it focuses on information that is unknown to the self, but known to others (Luft & Ingham, 1955).

Further research is needed to examine differences in implicit and explicit distress between persons with and without personality pathology. Moreover, implicit and explicit scores of patients on attachment to God scales before and after treatment should

be measured and compared, to see if and how differences occur in changed scores on these explicit and explicit measures.

Besides examining associations of attachment to God representations of patients with social and relational distress, it is also recommended to use measures of religious, spiritual or existential well-being. The measure should be adapted for other religions and extended validation research should be conducted.

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Chapter 5.

Validation of an implicit instrument to assess God representations. Part 2: Associations between implicit and explicit measures of God representations and object-relational functioning

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Abstract

Results about associations between God representations and wellbeing/mental health can be questioned because they are predominantly based on studies with self-report instruments. There are no well-validated implicit measures of God representations. Therefore we developed the Apperception Test for God Representations (ATGR). In a clinical (n=75) and a non-clinical (n=71) sample, we found patterns of associations of scales of the ATGR and of an explicit God representation measure with implicit and explicit measures of object-relational functioning that undergirded the validity of most ATGR scales. Differences in patterns of associations between patients and non-patients could theoretically be explained by the concept mentalization.

Introduction

For a long period, the influence of religion on mental health was predominantly considered as negative (Neeleman & Persaud, 1995). This was partly due to Sigmund Freud's idea that religion is a projection of an infantile need for a father figure (Freud, 2004). Its restrictive rules would lead to unnecessarily strong feelings of guilt and fear of punishment. However, other scholars especially emphasize the positive influence of religion by stating that believers also project positive attributes to their gods and derive strength from them (Rizzuto, 1979; Winnicott, 1971). Research results are in favor of the latter, as meta-analytic studies and reviews into the association between religion or religious coping and well-being/mental health have convincingly demonstrated (Ano & Vasconcelles, 2005; Bergin, 1983; Ellison & Levin, 1998; Gartner, Larson, & Allen, 1991; Hackney & Sanders, 2003; Koenig, King, & Carson, 2012; Koenig, McCullough, & Larson, 2001; Larson et al., 1992; Payne, Bergin, Bielema, & Jenkins, 1991; Smith, McCullough, & Poll, 2003; Witter, Stock, Okun, & Haring, 1985). However, the effect sizes of the observed associations are generally small, probably partly because religion is a complex, multi-layered phenomenon that can be operationalized in many ways. The nature of the association between religion and mental health is moreover dependent upon many factors, such as age (Krause, Ingersoll-Dayton, Ellison, & Wulff, 1999), sex (Maselko & Kubzansky, 2006), personality (Unterrainer, Ladenhauf, Moazedi, Wallner-Liebmann, & Fink, 2010), socioeconomic status (Temane & Wissing, 2006), social support (Ellison & George, 1994), and stressful life circumstances (Ellison, Boardman, Williams, & Jackson, 2001).

The Importance of God Representations

Stulp, Koelen, Schep-Akkerman, Glas, and Eurelings-Bontekoe (2019) hypothesized that for adherents of a theistic religion, the personal relationship with the god

they believe in might be a central factor in explaining the association between religiosity and well-being/mental health. Theoretically, this can be explained by applying the principles of object relation theory to the development of God representations, as is done in the groundbreaking work 'Birth of the living God' from Rizzuto (1979). She builds on Winnicott's (1971) concepts of transitional phenomena and of object use. Winnicott assumes that children undergo a transition from an omnipotent stance where the child does not differentiate between itself and the caregiver, to a phase of differentiation and separation. This transition is accompanied by disillusion for the child, who bridges this gap by creating transitional objects between inner and outer worlds to deal with the conflicts between these two worlds. Winnicott and Rizzuto believe that this ability to create and play does not lose its function: it serves as a lifelong source to deal with reality and is related to art, culture, and religion. The God representation develops in this intermediate area and is based on culturally existing images of God and on all (positive and negative) early experiences with the caregivers. For mature object-relational functioning, it is important that positive and negative aspects of the other can be integrated; that the other is viewed and understood as a real other, with an existence on its own; and that important others can be viewed as benevolent instead of malevolent. This also applies to the development of mature God representations.

The assumption that God representations are related to interpersonal object-relational functioning and are a central aspect of the association between religion and wellbeing/mental health is undergirded by Stulp, Koelen, Schep-Akkerman, et al. (2019), who in their meta-analysis found that positive God representations (that were mostly based on object-relation concepts) were significantly and positively associated with measures of self-concept, of view of others and of well-being, and negatively with neuroticism and distress. Negative God representations were significantly and negatively associated with view of others and with well-being, and positively with neuroticism and with distress.

God Representations and Psychopathology

For persons suffering from psychopathology, the general quality of object-relational functioning may be diminished, leading to difficulties in interpersonal functioning that will also affect the relationship with God. This may partly explain some ambiguous results in the reviews of Koenig: although in general mental health problems were negatively associated with religiosity, predominantly positive associations with religiosity were found among patient with C-Cluster Personality Disorders and with Bipolar Disorder. This explanation is also in line with results from Schaap-Jonker, Eurelings-Bontekoe, Verhagen, and Zock (2002), who found that persons with cluster A (eccentric) personality disorders saw God as more passive, and that persons with Cluster C (inhibited) personality disorders saw God as more ruling/punishing, and

that personality pathology mediated the associations between God representations and severity of complaints. This suggests that personality pathology is indeed associated with the nature of the relationship with God.

Conceptual and Methodological Issues

Studies into God representations may suffer from some conceptual and methodological problems. First, many studies have predominantly used self-report measures, and part of the found associations may be attributed to shared-method variance. Second, object relation theory assumes that mental relational representations work on a mostly implicit level, and therefore cannot be fully captured by self-report instruments. Indeed, in a quarter of the studies of the meta-analysis of Stulp, Koelen, Schep-Akkerman, et al. (2019), the self-report method is for this reason mentioned as a serious limitation. There is only one study (Dickie, Ajega, Kobylak, & Nixon, 2006) that examined associations between implicit measures of God representations and implicit measures of representations of self and others. In this study among 132 predominantly Christian young adults, nurturing, powerful, and punishing/judging characteristics of mother, father, self, and God were assessed by analyzing the reactions to 14 illustrations of parent-child interactions. Respondents rated the extent to which each illustration was respectively like their mother, father, self, and God. Nurturing God representations were associated with mother's power and with-self power. Powerful God representations were associated with self-power. Punishment/judgment of God showed an association with punishment of mother. Closeness to God correlated significantly and weakly with nurturance of self, power of self, and closeness to father (Dickie et al., 2006).

We know of also only one study that examined associations between self-report measures of God representations and both implicit and explicit measures of interpersonal functioning: Brokaw and Edwards (1994) examined the relationship between God representations and object-relational functioning. Object relations development was assessed both implicitly, by using two projective measures (Rorschach and Comprehensive Object Relations Profile), as well as with self-report. All correlations of self-reported God representation measures with self-report object relations measures were significant, whereas almost all correlations between self-report data and the projective measures were weak and non-significant.

These scarce results suggest that implicit God representations are more strongly associated with implicit than with explicit measures of object-relational functioning and that for explicit God representation the opposite holds.

The Current Study

The present study is part of a series of studies aimed at constructing and validating the Apperception Test God Representations (ATGR), an instrument to assess implicit God representations. In a former study among both a clinical and a non-clinical group, the construction of the test, the reliability, and the validity of the scales were described, focusing on implicit and explicit measures of distress (Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019). Validity was confirmed by the finding that for the clinical group the ATGR scales, and especially the cognitive scales Complexity and Agency, were associated more strongly with the Global Assessment of Functioning (GAF)scale, as scored by clinicians, than with self-reported Quality of Life.

The aim of this study is to further examine the validity of the object-relation based scales of this instrument by comparing its measures and explicit measures of God representations with implicit and explicit measures of object-relational functioning. We hypothesize that associations between measurements assessing on the same level (either implicit or explicit) will be stronger than associations between implicit and explicit instruments.

To the best of our knowledge, this is the first study that compares these types of measures.

Method

For reasons of limited space, information about sample characteristics, procedure, and construction of the ATGR is summarized in this article. More detailed descriptions can be found in Stulp, Koelen, Glas, et al. (2019).

Participants

The first sample of this study is a convenience sample of 71 non-clinical participants, recruited at a Dutch Christian University of Applied Science, Viaa Zwolle and a Dutch Christian intermediate vocational education school; the Menso Alting College, Zwolle. These institutions train people for work in the domains social work, pastoral work, nursing, and education.

The second sample consisted of 74 patients who followed one out of four inpatient treatment programs for personality disorders at a Dutch Christian mental health care institution. On the basis of a clinical interview focusing on Axis II of the DSM IV-TR (Gibbon, Spitzer, Williams, Benjamin, & First, 1997) patients received the following classifications: Personality disorder NOS: 25 (33.8%); C-Cluster personality disorders or features: 28 (37.8%); B-Cluster Personality Disorder or features: 13 (17.6%); features of A-Cluster and B-Cluster personality disorders: 2 (2.7%); A-Cluster personality disorders: 1 (1.4%); Deferred diagnosis: 5 (6.8%).

Measures

Implicit aspects of God representations

Materials and assessment procedure. Implicit aspects of God representations were measured by the recently developed ATGR, an apperceptive test consisting of 15 cards with pictures especially developed for measuring implicit God representations. Resulting narratives were analyzed by the SCORS scoring system (Westen, 1985, 1995), that we especially adapted for measuring God representations in narratives.

Coding system. In the following paragraphs the six scales that aim at measuring implicit aspects of representations of God are described.

Complexity of representation of God (Complexity). The various levels of the representations are coded on a scale from 1 – 5, with lower scores representing lower levels of maturity of representations. Low scores indicate representations of God that are not differentiated from feelings and motives from the respondent (or the character in the narrative). God may also be viewed as unidimensional, without much nuance, or as someone who is all good or all bad; maybe fluctuating in time, but never simultaneously. More mature God representations are nuanced and detailed and integrate different aspects of God, with (some) understanding for how negative aspects (e.g., anger and punishment) are related to positive aspects (e.g., love, forgiveness). See also Table 1.

Affect Tone of relationship with God for character and respondent (Affect Tone character and Affect Tone person). This ATGR scale is scored in two ways; the first regards the way the (main) character experiences his or her relationship with God (Affect Tone character), the second regards the way the respondent may elaborate on this experience (Affect Tone person). The different levels of the affect tone are coded on a scale from 1 – 5, with lower scores representing more negative feelings (see also Table 1). Distinction between Affect Tone person and character is made on the basis of the assumption that Affect Tone person might be more susceptible to social desirability- and doctrine effects than Affect Tone character

Emotional investment in the relationship with God (Investment). This ATGR scale is about the character's motivation for having a relationship with God ranging from egocentric to reciprocal. The different levels of emotional investment are coded on a scale from 1 – 5, with lower scores representing a more egocentrically motivated relationship with God (see also Table 1).

Agency of God (Agency). The Agency of God scores are determined by combining scores on three subscales: Gods influence on the situation (Agency-s: yes or no), Gods influence on character's reactions; his thoughts, feelings, intentions, actions (Agency-r: not, shared influence, or decisive influence) and attributed reasons for God's actions (Agency-e: no explanation, general explanation, specific explanation). These scores are then converted to a total score on a scale from 1 – 5. A low score

indicates that God has no influence on events. Higher scores indicate that God has influence, and this influence can be understood and trusted. The highest score (5) acknowledges not only general (good) intentions, but assumes that God has specific intentions for specific persons. See also Table 1 for a more detailed description of the scales.

Assessment procedure. The assessment of the ATGR, according to protocol, starts with the instruction that the subject should make up fantasized stories about the cards to be shown. These cards are introduced as (translated from Dutch): "You will be shown 15 cards with pictures about people relating to God, and/or about God relating to people. Would you make up a story about these pictures? Would you tell what happens in the picture, what has led up to it, and how the story will end? Will you also address the question what the people in the picture think and feel? And what God thinks and feels, what he does and why?" The instruction is repeated at least once. Assessors should prompt only one time per card for an unaddressed aspect, and only by repeating the general question. The recordings of the assessments are transcribed according to protocol.

Coding procedure. Scoring took place in couples that first independently scored their protocols. The independent scores of each couple were used to compute interrater reliability. Final scores were based on consensus.

Coders followed an intensive training program, given by the first author. In this program they first got an introduction in the scoring system and the underlying theory. Then, in a plenary session, they practiced the scoring rules on a protocol, discussing the scoring principles per story. After that, two or three new protocols were scored at home and scores were discussed on subsequent sessions. For each scale at least 15 hours of training were spent: three joint sessions of three hours and six hours of individual scoring at home.

Interrater reliability. The weighted average interrater reliabilities —indicated by the Intraclass Correlation Coefficient (ICC) based on absolute agreement— of the ATGR scales were good for the scales Affect Tone character (.80), Affect Tone person (.83) and Agency (.85), fair for the Complexity scale (.77), and poor for the Investment scale (.68).

Explicit aspects of God Representations. The Dutch Questionnaire God Representations (QGR), in earlier publications also referred to as Questionnaire God Image (QGI) is a 33-item self-report questionnaire, a translation and adaptation of Murken's (1998) scales of God relationships. It consists of two dimensions; the dimension "feelings towards God", with three scales: Positive feelings towards God (Positive/POS), Anxiety (Anxiety/ANX), and Anger towards God (Anger/ANG);

Table 1. *Object-Relation and Social Cognition Theory Informed ATGR Scales*

	Level 1:	Level 2	Level 3:	Level 4:	Level 5:
Complexity of representation of God	Poor differentiation between thoughts / feeling of the character and of God	Poor understanding of God: vague, confused, incoherent, fluctuating or unintegrated representations	Superficial understanding: unidimensional, unelaborated descriptions of God's characteristics, thoughts or feelings	Acknowledgement of God's complexity; detailed descriptions, differentiated, ambiguous. Stability of God's characteristics over time/situations	Understanding of complexity/ ambiguity, relating it to general characteristics of God
Affect tone of relationship with God	Representations of God are malevolent, causing great distress or helplessness	Representations of God as hostile or disengaged, or defensively positive	Affective relationship with God with predominantly negative feelings	Relationship with God is affectively neutral or characterized by mixed feelings	Relationship with God is experienced with predominantly positive feelings
Emotional investment into relationship with God	No relationship with God or selfish relationship, only for own gratification	Superficial relationship, probably enduring, but need gratification prevails	Conventional relationship with God with some emotional investment, driven by wish for acceptance, pleasing God	Dedicated relationship with God, emotional investment based on principles, inner convictions	Deep, dedicated relationship with God for the sake of the relationship itself. Awareness of reciprocity.
Dealing with religious rules and principles	No sense of approval or disapproval from God, or only fear for discovery of bad acts because of negative consequences.	Some sense of approval or disapproval from God, absence of guilt or disproportionally feeling guilty. Problems with acknowledging Gods authority.	Complying because it's Gods will, without inner conviction, emphasizing rules instead of principles or relationship. Emphasis on avoiding punishment or obtaining approval.	Complying/ obeying out of inner conviction, respecting God's authority	Complying/ obeying out of affectively experienced relationship with God; sense of reciprocity, feelings of regret are related to relationship.
Agency of God	God has no influence on situations or on character's reactions	God has influence on situations or joint divine and personal influence on the character's reactions. No explanation for Gods action is given.	God has influence on situations or shared influence on the character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but no explanation is given for it.	God has influence on situations or shared influence on character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but only a general explanation is given for it.	God has total influence on character's reactions, and a specific explanation is given for it.

and the dimension "God's actions", with three scales: Supportive actions (Supportive/SUP), Ruling and/or Punishing Actions (Ruling-Punishing/RULP), and Passivity of God (Passivity/PAS). All items are scored on a five-point scale, with (1) for not at all applicable, and (5) for completely applicable. The scale has good psychometric properties. The internal consistency of the scales is sufficient with Cronbach's alpha's ranging from 0.71 (Passivity scale) to 0.94 (Anxiety scale) and their validity was also confirmed (Jonker, Eurelings-Bontekoe, Zock, & Jonker, 2008; Schaap-Jonker & Eurelings-Bontekoe, 2009). In this study three scales scored excellent on internal consistency, as indicated by Cronbach's alpha: Positive (α = .94), Anxiety (α = .91), and Support (α = .94). Two scales scored good: Anger (α = .83) and Passivity (α = .82), and one scale, Ruling-Punishing, scored fair (α = .70).

Implicit object-relational functioning.

Instrument and scales. Implicit object-relational functioning was assessed by scores on the four Social Cognition and Object Relations Scales (Westen, 1985, 1995) for narratives on six cards of the Thematic Apperception Test. This number is advised by Westen (1985), and we used the same cards (1, 2, 13MF, 4, 3BM, and 7GF, administered in the same order to all respondents) as were used in the study of Eurelings-Bontekoe, Luyten, and Snellen (2009). The SCORS integrates social cognition and object-relations theory and has a code system specifically for narratives on TAT cards. The code system consists of the dimensions Complexity of representations of others (CR), Affect tone of relationships (AT), Capacity for emotional investment in relationships and moral standards (EI), and Understanding of social causality (SC). Each dimension is scored on a 5-point rating scale ranging from 1 to 5, with higher scores on CR, EI, and SC representing higher, more mature levels of social functioning and higher scores on AT reflecting more positive attitudes towards others. CR assesses patients' capacity to differentiate between self and others and to integrate positive and negative characteristics of self and others. AT measures the affective quality of interpersonal relationships, with lower scores indicating malevolent representations of others and higher scores indicating benevolent representations. EI assesses the extent to which inner representations of relationships reflect an egocentric and selfish attitude (lower scores) or a mature reciprocal attitude (higher scores). Finally, SC measures a person's capacity to understand causal relationships in social interactions.

Cronbach's alpha's for these dimensions range from .80 to .90. The validity of this instrument has been confirmed across several studies. Relevant for this study is that adolescent borderline patients (Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990) and adult borderline patients (Nigg, Lohr, Westen, Gold, & Silk, 1992; Westen, Lohr, Silk, Gold, & Kerber, 1990), have significantly less complex representations of others, compared to non-clinical control groups. The SCORS also discriminates between B- and C-Cluster personality disorders, yielding significantly lower scores for persons with

borderline personality disorder on all SCORS scales than all other groups (Ackerman, Clemence, Weatherill, & Hilsenroth, 1999). For a review of the reliability and validity of this instrument, see Huprich and Greenberg (2003).

Administration, training and coding procedures. The TATs of the non-clinical group were administered by fourth-year students of Social Work who also administered the ATGR. The TATs of the clinical group were administered by the first author and by the psychological testing assistant of the mental health institution. Standard procedure was followed, by asking the patient to describe what happens, what led up to the situation, what the outcome is, and what the characters are thinking and feeling. All narratives were recorded on audiotape and transcribed verbatim.

Almost all protocols of the TAT narratives were distributed across and scored independently by seven couples of graduate clinical psychology students, who were trained by the third author. The independent scores of each couple were used to compute interrater reliability. Final scores were based on consensus. Raters were blind to scores on all other variables. For the Intraclass Correlation Coefficients (ICC), the independent ratings on each card per dimension for each respondent were averaged. The weighted average ICCs were good for EI, ICC = .80 and for SC ICC = .85, fair for CR, ICC = .75, and poor for AT, ICC = .62 (Cicchetti, 1994).

Explicit object-relational functioning. Explicit object-relational functioning was assessed by The Bell Object Relations Inventory (BORI, Bell, 1995), a self-report questionnaire with 45 items that must be endorsed as 'true' or 'false'. It consists of four scales, assessing aspects of object-relational functioning: Alienation (ALN), Insecure Attachment (IA), Egocentricity (EGC), and Social Incompetence (SI). Psychometric characteristics of the instrument are good, with Cronbach's alpha's for ALN $\alpha = .90$, for IA $\alpha = .78$, for EGC $\alpha = .78$ and for SI $\alpha = .79$ (Bell, 1995).

High ALN scores indicate a basic lack of trust in relationships, a suspicious attitude and a tendency to social isolation. High scores are virtually never found in high functioning subjects (Bell, 1995). High IA scores indicate a high sensitivity to rejection, a tendency to long desperately for closeness, and poor toleration of separations, losses and loneliness. High functioning subjects may have elevated scores on this scale. High EGC scores indicate a tendency to perceive the existence of others only in relation to oneself, and a sense that others are to be manipulated for own self-centered aims. High SI scores indicate shyness, nervousness, difficulties in making friends and in socializing.

The construct validity of the scales has been established in many studies across various populations. For an overview, see Li and Bell (2008). Relevant for the current study is that the instrument distinguishes between non-clinical subjects and persons suffering from borderline and other personality disorders (Bell, Billington, Cicchetti, & Gibbons, 1988; Tramantano, Javier, & Colon, 2003) and that its scores are related to the extent of religious maturity (Hall, Brokaw, Edwards, & Pike, 1998). For this

study, the questionnaire has been translated forward to Dutch by the first author and for control also back to English by a native English speaker with excellent mastery of the Dutch language.

Calculation of the sum scores of the scales was derived from the scoring forms of the instrument (Bell, 1995). Internal consistency of the scales, as indicated by Cronbach's alpha and computed for both groups together, was good for ALN, α = .88, and fair for IA, α = .80; EGC, α = .74; and SI, α = .80, and closely resembled the values reported from Bell's (1995) original validation sample. Split per group, it was fair for three scales in the non-clinical group: for ALN α = .72; for IA α = .70; and for SI α = .70. For EGC it was poor: α = .49. In the clinical group it was fair for ALN: α = .77, but poor for the other scales: for IA α = .47; for EGC α = .62; and for SI α = .47.

Data Analyses

First the correlations between the explicit and implicit object relations instruments were examined. The validity of the ATGR scales was examined by (a) the multidimensional scaling method (MDS), (b) testing proportions of expected stronger correlations between scales, (c) testing differences in correlations and (d) examination of individual significant correlations between scales.

MDS is a statistical technique that uses proximity data —distances between objects— and transforms these into a visual representation in which the estimated position of each scale is based on the strength of all correlations between the scales. Compared to the often used "eyeball" inspection of the correlation matrix to look for patterns of associations, this visual representation has the advantage that it is relatively easy to see, for example, whether the implicit God representation scales are more strongly associated with implicit than with explicit object-relation measures.

MDS searches for the optimal positioning of points in which the distances between these points match best with all the proximities between the objects, and provides coordinates and a geometrical representation of these positions. This is done by minimalizing the stress; the difference between estimated distances and raw proximity data. We applied this method with the SPSS-procedure PROXSCAL (Busing, Commandeur, Heiser, Bandilla, & Faulbaum, 1997). We let PROXSCAL assign the location of the scales of ATGR and QGR in a two-dimensional space, based on the correlation matrix of the observed correlations between all scales as measures of proximity. Thereto we transformed the values of the correlations into distances (δ) with the following formula:

$$\delta = \sqrt{2 * (1 - |r|)} \qquad (1)$$

There are some rules of thumb to establish the goodness of fit of the found solution, but these, according to Borg, Groenen, and Mair (2012), are not very reliable because there are many aspects that need to be considered when judging stress. In this study we used the Normalized Raw Stress-value (NRS). An NRS value of 0 means absolute fit, but the ideal NRS value is .02, according to McGrady (2011). Because we have a theoretical model to compare the found solution to, we reported the various stress-values but did not reject, based on these subjective criteria for bad fit, solutions. We compared solutions that treated distances as ordinal and were based on a classical Torgerson start configuration with those with multiple random starts and 1000 trials. For stress convergence and minimum stress the default SPSS settings were changed to .000001, and the maximum number of iterations was increased to 1000. To gain more insight into the stress, we examined the results of decomposing the Normalized Raw Stress, by looking at relatively high stress-values of separate scales.

We compared the (absolute) strength of correlations of implicit versus explicit God representation scales with the implicit or explicit object-relation scales, and also the strength of correlations of respectively the implicit and explicit God representation scales with explicit versus implicit object-relation scales. The significances of proportions of stronger associations were tested by a binomial test, performed in EXCEL with the formula BINOM.DIST(number_s,trials,probability_s,cumulative). For the first argument (number of successes) we filled in the number of comparisons with stronger associations for the same method combination, for the second (trials) we filled in the total number of comparisons, for the third argument (the probability of success) we filled in .5, and for the fourth we filled in 'True', which yields the cumulative probability. If the proportion found was higher than 0.5, we used the formula 1-BINOM.DIST; if it was lower than 0.5, we used the formula BINOM.DIST. Because this test assumes that the comparisons are independent, the correlations with the AGC subscales were left out of these analyses.

Expected differences between correlations were tested with the null-hypothesis that these correlations were equal. If a correlation between a scale and a same-method scale (r_{12}) was stronger than the correlation between this scale and an other-method scale (r_{13}), this difference was tested one-sided using Steiger's (1980) formulas (14) and (15) for Z_1^* and Z_2^*, based on improved versions of Fisher's r to z formula. This formulas account for the shared variance between two scales of which the associations with another scale are compared (r_{23}).

To detect possible associations between specific scales, we inspected strength and significance of the various correlations between scales in both groups. When implicit and explicit God representation scales both correlated significantly with the same implicit or explicit object-relations scale, partial correlations were computed to test if there was a unique contribution of the implicit God representation scales in explaining the variances in the object relation scales.

Results were computed separately for the non-clinical and clinical group, to control for the possibility that suffering or not suffering from psychopathology as a third variable would be a potential moderator of the found associations.

Results

Associations Between Implicit and Explicit Object-Relations Scales

In none of the two groups there were any significant correlations between the implicit and the explicit object-relations scales. In the non-clinical group, 8 of the 12 correlations were weaker than r=.10 (absolute value). The two strongest correlations, that of SCORS CR with BORI SI and ALN, respectively r = .20 and r = .19, were unexpectedly positive. In the clinical group, 9 of the 12 correlations were weaker than r = .10 (absolute value). Here the two strongest correlations, that of SCORS EI with BORI IA and EGC, both r = -.11, were in the expected direction (see also Table 2).

Table 2. *Correlations Between Implicit and Explicit Object-Relations Scales*

SCORS scales		BORI scales							
		Non-clinical group				Clinical group			
		ALN	IA	EGC	SI	ALN	IA	EGC	SI
CR	*r*	.19	.11	.03	.20	-.07	.00	.07	-.04
	p	.108	.384	.834	.095	.558	.991	.554	.770
AT	*r*	-.09	-.04	-.09	-.12	.03	-.05	.07	.07
	p	.442	.772	.449	.327	.779	.671	.558	.068
SC	*r*	-.05	.05	-.12	.04	.05	.07	.10	-.00
	p	.709	.711	.320	.76	.688	.564	.417	.983
EI	*r*	-.06	.07	-.07	.00	-.02	-.11	-.11	-.02
	p	.617	.593	.582	.985	.865	.358	.334	.840

NOTE: ALN = Alienation; IA = Insecure attachment; EGC = Egocentricity; SI = Social incompetence CR = Complexity of representations of others; AT = Affect tone of relationships; SC = Understanding of social causality; EI = Capacity for emotional investment in relationships and moral standards

Solutions of the Multidimensional Scaling Method

For the non-clinical group, a Torgerson start configuration using ordinal level yielded a two dimension solution of NRS = .06. A random start with 1000 trials (ordinal) yielded a two dimension solution with an NRS of .05. Therefore we chose the random start solution (see Figure 1, with smaller differences indicating stronger associations).

The scales with the poorest fit were SCORS scale AT, NRS = .11, ATGR scale Complexity, NRS = .09, QGR scale Passivity, NRS = .08, and SCORS scale CR, NRS = .07.

Because we consider the TAT scales to be well-validated implicit measures, we placed them, together with the ATGR scales, at the lower side of the vertical dimension, assuming that this dimension represented an implicit-explicit factor. The horizontal dimension might then be interpreted as a conceptual factor, representing the difference between God representations (left side) and interpersonal representations (right side). Overall, in the non-clinical group the locations of the various scales seemed to undergird the validity of the implicit God representation scales.

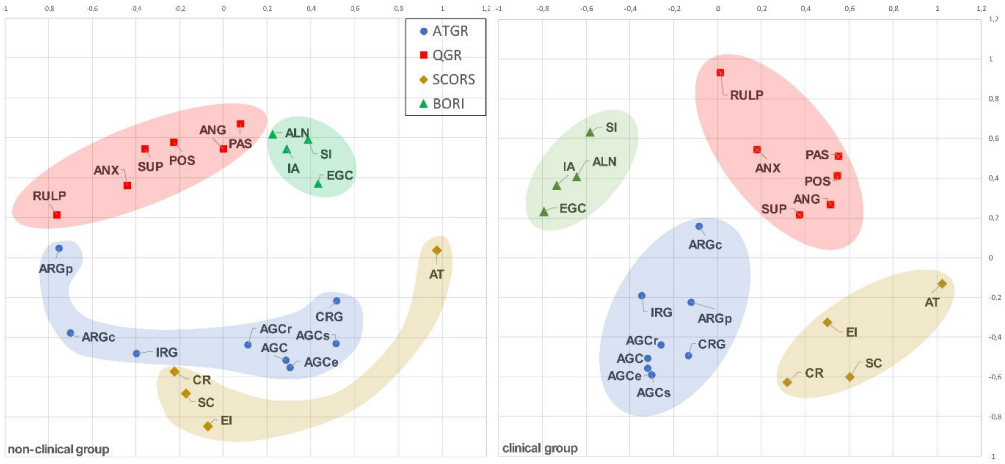

Figure 1. Plot of the estimated locations of the implicit and explicit God re-presentation and object-relations scales for the non-clinical group (left) and the clinical group (right).

CRG= Complexity, ARGp = Affect Tone person, ARGc = Affect Tone character, IRG = Investment, AGC = Agency; POS = Positive; ANX = Anxious, ANG = Anger, SUP = Supportive, RULP = Ruling/punishing, PAS = Passivity; POS = Positive; ANX = Anxious; ANG = Anger; SUP = Supportive; RULP = Ruling/punishing; PAS = Passivity; CR = Complexity of representations; AT = Affect tone of relationships; EI = Emotional Investment; SC = Understanding of social causality; ALN = Alienation; IA = Insecure attachment; ECG = Egocentricity; SI = Social inadequacy

For the clinical group, starting with the classical Torgerson configuration and treating distances as ordinal yielded a two-dimension solution with a stress-value of NRS = .04; Starting with a random figuration and 1000 trials yielded the same NRS stress-value of .04 for a two-dimension solution. We chose the solution from the random start procedure (see Figure 1) because it positioned the AT scale more in accor-

dance with our theoretical expectations. The scales with the poorest fit were SCORS scale AT, NRS = .14, and QGR scale Ruling/punishing, NRS = .13.

This solution was theoretically more difficult to explain than the solution for the non-clinical group. Holding on to the TAT and the ATGR scales as positioned on the low side of a dimension that represents an implicit-explicit factor, the horizontal dimension could not easily be interpreted as conceptual, representing God representations versus interpersonal representations. Therefore the positions of the explicit object relations scales on the vertical dimension (left side) were too different from that of the implicit object relations scales (right side). Table 3 shows the by MDS estimated distances between all scales for both groups.

Associations of Explicit Versus Implicit God Representation Scales With Explicit Object- Relations Scales

Correlations between scales for the non-clinical group. In line with our expectations, explicit God representation scales correlated to a greater extent than implicit God representations with the explicit object-relations scales. Comparing the absolute strength of correlations of explicit God representation scales versus implicit God representations scales (only the main scales) with the explicit object-relations scales, 82% (98/120) of the comparisons had stronger correlations for the explicit God representation scales (see also Table 4). A binomial test indicated that this proportion was significantly higher, $p < .001$, one-sided, than a proportion of 0.50. Of this 98 stronger correlations, 37% (36 compared correlations) had significantly stronger correlations for the explicit versus the implicit God representation scales, tested one-sided. The explicit object relations scales ALN and IA were, more often than the EGC and SI scales, significantly stronger associated with explicit than with implicit God representation scales.

Fifty percent (12/24) of the correlations between the explicit God representation scales and the explicit object-relations scales were significant, whereas only 9% (3/32) of the correlations between the implicit God representation scales and the explicit object-relations scales were significant. Ten of them were highly significant, all in the expected direction. QGR Anxiety had the strongest correlations with all four BORI scales, ranging between $r = .33$ and $r = .47$. Table 5 shows the correlations of the implicit and explicit God representation scales with the implicit and explicit object relations for both groups. The partial correlations of Complexity with IA and SI, controlling for the correlations with the QRG scales, were non-significant; the correlation between Agency-r and EGC increased in strength, $r = -.377$, $p = .002$.

Table 3. *By MDS Estimated Distances Between all Scales for Both Groups*

	Implicit ATGR scales								Explicit QGR scales						Implicit SCORS				Explicit BORI scales			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Implicit ATGR scales																						
1 Complexity		0.7	0.3	0.4	0.2	0.2	0.1	0.2	1.1	1.1	1.0	0.9	1.4	1.2	0.5	1.2	0.7	0.7	1.0	1.0	1.0	1.2
2 Affect Tone character	1.2		0.4	0.4	0.7	0.8	0.6	0.8	0.7	0.5	0.6	0.5	0.8	0.7	0.9	1.1	0.8	1.0	0.6	0.7	0.7	0.7
3 Affect Tone person	1.3	0.4		0.2	0.3	0.4	0.3	0.4	0.9	0.8	0.8	0.7	1.2	1.0	0.6	1.2	0.6	0.8	0.8	0.9	0.8	1.0
4 Investment	1.0	0.3	0.6		0.3	0.4	0.3	0.4	1.1	0.9	1.0	0.8	1.2	1.1	0.8	1.4	0.9	1.0	0.7	0.7	0.6	0.9
5 Agency	0.4	1.0	1.2	0.7		0.1	0.1	0.0	1.3	1.2	1.1	1.0	1.5	1.3	0.6	1.4	0.8	0.9	1.0	1.0	0.9	1.2
6 Agency-s	0.2	1.2	1.4	0.9	0.2		0.2	0.0	1.3	1.2	1.2	1.0	1.6	1.4	0.6	1.4	0.8	0.9	1.1	1.0	1.0	1.3
7 Agency-r	0.5	0.8	1.0	0.5	0.2	0.4		0.1	1.2	1.1	1.0	0.9	1.4	1.2	0.6	1.3	0.8	0.9	0.9	0.9	0.9	1.1
8 Agency-e	0.4	1.0	1.2	0.7	0.0	0.2	0.2	0.0	1.3	1.2	1.2	1.0	1.5	1.4	0.6	1.4	0.9	0.9	1.0	1.0	0.9	1.2
Explicit QGR scales																						
9 Positive	1.1	1.1	0.7	1.1	1.2	1.3	1.1	1.2		0.4	0.1	0.3	0.7	0.1	1.1	0.7	0.7	1.0	1.2	1.3	1.3	1.1
10 Anxious	1.1	0.8	0.4	0.8	1.1	1.2	1.0	1.2	0.3		0.4	0.4	0.4	0.4	1.2	1.1	0.9	1.2	0.8	0.9	1.0	0.8
11 Anger	0.9	1.2	0.9	1.1	1.1	1.1	1.0	1.1	0.2	0.5		0.2	0.8	0.2	0.9	0.6	0.6	0.9	1.2	1.3	1.3	1.2
12 Supportive	1.2	1.0	0.6	1.0	1.2	1.3	1.1	1.3	0.1	0.2	0.4		0.8	0.3	0.8	0.7	0.6	0.8	1.0	1.1	1.2	1.0
13 Ruling/punishing	1.4	0.6	0.2	0.8	1.3	1.4	1.1	1.3	0.6	0.4	0.8	0.5		0.7	1.6	1.5	1.4	1.6	0.8	0.9	1.1	0.7
14 Passivity	1.0	1.3	1.0	1.2	1.2	1.2	1.1	1.2	0.3	0.6	0.2	0.5	1.0		1.2	0.8	0.8	1.1	1.2	1.3	1.4	1.1
Implicit SCORS scales																						
15 CR	0.8	0.5	0.8	0.2	0.5	0.8	0.4	0.5	1.1	1.0	1.1	1.1	1.0	1.3		0.9	0.4	0.3	1.4	1.4	1.4	1.5
16 AT	0.5	1.7	1.7	1.5	0.9	0.7	1.0	0.9	1.3	1.5	1.1	1.4	1.7	1.1	1.3		0.6	0.6	1.8	1.8	1.9	1.8
17 SC	0.9	0.8	1.1	0.5	0.5	0.7	0.4	0.5	1.4	1.3	1.4	1.4	1.3	1.5	0.3	1.4		0.3	1.4	1.4	1.4	1.4
18 EI	0.8	0.6	0.9	0.3	0.5	0.7	0.4	0.5	1.3	1.1	1.2	1.2	1.1	1.4	0.1	1.4	0.2		1.6	1.6	1.6	1.7
Explicit BORI scales																						
19 ALN	0.9	1.4	1.1	1.3	1.1	1.1	1.1	1.2	0.5	0.7	0.2	0.6	1.1	0.2	1.3	0.9	1.5	1.4		0.1	0.2	0.2
20 IA	0.8	1.4	1.2	1.2	1.1	1.0	1.0	1.1	0.5	0.8	0.3	0.7	1.1	0.2	1.2	0.9	1.4	1.3	0.1		0.1	0.3
21 EGC	0.6	1.4	1.2	1.2	0.9	0.8	0.9	0.9	0.7	0.9	0.5	0.8	1.2	0.5	1.1	0.6	1.3	1.2	0.3	0.2		0.5
22 SI	0.8	1.5	1.3	1.3	1.1	1.0	1.1	1.1	0.6	0.9	0.4	0.7	1.2	0.3	1.3	0.8	1.5	1.4	0.2	0.1	0.2	

NOTE: CR = Complexity of representations of others; AT = Affect Tone of relationships; SC = Understanding of social causality; EI = Capacity for emotional investment in relationships and moral standards; ALN = Alienation; IA = Insecure attachment; EGC = Egocentricity; SI = Social incompetence. Smaller distances indicate stronger association

Table 4. *Numbers of Stronger Correlations of Explicit than Implicit God Representation Scales with Explicit Object-Relations Scales*

QGR scales	BORI scales									
	Non-clinical					Clinical				
	ALN	IA	EGC	SI	Total	ALN	IA	EGC	SI	Total
Positive	5	5	$2^{1,3}$	5	17	1^{3}	1^{1}	1^{3}	5	8
Anxious	$4^{2,3,4,5}$	5	$2^{1,3}$	$3^{3,4,5}$	14	$4^{1,2,3,5}$	$3^{1,3,5}$	$2^{1,3}$	5	14
Anger	5	5	5	5	20	0	1^{1}	1^{3}	0	2
Supportive	5	$4^{2,3,4,5}$	$2^{1,3}$	$4^{2,3,4,5}$	15	1^{3}	$2^{1,4}$	$2^{1,3}$	5	10
Ruling/punishing	5	$3^{2,4,5}$	$2^{1,4}$	$3^{3,4,5}$	13	1^{3}	1^{1}	0	0	2
Passivity	5	5	5	$4^{2,3,4,5}$	19	1^{3}	1^{3}	1^{3}	5	8
Total	29	27	18	24	98/120	8	9	7	20	44/120

NOTE: ALN = Alienation; IA = Insecure attachment; EGC = Egocentricity; SI = Social incompetence; CR = Complexity of representations of others; [1] = Complexity of representation of God; [2] = Affect tone of the relationship with God-character; [3] = Affect tone of the relationship with God-person; [4] = Emotional Investment in the relationship with God; [5] = AGC (ATGR Scales with smaller correlations with the BORI scale than the QGR scale)

Correlations between scales for the clinical group. Comparing the absolute strength of correlations of explicit God representations scales versus implicit God representation scales (only the five main scales) with the explicit object-relations scales in the clinical group, against expectations only 37% (44/120) of the comparisons had stronger correlations for the explicit God representation scales (see also Table 4). This proportion was significantly lower, $p = .002$, one-sided, than a proportion of 0.50. Testing one-sided, none of this 44 comparisons yielded significant differences. Testing two-sided for stronger correlations of implicit than explicit God representation scales with explicit object-relations scales, the Investment scale correlated significantly stronger than the Ruling/punishing scale with Egocentricity.

Also against our expectations, the number of significant correlations between implicit God representation scales and explicit object-relations scales, 9% (3/32), was not smaller than the number of significant correlations between explicit God representation scales and explicit object-relations scales, 8% (2/24). After controlling for the correlations with the QGR scales, the correlations of Investment with ALN and EGC remained significant, the correlation between Affect tone character and IA became nonsignificant.

Table 5. *Correlations Between God Representations Scales And Object-Relations Scales*

God representation scales		Object-relations scales															
		Non-clinical group								Clinical group							
		Implicit SCORS scales				Explicit BORI scales				Implicit SCORS scales				Explicit BORI scales			
		CR	AT	SC	EI	ALN	IA	EGC	SI	CR	AT	SC	EI	ALN	IA	EGC	SI
Implicit ATGR scales																	
Complexity	*r*	.10	-.18	.15	-.03	-.11	**-.24***	-.02	**-.27***	**.33****	-.01	.14	**.30****	-.22	.00	-.10	-.11
	p	.415	.137	.22	.784	.363	.042	.887	.021	.004	.948	.223	.009	.066	.98	.405	.336
Affect Tone character	*r*	**.25***	.00	**.27***	.03	-.05	-.03	-.17	-.12	.17	.23	.03	**.23***	-.16	**-.25***	-.22	-.11
	p	.033	.98	.024	.783	.692	.836	.17	.322	.158	.052	.773	.045	.165	.032	.055	.351
Affect Tone person	*r*	.07	-.17	.07	-.12	-.03	.07	.01	-.05	.21	.06	.15	.18	-.07	-.12	-.02	-.11
	p	.58	.146	.585	.332	.776	.557	.954	.654	.074	.607	.197	.127	.541	.328	.88	.339
Investment	*r*	**.28***	-.12	**.36****	.16	-.07	.02	-.19	-.01	**.31****	.08	.19	.21	**-.33****	-.23	**-.33****	-.12
	p	.02	.30	.002	.189	.542	.893	.117	.97	.007	.506	.114	.076	.004	.054	.005	.317
Agency	*r*	**.25***	-.09	**.34****	**.26***	-.06	-.03	-.22	-.04	**.31****	.00	.13	**.30****	-.22	-.21	-.21	-.08
	p	.039	.445	.004	.027	.624	.799	.063	.749	.008	.975	.254	.009	.066	.075	.075	.528
Agency-s	*r*	.10	.11	.14	.09	-.06	-.09	-.22	-.07	**.29***	-.08	.12	**.25***	-.21	-.19	-.18	-.08
	p	.413	.37	.251	.443	.626	.449	.068	.545	.013	.507	.321	.03	.073	.105	.119	.518
Agency-r	*r*	**.26***	-.07	**.32****	.23	-.03	-.02	**-.30***	.10	**.32****	.06	.09	**.28***	-.20	-.17	-.15	-.10
	p	.029	.560	.006	.051	.831	.894	.012	.428	.006	.618	.448	.017	.091	.145	.203	.414
Agency-e	*r*	.21	-.06	**.31****	**.28***	-.06	-.05	-.19	-.06	**.32****	-.00	.09	**.30***	-.18	-.20	-.20	-.07
	p	.077	.60	.008	.019	.632	.68	.106	.596	.006	.981	.426	.01	.125	.089	.096	.569
Explicit QGR scales																	
Positive	*r*	-.05	.03	.02	.07	**-.38****	**-.34****	-.10	**-.31****	.18	.13	.14	**.27***	-.13	-.07	.06	-.17
	p	.671	.828	.852	.565	.001	.004	.433	.01	.134	.256	.239	.021	.254	.568	.643	.138
Anxious	*r*	-.03	.08	.04	.07	.09	**.29***	.09	.12	**-.27***	.00	-.07	-.10	**.28***	.22	.20	**.27***
	p	.825	.501	.73	.56	.437	.014	.446	.323	.022	.991	.558	.389	.017	.061	.083	.021
Anger	*r*	.19	-.05	.13	.04	**.47****	**.44****	**.33****	**.36****	-.21	.02	-.19	**-.28***	-.05	.02	-.07	-.01
	p	.112	.671	.299	.71	<.001	<.001	.004	.002	.079	.846	.115	.016	.703	.872	.575	.91
Supportive	*r*	-.07	-.13	.02	.03	**-.33****	-.21	-.09	-.21	.20	.06	**.26***	**.37****	-.16	-.16	-.11	-.13
	p	.54	.301	.856	.776	.004	.084	.466	.073	.092	.588	.025	.001	.18	.164	.368	.267
Ruling/punishing	*r*	-.10	-.07	-.02	.11	-.19	.04	-.12	-.10	-.19	.14	-.02	.11	-.10	.09	.01	-.07
	p	.408	.579	.865	.374	.108	.774	.324	.398	.111	.239	.854	.337	.381	.428	.956	.53
Passivity	*r*	**.26***	.07	.03	.08	**.36***	**.26***	**.33****	.22	.01	-.11	-.10	**-.24***	.10	.10	.03	.15
	p	.027	.586	.839	.513	.002	.029	.005	.063	.949	.363	.378	.044	.39	.414	.821	.205

NOTE: CR = Complexity of representations of others; SC = Understanding of social causality; EI = Capacity for emotional investment in relationships and moral standards; ALN = Alienation; IA = Insecure attachment; EGC = Egocentricity; SI = Social incompetence

*= significant at the .05 level; ** = significant at the .01 level

Associations of Implicit Versus Explicit God Representation Scales with Implicit Object-relations Scales

Correlations between scales for the non-clinical group. Comparing the absolute strength of correlations of implicit God representation scales (only the five main scales) versus explicit God representations scales with the implicit object-relations scales in the non-clinical group, 75% (90/120) of the comparisons had stronger correlations for the implicit God representation scales (see also Table 6). A binomial test indicated that this proportion was significantly higher, $p < .001$, 1-sided, than a proportion of 0.50. Of these 90 stronger correlations, for 11 (12%) the differences between the correlations were significant. In all of these cases, it was the implicit object-relations scale SC that correlated more strongly with implicit than with explicit God representation scales.

In line with our expectations, the number of significant correlations between implicit God representation scales and implicit object-relations scales, 34% (11/32), was larger than the number of significant correlations between explicit God representation scales and implicit object-relations scales, 4% (1/24).

Five ATGR scales correlated highly significantly or significantly with SC, four ATGR scales correlated significantly with CR, and two ATGR correlated significantly with EI. None of the ATGR scales correlated significantly with AT. All significant correlations were positive, as expected.

Against expectations, the implicit God representation scale Complexity did not correlate most strongly with the implicit object-relations scale CR, but with SC. Investment did not correlate most strongly with EI, but with SC. Agency correlated most strongly with SC, as expected, but SC correlated stronger with Investment than with Agency.

Of the explicit God representation scales, QGR Passivity correlated significantly with CR, but this correlation was, against predictions, positive. Controlling for all QGR scales, all 11 significant correlations between implicit God representations scales and implicit object relations scales remained significant.

Correlations between scales for the clinical group. Comparing the absolute strength of correlations of implicit God representation scales (only the five main scales) versus explicit God representations scales with the implicit object-relations scales in the clinical group, 58% (69/120) of the comparisons had stronger correlations for the implicit God representation scales (see also Table 6). This proportion was significantly higher, $p < .041$, 1-sided, than a proportion of 0.50. Only three of these comparisons had significantly stronger correlations for the implicit God representation scales: Complexity, Investment, and Agency correlated more strongly than Passivity with the implicit object-relations scale CR.

Table 6. *Numbers of Stronger Correlations of Implicit than Explicit God Representation Scales with Implicit Object-Relations Scales*

ATGR-scales	SCORS scales									
	Non-clinical					Clinical				
	CR	AT	EI	SC	Total	CR	AT	EI	SC	Total
Complexity	$3^{1,2,4}$	6	0	6	15	6	1^{2}	$5^{1,2,3,5,6}$	$4^{1,2,5,6}$	16
Affect Tone character	5^{1-5}	0	0	6	11	1^{6}	6	$2^{2,5}$	1^{5}	10
Affect Tone person	$2^{1,2}$	6	6	$5^{1,2,4,5,6}$	19	$5^{1,3,4,5,6}$	$2^{2,3}$	$2^{2,5}$	$4^{1,2,5,6}$	13
Investment	6	$5^{1,2,3,5,6}$	6	6	23	6	$3^{2,3,4}$	$2^{2,5}$	$4^{1,2,5,6}$	15
Agency	5^{1-5}	$5^{1,2,3,5,6}$	6	6	22	6	1^{2}	$5^{1,2,3,5,6}$	$3^{2,5,6}$	15
Total	21	22	18	29	90/120	24	13	16	16	69/120

NOTE: CR = Complexity of representations; AT = Affect tone of relationships; EI = Emotional Investment; SC = Social causality. [1] = Positive; [2] = Anxious; [3] = Anger; [4] = Supportive; [5] = Ruling/punishing; [6] = Passivity (QGR Scales with smaller correlations with the SCORS scale than the ATGR scale)

Also in line with our expectations, there were relatively more significant correlations between implicit God representation scales and implicit object-relations scales, 38% (12/32), than between explicit God representation scales and implicit object-relations scales, 25% (6/24). All correlations except three correlations with the AT scale were in the expected direction.

Of the implicit ATGR scales, six scales correlated significantly (five of them highly significantly) with the implicit object-relations scale CR, and also six scales correlated significantly (two of them highly significantly) with the implicit object-relations scale EI. None of the ATGR scales correlated significantly with the object-relations scales AT and SC.

Complexity correlated most strongly with the implicit object-relations scale CR, as expected, and vice versa, CR also had its strongest correlation with Complexity. Against expectations, Investment did not correlate most strongly with EI, but with CR, and Agency did not correlate most strongly specifically with EI, but also with CR.

Of the explicit QGR scales, four scales correlated significantly with EI, one scale correlated significantly with CR, and also one scale correlated significantly with SC. None of the QGR scales correlated significantly with AT.

From the 12 significant correlations between implicit God representations and implicit object-relations scales, seven remained significant after controlling for the correlations with all QGR scales: Complexity, Agency-r, and Agency-s with CR; and Agency and Agency-e with CR and EI.

Associations of Explicit God representations Scales with Explicit Versus Implicit Object-Relations Scales

Correlations between scales for the non-clinical group. Comparing the absolute strength of correlations of explicit God representation scales with explicit versus implicit object-relations scales in the non-clinical group, 93% (89/96) of the comparisons had stronger correlations for the explicit object-relations scales (see also Table 7). A binomial test indicated that this proportion was significantly higher, $p <$ .001, 1-sided, than a proportion of 0.50. Of these comparisons, 28 (31%) had significantly stronger correlations, tested one-sided. Positive and Anger had the most significantly stronger correlations with explicit than with implicit object-relations scales; Passivity had none. Half of the significantly stronger associations was with the explicit object-relations scale ALN.

Table 7. *Numbers of Stronger Correlations of Explicit God Representation Scales with Explicit than with Implicit Object-Relations Scales*

QGR-scales	BORI-scales									
	Non-clinical					Clinical				
	ALN	IA	EGC	SI	Total	ALN	IA	EGC	SI	Total
Positive	4	4	4	4	16	0	0	0	$2^{2,4}$	2
Anxious	4	4	4	4	16	4	$3^{2,3,4}$	$3^{2,3,4}$	4	14
Anger	4	4	4	4	16	1^{2}	0	1^{2}	0	2
Supportive	4	4	$3^{1,3,4}$	4	15	1^{2}	1^{2}	1^{2}	1^{2}	4
Ruling/punishing	4	1^{4}	4	$3^{1,2,4}$	12	1^{4}	1^{4}	0	1^{4}	3
Passivity	4	$3^{2,3,4}$	4	$3^{2,3,4}$	14	1^{1}	1^{1}	1	$3^{1,2,4}$	6
Total	24	20	23	22	89/96	8	6	6	11	31/96

NOTE: ALN = Alienation; IA = Insecure attachment; EGC = Egocentricity; SI = Social incompetence; [1] = Complexity of representations; [2] = Affect tone of relationships; [3] = Emotional investment; [4] = Social causality (SCORS scales that correlate more weakly than the BORI scale with the QGR scale)

Also in line with our expectations, there were relatively more significant correlations between explicit God representation scales and explicit object-relations scales, 50% (12/24), than between explicit God representation scales and implicit object relations scales, 3% (1/32).

Correlations between scales for the clinical group. Comparing the absolute strength of correlations of explicit God representation scales with explicit versus implicit object-relations scales in the clinical group, only 32% (31/96) of the comparisons had stronger correlations for the explicit God representation scales (see also Table 7). This proportion was significantly lower, $p <$ .001, 1-sided, than a proportion of

0.50. Of these 31 comparisons, only two had significantly stronger correlations for explicit than explicit object-relations scales: Anxiety correlated significantly stronger with ALN and SI than with AT.

Also against our expectations, there were relatively less significant correlations between explicit God representation scales and explicit object-relations scales, 8% (2/24) than between explicit God representation scales and implicit object relations scales, 25% (6/24). All correlations between explicit God representations and implicit SCORS scales were in the expected direction, except the negative correlation between Ruling/punishing and EI.

Associations of Implicit God Representation Scales with Implicit Versus Explicit Object-Relations Scales

Correlations between scales for the non-clinical group. Comparing the absolute strength of correlations of implicit God representation scales (only the five main scales) with implicit versus explicit object-relations scales in the non-clinical group, in line with our expectations 64% (58/90) of the comparisons had stronger correlations for the implicit God representation scales (see also Table 8). A binomial test indicated that this proportion was significantly higher, $p < .002$, one-sided, than a proportion of 0.50. Of these 58 comparisons, seven (12%) had significantly stronger correlations for implicit object-relations scales. Six of these stronger correlations were with SC.

Also in line with our expectations, there were relatively more significant correlations between the implicit God representation scales and implicit object-relations scales, 34% (11/32) than there were between implicit God representation scales and explicit object relations scales, 9% (3/32).

Correlations between scales for the clinical group. Comparing the absolute strength of correlations of implicit God representation scales (only the five main scales) with implicit versus explicit object-relations scales in the non-clinical group, only a nonsignificant proportion of 51% (46/90) of the comparisons had stronger correlations for the implicit object-relations scales. The implicit AT scale correlated only five out of 20 times more strongly with implicit than with explicit God representation scales (see also Table 8). Leaving this scale out of the analysis yielded a significant proportion of stronger correlations in favor of the implicit object-relations scales of 61% (70/90), $p = .021$, one-sided. Two of the stronger correlations for implicit object-relations scales were significant: Complexity correlated significantly stronger with the implicit object-relations scales CR and EI than with the explicit object-relations scale IA.

In line with our expectations, there were relatively more significant correlations between implicit God representation scales and implicit object-relations scales, 38%

(12/32) than between implicit God representation scales and explicit object relations scales, 9% (3/32).

Table 8. *Numbers of Stronger Correlations of Implicit God Representation Scales with Implicit than with Explicit Object-Relations Scales*

ATGR-scales	SCORS-scales									
	Non-clinical					Clinical				
	CR	AT	EI	SC	Total	CR	AT	EI	SC	Total
Complexity	1^{4}	$2^{1,3}$	1^{3}	$2^{1,3}$	6	4	1^{2}	4	$3^{2,3,4}$	12
Affect Tone character	4	0	1^{2}	4	9	$2^{1,4}$	$3^{1,3,4}$	$3^{1,3,4}$	0	8
Affect Tone person	$3^{1,3,4}$	4	4	$3^{1,3,4}$	14	4	1^{3}	4	4	13
Investment	4	$3^{1,2,4}$	$3^{1,2,4}$	4	14	$2^{2,4}$	0	1^{4}	1^{4}	4
Agency	4	$3^{1,2,4}$	4	4	15	4	0	4	1^{4}	9
Total	16	12	13	17	58/90	17	5	17	9	46/90

NOTE: CR = Complexity of representations of others; AT = Affect Tone of relationships; SC = Understanding of social causality; EI = Capacity for emotional investment in relationships and moral standards; [1] = Alienation; [2] = Insecure Attachment; [3] = Egocentricity; [4] = Social Inadequacy (BORI scales that correlate more weakly than the SCORS scale with the ATGR scale)

Discussion

This study examined the validity of the six SCORS-based scales of the ATGR, a recently developed instrument for measuring implicit God representations, by comparing associations of scales of this implicit instrument with the scales of an explicit God representation instrument, and with scales of implicit and explicit measures of object-relational functioning.

Associations Between Implicit and Explicit Measures of God Representations and Object-Relational Functioning

Non-clinical group. For the non-clinical group, results of MDS and inspection of significant correlations confirmed our expectations that: a) explicit God representation scales were more strongly than implicit God representation scales associated with explicit object relation scales; b) implicit God representation scales were more strongly than explicit God representation scales associated with implicit object relation scales; c) explicit God representation measures were more strongly associated with explicit than with implicit object-relations measures; and d) implicit God representations were associated more strongly with implicit than with explicit measures of object-relations.

Clinical group. For the clinical group, results partly confirmed our expectations: implicit God representations were to a greater extent than explicit God representations associated with implicit measures of object-relations, and implicit God representations were associated more strongly with three of the four implicit OR scales than with explicit measures of object-relations. Results partly contradicted our expectations: implicit God representation scales were more strongly than explicit God representations scales associated with explicit measures of object-relations, and explicit God representation measures were less strongly associated with explicit than with implicit object-relations measures.

Overall conclusions about validity. Taken together, results in the non-clinical and in the clinical group were predominantly in line with our expectations, confirming the validity of the scales of the ATGR by demonstrating stronger associations with implicit than with explicit object-relations measures. The ATGR showed in both groups also incremental validity over explicit God representation measures by explaining unique variance in implicitly, but hardly in explicitly measured object-relational functioning.

Validity of the Two ATGR Affect Tone Scales

Results also undergirded our expectation about the distinction between ATGR Affect Tone person and Affect Tone character. In both groups there was virtually no association between the Affect Tone person scale and both the implicit (and explicit) object-relational scales, whereas the Affect Tone character scale showed a significant association with the implicit TAT CR and SC scales in the non-clinical group and with the implicit TAT EI scale and the explicit BORI IA scale in the clinical group. This suggests that the way the respondents describe the characters' affective relationship with God (Affect Tone character) represents their object-relational functioning to a larger extent than the description of their own relationship with God (Affect Tone person).

Difference Between Clinical and Non-Clinical Group in Associations of Implicit God Representations with Implicit Measures of OR

In the non-clinical group at least half of the implicit God representation scales were significantly (weakly or moderately) associated with complexity of representations of persons (CR) and with understanding of social causality (SC). Only two God representation scales were associated with emotional investment (EI). In the clinical group, however, nearly all implicit God representation scales were moderately associated with complexity of representations of persons (CR), and significantly and weakly to

moderately with emotional investment (EI). In the clinical group, none of the ATGR scales was associated with understanding of social causality (SC).

A shift from 'understanding social causality' to 'emotional investment'. How might these differences between the two groups in patterns of correlations be explained? Probably in the non-clinical group understanding people's reasons for their actions (the more cognitive aspect of object-relational functioning), has a greater impact on functioning —including the impact on God representations— than in the clinical group. In the clinical group this cognitive capacity to understand people seems to lose its power to influence God representations, and emotional investment in relationships —a much more emotional aspect of object-relational functioning— takes over this influence. Persons in the clinical group, compared to persons in the non-clinical group, have a more egocentric and selfish attitude, and this might be expressed in lower scores on most implicit God representation scales. The decreasing influence of the capacity to understand social causality may also be viewed as the result of the already discussed inhibition of mentalization.

Complexity of representations as a central aspect. The other cognitive aspect of object-relational functioning, complexity of representations of people, was in both groups related to various aspects of God representations, but only in the clinical group it was significantly correlated with the complexity of representations of God, which was, in fact, the strongest correlation. Apparently, contrary to understanding of social causality, complexity of representations of people did not lose its influence on various aspects of God representations in the clinical group. The cognitive capacity to hold complex representations of people might be a more fundamental and structural aspect of object-relational functioning that is related to various aspects of God representations and which' influence is not moderated by patient status. The complexity of representations dimension, according to Eurelings-Bontekoe, Luyten, and Snellen (2009) most closely resemblances Kernberg's (1996) concept of identity diffusion versus integration. Apparently, both in the non-clinical as well as in the clinical group complexity of representations of others, that reflects level of maturity of object representations, was also related to maturity/healthiness of God representations.

Difference Between Non-clinical and Clinical Group in Associations of Explicit God Representations with Implicit and Explicit Measures of OR

Our results showed that whereas in the non-clinical group the explicit God representations were moderately associated with explicit, and hardly with implicit object-relational functioning, in the clinical group the pattern was inverse: here the explicit God representations were predominantly associated with implicit, and hardly with explicit object-relational functioning. This might partly be explained by the lower validity of the BORI scales in the clinical group. The BORI scales might be less sensitive in

a clinical group than in a non-clinical group. However, the findings may also represent real differences: self-reported God representation in the clinical group may be more strongly influenced by intuitive, implicit object-relational functioning than in the non-clinical group. This is in line with Schaap-Jonker, van der Velde, Eurelings-Bontekoe, and Corveleyn (2017), who also found that in their sample of mental health patients, of which 45% was diagnosed with a personality disorder, scores on explicit God representation scales showed a pattern of associations that was typical of the patient group and that was not found in the non-patient group: the combination of high scores on Ruling/punishing, on Anxious and on Angry. This may be the result of immature/pathological object-relational functioning in the patient group.

Wilson, Lindsey, and Schooler (2000) summarize some evidence that also shows that implicit attitudes are expressed in explicit measures; this, according to them, occurs when people have no capacity or motivation to retrieve their more recent, conscious explicit attitude and to override the implicit attitude. They explain this with the dual-attitude model of Wilson et al. (2000), developed within the framework of social cognition theory. This model assumes that in making evaluations about attitudes (defined as: 'a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor' (Eagly & Chaiken, 1993), and therefore in accordance with interpersonal representations), people sometimes have implicit and explicit evaluations about the same object. Implicit evaluations, also called 'stored evaluations', are often older, stemming from childhood, and come to mind automatically and very quickly, without awareness of where they come from. The accessibility of implicit evaluations varies, according to Fazio (1995); more accessible evaluations will be more easily activated and will more strongly bias the processing of relevant information. Explicit evaluations seem more like on-the-spot constructions, formed on the basis of information that is accessible at that specific moment in that context. The dual-attitude model does not elaborate much on structural factors that may influence this process of overriding explicit attitudes, and although Wilson, Lindsey and Schooler leave open the (in the domain of social cognition much questioned) possibility that more psychoanalytical constructs as suppression may account for this, they seem to prefer more contextual factors that obstruct the construction of explicit attitudes.

We think that psychoanalytically informed theories as object-relations theory and attachment theory might explain what might be going on among patients suffering from personality pathology. For example, Bateman and Fonagy (2010) describe how the process of mentalization, by which we implicitly and explicitly interpret the actions of ourselves and others, based on intentional mental states, may be disrupted for patients with most mental disorders. Based on behavioral, neurobiological, and neuroimaging studies, they suggest that the move from controlled to automatic mentalizing, or even eventually to non-mentalizing modes, is determined by attachment patterns.

Disruptions of early attachment processes, or childhood trauma, might impair the capacity for mentalizing and lower the threshold for switching from controlled to automatic mentalizing. Automatic mentalization might in turn be associated with the emergence of implicit object representations influencing the explicit God representations. Mentalization Based Therapy (MBT) has proved to be a valuable therapeutic application, especially for patients with borderline personality disorder (Bateman & Fonagy, 2010). All in all, our results might imply that, although mental health patients may not be aware of where their implicit representations stem from and what triggered them, they may be more easily expressed in explicit measures than is the case for non-patients.

Clinical Implications

In line with meta-analytic findings, results from this study show that God representations are associated with interpersonal representations. Among patients, suffering from cluster B or cluster C personality disorders, God representations are often more immature or pathological than among non-patients and related to their object-relational functioning.

The validity of self-report measures for assessing God representations is often questioned, but our results suggest that for patients suffering from personality pathology their implicit object-relational functioning is —to a greater extent than often thought— related to and expressed in these explicit God representation measures.

However, the implicit ATGR probably assesses God representations more validly than the QGR, especially with patients, because in the clinical group its scales were associated more strongly to implicitly as well as explicitly measured object-relational functioning than the GQR scales. This might lead therapists to consider using implicit God representation measures.

It may be of therapeutic value to know that for patients the most basic feature of identity diffusion versus integration, namely low complexity of interpersonal representations, is moderately associated with low complexity of God representations, but also with most other measured aspects of God representations, and that this also seems to be related to a more interpersonal egocentric attitude. It might give therapists an extra opportunity for therapeutic interventions, searching which type of representations —interpersonal or God representations— might be most viable for change and to focus on these specific features of the representations.

For patients from some orthodox denominations, their conceptual God representation (which may especially stress a judging/punishing God) may be most difficult to change, whereas patients from other denominations may more easily find strength in a conceptual God representation that emphasizes a loving and supporting God. There is some evidence that a decrease in emotional symptoms after therapy is related to positive change in God representations (Cheston, Piedmont, Eanes, & Lavin, 2003),

and we also assume that changing God representations will affect general underlying internal working models (Granqvist & Kirkpatrick, 2008) that might in turn change interpersonal representations. Perhaps interventions derived from Mentalisation Based treatment can also be applied to the changing of God representations, as Schaap-Jonker and Corveleyn (2014) suggest.

Limitations

In interpreting the results, it is important to bear in mind some specific limitations of this study. A first limitation is the focus of this study on Christian believers, which belong to only one of the possible monotheistic religions for which God representations may be a central factor. The scoring system might be suitable for adherents of other monotheistic religions too, but this would ask for an adjustment of the cards of the instrument because they contain specific Christian religious rituals and symbols. The samples of this study are even more specific, with almost all respondents belonging to Dutch Protestant denominations. Their doctrine and spirituality may differ from members of Protestant denominations in for example non-European or non-Western countries, and from members of Catholic denominations. Therefore the validity of our conclusions may be restricted to a specific Dutch group of Protestant Christians.

A second limitation of this study is its observational design, making it impossible to conclude causal relations. Therefore it is not clear whether interpersonal representations predominantly determine God representations, or if God representations (also) determine interpersonal representations, or even if a more general underlying relational schema, as a third factor, determines both types of representations. However, for the validation of the scales this limitation is not a major point.

A third limitation of this study pertains to the significant differences between the clinical and non-clinical group on various biographical variables that are also significantly associated with most ATGR scales. We reported about this in Stulp, Koelen, Glas, and Eurelings-Bontekoe (2019). Therefore the possibility that the differences in observed patterns of associations between the two groups —as discussed above— might be unrelated to having or not having a personality disorder cannot statistically be ruled out.

A fourth limitation are the low internal consistencies of some of the scales of this study: the ATGR scale Investment, the SCORS scale Affect Tone, one of the four translated BORI scales in the non-clinical group and three BORI scales in the clinical group. Differences in reliability between instruments may produce artefactual evidence of convergent and discriminant validity (Ong & Van Dulmen, 2006), because classical test theory states that the maximum attainable correlation between two measures is the square root of the product of their reliabilities. Especially the lower reliabilities of the three BORI scales in the clinical group might have resulted in lower

correlations with the implicit as well as the explicit God representation scales, compared to the correlations of the implicit object-relations scales with the implicit and explicit God representation scales. Although some researchers correct correlations by dividing them by the above-mentioned square root, this approach bears the risk of overcorrecting the correlations (Carmines & Zeller, 1979; McDonald, 2013). Moreover, for Alienation, the BORI scale that showed good reliability, strength of correlations with the God representation scales was similar to those of the other three BORI scales, suggesting that the lower reliabilities of the three BORI scales may not have led to faulty inferences.

A fifth limitation pertains to the relatively small samples. Conclusions were partly based on tests of the significance of proportions of stronger associations of a scale with same-method scales than with other-method scales, disregarding the magnitude of these differences. Our more rigid testing of the significance of these differences suffered from a lack of power. Differences between those two types of associations can be expected to be relatively small: weak correlations between different method scales versus moderate correlations between same-method scales. To call a difference between a weak correlation of .10 and a moderate correlation of .30 significant, testing one-sided (with also a weak correlation of .10 between the two compared measures), a sample of 117 subjects would be needed. Although combining our two samples would have yielded enough power, it would also have obscured the differences in patterns of associations between the non-clinical and the clinical group.

A sixth limitation of this study is that it remains unclear whether the stronger association between implicit scales are the result of same-method variance. It might be possible that implicit God representation scales correlated more strongly with implicit than with explicit object relation scales because both implicit instruments use comparable analyses of narratives. Although we cannot rule out this possibility, we assume that this effect is not as strong as it is for self-report instruments, with often verbal similarities between items of various scales.

Future Research

Further studies of the validity of the scales of this instrument will focus on the question whether the ATGR scales are more strongly than explicitly measured God representations associated with other related constructs such as core aspects of personality pathology. Also, we will investigate whether changes in therapy outcomes are related to changes in implicit God representations and whether these changes predict (some) therapy outcomes better than changes in explicitly measured God representations.

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Chapter 6.

Validation of the Apperception Test God Representations, an implicit measure to assess God representations. Part 3: Associations between implicit and explicit measures of God representations and self-reported level of personality functioning

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Abstract

Research with self-report measures of God representations suggests an association with personality pathology. However, according to object relations theory, God representations are predominantly implicit. This observational study aimed at validating the implicit Apperception Test God Representations (ATGR). In a group of 74 patients with personality pathology and a group of 71 non-patients, correlations of measures of self-reported personality functioning with the implicit ATGR were compared with correlations with the explicit Questionnaire God Representations (QGR). Only in the clinical group, results corroborated the validity of three ATGR main scales by showing significant correlations with mostly nearly medium effect sizes.

Introduction

Meta-analytic results of research into the association between religiosity and well-being/mental health (Stulp, Koelen, Schep-Akkerman, Glas, & Eurelings-Bontekoe, 2019) indicate that for adherents of monotheistic religions, personal God representations are an important factor. Two important theoretical framework for research into God representations, object relations theory and attachment theory, assume that personal God representations, as mental relational representations, act on a mostly implicit level (Brokaw & Edwards, 1994; Granqvist, 1998; Granqvist, Ivarsson, Broberg, & Hagekull, 2007; Jones, 2008; Kirkpatrick & Shaver, 1990; Kirkpatrick & Shaver, 1992; Rizzuto, 1979). Therefore self-reports, although widely used, are considered less appropriate to assess God representations. Moreover, God representations are viewed as dynamic internal working models, with different moods and situations triggering different God representations (Davis, Moriarty, & Mauch, 2013; Gibson, 2008), probably simultaneously. Self-report measurement usually does not take this into account well. Moreover, self-report is susceptible to social desirability and doctrine effects (Eurelings-Bontekoe, Hekman-Van Steeg, & Verschuur, 2005; Eurelings-Bontekoe & Luyten, 2009; Jonker, 2007; Zahl & Gibson, 2012). To address these measurement issues, research into God representations with indirect or implicit measures is indicated (Jong, Zahl, & Sharp, 2017). In fact, some scholars are convinced that advances in this field can only be made by developing more sophisticated measurement methods (Hall & Fujikawa, 2013).

Therefore we developed the Apperception Test God Representations (Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019), a performance based measure to assess implicit aspects of God representations. An important advantage of performance based tests, according to Sharp et al. (2019) in their review of existing God representation measures, is that compared to self-report measures they often provide a richer

and more personalized and contextualized picture of how people view and relate with God. As disadvantages they mention the lengthy administration and scoring process. They distinguish two types of performance based God representation measures: stimulus-attribution, which requires respondents to attribute meaning to ambiguous stimuli, and constructive measures that ask respondents to respond within defined parameters. Another approach with similar advantages and disadvantages are structured interview measures as for example the Religious Attachment Inventory (Granqvist & Main, 2017). This measure, based on the well-validated Adult Attachment Inventory (Hesse, 2016), is still in development.

As is the case for the ATGR, most performance based measures of God representations are based on object-relations theory. Besides the ATGR, Sharp (2019) reviews two other stimulation attribution measures. One of them (Bassett, Miller, Anstey, & Crafts, 1990) analyses developments from a cognitive (Piagetian) framework. The other measure, the Spiritual Themes and Religious Responses Test (STARR, Saur & Saur, 1993), uses TAT-like cards, like the ATGR, but —as far as we know— its scoring system does not yield qualitative results, which makes it difficult to validate the measure. Of the four constructive measures, the God representation figure drawings measure of Olson et al. (2016) deserves attention because its focus is on similar concepts as the ATGR. The measure demonstrates high(er) interrater reliability, and the time for administration and scoring is much shorter, which would make it much more suitable for research as well as for clinical use. An important difference with the ATGR is that it asks respondents to give rather generalized representations of God ("Draw a picture of you and God"; "Draw a picture of how you FEEL you and God look when you do something wrong", and "Draw a picture of how you would like you and God look when you do something wrong" (Olson et al., 2016, p. 84). The ATGR offers 15 specific situations that may trigger one or more of a person's multiple God representations. An important difference between the ATGR and structured interviews as for example The Religious Attachment Inventory (Granqvist & Main, 2017) is that the ATGR does not require the respondent to report about concrete spiritual experiences, which might be difficult for some respondents.

Sharp et al (2019) conclude that in general these measures have not demonstrated good reliability and validity, but that the measure of the current study, the ATGR, is currently the most thoroughly validated performance-based measure, with "only" adequate evidence. This preliminary evidence is reported in Stulp, Koelen, Glas, et al. (2019).

The most important findings of this study were: In a clinical group, the implicit ATGR scales were associated more strongly than the explicit God representation scales of the Questionnaire God Representations (QGR, Schaap-Jonker & Eurelings-Bontekoe, 2009) with various self-report scales of distress (OQ-45-2, De Jong, 2007), and with the Global Assessment of Functioning scale of the DSM-IV (Stulp, Koelen,

Glas, et al., 2019). More and stronger evidence for the validity of the ATGR is presented in a second validation study (Stulp, Glas, & Eurelings-Bontekoe, 2020), that showed that in both a clinical and a nonclinical sample the implicit ATGR scales were more strongly associated than the explicit God representation scales with implicit object relations measures, and in the clinical group they were also associated more strongly than the explicit God representation scales with explicit object-relations measures. In addition, results indicated that only among patients the implicitly assessed God representations correlated stronger than explicitly assessed God representations with explicit self-reported psychological distress and self- reported quality of object-relational functioning.

These results provide further evidence of the validity of the ATGR scales, and are in line with the view of many scholars of religion that God representations are a particular form of object relations (Brokaw & Edwards, 1994; Jones, 2008; Rizzuto, 1979; Winnicott, 1971): interpersonal object relations —as mental representations of self, of important others, and of the relationship between self and others— are related to representations of God and representations of the self in relationship with God. Results also suggest that for patients the implicit aspects of psychological functioning invade the explicit measures of psychological functioning, but that these implicit processes to a lesser extent influence the explicit measures of God representations, rendering them less valid than the ATGR in measuring (implicit) aspects of God representations.

This study is a sequel to the two former validation studies, focusing on the association between implicit and explicit God representations and self-reported features of personality functioning. If in patient groups explicit measures of psychological functioning indeed also tap aspects of implicit processes, associations of ATGR scales with explicit personality functioning measures will contribute to the establishment of the construct validity of the ATGR scales.

God Representations and Personality Pathology

Because problems in object-relational functioning are a core feature of personality pathology (Caligor, Kernberg, & Clarkin, 2007; Clarkin, Lenzenweger, Yeomans, Levy, & Kernberg, 2007; Huprich & Greenberg, 2003; Vermote et al., 2015), an object-relational approach of God representations would imply that personality pathology is associated with less differentiated and integrated God representations. Davis, Granqvist, and Sharp (2018) who developed an integrative model for theistic relational spirituality that is based on attachment theory, social cognition theory and interpersonal neurobiology, also assume that a key aspect of unhealthy relational spirituality is a lower degree of integration. However, in their conceptualization of unhealthy integration they especially seem to emphasize the failure to integrate doctrinal and experiental God representations, or the unhealthiness of culturally maladaptive

(e.g. malevolent) God representations. Although they also mention fragmentation, incoherence and disintegration, it is not clear whether they associate this with the existence of multiple God representations that are triggered across various situations and various moments, or with —as emphasized by object-relations theory and in this study— fragmented God representations that may be triggered together, or alternating, in the one and the same situation.

Hardly any quantitative research has been done yet into God representations and personality pathology. We found only two studies. In the first study, Schaap-Jonker, Eurelings-Bontekoe, Verhagen, and Zock (2002) examined associations between God representations, assessed with the Questionnaire God Representations (QGR), and personality psychopathology, assessed with a self-report measure for personality disorders. They found that patients with 'cluster C' obsessive-compulsive and avoidant personality disorder traits saw God as ruling/judging, whereas patients with 'cluster A' (paranoid, schizoid, schizotypal) personality pathology viewed God as passive and not supportive. They did not find associations between specific aspects of God representations and scores on 'cluster B' personality pathology. Authors suggest as a possible explanation that this might be caused by the heterogeneity of symptoms that may accompany this particular class of personality disorders.

In a more recent study, Schaap-Jonker, van der Velde, Eurelings-Bontekoe, and Corveleyn (2017) examined God representations in a nonclinical group of 161 participants and a clinical group of 136 participants. Sixty-three patients of the clinical group (46%) were diagnosed with a personality disorder. Cluster-analysis revealed that one profile was typical of the clinical group. This particular profile, which was characterized by a combination of high levels of Anxiety and Anger toward God with high levels of Ruling/Punishing perceptions and low levels of Positive Feelings and Supportive Actions, was not found in the nonclinical group. However, the study did not report whether this profile was specifically associated with personality pathology.

The Aim of the Present Study

The aim of the present study is to examine the validity of the object relations theory based scales of the ATGR by comparing the associations between its scales and explicit measures of core aspects of personality functioning with the associations of scales of an explicit God representation measure with these personality scales. Initially we hypothesized that same- method correlations would be stronger than mixed-method correlations. However, on the basis of former results with the ATGR, showing that in the clinical group the implicit ATGR scales were more strongly associated than the explicit God representation scales with explicit object-relations measures (Stulp et al., 2020), it is now hypothesized (a) that associations between implicit God representations and explicitly measured personality functioning will be stronger in the clinical group than in the nonclinical group, (b) that in the nonclinical group associations between explicit

God representations and explicitly measured personality functioning will be stronger than the associations between implicit God representations and explicitly measured personality functioning, and (c) that in the clinical group associations between implicit God representations and explicitly measured personality functioning will be stronger than the associations between explicit God representations and explicitly measured personality functioning. Confirmation of these hypotheses would underline the incremental validity of the ATGR in measuring pathology-related aspects of God representations among patients with personality disorders. To the best of our knowledge, this is the first study that compares implicit and explicit measures of God representations regarding their associations with level of personality functioning.

Method

Participants

The first sample of this study consists of a convenience sample of 71 nonclinical participants, recruited at a Dutch Christian University of Applied Science, Viaa Zwolle and at a Dutch Christian intermediate vocational education school (the Menso Alting College, Zwolle). These institutions train people for work in the domains social work, pastoral work, nursing, and education.

The second sample consists of 74 patients who followed one out of four inpatient treatment programs for personality disorders at a Dutch Christian mental health care institution. On the basis of a clinical interview -focusing on Axis II of the DSM IV-TR (First, Gibbon, Spitzer, Williams, & Benjamin, 1997)- patients received the following classifications: Personality disorder NOS: 25 (33.8%); C-Cluster personality disorders or features: 28 (37.8%); B-Cluster Personality Disorder or features: 13 (17.6%); features of A-Cluster and B-Cluster personality disorders: 2 (2.7%); A-Cluster personality disorders: 1 (1.4%); Deferred diagnosis: 5 (6.8%). For more detailed information about these samples, procedures, and construction of the ATGR, the reader is referred to Stulp, Koelen, Glas, et al. (2019).

Measures

Implicit aspects of God representations

Materials and assessment procedure. Implicit aspects of God representations were measured by the newly developed ATGR (Stulp, Koelen, Glas, et al., 2019), an apperceptive test of 15 cards with pictures especially developed for measuring implicit God representations. Following protocolled questions, respondents were asked to fantasize a narrative about each picture that addresses what happened in the picture, what led up to it and how it ends, what the people in the picture think and feel, what God thinks and feels, and what God does and why.

Scales. Resulting narratives were analyzed with scales of the Social Cognition and Object Relations Scale (SCORS) scoring system (Westen, 1985), especially adapted for measuring God representations in narratives. In the following paragraphs we describe its six scales. The various levels of the representations are coded on a scale from 1 – 5, with lower scores representing lower levels of representations.

Complexity of representation of God (Complexity). This scale especially addresses the level of differentiation-integration of God representations. Low scores indicate representations of God that are not differentiated from feelings and motives from the respondent (or the character in the narrative). God may also be viewed as unidimensional, without many nuances, or as someone who is all good or all bad; maybe fluctuating in time, but never simultaneously. More mature God representations are nuanced and detailed and integrate negative aspects of God, (e.g. anger and punishment) with positive aspects (e.g. love, forgiveness). See also Table 1.

Affect Tone of relationship with God for character and respondent (Affect Tone character and Affect Tone person). This ATGR scale is scored in two ways; the first regards the way the (main) character in the narrative experiences his or her relationship with God (Affect Tone character), the second regards the way the respondent may consciously elaborate on this experience (Affect Tone person). Lower scores represent more negative feelings (see also Table 1). Although in the scoring of the original Thematic Apperception Test (Murray, 1943) this distinction is not made, the distinction seems relevant when assessing God representations (instead of human objects) because we assume that respondents' explicit ideas about their relationship with God (Affect tone person) might be more susceptible to doctrine and social desirability than respondents' descriptions of the relationship with God of the character in the narrative (Affect tone character). In other words, we assume that attributions of characters' thoughts and feelings about God assess respondents' implicit God representations, and their own comments on these attributions (Affect Tone person) express their more explicit God representations.

Emotional investment in the relationship with God (Investment). This ATGR scale is about the character's motivation for having a relationship with God; motives may vary from egocentric to more based on love and reciprocity. Lower scores represent a more egocentric motivation (see also Table 1).

Agency of God (Agency). The Agency of God scores are determined by combining scores on three subscales: Gods influence on the situation (Agency-s: yes or no), Gods influence on character's reactions; his thoughts, feelings, intentions, actions (Agency-r: not, shared influence, or decisive influence) and attributed reasons for God's actions (Agency-e: no explanation, general explanation, specific explanation). These scores are then converted to a total score on a scale from 1 – 5. A low score indicates that God has no influence on events. Higher scores indicate that God has influence, and this influence can be understood and trusted. The highest score (5)

acknowledges not only general (good) intentions, but assumes that God has specific intentions for specific persons. See also Table 1 for a more detailed description of the scales.

Coding procedure. Scoring took place by 19 fourth year University students Social Work or Health Care, in 11 couples in which each student first independently scored protocols, then compared the scores with the other student of the couple, and discussed all different scores to achieve consensus. Coders followed an intensive training program, given by the first author, who is an experienced psychologist with much experience with apperceptive and projective tests. For each scale, at least 15 hours of training were spent: three joint sessions of three hours and six hours of individual scoring at home.

Interrater reliability. The weighted average interrater reliability (ICC), based on absolute agreement, of the ATGR scales were good for the scales Affect Tone character (.80), Affect Tone person (.83) and Agency (.85), fair for the Complexity scale (.77), and poor for the Investment scale (.68).

Explicit aspects of God representations

The Dutch Questionnaire God Representations (QGR), in earlier publications also referred to as Questionnaire God Image (QGI), is a 33-item self-report questionnaire, a translation and adaptation of Murken's (1998) scales of God relationships. It consists of two dimensions; the dimension "feelings toward God", with three scales: Positive feelings toward God (Positive/POS), Anxiety toward God (Anxiety/ANX), and Anger toward God (Anger/ANG); and the dimension "God's actions", with three scales: Supportive actions (Support/SUP), Ruling and/or Punishing Actions (Ruling-Punishing/RULP), and Passivity of God (Passivity/PAS). All items are scored on a five-point scale, with (1) for not at all applicable, and (5) for completely applicable. The scale has good psychometric properties. The internal consistency of the scales is sufficient, with Cronbach's alpha's ranging from 0.71 for Passivity of God, to 0.94 for Positive feelings toward God (Schaap-Jonker & Eurelings-Bontekoe, 2009). Validity was confirmed by more unfavorable scores for mental health patients and by associations with religious salience, church attendance and religious denomination (Schaap-Jonker & Eurelings-Bontekoe, 2009).

In this study three scales scored excellent on internal consistency, as indicated by Cronbach's alpha: Positive(α = .94), Anxiety (α = .91), and Support (α = .94). Two scales scored good: Anger (α = .83) and Passivity (α = .82), and one scale, Ruling-Punishing, scored fair (α = .70).

Table 1. *Object-Relation and Social Cognition Theory Informed ATGR Scales*

	Level 1: very immature	Level 2	Level 3:	Level 4:	Level 5: very mature
Complexity of representation of God	Poor differentiation between thoughts / feeling of the character and of God	Poor understanding of God: vague, confused, incoherent, fluctuating or unintegrated representations	Superficial understanding: unidimensional, unelaborated descriptions of God's characteristics, thoughts or feelings	Acknowledgement of God's complexity; detailed descriptions, differentiated, ambiguous. Stability of God's characteristics over time/situations	Understanding of complexity/ ambiguity, relating it to general characteristics of God
Affect tone of relationship with God	Representations of God are malevolent, causing great distress or helplessness	Representations of God as hostile or disengaged, or defensively positive	Affective relationship with God with predominantly negative feelings	Relationship with God is affectively neutral or characterized by mixed feelings	Relationship with God is experienced with predominantly positive feelings
Emotional investment into relationship with God	No relationship with God or selfish relationship, only for own gratification	Superficial relationship, probably enduring, but need gratification prevails	Conventional relationship with God with some emotional investment, driven by wish for acceptance, pleasing God	Dedicated relationship with God, emotional investment based on principles, inner convictions	Deep, dedicated relationship with God for the sake of the relationship itself. Awareness of reciprocity.
Dealing with religious rules and principles	No sense of approval or disapproval from God, or only fear for discovery of bad acts because of negative consequences.	Some sense of approval or disapproval from God, absence of guilt or disproportionally feeling guilty. Problems with acknowledging Gods authority.	Complying because it's Gods will, without inner conviction, emphasizing rules instead of principles or relationship. Emphasis on avoiding punishment or obtaining approval.	Complying/ obeying out of inner conviction, respecting God's authority	Complying/ obeying out of affectively experienced relationship with God; sense of reciprocity, feelings of regret are related to relationship.
Agency of God	God has no influence on situations or on character's reactions	God has influence on situations or joint divine and personal influence on the character's reactions. No explanation for Gods action is given.	God has influence on situations or shared influence on the character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but no explanation is given for it.	God has influence on situations or shared influence on character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but only a general explanation is given for it.	God has total influence on character's reactions, and a specific explanation is given for it.

Personality functioning. Personality functioning was assessed by the Dutch version of the Severity Indices of Personality Problems-118 (SIPP-118; Verheul et al., 2008), a dimensional self-report measure of the core components of (mal)adaptive personality functioning. This measure, developed by The Dutch Viersprong Institute for Studies of Personality Disorders (VISPD), clearly addresses the core elements proposed by Livesley (2013). According to Livesley, there is consensus about self-problems and chronic interpersonal dysfunction as the core features of personality disorders, as reflected in the fifth edition of the Diagnostic and Statistical manual of Mental Disorders (American Psychiatric Association, 2013). The SIPP, also in line with Livesley "adaptive failure" model, also incorporates the relevance of (universal) life tasks.

The SIPP measure is based on consensus of 10 clinical experts about initially 25 facets of adaptive personality functioning. Validation research resulted in 16 facets that comprised five core adaptive personality factors: Self-control, Social Concordance, Identity Integration, Relational Capacities, and Responsibility (Andrea et al., 2007). Higher scores reflect more adaptive functioning. This measure will be used to examine the validity of the ATGR scales.

The 16 facets are measured over a timeframe of three months before administration, by 118 Likert scale items with Cronbach's alpha's ranging from .69 (Respect) to .84 (Aggression regulation), with a median of .77. The domain scores showed good test-retest reliability, explored over a timeframe of 14-21 days in a student sample with correlations ranging from .87 to 95. Discriminant validity appeared to be good as well: 12 of the 16 facets scales showed highest scores among a nonpatient sample, intermediate scores among a psychiatric outpatient sample, and lowest scores among a personality disordered sample. Convergent validity also appeared to be good, with the instrument yielding higher scores on the domains for patients with no diagnosis versus one diagnosis, and for patients with one diagnosis versus with at least two diagnoses (Verheul et al., 2008).

Data Analyses

Testing proportions of stronger correlations between scales. We compared the (absolute) strength of correlations of implicit versus explicit God representation scales with the explicit personality pathology scales by computing six proportions per group: each proportion represents the number of comparisons with stronger associations of the five personality scales with a specific QGR scale than with a specific ATGR scale, divided by the total number of compared associations per QGR scale (25). The sixth proportion (per group) was the sum of the proportions per QGR scale, divided by the total number of all comparisons (150). The significances of proportions of stronger associations were tested by a binomial test, performed in EXCEL with the formula BINOM.DIST (number_s, trials, probability_s, cumulative). For the first

argument (number of successes) we filled in the number of comparisons with stronger associations for the same-method than for the mixed-method combination, for the second (trials) we filled in the total number of comparisons, for the third argument (the probability of success) we filled in .5, and for the fourth we filled in 'True', which yields the cumulative probability. If the proportion found was higher than 0.5, we used the formula 1-BINOM.DIST; if it was lower than 0.5, we used the formula BINOM.DIST. Because this test assumes that the comparisons are independent, the correlations with the AGC subscales were left out of these analyses.

Testing differences in correlations. Differences between correlations were tested with the null-hypothesis that these correlations were equal. If a correlation between a scale and a same-method scale (r_{12}) was stronger than the correlation between this scale and an other-method scale (r_{13}), this difference was tested one-sided using Steiger's (1980) formulas (14) and (15) for Z_1^* and Z_2^*, based on improved versions of Fisher's r to z formula. These formulas account for the shared variance between two scales of which the associations with another scale are compared (r_{23}).

Examination of individual significant correlations between scales. To detect possible associations between specific scales, we inspected strength and significance of the various Pearson correlations between scales in both groups.

Partial correlations. When implicit and explicit attachment to God scales correlated significantly with the same personality scale, partial correlations were computed to test if there was a unique contribution of the implicit God representation scales in explaining the variance in that particular personality scale.

Results

Associations of God Representations with Explicit Measures of Personality Functioning

Table 2. *Comparisons of Same Method with Mixed Method Correlations*

	stronger correlations for same-method than for mixed-method			significant differences		significant correlations			
						same-method correlations		mixed-method correlations	
	k	%	*p*	k	%	k	%	K	%
Nonclinical	140/150	93%	<.001	58/150	39%	22/30	73%	0/40	0%
Clinical	42/150	28%	<.001	1/150	1%	4/30	13%	9/40	23%

Table 3. *Correlations of Implicit and Explicit God Representation Scales with Explicit Personality Pathology Scales*

God representation scales	SIPP domain scales									
	Nonclinical					Clinical				
	Self-control	Social Concordance	Identity Integration	Relational Capacities	Responsibility	Self-control	Social Concordance	Identity Integration	Relational Capacities	Responsibility
Implicit ATGR scales										
Complexity	.05	-.05	.16	.10	-.03	.06	.04	.17	.13	-.03
Affect Tone character	-.13	.06	-.09	-.02	-.05	**.26***	.12	**.37*****	.08	**.25***
Affect Tone person	.01	.17	-.03	.09	.06	.21	**.27***	.11	.02	.20
Investment	.03	.12	.06	-.04	.01	.22	.17	.20	**.28***	**.24***
Agency	.07	-.09	.14	.09	-.05	**.25***	.19	.21	.18	.15
Agency-s	.08	-.19	.11	.09	-.06	.20	**.24***	.18	.19	.18
Agency-r	-.03	-.09	.01	-.03	-.04	**.26***	.08	.18	.08	.07
Agency-e	.09	-.07	.14	.12	-.06	.22	.15	.19	.13	.14
Explicit QGR scales										
Positive	**.33****	**.32****	**.36****	**.32****	**.35****	-.02	.15	**.23***	.00	.02
Anxiety	**-.24***	**-.28***	-.15	-.22	-.14	-.10	-.12	**-.34****	**-.27***	-.13
Anger	**-.55*****	**-.51*****	**-.52*****	**-.46*****	**-.35****	-.01	-.13	-.09	.14	-.01
Supportive	**.25***	**.33****	**.30****	**.32****	**.31****	.11	.11	.23	.03	.08
Ruling/punishing	.02	.03	.16	.13	.15	-.01	.01	.00	.09	-.10
Passivity	**-.29***	**-.40*****	**-.35****	**-.28***	**-.30***	-.06	**-.23***	-.19	-.07	-.12

NOTE: Bold correlations are significant at the $p = .05$ level. N.B.: High scores on the SIPP domain scales reflect more adaptive functioning

* = $p \leq .05$

** = $p \leq .01$

*** = $p \leq .001$

The difference between the same-method versus mixed-method correlations was significant for almost 40% of the comparisons. However, in the clinical group only 28% of the comparisons was in favor of the same-method correlations. This percentage was significantly lower than expected when the distribution in the population of stronger and weaker correlations would be fifty-fifty. Only one of those comparisons between same versus mixed-method correlations (1%) was significantly different.

In the nonclinical group, 73% of the same-method correlations was significant, whereas in the clinical group only 13% of the same-method correlations was significant (see also Table 3). In the nonclinical group, none of the mixed-method correlations was significant, whereas in the clinical group, 23% of those correlations was significant. In the nonclinical group, the explicit God representation scale Ruling/punishing correlated more strongly than implicit God representation scales in 64% (16/25) of the comparisons with the (explicit) personality scales (see also Table 4). The other five explicit God representation scales correlated more strongly with all personality scales than the implicit God representation scales, with only one exception: the implicit Complexity scale correlated more strongly than the explicit QGR Anxiety with SIPP scale Identity Integration. Of the personality scales, Responsibility had the most significant differences in favor of the explicit God representation scales: half of the comparisons (15/30) was significantly stronger for the explicit than for the implicit God representation scales.

Table 4. *Number of Stronger Correlations of Explicit God Representation Scales than Implicit God Representation Scales with Personality Pathology Scales for the Nonclinical Group*

QGR scales	SIPP domain scales					Total
	Self-control	Social Concordance	Identity Integration	Relational Capacities	Responsibility	
Positive	5	5	5	5	5	25/25
Anxiety	5	5	4 [2,3,4,5]	5	5	24/25
Anger	5	5	5	5	5	25/25
Supportive	5	5	5	5	5	25/25
Ruling/punishing	1 [3]	0	5	5	5	16/25
Passivity	5	5	5	5	5	25/25
Total	26/30	25/30	29/30	30/30	30/30	140/150

NOTE [1]Complexity; [2]Affect Tone character; [3]Affect Tone person; [4]Investment; [5]Agency (ATGR scales that correlated more strongly with the personality scale than the explicit QGR scale)

In the clinical group, as expected, for each QGR scale in only a minority of the comparisons the QGR scale showed stronger correlations with personality scales than the implicit God representation scales (see also Table 5). The QGR Anxiety scale had

the highest proportion of comparisons with stronger associations with personality scales than the ATGR scales, namely 44% (11/25). For the QGR scales Anger and Ruling/punishing, respectively only 20% and 10% of the comparisons had stronger correlations than implicit ATGR scales with the personality scales. In line with our expectations, for three of the implicit ATGR scales, namely Affect Tone character, Investment, and Agency, 75% of the comparisons had stronger correlations than QGR scales with personality scales. For Affect Tone character, 52%, and for Complexity, only 35% of the comparisons had stronger correlations with the personality scales than the explicit God representation scales.

Table 5. *Number of Stronger Correlations of Explicit than Implicit God Representation Scales with Personality Pathology scales for the Clinical Group*

QGR scales	SIPP domain scales					Total
	Self-control	Social Concordance	Identity Integration	Relational Capacities	Responsibility	
Positive	0	$2^{1,2}$	$4^{1,3,4,5}$	0	0	6/25
Anxiety	1	1^{1}	$4^{1,3,4,5}$	$4^{1,2,3,5}$	1^{1}	11/25
Anger	0	$2^{1,2}$	0	$3^{1,2,3}$	0	5/25
Supportive	1^{1}	1^{1}	$4^{1,3,4,5}$	1^{3}	1^{1}	8/25
Ruling/punishing	0	0	0	$2^{2,3}$	1^{1}	3/25
Passivity	1^{1}	$4^{1,2,4,5}$	$2^{1,3}$	1^{3}	1^{1}	9/25
Total	3/30	10/30	14/30	11/30	4/30	42/150

NOTE [1]Complexity; [2]Affect Tone character; [3]Affect Tone person; [4]Investment; [5]Agency (ATGR scales that correlated more strongly with the personality scale than the explicit QGR scale)

Specific correlations of implicit God representation scales with personality functioning scales. To further examine the validity of the ATGR scales, we describe the significant correlations of each scale with specific personality scales. This is done for the clinical group only, because in the nonclinical none of the ATGR scales correlated significantly with the personality scales.

The implicit God representation scale Complexity did not correlate significantly with any of the SIPP-domains. Affect Tone character correlated significantly with Self-control, Identity and with Responsibility. Affect Tone person correlated significantly with Social Concordance. Investment correlated significantly with Relational Capacities and with Responsibility. Agency correlated significantly with Self-control. All significant correlations were positive, indicating that patients with healthier God representations often also had more adaptive personality functioning (higher scores on the SIPP-scales reflect more adaptive functioning).

Partial correlations between ATGR and SIPP scales, controlling for the correlations between QGR and SIPP scales. Many correlations between

ATGR and SIPP scales remained significant after controlling for the associations of QGR scales with the SIPP scales, indicating that the ATGR scales explained 5-14% of unique variance in personality scores that could not be explained by the QGR scales.

Taken together, four of the eight implicit ATGR scales demonstrated incremental validity by significantly explaining variance in SIPP domain scales that could not be explained by the explicit God representation scales: The implicit God representation scale Affect Tone character explained 6.7% unique variance in the personality functioning scale Self-control and 12.9% of unique variance in Identity Integration; Affect Tone person explained 6.7% of unique variance in Social Concordance, Investment explained 7.3% of unique variance in Relational Capacities, and Agency-s explained 7.3% of unique variance in Social Concordance. The partial correlations of the main Agency scale with Self Control, Social Concordance, Identity and Relationship approached significance with *r*'s of .22 with each of these domain scales, explaining 5% of their variance. The proportions of variance are called unique in the sense that they are not shared with the explicit God representation scales, but this does not account for potentially shared variance between the implicit God representation scales.

Discussion

The aim of the present study was the further validation of the ATGR by examining its associations with the explicit SIPP personality scales, and by comparing these associations with the associations of scales of an explicit God representation measure in two groups.

Our first —adapted— expectation (associations between implicit God representations and explicitly measured personality functioning will be stronger in the clinical group than in the nonclinical group), was clearly confirmed: Only in the clinical group, most ATGR scales had meaningful significant associations with the personality scales, confirming the validity of the ATGR for religious patients with personality pathology. In contrast, in the nonclinical group there were no significant correlations between the implicit God representation scales and the explicit personality scales.

Our second expectation (in the nonclinical group, explicitly measured personality functioning will be more strongly associated with explicit than with implicit God representations) was also clearly confirmed: in the nonclinical group, 73% of the same-method correlations was significant, whereas none of the mixed-method correlations was significant.

Our third —adapted— expectation (in the clinical group, explicitly measured personality functioning will be more strongly associated with implicit than with explicit God representations) was also clearly confirmed: more than two-third of the comparisons between implicit and explicit God representations regarding strength of

correlation with explicitly measured personality functioning was in favor of the implicit God representations.

These results corroborate some of our earlier findings showing that only among patients implicit measures of God representations are more strongly than explicit measures of God representations associated with explicit measures of distress and quality of object-relational functioning. This phenomenon might be explained by assuming that among patients with personality pathology implicit negative emotions and evaluations invade the conscious experience of emotions and evaluations more than among nonpatients (Stulp, Glas, & Eurelings-Bontekoe, 2020; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019). These findings are in tune with research on implicit cognition, suggesting that under stress or with limited resources, implicit processes gain dominance over explicit processes (Hofmann, Rauch, & Gawronski, 2007). As a result, explicit measures of psychopathology may be useful in clinical practice because they tap into aspects of implicit mental functioning. This is a relevant finding regarding the debate about whether implicit processes can be assessed with explicit measures. Many scholars assume that this is not possible, because implicit and explicit measures of the same concepts often are hardly associated. In the attachment domain this is demonstrated by the meta-analytic results of Roisman et al. (2007) about the trivial to small associations between outcomes of the implicit Adult Attachment Interview and outcomes of self-report measures of attachment. However, Hall, Fujikawa, Halcrow, Hill, and Delaney (2009) used self-report measures for assessing internal working models (IWM's) of attachment representations of God, and argued, in line with Shaver and Mikulincer (2002), that they can be viewed as valid indicators of implicit processes because their relationship to implicit measures is empirically supported.

Nevertheless, although for patients with personality disorders in this study the explicit measures of God representations also seem to tap implicit aspects of God representations, the implicit measures of God representations have incremental value because of the relatively stronger associations of the implicit scales with various aspects of personality functioning.

Our conclusion of stronger associations of implicit than explicit God representation measures with the explicit SIPP measures is predominantly based on the *number* of stronger correlations rather than on their *magnitude*. Apparently, in the clinical group the QGR does not measure the broad range of pathology-related aspects of God representations which the ATGR does, as the various correlations of all ATGR scales with one or more SIPP domain scales indicate.

These correlations confirm the validity of the ATGR scales among patients with personality pathology. In the following paragraphs we will discuss this validity per scale.

The Validity of the Separate ATGR Scales

Complexity of representations of God. Although Davis, Granqvist, and Sharp (2018) assume that integration is a key aspect of healthy relational spirituality, to our surprise none of the correlations between the implicit God representation scale Complexity and the personality pathology domain scales was significant, suggesting that the level of integration and differentiation of God representations is not associated with personality pathology. Perhaps the explicit pathology measures are not able to assess this more structural, underlying dimension of representations that is also a key aspect in the object-relational approach of representations of self and others.

Explorative post-hoc analysis revealed that this ATGR scale was specifically and significantly associated with SIPP facet scale Purposefulness, $r = .30$, $p = .008$. Apparently, for religious patients, a less integrated and differentiated representation of God is connected to difficulties in making sense of one's life.

Affect Tone character. The pattern of associations of the implicit God representation scale Affect Tone with the personality scales corroborated its validity: This ATGR scale, focusing on the affect tone of the relationship with God, was most strongly and significantly associated with the SIPP domain scale Identity Integration and the domain scale Self-control, suggesting that patients who have trust in the relationship with God also have a better-integrated identity and a higher level of emotion regulation and frustration tolerance. This is in line with object relations theory that assumes a close relationship between quality of object relations and identity integration and affect regulation (Pedersen, Poulsen, & Lunn, 2014).

Affect Tone person. Results of the present study suggest that the implicit God representation scale Affect Tone person seems to predominantly assess an explicit, and doctrinally drive picture of the relationship to God, rather than the implicitly experienced affective relationship to God: this ATGR scale correlated significantly with personality pathology scale Social Concordance only. This underlines our idea that especially this scale might be susceptible to social desirability. Respondents often seemed to feel the urge to comment on what they let the character attribute to God, often adding that they personally thought that God is more benevolent than the character in the story experienced. The face-to-face assessment of this instrument therefore may have contributed to the social-desirability or doctrine-effects on this scale.

Emotional Investment in the relationship with God. The implicit God representation scale Investment especially seemed to express, as intended, the quality of the experienced relationship with God, because it correlated significantly with those SIPP domain scales that focus on the relationship with others: Relational Capacities and Responsibility. Patients who tell stories about characters that are easily frustrated in the relationship with God, and whose reasons to relate to God are rather egocentric and extrinsically motivated, also report difficulties in interpersonal relationships. This is in line with Hall and Edwards (1996, 2002), who also found difficulties in the

relationship with God to be associated with an extrinsic religious orientation and with an egocentric interpersonal attitude. Theoretically, the healthiness of and capacity for investing in human relationships for reasons of the relationship itself instead of personal gain, and the correspondence with spiritual relationships, is also emphasized by Verhagen and Schreurs (2018) in their model for the interconnectedness of spiritual and interpersonal relationships,

Agency. The implicit God representation scale Agency aims at assessing whether God is perceived as influential in persons and their life situations, and if his actions are understood and valued. Agency correlated significantly and positively with the personality scale Self Control, implying that belief in God's influence is associated with a sense of self-control.

Whereas the Investment scale specifically was associated with someone's view of others, the Agency scale was more strongly associated with aspects of the self. Of course the development of the self cannot be disentangled from the development of representations of others. As Winnicott (1971) states: The eyes of the mother, and the entire face of the mother, are the child's first mirror. Our data are in line with the correspondence hypothesis (Granqvist, 1998; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1990): (implicit) internal working models of the self and of others correspond with the attachment to God representations (Hall et al., 2009).

All in all, patterns of correlations of the ATGR scales with the explicit personality functioning scales suggest the validity of three of the five scales: Affect Tone character, Investment, and Agency. Validity of the Complexity and the Affect Tone person scale could not be confirmed in this study.

Clinical Implications

The results of this study demonstrate that for Christian patients suffering from cluster B or cluster C personality disorders, the use of a performance-based measure as the ATGR to assess implicit God representations, has incremental value above measuring explicit God representations with self-report measures. The study also demonstrated that religious patients with a pathological sense of self and of others — implying interpersonal difficulties and lack of support from others— who therefore might need experienced support from the divine, may however at the same time be unable to create a representation of a God that is powerful and may reach out to them as a loveable object to help them. This might render them double lonesome, and asks for therapeutic (religious) interventions.

The rich narrative content that is yielded by a stimulus attribution measure as the ATGR provides opportunities for clinicians to further explore their patients' representations of God and their relationship with God. Identifying similarities between the told stories and patients' own stories, with regard to affect tone of the relationship with God, emotional investment in this relationship, and experiences of God's agency,

might be the first step in a narrative approach that subsequently stimulates developing growth-promoting storylines, as is done in the God image narrative therapy (GINT) as mentioned in Olson et al. (2016). A follow-up assessment of the ATGR might be indicated to assess the effectiveness of such interventions,.

Limitations and Future Research

A first limitation of this study is that the validity of the conclusions may be restricted to a specific Dutch group of Protestant Christians, with members believing in a personal God.

A second limitation is that we used only an explicit personality functioning instrument for examining the construct validity. Therefore in this particular article, we could not conclude about the association between implicit measures of God representations and implicit measures of personality (mal)functioning. It would be appropriate to also examine associations between the ATGR scales and implicit or indirect measures of personality pathology, for example by using the STIP-5, a semi-structured interview for personality functioning (Berghuis, Hutsebaut, Kaasenbrood, De Saeger, & Ingenhoven, 2013) and the Structured Interview of Personality Organization (STIPO, Clarkin, Caligor, Stern, & Kernberg, 2004; Stern et al., 2010).

A third limitation is that the comparison between associations of implicit and explicit God representation scales with personality scales may be obscured because they do not measure exactly the same aspects of God representations. An explicit God representation measure that is conceptually equivalent to the ATGR does not exist. Although we have considered to use the Spiritual Assessment Inventory (Hall & Edwards, 1996, 2002) that perhaps is conceptually more related to the ATGR, we chose the QGR, an explicit God representation that is well-validated for Dutch believers. When a translated and well-validated Dutch version of the SAI becomes available, it would be useful to examine its associations with the ATGR and to also compare associations of both measures with explicit and implicit measures of personality (mal)functioning.

A fourth limitation is the cross-sectional design of this study. Although it is theoretically assumed that differences in implicit representations of self, God and others, and of the self in relationship with God and with important others, underlie and cause differences in interpersonal functioning, results cannot conclude about the direction of the found associations.

More research is needed into the influence of biographical factors on ATGR scale scores. Finally, validation of the scales could be more strongly undergirded by examining whether, among patients, changes in implicit God representations are related to changes in personality functioning and in, explicitly but preferably also implicitly measured distress/wellbeing.

However, all in all the results of this study provide additional evidence of the validity of the ATGR scales. Moreover, the results demonstrated that core aspects of

personality functioning are also related to implicit God representations. This implies that therapists with patients suffering from personality disorders for which believe in a personal God is important, should also pay attention to patients' implicit God representations in intake and treatment program.

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Chapter 7.

Changes in implicit God representations after psychotherapy for patients diagnosed with a personality disorder. Associations with changes in explicit God representations, distress and object-relational functioning

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Abstract

Research has demonstrated that maladaptive relational functioning of patients suffering from personality disorders is associated with more negative God representations. This study demonstrated with a single group design among a group of 37 Christian patients with personality disorders, that changes in implicit God representations during psychotherapy, as assessed with the recently developed implicit Apperception Test God Representations (ATGR), were associated with changes in explicit God representations and object-relational functioning, but not in distress. Changes in explicit distress were associated with changes in explicit God representations. Results of cross-lagged analyses suggested that object-relational functioning affected God representations more than vice versa.

Introduction

For adherents of theistic religions, the personally experienced, affect-laden relationship with the divine being can be considered an important factor that is related to well-being. It should be distinguished from a more rational and doctrinal view of God (Davis, Granqvist, & Sharp, 2018). However, scholars vary considerably in the terms they use to refer to both kinds of descriptions of how God is viewed. They use terms as God representations, God images, God attachments, and God concepts. In this article, we use the term God representations to refer to someone's personally experienced, affect-laden relationship with God.

The Apperception Test God Representations (ATGR) is a measure that has been developed to assess implicit aspects of God representations (Stulp, Glas, & Eurelings-Bontekoe, 2020; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019a) due to the well-known problems with self-report measures, such as social desirability and doctrine effects (Gibson, 2008; Zahl & Gibson, 2012). Moreover, object relations theory and attachment theory (two important theoretical frameworks for research into God representations) assume that personal God representations, similar to mental representations of interactions with people, act on a mostly implicit level (Brokaw & Edwards, 1994; Granqvist, 1998; Granqvist, Ivarsson, Broberg, & Hagekull, 2007; Jones, 2008; Kirkpatrick & Shaver, 1990; Kirkpatrick & Shaver, 1992; Rizzuto, 1979). Some scholars express the conviction that advances in this field can only be made by developing more sophisticated measurement methods (Hall & Fujikawa, 2013) and by applying mixed-method designs that combine self-report and implicit measures of God representations (Olson et al., 2016).

In this vein, we applied a mixed-methods design and examined aspects of the reliability and construct validity of the ATGR in three former studies (Stulp, Koelen, et al., 2019a; Stulp, Koelen, Glas, & Eurelings-Bontekoe, 2019b; Stulp, Koelen, Schep-Akkerman, Glas, & Eurelings-Bontekoe, 2019). Taken together, these studies demonstrated that for patients suffering from personality disorders the ATGR showed theoretically predicted patterns of associations with self-reported and implicit measures of distress, and with implicit and explicit measures of object-relational functioning. These results provided preliminary evidence of the validity of the ATGR scales. The current study is a sequel to those studies and aims at examining the longitudinal construct validity (Liang, 2000) of the ATGR by examining whether changes in scores on ATGR scales are associated with changes in distress and with changes in object-relational functioning during psychological treatment for Christian patients with personality disorders. The rationale for the focus on a psychotherapy group for Christian patients with personality disorders is twofold: (a) it is important that measures are validated in groups for which their assessment is most relevant, such as for patients with personality disorders, given their more pronounced negative God representations (Schaap-Jonker, Eurelings-Bontekoe, Verhagen, & Zock, 2002; Stulp, Koelen, et al., 2019a); and (b) we expect that this particular group is likely to show changes in God representations during psychotherapy that focuses on relevant topics. This enables us to study the sensitivity for change of the ATGR.

God Representations and Personality Pathology

A core aspect of personality pathology is aberrant relational functioning and problematic views of self and of others (Berghuis, Kamphuis, & Verheul, 2012; Livesley, 1998). Meta-analytic results revealed that these core concepts of personality disorder are in fact associated with personal God representations (Stulp, Koelen, Schep-Akkerman, et al., 2019). This is also demonstrated by the scarce research into the associations between God representations and personality pathology (Schaap-Jonker et al., 2002; Schaap-Jonker, van der Velde, Eurelings-Bontekoe, & Corveleyn, 2017). In further support of this association, in our research aimed to validate the Apperception Test God Representations in a nonclinical sample and a clinical sample of patients diagnosed with a personality disorder, we also found significantly more negative God representations among patients than among nonpatients. Moreover, patients' negative God representations were associated significantly and positively with distress (Stulp, Koelen, et al., 2019a); and negatively with level of implicitly measured object-relational functioning (Stulp et al., 2020) and with core elements of personality functioning such as identity integration, relational capacities, and self-control (Stulp, Koelen, et al., 2019b). In sum, although only a limited amount of studies is currently available,

these studies seem to support the notion that God representations are related to the pathology of people with personality disorders.

Theoretical Explanation for the Associations Between God Representations and Personality Pathology

The above-mentioned research findings seem to support a theoretical explanation for these associations as offered by object relations theory. The development of mental representations during (early) life is described by psychodynamic object relations theory (Fairbairn, 1954; Kernberg, 1988; Mahler, 1971). Early experiences lead to mostly implicit internal working models, which comprise representations of self and others, as well as their affective quality. More pathological internal working models involve less integrated representations of self and others. On the lowest levels of object-relational functioning, persons have difficulty in differentiating between the self and others, and in integrating positive and negative feelings about self or others. This often leads to emotional instability based on the use of primitive defense mechanisms like splitting (the tendency to see others in black-and-white terms such as good and bad/evil). On lower levels, others are also viewed as less benevolent (affectionate, benevolent, warm, constructive involvement, positive ideal, nurturant) and more punitive (judgmental, punitive, and ambivalent) than on higher levels (Huprich, Auerbach, Porcerelli, & Bupp, 2015; Kernberg & Caligor, 1996). Many scholars in the domain of religion assume that God representations, just like representations of people, are formed on the basis of early experiences with caregivers, and that the development of God representations parallels the development of internal working models of the self and others (Brokaw & Edwards, 1994; Granqvist, 1998; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1990; Rizzuto, 1979). There is growing evidence for this parallel, as summarized in a meta-analysis about associations between God representations and views of self and others (Stulp, Koelen, Schep-Akkerman, et al., 2019).

This meta-analysis also emphasizes the importance of God representations for daily functioning by demonstrating that positive God representations are relatively strongly associated with well-being, and negative God representations with distress. Positive God representations are thought to have an intrinsic value, directly fostering well-being, as well as having indirect effects on well-being by providing a "meaning-making framework", by fostering feelings of being loved, protected, and by buffering negative influences of stressors (Ellison & Levin, 1998; Koenig, King, & Carson, 2012; Pargament, 2001; Park, 2005). Negative God representations may for persons suffering from personality disorders obstruct these positive effects on well-being and may even add distress to the patient (Abu-Raiya, Pargament, & Krause, 2016; Ano & Pargament, 2013; Exline, Grubbs, &

Homolka, 2015). Therefore, in this study we will focus on both distress and object-relational functioning with respect to changes in God representations.

Change of Representations

Interpersonal representations are supposed to have a certain temporal stability (Bretherton, 1985; Collins & Feeney, 2004; Fraley, 2002), especially when strongly negative representations, based on negative life circumstances as abuse or neglect, have been developed early in life (Bateman & Fonagy, 2008, 2010). Change of negative representations of self and others, for instance with schema therapy, is an important focus in therapy for patients with personality disorders (Giesen-Bloo et al., 2006; Jacob & Arntz, 2013). Theoretically and developmentally, one may expect that changes in these representations of self and others may also affect God representations: views of God and of the self in relationship with God. The other way around, a change of God representations may also strengthen personal identity and have its effects on interpersonal representations. We assume that the association between changes in God representations and changes in representations of interpersonal relationships is bi-directional, with a predominance of interpersonal representations influencing God representations, even though there is little research to support this assumption.

Research into Changes in God Representations, Distress and Object-Relational Functioning

There is little research into changes in God representations after treatment. None of these studies especially concern patients with personality disorders. We summarize the evidence of treatment studies reporting (a) changes in God representations only, (b) changes in God representations and in well-being/distress, and (c) changes in God representations and object-relational functioning. Although all described God representation measures refer to the personally experienced, affect-laden relationship with God, scholars, as already mentioned, use various terms. In reporting the study results, we followed the concepts the authors used.

Changes in God representations only. Two studies reported positive changes in God representations. Mohammadi, Salmaniam, Ghobari-Bonab, and Bolhari , in a pilot with six adolescents with conduct disorders, examined if a manual-guided spiritual psychotherapy program, based on object-relation and attachment theory, had effect on attachment-to-God representations. For five participants, the avoidant attachment to God score nearly significantly decreased from start to end of the program (Cohen's $d = 0.51$). Thomas, Moriarty, Davis, and Anderson (2011) examined the effects of an 8-week, manualized, outpatient

group-psychotherapy intervention on God images and attachment to God of 26 Christian adults who experienced difficulties in their relationship with God because of negative God images. They reported significant positive changes in God images and in attachment to God. Patients also reported experiencing more congruence between affective and doctrinal representations of God after treatment than at the start of treatment.

Three studies could not report changes in God representations. Rasar, Garzon, Volk, O'Hare, and Moriarty (2013), using the same treatment manual as Thomas et al. (2011), found no significant changes in attachment to God, God image and religious coping in the treatment group of 11 persons. Snow (2010) found that a specific religious group intervention in a group of 100 college students did not lead to significantly increased feelings of intimacy with God or to a significantly decreased angry attitude toward God. Olson et al. (2016) examined in a sample of 32 Christian students the effects of a controlled, manualized 10-week group based intervention on God representations, compared to a matched control group of 29 Christian students. The interventions were based on Hall's relational spirituality theory (Hall, 2004) and McAdams's (2008) narrative identity framework. No significant changes in implicitly and explicitly measured God representations and in explicitly measured attachment to God were found.

Changes in God representations and well-being/distress. Of particular interest to our study is that two studies demonstrated significant changes in God representations as well as significant associations between changes in God representations and well-being/distress. Cheston, Piedmont, Eanes, and Lavin (2003), for example, found significant changes in God representations in a group of 30 patients after 6 months of psychotherapy, during which no special attention was given to religion, whereas these changes did not occur in a control group of 68 respondents. Changes in perceptions of God were highly significantly associated with changes in counselor ratings of symptoms, $r = .54$, $p = < .01$.

Monroe and Jankowski (2016), in a sample of 43 Christian adults of which 81% indicated a history of trauma, found a significant increase in attachment to God, Cohen's $d_{av} = 1.27$, and a significant decrease in avoidant attachment to God, Cohen's $d = 1.55$, after a contemplative practice of receptive prayer. The changes in attachment to God significantly predicted changes in depression, anxiety and positive affect. Four studies reported positive changes in God representations and in well-being or distress without conducting tests for the associations between them. Currier et al. (2017) examined changes in God representations of 214 Christian patients over the course of an inpatient spiritually integrative treatment program with an average length of seven days. Most patients were diagnosed with a unipolar or bipolar depression and/or an anxiety disorder and/or an alcohol- or drug-related disorder. Their God representations were assessed with an open-

ended question: 'When God looks at you, how would God describe you?" Answers were analyzed with a standardized method to categorize linguistic responses. Compared to baseline narratives, patients reported significantly less negative God representations at discharge, with a medium effect size (Cohen's d = -0.43), and showed significant improvements, with medium to large effect sizes, in religious comforts/strains and positive/negative affect (Cohen's *d*'s of respectively 0.67 and -0.92). Kerlin (2017) found a significant decrease in anxious and avoidant attachment to God, with large effect sizes (Cohen's *d*'s of respectively 1.47 and 0.89), and a large effect size regarding an increase in mental health, with Cohen's *d* = 1.58, for a Christian recovery program for 30 patients suffering from a substance abuse disorder. In a small, yet relevant study, Murray-Swank (2003) examined the effects of an 8-session spiritual integrative program for survivors of sexual abuse on the psychological and spiritual health of five female survivors. Four of the five participants showed significant reductions in psychological distress, two participants had more positive God images, and one participant had a less negative God image. In a qualitative study, Kim, Chen, and Brachfeld (2018) examined nine patients of a Christian outpatient clinic who struggled with a personal crisis. According to the authors, results suggested that all patients needed to restructure their image of God before being able to engage in a safe relationship with God. All respondents reported as benefits of this renewed relationship an alleviation of symptoms.

Changes in God representations and object-relational functioning. Three studies reported positive changes in God representations and in viewing self or others. Tisdale, Key, Edwards, and Brokaw (1997) found that among a group of 99 religious patients who followed an inpatient treatment program based on a religious as well as an object-relational framework, and were diagnosed with a major depressive disorder, God was seen as more close, loving, present and accepting at discharge, and also six months and a year after treatment, than at the start of therapy (with small to medium effect sizes of *d* = 0.29 - 0.47). Patients also viewed themselves as more positive (with a large effect size of 0.79 for this change). Moreover, God representation measures correlated significantly with personal adjustment and object-relations measures at the various assessment moments. Stalsett, Engedal, and Austad (2010) reported a case study about the treatment of a severely depressed patient with a diagnosis of Borderline and Paranoid Personality Disorders, with narcissistic traits. The treatment was based solely on psychological interventions. The transformation of the patient's negative God representation to a more affirmative one was viewed by the authors as crucial therapeutic work to achieve more healthy functioning. Kim et al. (2018), reported — besides the above already mentioned results for God representations and

distress— an enhanced sense of self-worth and self-confidence, and enhancement in relationship with others for all respondents.

In summary, the available evidence suggests that for people suffering from religious or psychological distress, God representations often change after therapeutic, nonreligious or religious interventions or a combination of them. In terms of effect sizes, there is quite a large variety in the magnitude of these changes (small to very large), which may in part be due to different measures of this rather abstract concept. Results also suggest that these changes are accompanied by changes in well-being/distress and in object-relational functioning. These changes are often large in terms of effect sizes. Because almost all evidence is based on self-report measures or interviews, the results may be biased by social desirability and doctrine effects. Only two of the discussed studies (Currier et al., 2017; Olson et al., 2016) used an implicit or indirect measure for assessing God representations, with mixed results.

Aim of the Current Study

The main aim of the current study is the further validation of the ATGR. The study is conducted among patients suffering from personality disorders who receive psychotherapy. We expect (positive) changes in implicitly measured God representations between the start and the end of treatment. We also expect that these changes will be related to changes during treatment in explicit God representations, in object-relational functioning and in distress. This would not only corroborate the validity of the ATGR, but it would also be important for its potential clinical implications. Therapists might for example find new ways of fostering well-being of their patients by focusing on changes in God representations as well as on changes in object-relational functioning.

Because of the often questioned validity of explicit measures, it will also be explored whether changes in implicitly measured God representations are more strongly associated with implicitly measured distress, measured with the implicit OQ clinician scales, than with explicitly measured distress, measured with the self-report OQ scales. Initially this was one of the expectations of our research project, based on the assumption that patients (more than non-patients) —as a consequence of their pathology— would show clear discrepancies between implicit and explicit measures of the various study variables. However, at the first assessment implicit God representations of the patients were associated more strongly with explicitly than with implicitly measured distress (Stulp, Koelen, et al., 2019a). Because our assumption seemed to have been proven wrong, we dropped our initial expectation for this study. (Stulp, Koelen, et al., 2019a)Finally, because at the first assessment various implicit God representations were significantly associated with various explicit God representations scales, we also examined whether changes in

those two types of measures would be associated. To our knowledge, this is the first study that examines associations between changes in implicit God representations and changes in distress and object-relational functioning. It is also the first study to examine changes in implicit God representations among a therapy group of patients suffering from personality disorders.

Method

Sample Characteristics

This study was conducted with 37 patients who completed an inpatient or day program treatment at a treatment center for persons with personality pathology. The center is part of a Christian mental health institution in the Netherlands. At its core, this institution aims at the integration of spirituality and psychological functioning, based on the conviction that these two aspects of human existence are inextricably intertwined. Patients receive inpatient treatment or day treatment, which implies Schema Focused Therapy, Mentalization Based Therapy or Cognitive Behavioral Therapy. The treatment programs have a length of 9 to 12 months. At the start of treatment, results of the explicit God representations assessment are discussed with patients. During treatment, the subject faith is often brought up. In all groups, every nine weeks the theme is faith; various meanings of faith are explored and discussed, and various religious interventions are offered to foster positive, helpful religious experiences, with e.g. the use of music, imagination, or other methods that are in line with schema therapy. At evaluations, the question how the patients experience their faith in relation to treatment, is also explicitly asked. The ethical committee of the institution approved of the current study, and the medical committee of the Free University of Amsterdam decided that the study did not fall under the Medical Research on Human Subjects Act.

The data were gathered between 2013 and 2016. Eighty-two out of approximately 100 patients initially consented, of which six dropped out during the first assessment at the start of their treatment program, and two patients were excluded because of incomplete data. Due to the deadline of this research project, only 53 patients of this remaining group of 74 patients (72%) were approached for the second assessment. Nine of them decided not to participate or did not respond to the invitation. Of the remaining 44 patients, seven were excluded because of incomplete data, leaving a sample of 37 patients with complete data of the first and second assessment. Twenty-six patients received inpatient treatment, 11 patients received part-time day treatment with Schema Focused therapy. Patients who dropped out did not differ from patients who did not drop out on any of the key variables of this study: scales of the ATGR, QGR, BORI, SCORS, OQ and OQ clinician, religious salience.

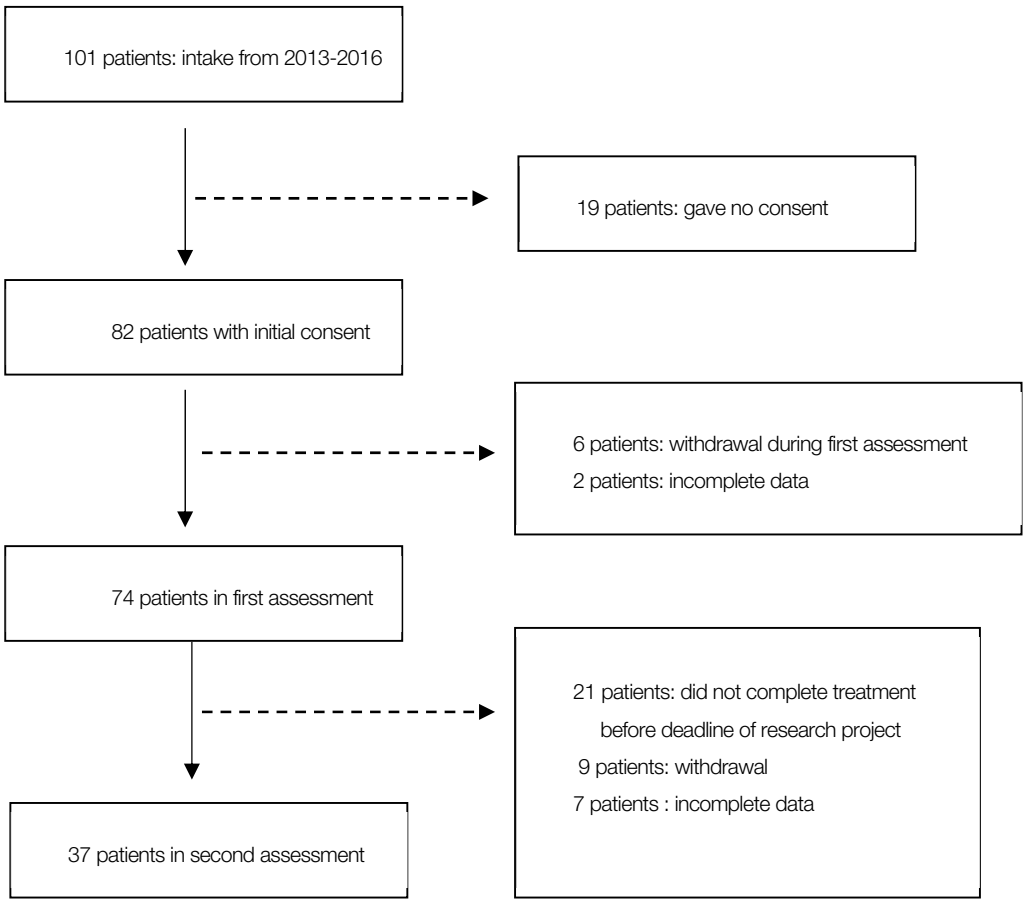


Figure 1: Flow chart of patient inclusion

Table 1. *Object-Relation and Social Cognition Theory Informed ATGR Scales*

	Level 1: very immature	Level 2	Level 3	Level 4	Level 5: very mature
Complexity of representation of God	Poor differentiation between thoughts / feeling of the character and of God	Poor understanding of God: vague, confused, incoherent, fluctuating or unintegrated representations	Superficial understanding: unidimensional, unelaborated descriptions of God's characteristics, thoughts or feelings	Acknowledgement of God's complexity; detailed descriptions, differentiated, ambiguous. Stability of God's characteristics over time/situations	Understanding of complexity/ ambiguity, relating it to general characteristics of God
Affect tone of relationship with God (character and person)	Representations of God are malevolent, causing great distress or helplessness	Representations of God as hostile or disengaged, or defensively positive	Affective relationship with God with predominantly negative feelings	Relationship with God is affectively neutral or characterized by mixed feelings	Relationship with God is experienced with predominantly positive feelings
Emotional investment into relationship with God	No relationship with God or selfish relationship, only for own gratification	Superficial relationship, probably enduring, but need gratification prevails	Conventional relationship with God with some emotional investment, driven by wish for acceptance, pleasing God	Dedicated relationship with God, emotional investment based on principles, inner convictions	Deep, dedicated relationship with God for the sake of the relationship itself. Awareness of reciprocity.
Agency of God	God has no influence on situations or on character's reactions	God has influence on situations or joint divine and personal influence on the character's reactions. No explanation for Gods action is given.	God has influence on situations or shared influence on the character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but no explanation is given for it.	God has influence on situations or shared influence on character's reactions, with general explanations given for it. Or God has absolute influence on reactions, but only a general explanation is given for it.	God has total influence on character's reactions, and a specific explanation is given for it.

Measures

Apperception Test God Representations (ATGR).

Materials and assessment procedure. Implicit aspects of God representations were measured by the newly developed ATGR (Stulp, Koelen, et al., 2019a), an apperceptive test of 15 cards with pictures especially developed for this purpose. Resulting narratives were analyzed by the SCORS scoring system, especially adapted for measuring God representations in narratives. The scoring scales are shown in Table 1.

The scale Affect Tone of relationship with God is scored in two ways: for character and respondent (Affect Tone character and Affect Tone person). The first regards the way the (main) character in the narrative experiences his or her relationship with God (Affect Tone character), the second regards the way the respondent may consciously elaborate on this experience (Affect Tone person). Although in the scoring of the TAT this distinction is not made, the distinction seems relevant when assessing God representations (instead of human objects) because we assume that respondents' explicit ideas about their relationship with God (Affect tone person) might be more susceptible to doctrine and social desirability than respondents' descriptions of the relationship with God of the character in the narrative (Affect tone character). Indeed, we found that attributions of characters' thoughts and feelings about God assess respondents' implicit God representations, and their own comments on these attributions (Affect Tone person) express their more explicit God representations (Stulp, Koelen, et al., 2019b).

Coding procedure. Scoring the ATGR protocols of the first assessment (which also included a nonpatient group) took place by 19 students in 11 couples. For the second assessment (only the clinical group) four students in two couples scored the ATGR. Each student first independently scored protocols, then compared the scores with the other student of the couple, and discussed all different scores to achieve consensus. Coders followed an intense training program, given by the first author, who is an experienced psychologist with much experience with apperceptive and projective tests. For each scale at least 15 hours of training were spent: three joint sessions of three hours and six hours of individual scoring at home.

Interrater reliability. For the first assessment, according to Cicchetti (1994) the weighted average interrater reliability scores (Intra Class Correlation Coefficients, based on absolute agreement) of the ATGR scales were good for the scales Affect Tone character, Affect Tone person and Agency, fair for the Complexity scale, and poor for the Investment scale (.68). For the second assessment, the reliability of the ATGR scales were good. Table 2 shows the reliability coefficients of all the variables of the study.

Table 2. *Reliability of the Scales of all Study Variables*

Measures	Scales	Reliability	
		1st assessment	2nd assessment
ATGR	Complexity	.77	.85
	Affect Tone (character)	.80	.89
	Affect tone (person)	.83	.85
	Investment	.68	.89
	Agency	.85	.88
QGR	Positive feelings	.94	.92
	Anxiety	.91	.91
	Anger	.83	.76
	Supportive actions	.94	.93
	Ruling/punishing	.70	.68
	Passivity	.82	.85
OQ	Symptom Distress	.88	.94
	Interpersonal Relationships	.67	.86
	Social Role Performance	.61	.54
	Anxiety and Somatic Distress	.85	.86
	Total	.88	.94
	Symptom Distress	.90	.88
OQ-client	Interpersonal Relationships	.76	.75
	Social Role Performance	.78	.65
	Anxiety and Somatic Distress	.84	.82
	Total	.94	.90
BORI	Alienation	.75	.84
	Insecure Attachment	.51	.68
	Egocentricity	.66	.69
	Social Inadequacy	.51	.68

Questionnaire God Representations. The Dutch Questionnaire God Representations (QGR), in earlier publications also referred to as Questionnaire God Image (QGI), is a 33-item self-report questionnaire with two dimensions; the dimension "feelings toward God", with three scales: Positive feelings toward God (Positive/POS), Anxiety toward God (Anxiety/ANX), and Anger toward God (Anger/ANG); and the dimension "God's actions", with three scales: Supportive actions (Support/SUP), Ruling and/or Punishing Actions (Ruling-Punishing/RULP), and Passivity of God (Passivity/Passivity). All items are scored on a five-point scale, with (1) for not at all applicable, and (5) for completely applicable. The scale has good psychometric properties. The internal consistency of the scales is sufficient, with Cronbach's alpha's ranging from 0.71 for Passivity of God, to 0.94 for Positive feelings toward God (Schaap-Jonker & Eurelings-Bontekoe, 2009). Validity was confirmed by more unfavorable scores for mental health patients and by associations with religious salience, church attendance and religious denomination (Schaap-Jonker & Eurelings-Bontekoe, 2009).

In this study in the first assessment three scales scored excellent on internal consistency, as indicated by Cronbach's alpha, two scales scored good, and one scale scored fair. In the second assessment the reliability of one scale (Ruling/punishing) dropped from fair to poor. (See also Table 2).

Outcome Questionnaire OQ-45, patient and clinician. The OQ-45, (Lambert et al., 1996) is an American instrument to measure clinical outcomes, translated and adapted for a Dutch population by (De Jong et al., 2007). The Dutch version consists of four scales: Symptom Distress (SD), Interpersonal Relations (IR), Social Role Performance (SR), and Anxiety and Somatic Distress (ASD). The latter scale is a subscale that consists almost exclusively of SD-items, and is added to the Dutch version on the base of the results of factor analysis. Internal consistency of the scales was good for SD (0.89 to 0.91), for ASD (0.70 to 0.84), and for IR (0.74 to 0.80), and moderate for SR (0.53 in a community sample; 0.69 in a clinical sample). Scores on all scales were significantly higher for the clinical than for the normal population. Concurrent validity was sufficient, as shown by significant relations with subscales of the Symptom Checklist 90-items version, SCL-90; (Arrindell & Ettema, 1986), the Depression Anxiety and Stress Scales, DASS; (de Beurs, Van Dyck, Marquenie, Lange, & Blonk, 2001), and the Groningse Vragenlijst Sociaal Gedrag (Groningen Questionnaire of Social Behavior) 45-item version, GVSG-45; (De Jong & Van Der Lubbe, 2001).

In the current study, in the first assessment the internal consistencies of three OQ-scales, based on Cronbach's alpha, were good; two scales showed poor internal consistency. In the second assessment, internal consistencies of two scales were excellent, two scales had good internal consistencies, and internal consistency of one scale was poor. (See also Table 2).

To obtain also an indirect measure of distress, for the clinical sample we asked the clinician to fill in an adapted version of the OQ-45 Questionnaire, estimating the functioning of the patient on the various domains. For the first assessment this was done within the first three weeks after the start of treatment. The internal consistencies of two scales were excellent, one scale showed good internal consistency and internal consistency of two scales was fair. For the second assessment, done by the clinicians at the end of the treatment program of their clients, the internal consistency was excellent for one scale, it was good for two scales, fair for one scale and poor for one scale. (See also Table 2).

Bell Object Relations Inventory (BORI). Explicit object-relational functioning was assessed by The Bell Object Relations Inventory (BORI, Bell, 1995), a self-report true/false questionnaire with 45 items. It consists of four scales, assessing aspects of object-relational functioning: Alienation (ALN), Insecure Attachment (IA), Egocentricity (EGC), and Social Incompetence (SI). Psychometric characteristics of the instrument are good, with Cronbach's alpha's for ALN $\alpha = .90$, for IA $\alpha = .78$,

for EGC α = .78 and for SI α = .79 (Bell, 1995). High ALN scores indicate a basic lack of trust in relationships, a suspicious attitude and a tendency to social isolation. High scores are virtually never found in high functioning subjects (Bell, 1995). High IA scores indicate a high sensitivity to rejection, a tendency to long desperately for closeness, and poor toleration of separations, losses and loneliness. High functioning subjects may have elevated scores on this scale. High EGC scores indicate a tendency to perceive the existence of others only in relation to oneself, and a sense that others are to be manipulated for own self-centered aims. High SI scores indicate shyness, nervousness, and difficulties in making friends and in socializing. The construct validity of the scales has been established in many studies across various populations. For an overview, see Li and Bell (2008). Relevant for the current study is that the instrument distinguishes between non-clinical subjects and persons suffering from borderline and other personality disorders (Bell, Billington, Cicchetti, & Gibbons, 1988; Tramantano, Javier, & Colon, 2003) and that its scores are related to the extent of religious maturity (Hall, Brokaw, Edwards, & Pike, 1998). At first assessment, internal consistency of the scales, as indicated by Cronbach's alpha and computed for both groups together, was fair for one scale and poor for three scales. This was also the case for the reliabilities in the second assessment (see also Table 2).

Religious salience. Religious salience was assessed by means of the sum score of five items with a five-point Likert scale regarding five question about how important the participants' faith or life philosophy is in their own life. Cronbach's alpha in this study was 0.86, which is good.

Data Analysis

Main analyses were conducted on the OQ-total score and on aggregated total scores for the ATGR, QGR and BORI scales. For the ATGR, QGR, and BORI scales, according to the guidelines of Beurs, Flens, and Williams (2019); de Beurs et al. (2016), we converted all scores to T-scores, based on the mean and distribution of scores of the nonpatient group of our research project (Stulp et al., 2020; Stulp, Koelen, et al., 2019a).

To determine whether a change in scores was reliable and clinically significant, 95% reliability intervals for the changes were determined, based on the reliability of the measure in the first assessment and on the mean and distribution of scores of this patient group and a comparison group of non-patients (Stulp, Koelen, et al., 2019a). Cut-off points and reliable change indexes for the separate and the aggregated scales were determined, based on the formulas of Jacobson and Truax (1991). The reliable change indexes of the ATGR scales were based on the Intra-Class Correlation Coefficients of the first assessment. The reliable change indexes of the BORI scales were bases on the Cronbach's alpha's reported in the manual (Bell, 1995). The reliable change indexes were also used to determine the width of the band of uncertainty

around the clinical significance cutoff score. For patients with scores that fell within this band, their status after treatment could not be determined with 95% certainty and is therefore labeled 'uncertain'. For the OQ clinician scales, reliable change indexes and clinical significance could not be established because there were no data for a functional group to compare scores with.

Paired samples *t* tests were applied to examine if -on group level- mean scores of first and second assessment significantly differed. Effect sizes were calculated using Cohen's *d*, $(t/\sqrt{N})$, applying his rule of thumb that *d*'s of 0.20 are small, 0.50 medium and 0.80 large.

Next, we reported for each scale the percentages of patients that could be classified as recovered, improved, unchanged, deteriorated, or uncertain. For the self-report OQ scales, scores of the first and second assessment were compared with the cut-off values and the reliable change indexes for each scale for the Dutch version of the OQ (De Jong et al., 2007), to determine the percentage of scores in the dysfunctional (clinical) range, and whether a change exceeded the number of points a patient should improve to consider it a reliable improvement.

On the aggregated scales two-wave two-variables (2W2V) cross-lagged regression analyses (Rogosa, 1980) were conducted to examine the changes on the scales and their associations, and to get indications for the causal predominance of the changes. Two-step hierarchical regression analyses were applied as described by Dalecki and Willits (1991). Basic assumptions of regression analyses were checked. To examine whether changes on the God representation scores were associated with religious salience as a potential confounder, we conducted another series of two-step hierarchical regression analyses.

Results

Changes in Distress, God Representations and Object-Relational Functioning

Paired samples t tests showed that patients scored significantly lower at the end of the treatment program than at the start on the OQ-total scale, $t(36) = 3.299$, $p = .002$, and on the OQ-clinician scale, $t(36) = 4.786$, $p = <.001$, indicating diminished distress. The effect sizes of these changes were respectively medium ($d = 0.54$) and nearly large ($d = 0.79$). No significant differences were found on the BORI total scale, $t\ (36) = 1.685$, $p = .101$, on the ATGR total scale, $t\ (36) = -.956$, $p = .346$, and on the QGR total scale, $t\ (36) = -1.406$, $p = .168$. See also Table 3.

Table 3. *Differences Between Mean Scores on Aggregated Scales*

Aggre-gated Scales	Mean t1	Mean t2	*Sd* t1	*Sd* t2	*r* t1-t2	Sig.	Paired samples *t* test Mean	Sd	*t*	df	Sig.	Co-hen's *d*
OQ	95.57	85.76	17.10	25.35	**.70**	.000	9.81	18.09	**3.299**	36	.002	0.54
OQcl	96.75	81.35	20.39	16.81	**.46**	.004	15.41	19.58	**4.786**	36	.000	0.79
BORI	71.58	68.91	11.54	13.26	**.70**	.000	2.68	9.67	1.685	36	.101	0.27
ATGR	42.86	44.33	8.66	8.69	**.42**	.010	-1.47	9.37	-0.956	36	.346	-0.16
QGR	40.08	41.61	7.66	6.86	**.59**	.000	-1.53	6.61	-1.406	36	.168	-0.31

Note. OQcl = OQ clinician. Bold values are significant at the p = .01 level

Paired samples t tests showed highly significant changes on one of the five ATGR main scales, namely on Affect Tone person. The effect size of this change, based on Cohen's d, was large, namely -1.00 (see Table 4).

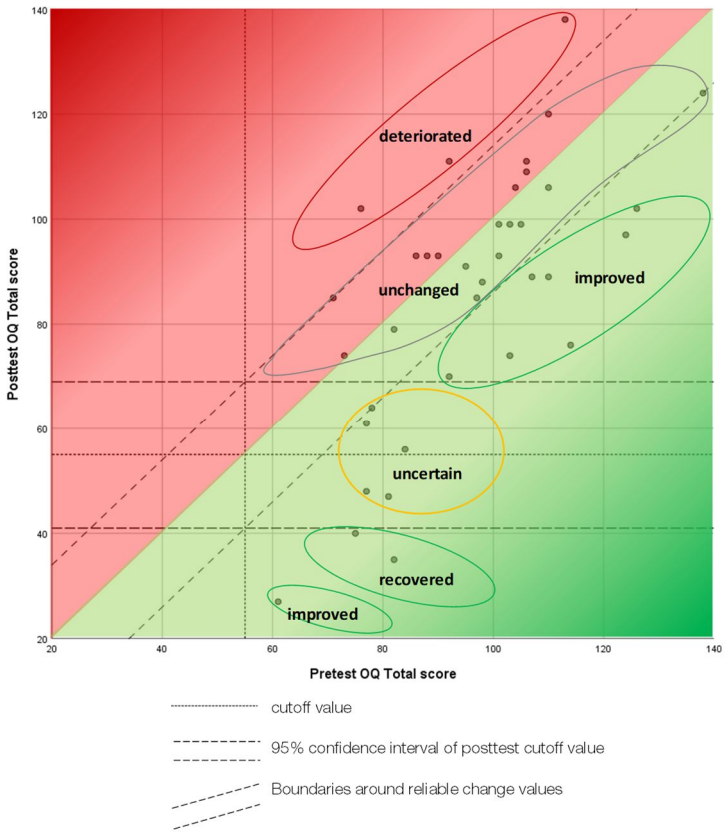


Figure 2. Reliable Change and Clinical Significance of OQ Total scores

Table 4. *Differences Between Scores on t1 and t2 for the ATGR Scales*

ATGR scale	First Assessment (t1)		Second Assessment (t2)		Associations t1 with (t2-t1)		Paired samples *t* tests							
									CI 95%					
	M	sd	M	sd	*r*	*p*	M	sd	Lower	Upper	*t*	*df*	*p*	Cohen's *d*
Complexity	3.19	0.41	3.05	0.46	-.57**	.000	0.14	0.54	-0.04	0.32	1.57	36	.125	0.26
Affect tone character	3.61	0.29	3.58	0.31	-.50*	.002	0.03	0.32	-0.77	0.14	0.59	36	.562	**0.10**
Affect Tone person	3.84	0.50	4.23	0.36	-.71**	.000	-0.39	0.39	-0.53	-0.26	**-6.09****	36	<.001	**-1.00**
Investment	2.92	0.28	2.92	0.24	-.31	.067	0.00	0.34	-0.12	0.11	0.08	36	.938	0.01
Agency	2.22	0.72	2.42	0.71	-.59**	.000	-0.20	0.83	-0.48	0.07	-1.50	36	.142	-0.25

NOTE. * = p < .01; ** = p < .001

Table 5. *Classifications of Patients After Treatment on the Study Variables*

	recovered	improved	Unchanged	deteriorated	uncertain
OQ-Total	5%	22%	51%	8%	14%
OQcl-Total	0%	43%	35%	3%	19%
ATGR-Total	0%	8%	51%	16%	24%
QGR-Total	3%	5%	38%	11%	43%
BORI-Total	3%	0%	51%	8%	38%

Whether or not the mean scale scores are improved is not very relevant for the validity of the scales; it is background information that gives some indication about the general efficacy of the treatment program. More relevant for the validity are changes on an individual level; are there individual differences in changes in God representations, and are they related to changes in distress and object-relational functioning? In Figure 2 the changes on explicit distress are plotted, and the figure also shows how the distribution of patients on the various categories (improved, deteriorated, etc.) was determined. The data of Table 5 and Table 6 are derived from these type of plots. As Table 5 shows, on OQ total 27% of the patients had clinically significant improvement, against 8% that deteriorated. On OQcl total, 43% of the patients showed clinically significant improvement, and only 3% deteriorated. On ATGR-total, QGR-total and BORI-total, however, more patients deteriorated than improved, and percentages of improved and recovered patients are much lower than for the distress scales. This is related to the much larger proportion of patients of which change on these scales could not be established with 95% certainty. Table 6 shows the classification of patients on the specific ATGR scales.

Table 6. Changes On Specific God Representation Scales

	recovered	improved	unchanged	deteriorated	uncertain
Complexity	5%	3%	14%	27%	51%
Affect Tone person	8%	0%	14%	0%	78%
Affect Tone character	3%	0%	11%	8%	78%
Investment	3%	0%	0%	0%	97%
Agency	16%	5%	24%	8%	46%

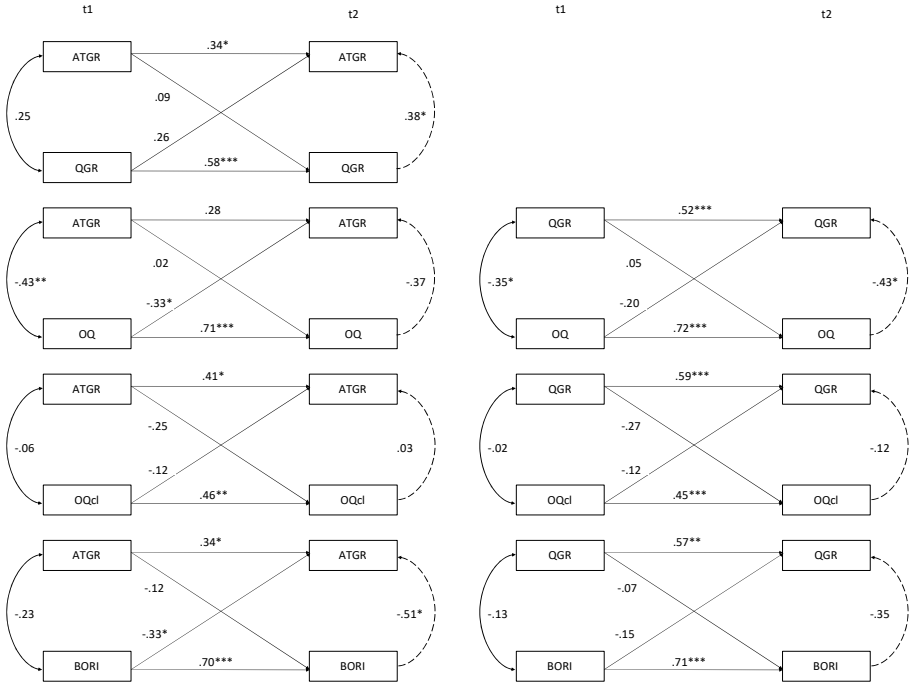
Cross-Lagged Regression Analyses

Results of the cross-lagged regression analyses are shown in Figure 3. At the start of treatment, the implicit and explicit God representations (ATGR) were significantly associated with explicit distress (OQ) only, and not with implicit distress (OQcl), explicit object-relational functioning (BORI) and explicit God representations (QGR). Explicit distress and object-relational functioning had great stability over time, whereas implicit God representations were much less stable and also less stable than explicit God representations.

With explicit distress in the model, implicit God representations at t2 were significantly predicted by explicit distress, but not by implicit God representations at t1, whereas explicit God representations at t2 were highly significantly predicted by explicit God representations but not by explicit distress at t1. With implicit distress in the model, scores on implicit and explicit God representations at t2 were significantly predicted by their scores at t1, but not by scores on implicit distress on t1. With object-

relational functioning in the model, both implicit God representations and object-relational functioning at t1 significantly predicted implicit God representations at t2, whereas explicit God representations at t2 were highly significantly predicted by explicit God representations only, and not by object-relational functioning, at t1. Implicit and explicit God representations at t1 did not significantly predict explicit or implicit distress or object-relational functioning at t2.

Controlling for functioning at t1, changes on implicit God representations could significantly be predicted by changes in explicit God representations and in object-relational functioning, but not by changes in implicit or explicit distress. Adding explicit God representations at t2 in step 2 explained a significant extra proportion of 9% of variance in implicit God representations at t2, $p = .044$. Adding object-relational functioning at t2 in step 2 explained a significant extra proportion of variance (13%) in implicit God representations at t2, $p = .011$.



The double arrows between the scales at t1 represent the correlations between the scales. The single arrows between t1 and t2 scales represent the standardized regression weights (beta's) with the two t1 scales as predictors and a t2 scale as dependent variable. The dashed arrows between the scales at t2 represent the beta's with t2 ATGR or QGR as dependent variable, and the other t2 variables plus the two t1 variables as predictors.

Figure 3. Cross-lagged regression analyses.

Controlling for functioning at t1, changes on explicit God representations were significantly predicted by changes in explicit distress, but not by changes on implicit distress and object-relational functioning. Adding explicit distress at t2 in step 2 explained a significant extra proportion of 10% of variance in explicit God representations at t2, $p = .044$.

Because two of the cross-lagged paths from the other scales to the ATGR, but none of the cross-lagged paths from the ATGR to the other scales were significant, the models suggest the causal predominance of (changes in) object-relational functioning on (changes in) implicit God representations. None of the cross-lagged paths from the other scales to the QGR were significant.

To examine if changes on implicit God representation scores were associated with religious salience, another series of five two-step hierarchical regression analyses was conducted. None of the ATGR scales was significantly associated with religious salience.

Discussion

In this validation study we assumed, based on theory and previous research, that changes in God representations at the end of treatment would be significantly associated with changes in distress and in interpersonal functioning. More specifically, we expected that (a) implicitly assessed God representation would be improved at the end of the treatment program, and (b), that changes in implicitly assessed God representations would be associated with changes in explicit God representations, several aspects of distress (the OQ, the OQcl), and self-reported object-relational functioning (BORI). Our first expectation was partly confirmed: on one of the five main scales of the ATGR, scores were significantly improved. Our second expectation was also partly confirmed: changes in implicit God representations were significantly associated with changes in self-reported God representations and object-relational functioning, but not with implicitly or explicitly measured distress. This sensitivity for changes corroborates the longitudinal construct validity of the ATGR. Moreover, the findings demonstrate incremental validity of the implicit ATGR over the explicit QGR by showing that changes in the implicit ATGR scores, but not changes in the explicit QGR were associated with changes in object-relational functioning

Changes in God Representation Scales

On one ATGR scale (Affect Tone person), the average group score significantly improved, with a large effect size, from start to end of treatment. This is an important finding, because although some other studies (Kerlin, 2017; Mohammadi et al., 2017; Monroe & Jankowski, 2016) also reported large effect sizes for changes in God representations, all of these studies used self-report measures that are susceptible to social

desirability and doctrine effects. On the other hand, this ATGR scale is not -like the Affect Tone character and the other ATGR scales—an *indirect* measure and is therefore also more susceptible for social desirability and doctrine effects.

However, despite the observed significant change with a large effect size on group level, when handling rather strict criteria for clinically significant change by applying the formula of Jacobson and Truax (1991), on individual level only 8% of the patients had clinically significant changes on this God representation scale.

Associations Between Changes in God Representations and Changes in Distress

Results indicated that changes in implicit God representations were hardly associated with changes in distress, although God representations in general are clearly associated with well-being and distress (Stulp, Koelen, Schep-Akkerman, et al., 2019), also in the sample of the present study (Stulp, Koelen, et al., 2019a). On group level, there was a significant decrease, with medium effect size, in experienced distress, but the high percentage of OQ scores that remained in the clinical range (80%) indicates that most patients still suffer greatly from their problems, and therefore changes in most aspects of God representations may have been too weak to significantly lower distress, or vice versa. Another explanation may be that changes in God representations have delayed effects on well-being/distress. Hall (2007) refers to a crucial phase in the spiritual transformation phase with respect to patients' implicit knowledge of themselves, God and others: the incubation phase. On a deep, unconscious level, new insights about their experiences develop, new story lines are developed about who they are with and to God and others. It is unknown how this process works, but, according to Hall, it is followed by illumination; a sudden and new conscious awareness. In a therapeutic program that predominantly focusses on the self in relationship with others, it is plausible that changes in God representations, although in process, are yet still less integrated in a patient's daily life than changes in interpersonal representations.

The significant change on group level in average Affect Tone person score indicates that on the explicit level many patients may experience more positive feelings towards God after treatment than at the start of their treatment, whereas this was not the case for the other (implicit) ATGR scales or for the explicit QGR scales. Changes in explicit distress were not significantly associated with changes in the aggregated scale for implicit God representations, but they were associated with changes in explicit God representations. Therefore, the increased positivity towards God, as measured by this more explicit ATGR scale, may be influenced by social desirability effects, that may even be enhanced by the face-to-face assessment of the ATGR, which may explain why only on this scale, and not on the other implicit or explicit God representation scales, significant improvement occurred.

Differences between explicit and implicit distress in strength of associations with implicit God representations. We also examined whether changes in implicit God representations would be more strongly associated with implicit than with explicit measures of distress, which would provide additional evidence of the implicitness of the ATGR scales. However, none of the changes on the OQcl total scale was significantly associated with changes on any of the implicit God representation scales. Also, the average clinicians' rating of patients' distress at the start of the treatment was higher than the average patients' rating, whereas at the end of the program the average clinicians' rating of patients' distress was lower than the average patients' rating. Perhaps this may be attributed to an allegiance effect for clinicians, leading them to believe the therapeutic effects of their efforts to be larger than they actually were, according to the patients. Allegiance effects for researchers are well-known, but for clinicians they are, although just as plausible, hardly acknowledged and examined (Boccaccini, Marcus, & Murrie, 2017).

Associations Between Changes in God Representations and Changes in Object-relational functioning

Changes in implicit God representations were significantly associated with changes in object-relational functioning. Although it might be tempting to assume that the found changes were caused by the therapeutic program, due to the absence of a control group, our research design does not allow for this conclusion. Neither do the results conclusively inform us about the causal direction of associations between changes. Theoretically, it seems most logical to assume that the treatment program, by focusing predominantly on more positive view of self and others, directly influenced object-relational functioning, and that changes in that domain affected God representations. The results of the cross-lagged analyses hint in this direction. Although the examination of this association falls outside the scope of this article, we did some ad hoc analyses that showed that the associations between changes on all four dimensions of object-relational functioning and changes in distress were highly significant, undergirding the more central role of interpersonal representations.

Clinical Implications

Results of this study demonstrate that changes in object-relational functioning are related to changes in implicit God representations. It might be interesting to examine if a stronger therapeutic focus on (changing) implicit God representations might be helpful and perhaps also forms an additional entry to a change of views of self and others, and to enhanced well-being. Assessing God representations at the start of the treatment program, setting treatment goals for developing more positive God representations and systematically integrating religious interventions might be beneficial,

especially for patients who clearly have additional distress caused by religious struggles (Exline, 2013). Of course this should be done in consultation with the patients, carefully and with respect for their doctrinal beliefs.

Limitations and Future Directions

We consider it a strength of this study that we looked in detail at the association between changes in God representations in parallel with changes in object-relational functioning of people and changes in distress. However, the study also has several limitations, which need to be taken into account when interpreting the results. A first limitation is the small sample size, that has resulted in lack of power to significantly identify potentially existing, but weaker associations between changes in God representations and changes in distress. A second limitation is the observational design. Without a control group, nothing can be concluded about the cause of the found changes in the variables of this study. A third limitation is that the GAF score, the implicit distress measure that on the first assessment had stronger associations with the implicit than with the explicit God representation scales (Stulp, Koelen, et al., 2019a), was not assessed on the second assessment. Moreover, no implicit measures of object-relational functioning were available for the second assessment. A fourth limitation is the absence of a follow-up assessment after, for example, three or six months, to examine potential delayed associations between changes in God representation and changes in distress. A fifth limitation is the limited focus of the OQ measure on symptoms and functioning; it is plausible that changes in implicit God representations are more strongly associated with changes on a deeper level, that could have been assessed with measures of for example meaning and purpose, hope, optimism, religious or existential well-being or worldview. A sixth limitation is that the treatment program of the patients of this study did not use a manualized protocol for religious interventions.

Future research into changes in implicit God representations should incorporate the above-mentioned measures that were not used in this study and should do a follow-up assessment. It is also important that randomized clinical trials about the effects of religious and not-religious interventions on God representations, well-being and distress, and relational functioning are conducted.

All in all, this study clearly demonstrated that changes in object-relational functioning (that were highly significantly associated with changes in distress) were also significantly associated with implicitly measured God representations. Hopefully, future research will reveal more about the effects of therapeutically influencing God representations and about its effects on mental health.

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Chapter 8.

Summary and Discussion

Introduction

Research has shown that religiosity/spirituality is predominantly positively related to well-being and mental health (Koenig, King, & Benner Carson, 2012; Koenig, McCullough, & Larson, 2001), and the way religious people perceive and experience their personal relationship with God might be a key factor in this association (Davis, Granqvist, & Sharp, 2018). However, studies on the association between mental health and religiosity suffer from the fact that there are no well-validated implicit measures of God representations (Sharp et al., 2019). Such measures are urgently needed, because —in line with object-relations and attachment theory— God representations are for an important part thought to be determined by implicit processes, governed by schemas that are developed in early childhood, under the influence of experiences with important caregivers (Hall, Fujikawa, Halcrow, Hill, & Delaney, 2009; Hall & Fujikawa, 2013). Besides, existing assessment measures have not been validated in patient groups. This is important because many forms of psychopathology, especially personality disorders, are characterized by disturbed views of self and others (Livesley, 1998). Because God representations can be considered as a special type of self-object representations (Brokaw & Edwards, 1994; Jones, 2008; Rizzuto, 1979), a high level of psychopathology may also influence inner representations of the self in relation with God.

Most studies in this domain have used self-reported representations of God. These self-reports are in fact explicit measures of God representations. However, there is less knowledge about implicit God representations, and about the way they relate to explicit God representations.

This thesis reports on a series of studies on the validity and reliability of a newly constructed instrument to assess implicit representations of God: the Apperception Test God Representations (ATGR). This test is comparable to the Thematic Apperception Test (Murray, 1943), where participants are requested to tell stories about various pictures. The scoring of the ATGR narratives is based on the TAT scoring system originally developed by Westen (1985): the Social Cognition and Object Relations Scale (SCORS) The SCORS scale *Complexity of Representations of People* was adapted to the ATGR scale *Complexity of Representations of God*; the SCORS scale *Affect Tone of Relationships Paradigma's* was adapted to the ATGR scales *Affect Tone of the relationship with God*, scored for *character* of the narrative and for respondent; *person*), the SCORS scale *Capacity for Emotion Investment in Relationships and Moral Standards* was adapted to the ATGR scale *Emotional Investment in the relationship with God*, and the SCORS scale *Understanding of Social Causality*

was adapted to the ATGR scale *Agency of God*. Beside these scales, we also developed some experimental scales to assess implicit attachment to God: God as a safe haven, God as a secure base, and the composite Attachment to God (overall) scale.

The main aims of the present studies were 1) to examine the associations between God representations in general and psychological functioning, in order to get more insight into the relevance of God representations within mental health, and 2) to describe the construction, reliability and validity of this newly developed measure of implicit God representations.

Aims of the several studies and research questions

Aim 1: Examining the associations between God representations and psychological functioning:

1. Do measures of God representations in general have stronger associations with well-being and distress than more general or behavioral measures of religiosity/spirituality?
2. Are God representations in general associated with indicators of interpersonal functioning as conceptualized by object-relations and attachment theory?

Aim 2: Describing the construction, reliability and validity of the ATGR:

3. What is the reliability of the ATGR?
4. What is the validity of the ATGR?
5. Is the ATGR sensitive to changes in God representations after treatment and are these changes associated with changes in distress and relational functioning?

Main Findings of the Thesis Study

The first aim of the thesis — examining the associations between God representations in general and psychological functioning— with the corresponding research questions (1 and 2), is addressed in the first article. This article contains results of a meta –analysis demonstrating that God representations are associated with well-being and distress. Positive God representations were more strongly associated with well-being than with distress, and negative God representations were more strongly associated with distress than with well-being. God representations were also moderately associated with view of self, view of others, and neuroticism as an indicator of affect-regulation. Moreover, the results corroborated the idea that God representations are a special form of object-relational functioning and of attachment relations.

The second aim of the thesis — describing the construction, reliability and validity of the ATGR— is addressed in the remaining five articles. Research questions 3 and

4 (reliability and validity of the ATGR) are addressed in article 2-5, and research question 5 (sensitivity to change) is addressed in article 6.

In the second article we demonstrated that the interrater reliability for scoring the SCORS based ATGR scales was sufficient for all but two scales. As expected, patients scored less favorable than nonpatients on most of the implicit God representation scales. In the nonpatient group, the implicitly measured God representation scales were hardly associated with explicitly measured distress, whereas in the patient group these associations were much stronger, and even stronger than the associations between the explicit God representation (as assessed with the Questionnaire God Representations, (GQR, Jonker, 2008) and explicitly measured distress. Our most important expectation, tested in the patient group only —that the implicit God representation scales were associated more strongly than the explicit God representation scales with implicit measures of distress— was only confirmed with respect to the clinician rated DSM-IV Global Assessment Scale, but not for the clinician rated Outcome Questionnaire (OQ45-II)

In the third article we examined the reliability and validity of the experimental attachment-theory based scales of the ATGR. Besides a composite overall Attachment to God scale, we examined two specific subscales, i.e. the (God as) Safe Haven subscale, and the (God as) Secure Base subscale. The interrater reliability per couple of scorers of the composite Attachment to God scale ranged from good to excellent (0.83-0.90). The patient group scored —as expected— significantly lower (less favorable) on the Safe Haven subscale than the nonpatient group. Results did not confirm our most important expectation: in the clinical group overall the implicit attachment to God measures were not (as expected) more strongly than the two explicit attachment to God measures associated with implicit measures of distress. In the nonpatient group only, the implicit attachment to God measures were, as expected, to a lesser extent associated with explicit distress than the explicit attachment to God measures. In the patient group, the implicit distress measures that specifically focus on interpersonal functioning were more strongly associated with implicit than with explicit attachment to God measures. Results suggest that the attachment-theory based ATGR scales validly measure the Safe Haven function of attachment to God, especially with regard to Avoidant attachment to God. The evidence for the validity of the used operationalization of Anxious attachment to God and of the Secure Base function was much weaker.

In the fourth article we examined the validity of the ATGR scales by comparing associations of implicit God representations with well-validated implicit and explicit measures of object-relational functioning (OR) with the associations between explicit God representations and implicit and explicit OR measures. In the nonpatient group, as expected, all same method associations were stronger than all mixed method

associations. In the patient group, however, the implicit God representations showed stronger associations with both implicit as well as explicit OR-measures than the explicit God representation scales. In both groups, implicit measures of complexity of representations of people were related to various aspects of God representations. Finally, in the patient group the implicit God representations were in particular associated with enduring frustrations in interpersonal relationships and to a lesser extent with understanding of social causality, whereas in the nonpatient group the reverse was true.

In the fifth article we further examined the validity of the ATGR scales by comparing the associations with an explicit measure of personality functioning, the Severity Index of Personality Pathology (SIPP) with associations found between explicit God representation scales and scales of the SIPP. Results confirmed our expectations: in the nonpatient group the explicit God representation scales were associated much more strongly with explicitly measured personality functioning than the implicit God representation scales. Although in the patient group the size of the correlations between the implicit God representations and the SIPP scales was comparable to the size of the correlations between the explicitly assessed God representations and the SIPP scales, the number of SIPP scales that showed significant correlations with the ATGR scales was larger than the number of SIPP scales that correlated significantly with the explicit Questionnaire God Representations.

The significant correlations of aspects of implicit God representations with specific personality scales corroborated the construct validity of the ATGR scales: the complexity of God representations was associated with purposefulness, the affect tone of relationship with God was associated with personality scales that focus on the self: identity integration and self-control; emotional investment in the relationship with God was associated with personality scales that focus on the relationship with others: relational capacities and responsibility; and the attribution of agency to God was associated with the personality scale that assesses self-control.

In article 6 we report results of a study pertaining to the sensitivity to change of the ATGR scales in the patient group, by comparing its scores before and after a 9 to 12 month psychotherapy program and by examining associations with changes in implicitly and explicitly measured distress and explicitly measured object-relational functioning. A change in mean group scores on the aggregated explicit distress scale indicated significantly improved functioning, with medium to (nearly) large effect sizes. No significant changes were found in mean group scores on the aggregated implicit God representations and object-relational functioning scales. On single ATGR scale level, there was a significant increase over time in positive feelings towards God, with large effect sizes. Changes in God representations were, against expectations, not associated with changes in explicitly or implicitly measured distress, but —as expected— they were significantly associated with changes in explicit object-relational functio-

ning. The results of cross-lagged analyses suggested that interpersonal representations affected God representations more than vice versa.

Discussion

The present study aimed at validating a performance based measure for assessing implicit God representations. We found that a first requisite for validity, the interrater reliability, was sufficient. For validation we examined associations between God representations and distress, object-relational functioning and personality functioning in a nonpatient and in a patient group. God representations and object-relational functioning were in both groups assessed both implicitly as well as explicitly. In the nonclinical group, distress was assessed with self-report only. In both groups, personality functioning was assessed with self-report only.

It was hypothesized 1) that in both groups same-method correlations would be stronger than mixed-method correlations, 2) that patients would score significantly lower than non-patients on the implicit God representations scales 3) that the correlations between implicit and explicit measures would be stronger in the nonpatient than in the patient group, 4) that implicit God representations would have meaningful associations with implicitly and explicitly measured object-relational functioning and distress, and with explicitly measured personality functioning, and 5) that changes in implicit God representations would be associated with changes in implicit and explicit distress and with explicitly measured object-relational functioning.

Hypothesis 1.

In the nonpatient group same-method correlations between God representations and object-relational functioning were stronger than mixed-method correlations, and the explicit God representations were more strongly than the implicit God representations associated with explicitly measured distress. Likewise, among patients, the implicit God representations were more strongly than the explicit God representation associated with implicit object-relational functioning and with one of the implicit distress measures. Contrary to expectations, among patients, but not among nonpatients, implicitly assessed God representations showed stronger associations with explicit measures of distress, object-relational and personality functioning than the explicit God representations.

Hypothesis 2.

As expected, the mean scores of the patient group on most ATGR scales were significantly lower than those of the nonpatient group.

Table 1. *Summary of Significant Differences and Associations of the Study's Main Variables*

		Implicit God representations: ATGR scales					
		Complexity	**Affect Tone character**	**Affect Tone person**	**Investment**	**Agency**	**Attachment to God**
t test difference NP-P		*** NP > P		*** NP > P	*** NP > P	*** NP > P	* NP > P
t test difference patients t1-t2				* t1 < t2			
Explicit God Representations							
QGR	NP	Positive feelings*	Ruling/Punishing*	Positive feelings* Anxiety* Supportive actions** Ruling/punishing*			Ruling/Punishing*
	P	Supportive actions*	Positive feelings* Anger** Supportive actions*	Positive feelings* Anger** Supportive actions**	Anxiety* Supportive actions**		Positive feelings* Anxiety* Anger** Supportive actions*** Passivity**
Explicit Attachment to God							
AGI	NP						
	P		Anxiety*				
Explicit distress							
OQ	NP						
	P	Symptom distress** Anxiety/Somatic distress* Total scale**	Interpersonal relations* Social role* Symptom distress* Total scale**	Social role**	Symptom distress* Total scale*	Total scale*	Interpersonal relations** Social role** Symptom distress* Total scale**
Implicit distress							
OQcl/ GAF	P	Global assessment of functioning*				Global assessment of functioning*	Interpersonal relations*

Table 1 (Continued).

		Implicit God representations: ATGR scales					
		Complexity	Affect Tone character	Affect Tone person	Investment	Agency	Attachment to God
Explicit object-relation functioning							
BORI	NP	Insecure attachment* Social inadequacy*					
	P		Insecure attachment*$^{\Delta}$ Egocentricity$^{\Delta}$ Social inadequacy$^{\Delta}$ Total scale*	Social inadequacy$^{\Delta}$	Alienation**$^{\Delta}$ Egocentricity**$^{\Delta}$ Total scale**	Egocentricity$^{\Delta}$ Total scale*	Social inadequacy$^{\Delta}$
Implicit object-relation functioning							
SCORS	NP		Complexity of representations* Social causality*		Complexity of representations* Social causality**	Complexity of representations* Social causality** Emotional investment*	Complexity of representations*** Social causality***
	P	Complexity of representations** Emotional investment**	Emotional investment*		Complexity of representations**	Complexity of representations** Emotional investment**	Complexity of representations** Social causality* Emotional investment**
Explicit Personality Functioning							
SIPP-Domain	NP						
	P		Self-control* Identity*** Responsibility*	Social Concordance*	Relation* Responsibility*	Self-control*	Self-control* Identity*

Note. *= $p \leq .05$; **= $p \leq .01$; *** = $p \leq .001$; $^{\Delta}$= significant association ($p \leq .05$) between changes in both scales; NP = nonpatient group; P = patient group

Hypothesis 3.

Contrary to what was expected, correlations between implicit and explicit God representations were stronger in de patient group than in the nonpatient group.

Hypothesis 4.

In the patient group, the Attachment to God measures were, as to be expected, more strongly associated with distress related to interpersonal and social role functioning than with symptomatic distress, anxiety or psychosomatic distress. Meaningful patterns of correlations between SCORS-based God representation scales and aspects of explicitly measured personality functioning in the patient group corroborated the validity of the ATGR scales. See also Table 1 for an overview of significant differences and associations.

Hypothesis 5.

Contrary to expectations, changes in implicit God representations were not associated with changes in implicitly and explicitly measured distress. In line with expectations, changes in implicit God representations were significantly associated with changes in explicitly measured object-relational functioning

Because of differences between the patient and the nonpatient group in patterns of correlations, results will be discussed for both groups separately.

Validity of the ATGR in the nonpatient group

The preliminary evidence of this study indicates that the ATGR reliably and validly assesses implicit aspects of God representations in the nonpatient group. The significant associations of the ATGR with implicit, but not with explicit object-relational functioning are an indication for convergent and divergent validity as aspects of its construct validity in this group. Scores of non-patients on most scales (except the Affect Tone character scale) differed significantly from scores of patients, which contributes to the concurrent validity as an aspect of the criterion validity of the ATGR

Although correspondence between implicit and explicit God representations was viewed as a characteristic of nonpatients, in the nonpatient group the implicit God representations were hardly associated with explicit God representation measures. They were, as predicted, also hardly associated with explicitly measured personality functioning and distress. We had no measure for implicit distress in this group. Results indicate that in the nonpatient group implicit God representations remain relatively detached from self-reported daily functioning and from the person's mood or conscious view of him or herself.

The findings in the nonpatient group may partly be explained by the phenomenon of same-method variance, implying that associations between explicit God

representations and explicit psychological functioning may have been inflated by factors such as social desirability and doctrine effects (Tehseen, Ramayah, & Sajilan, 2017), to which especially self-reports are very susceptible. Results among nonpatients are in line with the general notion that implicit and explicit measures of comparable constructs (as e.g. attachment style) are hardly associated (Roisman et al., 2007).

On the other hand, the relatively strong associations between explicit God representations and explicit measures of psychological functioning in the nonpatient group do reflect that religious people derive confidence in self and others from a perceived positive relationship with God, and vice versa, as results of our meta-analysis also demonstrate. Therefore, for nonpatients the assessment of God representations with explicit measures is certainly useful and seems to tap aspects of perceived psychological functioning, related to experienced wellbeing and personality functioning.

In this group implicitly measured complexity of representations of others and understanding of social causality were significantly associated with most aspects of implicit God representations, but not with any of the explicit God representation measures. We assume that these significant correlations reflect real associations that cannot be explained away by same-method effects. Therefore explicit measures of representations of self, others and God may not adequately reflect underlying less conscious vulnerabilities in this group. They might fail to predict how a person would function under pressure and whether he or she could still derive strength from the relationship with God. This implies that measurement of implicit God representations besides explicit God representations could be a valuable addition for non-patients.

Validity of the ATGR in the patient group

There are various indications for the convergent/divergent and longitudinal validity as aspects of the construct validity of the ATGR scales. However, there were also results that contradicted our expectations. In our discussion of the results we look for reasonable explanations of the contradictory findings. This especially regards the stronger associations between implicit and explicit measures in the patient group.

We hypothesized that the correlations between implicit and explicit measures would be stronger in the nonpatient than in the patient group, based on the notion that especially persons with personality pathology are known for a general lack of self-insight (Eurelings-Bontekoe, Luyten, Remijsen, & Koelen, 2010; Shedler, Mayman, & Manis, 1993) and that correspondence between implicit and explicit God representations as an indication of integration, is considered to be healthier. However, the reverse was true: in the patient group, the implicit God representations measures were as strong as or stronger than the explicit God representation measures associated with explicitly measured object-relational and personality functioning, and the implicit

God representations were more strongly than in the nonpatient group associated with explicit God representations.

One potential explanation for the stronger associations between implicit and explicit measures in the patient group might be that among patients implicit representations might invade explicit awareness more, and might be less suppressed than in the nonpatient group. Hall and Fujikawa (2013) stress the importance of (differences in) correspondence, or, as they name it, *integration*, between implicit and explicit God representations, but they do not assume a general relation between integration and healthiness. They suggest that a person's attachment style may predict the extent and type of discrepancy/integration between explicit and implicit God representations. They expect (the greatest) discrepancies for people with a dismissing (avoidant) attachment style, because these persons use overregulation of negative affect, and therefore have less access to their implicit, internal world. Interestingly, Dozier and Kobak (1992) found that subjects that used deactivating strategies in the Adult Attachment Interview showed increases in physiological distress (skin conductance) when they had to answer questions regarding separation from caregivers. These results imply that the conscious expression of attachment related distress and the implicit experience thereof are decoupled among persons with deactivating strategies. More correspondence is expected for anxious attached persons, who would have both negative implicit and explicit God representations because they are easily flooded by negative emotions about others and themselves. This implies that Hall and Fujikawa simply define 'integration' as 'correspondence between implicit and explicit levels, despite their content. We would prefer not to use the term 'integration' for situations when negative implicit representations invade or overwhelm also existing more positive explicit representations. To us this seems to be more a 'lack of healthy differentiation' between the two levels. Based on the results of our study, we are now more prone to say that the extent of healthy integration cannot be derived from the extent of correspondence between implicit and explicit God representations at all, because weaker correspondence may mean that implicit negative aspects of God representations are suppressed (as could have been the case in the nonpatient group), and stronger correspondence may imply that explicit positive God representations are overwhelmed by implicit negative God representations, as in the patient group. Perhaps it is better to reserve the term integration for the integration of positive and negative aspects of God representations, as emphasized by object-relations theory. During child development, representations of self and others become increasingly complex and integrated, implying that positive and negative aspects of self or others can be experienced simultaneously, without the need to split representations. This type of integration is assessed by the ATGR scale Complexity of God representations and our results demonstrated that the patients had significantly more difficulties with integration and differentiation than the nonpatients, and that these difficulties were also associated with

(implicitly measured) complexity of interpersonal representations as assessed with the SCORS.

In line with the explanation of implicit representations overwhelming the explicit representations, the generally stronger association between implicit and explicit measures in the patient group may also suggest a diminished influence of potential social desirability and doctrine effects on the explicit measures.

Other research on the associations between God images, personality and distress also found different patterns among patients and nonpatients. Schaap-Jonker, Eurelings-Bontekoe, Verhagen, and Zock (2002) found that in a group of 46 patients, the associations between explicitly measured God representations and distress could be fully explained by personality pathology, whereas Eurelings-Bontekoe, Hekman-Van Steeg, and Verschuur (2005) found that among nonpatients personality was a less important moderator of the association between (explicitly measured) God representations and psychological distress than religious culture. Stable persons could keep their God representations free from the potentially negative influence of psychological distress. Another interesting finding in this respect is that for nonpatient orthodox Christians, their belief in a judgmental/punishing God was unrelated to anxiety and even related to positive feelings about God, whereas orthodox psychiatric patients that believed in a punishing God were more anxious (Jonker, 2007). In the same line, Schaap-Jonker, van der Velde, Eurelings-Bontekoe, and Corveleyn (2017) found a combination of scores on God representation scales that was present in the patient group only, a profile they named "the 'Negative-Authoritarian' type of God image, characterized by anxious and/or angry feelings towards God and viewing God as ruling and punishing. All these findings corroborate the findings of this thesis that psychopathology is associated with more negative God representations and modifies the associations between on the one hand implicit God representations and on the other hand explicit God representations, implicit and explicit distress and object-relational functioning, and explicitly measured personality functioning.

The finding that associations between various psychological and religious variables are much stronger in the patient group than in the nonpatient group, parallels one aspect of the network perspective on psychopathology of Borsboom and Cramer (2013), when they assume that in the development of psychopathology various clusters of symptoms that initially function relatively independently, start to affect each other in such a way that the system of the person cannot adapt anymore and collapses. This phenomenon is called hysteresis: some trigger events cross a certain threshold and bring the system so strongly out of its equilibrium that it does not quickly and automatically return to its former state, thereby losing its resilience. In the absence of psychopathology, they call the principles that cause these interactions between symptoms dormant or dispositional. However, Borsboom and Cramer try to explain associations between overt psychopathology symptoms, emphatically excluding latent

variables, which seems contradictory to our assumption that implicit representations play an important role in the manifestation of psychopathology.

Changes in God representations. The results of our study suggest that implicit God representations changed over time and that this change co-occurred with changes in object-relational functioning that have been an important focus of the therapeutic program. There was a significant increase over time in positive feelings towards God. Patients who reported a more positive implicit God representation after treatment, felt less insecure and anxious for rejection, and were less egocentric and less shy and hesitating in interpersonal relationships. Because the study design does not permit causal inferences, it remains to be clarified whether the changes in implicit God representations and object-relational functioning after treatment were caused by the therapeutic program.

Changes in implicit God representations were not significantly associated with changes in perceived distress. It is possible that changes in implicit God representations and changes in perceived distress do not occur simultaneously: changes in implicit God representations might be lagging behind changes in perceived distress. Moreover, the severe personality problems of the patient group might have influenced the level of distress to a greater extent than the God representations. This explanation is in line with the (already mentioned) results of Schaap-Jonker et al. (2002) who found that in a group of 46 patients, the associations between explicitly measured God representations and distress were fully mediated by personality pathology.

Taken together, the findings of the present study suggest that studies on the association between God representations and mental health should take patient status into account. Patients and nonpatients seem to show different patterns of correlations between implicit and explicit measures of God representations and implicit and explicit aspects of psychological functioning. This implies that results found in nonpatient groups cannot be generalized to patients and vice versa. We elaborate in more detail about the (clinical) implications of the results of this thesis after a discussion of its limitations.

Limitations

The results of this study should be interpreted in the context of various limitations.

First, although we assume that the psychological processes related to God representations are working for all adherents of theistic religions worldwide, the results of the Dutch protestant samples of this study may not be generalized to patients with other religions.

Second, although for a study that assessed and coded narratives (15 ATGR cards were assessed 182 times) the samples were relatively large, their size restricted the

statistical power of various statistical analyses to significantly detect small effect sizes or to compare scores of subgroups, especially the small group that was tested also after treatment.

Third, the observational design of the studies does not allow for conclusions about causal effects.

Fourth, the mixed-method design of the empirical study was not as neat and complete as we had wished and as would be preferable. In the nonpatient group no implicit distress measure was assessed and using clinicians' ratings of their patients functioning as an indication for implicit distress has not yet been studied on its validity. There was no measure available for the implicit assessment of personality functioning.

Fifth, although the implicit measure for object-relational functioning we used (SCORS, Westen, 1985) is well-validated, we derived the implicit God representation measure from this measure, which may have led to same-method variance that caused part of the associations between implicit God representations and implicit object-relational functioning. The fact that the explicit God representation measure was not an operationalization of exactly the same theoretical constructs as both the implicit God representation and the implicit object-relational functioning measures, may have influenced the results concerning the validity of the implicit God representation measure.

Sixth. Low internal consistencies of some scales of the study (one BORI scale in the nonpatient group and three BORI scales in the patient group) could have weakened the associations with implicit and explicit God representations, which in turn may have affected the comparison of the associations of both God representation measures with implicit and explicit measures of object-relational functioning.

Seventh. In some of our articles we used Multi-Dimensional Scaling, based on estimated distances between the variables in a two-dimensional space. In articles 2 and 4, we based these distances on the absolute value of the correlations. However, this approach does not yield the accuracy that can be obtained by recoding scale scores so that all scores have the same interpretation of low (negative, unhealthy) and high (positive, healthy). We used the appropriate approach in art. 3, and we also checked whether the results described in the other articles with this approach would hold. They did.

Eighth. Due to delays in this thesis project, results of the implicit measures of object-relational functioning that we also assessed after treatment in the patient group, could not be coded and analyzed in time. It would be insightful to know whether the implicit interpersonal representations also changed and whether and to which extent these changes were associated with changes in personality functioning, God representations, and distress.

Nineth. The study misses a follow-up assessment after, for example, three or six months, to examine whether changes in God representation and their associations

with distress are indeed lagging behind changes in interpersonal representations and their associations with distress, and to examine whether changes in implicit God representation are stable over a longer period of time.

A final limitation is that the distress measures in this study have a somewhat limited focus on symptoms and functioning, whereas it is plausible that changes in God representations are more strongly associated with changes on a deeper level that is not assessed with these measures.

Clinical implications

Assessment

Results show that in the clinical group the association between implicit and explicit measures of God representations is stronger than in the nonclinical group, suggesting that the use of self-report in the assessment of the God image also taps into the more implicit aspects thereof. However, among nonpatients, results of self-reports might be biased more by social desirability and doctrine, although they do reflect perceived wellbeing and personality functioning. In the clinical group we found various indications for the convergent/divergent and longitudinal aspects of the construct validity of the implicit God representation measure. Therefore, for religious patients we recommend the use of (this) implicit God representation measure(s) to enhance insight in the implicit processes that affect their personal relationship with God.

Treatment

In working with religious patients we strongly recommend to address as a standard practice God representations in assessment and treatment goals, because research, as summarized in our meta-analysis, strongly suggests that the experienced relationship with a personal god may act as an important potential source of strength and support. This is also in line with the recovery movement in psychiatry (Huguelet et al., 2016; Jong & Schaap-Jonker, 2016; Mohr et al., 2012; Roberts & Wolfson, 2004), that emphasizes that recovery from a mental illness should not only focus on the cure of symptoms, because absence of illness is not what defines health. Health is complex and has also to do with learning how to live with psychiatric problems, self-management, participating in the community despite and with psychiatric problems, focusing on personal goals and learning to develop a sense of identity and self-worth that is not totally defined by what happiness looks like in Western society, with its associations with being able to realize dreams and potential, and with being successful. In this respect, purpose and meaning in the latest decennium suddenly have become very important psychological concepts. Resilience is also an important concept, emphasizing the importance to be able to cope with illness and life circumstances. For many religious

patients, the relationship with God may therefore be a potential source for finding personal meaning and self-worth, for coping with illness and difficulties; a source for resilience.

Deteriorated God representations as part of the illness. However, the results of this study also demonstrated that the implicit God representations of the patients were significantly more negative than the implicit God representations of the nonpatients. So this potential source to strengthen the personal/existential identity was, in case of personality pathology, often less available. Clinicians should be aware of this entanglement of psychological and religious aspects on a deep, implicit, and probably difficult accessible level. In applying a recovery approach, the pitfall of only focusing on positive aspects of God (as may wrongly be inferred from a positive psychology approach) may not be very helpful, in line with Leffel's (2007a, 2007b) remarks about too simple spirituality. As our meta-analysis demonstrated, positive and negative God representations are not extremes on one and the same dimension. Explicit God representations may be susceptible to the influence of current mood. Temporarily relief, brought by for example a good conversation or sermon, may involve changes on an explicit level while leaving the implicit God representations unchanged. Change should focus on the slow process of integration of positive and negative aspects of someone's God representations, of which awareness and acceptance will be an important first step. Religious clinicians therefore should also know and accept their own (implicit) negative feelings toward God; anxiety, anger or doubt. Perhaps assessment with the ATGR could be helpful here too.

Helping patients to find purpose and meaning. Recent developments in the field of positive psychology address earlier criticism of being too individualistic and hedonistic, by emphasizing the process of finding meaning and purpose in a cultural-historical context, by giving a voice to counter stories that are not characterized by redemption after problems, and by emphasizing that personal well-being or growth may not be the ultimate goal for human beings (Westerhof, 2019). It seems that the patients in this study, due to their personality pathology, also have difficulties to invest in longer term goals that transcend the focus on symptoms, on relational frustration and (not) feeling good. Learning to base/develop a sense of personal worth on values and beliefs might be very therapeutic. More insight into negative God representations, such as achieved by this study, can contribute to increased insight in entries for psychologically based therapeutic interventions on religious content. The associations between changes in God representations and changes in perceived object-relational functioning emphasize that they entail an important factor that is also stressed by the recovery approach and that seems an important ingredient of resilience.

Therapeutic approaches. Because of the entanglement of interpersonal and God representations, for religious patients suffering from personality pathology we advocate an integrated therapeutic approach that focuses on change in both

interpersonal and God representations. A first step should be to achieve more awareness of implicit negative representations. Probably not all approaches will be equally suitable for elaborating on God representations. Mentalization based treatment, for example, relies heavily on awareness of emotional reactions to the here-and -now experiences in the patient-clinician interaction. However, various non-religious approaches have also been tailored for working with God representations, for example schema therapy (Cecero, Marmon, Beitel, Hutz, & Jones, 2004); mindfulness, (Trammel, 2018); and narrative therapy (Olson et al., 2016). Recently, art therapy as a promising additional approach for working with cluster B patients has gained some attention (Haeyen, van Hooren, van Der Veld, & Hutschemaekers, 2018). This approach integrates interventions from mentioned therapeutic schools, and we assume that its focus on imagination can be applied well to working with God representations.

Future Research

Results of this study demonstrated that in the nonpatient group the implicit God representations were significantly associated with implicit object-relational functioning, but hardly or not with explicit measures of distress, object-relational or personality functioning. It would be valuable to study whether explicit or implicit God representations best predict the support derived from religion/the relationship with God under serious life circumstances.

In this study we did not use implicit or indirect measures of personality pathology. In future research with the ATGR, it would be advisable to include such a measure, for example the STIP-5, a semi-structured interview for personality functioning (Berghuis, Hutsebaut, Kaasenbrood, De Saeger, & Ingenhoven, 2013); or the Structured Interview of Personality Organization (STIPO, Clarkin, Caligor, Stern, & Kernberg, 2004; Stern et al., 2010).

Because of the differences between nonpatient and patient group in this study, the influence of biographical factors, especially religious culture (denomination and upbringing) on the ATGR scale scores remained unclear. More research into this is needed.

It would be very insightful to conduct a randomized clinical trial, using a manualized protocol for religious interventions focusing on God representations. As outcome measures it would be preferable to assess implicit God representations with the ATGR, to include a symptoms-focused distress measure as the OQ, and —besides that—also measures of, for example, meaning and purpose, hope, optimism, religious or existential well-being or worldview.

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Chapter 9.

Samenvatting en discussie

Introductie

Onderzoeksresultaten tonen aan dat religie/spiritualiteit overwegend positief samenhangt met welbevinden en psychische gezondheid (Koenig, King, & Benner Carson, 2012; Koenig, McCullough, & Larson, 2001), en de manier waarop religieuze personen hun persoonlijke relatie met God waarnemen en ervaren kon in deze associatie wel eens een cruciale factor zijn (Davis et al, 2018). Echter, een probleem bij onderzoeken naar de associaties tussen psychische gezondheid en religiositeit is het gebrek aan goed-gevalideerde impliciete meetinstrumenten voor Godsrepresentaties (Sharp, 2019). Er is veel behoefte aan dit soort instrumenten omdat —afgeleid uit de object-relatie- en gehechtheidstheorie— verondersteld wordt dat Godsrepresentaties voor een belangrijk deel bepaald worden door impliciete processen, aangestuurd door vroeg in de ontwikkeling ontstane schema's, gevormd door ervaringen met belangrijke verzorgers (Hall et al., 2009; Hal & Fujikawa, 2013). Daarnaast zijn bestaande instrumenten niet gevalideerd in patiëntgroepen. Dit is belangrijk omdat veel psychopathologie, vooral persoonlijkheidsstoornissen, worden gekenmerkt door een verstoord beeld van zelf en anderen (Livesly, 1988). Omdat Godsrepresentaties kunnen worden beschouwd als een speciaal soort object-representaties (Brokaw & Edwards, 1994; Jones, 2008; Rizutto, 1979), kan een hoog niveau van psychopathologie ook de interne representaties van het zelf in relatie met God beïnvloeden.

De meeste onderzoeken in dit domein maakten gebruikt van zelfrapportage-instrumenten om Godsrepresentaties te meten, die daarmee te beschouwen zijn als metingen van expliciete Godsrepresentaties. Er is echter minder bekend over impliciete Godsrepresentaties en over hoe deze zich verhouden tot expliciete Godsrepresentaties.

Dit proefschrift rapporteert over een aantal studies naar de validiteit en betrouwbaarheid van een nieuw ontwikkeld instrument om impliciete Godsrepresentaties te meten: de Apperception Test God Representations (ATGR). Dit instrument is vergelijkbaar met de Thematische Apperceptie Test (TAT, Murray, 1943), waarbij respondenten wordt gevraagd om verhalen bij verschillende afbeeldingen te vertellen. De scoring van de ATGR narratieven is gebaseerd op een door Westen (1985) ontwikkeld scoresysteem voor de TAT: de Social Social Cognition and Object Relations Scale (SCORS).

De SCORS schaal *Complexiteit van mentale representaties van personen* is omgevormd naar de ATGR-schaal Complexiteit van de representaties van God; de SCORS

schaal *Affecttoon van relaties* is omgevormd naar de ATGR schaal *Affecttoon van de relatie met God*, gescoord zowel voor het karakter in het narratief (*karakter)* als voor de respondent (*persoon*), de SCORS-schaal *Emotionele investering in relaties* is omgevormd naar de ATGR schaal *Emotionele investering in de relatie met God*, en de SCORS-schaal *Inzicht in sociale causaliteit* is omgevormd naar de ATGR schaal Invloed van God (Agency). Naast deze schaal ontwikkelden we ook enkele experimentele schalen om impliciete Godsrepresentaties te meten: God als *Veilige haven*, God als *Veilige basis*, en de samengestelde *Gehechtheid aan God*-schaal.

De belangrijkste doelen van de onderzoeken waren: 1) het onderzoeken van de associaties tussen Godsrepresentaties in het algemeen en psychologisch functioneren, om meer inzicht te krijgen in de relevantie van Godsrepresentaties voor psychische gezondheid, en 2) het beschrijven van de constructie, betrouwbaarheid en validiteit van het nieuw ontwikkelde instrument om impliciete Godsbeeldrepresentaties te meten.

Doelen van de verschillende onderzoeken en onderzoeksvragen

Doel 1: Het onderzoeken van de associaties tussen Godsrepresentaties en psychologisch functioneren:

1. Hangen Godsrepresentaties in het algemeen sterker samen met welbevinden en psychologische stress dan meer algemene of gedragsmatige metingen van religiositeit/spiritualiteit?
2. Hangen Godsrepresentaties in het algemeen samen met indicatoren van interpersoonlijk functioneren zoals geconceptualiseerd in object-relaties- en gehechtheidstheorie?

Doel 2: Het beschrijven van de constructie, betrouwbaarheid en validiteit van de ATGR:

3. Wat is de betrouwbaarheid van de ATGR?
4. Wat is de validiteit van de ATGR?
5. Is de ATGR sensitief voor veranderingen in Godsrepresentaties na behandeling en hangen deze veranderingen samen met veranderingen in psychologische stress en relationeel functioneren?

Belangrijkste resultaten van de thesis

Het eerste doel van de thesis —het onderzoeken van de samenhang tussen Godsrepresentaties in het algemeen en aspecten van het psychologisch functioneren— met bijbehorende onderzoeksvragen (1 en 2) komt aan bod in het eerste artikel. Dit artikel bevat de resultaten van een meta-analyse die laat zien dat Godsrepresentaties verband houden met welbevinden en psychologische stress. Positieve Godsrepresentaties waren sterker gerelateerd aan welbevinden dan aan psychologische stress, en negatieve Godsrepresentaties waren sterker gerelateerd aan psychologische stress dan aan welbevinden. Godsrepresentaties waren ook matig gerelateerd aan zelfbeeld, aan beeld van anderen, en aan neuroticisme als een indicator voor affectregulatie. De resultaten ondersteunden het idee dat Godsrepresentaties te beschouwen zijn als een speciale vorm van object-relationeel functioneren en gehechtheidsrelaties.

Het tweede doel van de thesis —het beschrijven van de constructie, betrouwbaarheid en validiteit van de ATGR, wordt behandeld in de resterende vijf artikelen. Onderzoeksvragen 3 en 4 (betrouwbaarheid en validiteit van de ATGR) komen aan bod in artikel 2-5, en onderzoeksvraag 5 (sensitiviteit voor veranderingen) wordt behandeld in artikel 6.

In het tweede artikel lieten we zien dat de interbeoordelaarsbetrouwbaarheid voor het scoren van de op de SCORS gebaseerde ATGR-schalen voldoende was voor op twee na alle schalen. Zoals verwacht, scoorden patiënten minder gunstig dan niet-patiënten op de meeste impliciete Godrepresentatieschalen. In de niet-patiëntgroep waren de impliciet gemeten Godsrepresentaties amper gerelateerd aan expliciet gemeten psychologische stress, terwijl deze associaties in de patiëntgroep veel sterker waren, en zelfs sterker dan de associaties tussen de expliciete Godsrepresentaties (gemeten met de Vragenlijst Godsrepresentaties, VGB, Jonker, 2008) en expliciet gemeten psychologische stress.

Onze belangrijkste verwachting, alleen getest in de patiëntgroep —dat de impliciete Godsrepresentaties sterker dan de expliciete geassocieerd zouden zijn met impliciete metingen van psychologische stress— werd alleen bevestigd met betrekking tot de door behandelaars toegekende DSM-IV Global Assessment of Functioning (GAF) score, maar niet voor hun inschatting van de psychologische stress van hun patiënten aan de hand van de items van de Outcome Questionnaire (OQ-45-II).

In het derde artikel onderzochten we de betrouwbaarheid en validiteit van de experimentele, op de gehechtheidstheorie gebaseerde, ATGR-schalen. Naast een samengestelde algehele Gehechtheid aan God schaal onderzochten we twee specifieke subschalen, namelijk de (God als) Veilige Haven subschaal, en de (God als) Veilige

Basis subschaal. De interbeoordelaarsbetrouwbaarheid per scorekoppel voor de samengestelde Gehechtheid aan God-schaal varieerde van goed tot uitstekend (0.83-0.90). De patiëntgroep scoorde —zoals verwacht— significant lager (minder gunstig) op de Veilige Haven subschaal dan de niet-patiëntgroep.

De resultaten bevestigden onze belangrijkste verwachting niet: in de patiëntgroep waren de metingen van impliciete gehechtheid aan God over het geheel niet (zoals verwacht) sterker dan de twee expliciete gehechtheid aan God-metingen geassocieerd met impliciete metingen van psychologische stress. Alleen in de patiëntgroep waren de impliciete gehechtheid aan God-metingen, zoals verwacht, in mindere mate geassocieerd met expliciete psychologische stress dan de expliciete Gehechtheid aan God-metingen. In de patiëntgroep waren de impliciete psychologische-stress metingen die specifiek gericht zijn op het interpersoonlijk functioneren, sterker geassocieerd met impliciete dan met expliciete metingen van Godsrepresentaties. De resultaten suggereren dat de op de gehechtheidstheorie gebaseerde ATGR-schalen de Veilige-Haven functie van gehechtheid aan God valide meten, vooral met betrekking tot Vermijdende gehechtheid aan God. Het bewijs voor de validiteit van de gebruikte operationalisatie van Angstige gehechtheid aan God en van de Veilige-Basis functie was veel zwakker.

In het vierde artikel onderzochten we de validiteit van de ATGR schalen door associaties van impliciete Godsrepresentaties met goed-gevalideerde impliciete en expliciete metingen van object-relationeel functioneren (OR) te vergelijken met de associaties tussen expliciete Godsrepresentaties en impliciete en expliciete OR metingen. In de niet-patiëntgroep waren, zoals verwacht, alle 'same-method' associaties sterker dan alle 'mixed-method' associaties. Maar in de patiëntgroep vertoonden de impliciete Godsrepresentatieschalen sterkere associaties met zowel impliciete als expliciete OR-metingen dan de expliciete Godsrepresentatieschalen. In beide groepen waren de impliciete metingen van complexiteit van representaties van mensen gerelateerd aan verschillende aspecten van Godsrepresentaties. Tenslotte waren in de patiëntgroep de impliciete Godsrepresentaties vooral geassocieerd met het verdragen van frustraties in interpersoonlijke relaties en in mindere mate met het inzicht in sociale causaliteit, terwijl in de niet-patiëntgroep het omgekeerde het geval was.

In het vijfde artikel onderzochten we de validiteit van de ATGR schalen verder door de associaties met een expliciet instrument voor persoonlijkheidsfunctioneren, de Severity Index of Personality Pathology (SIPP), te vergelijken met associaties tussen expliciete Godsrepresentatieschalen en SIPP-schalen. De resultaten bevestigden onze bijgestelde verwachtingen: in de niet-patiëntgroep waren de expliciete Godsrepresentatieschalen veel sterker geassocieerd met expliciet gemeten persoonlijkheidsfunctioneren dan de impliciete Godsrepresentatieschalen. Hoewel in de patiëntgroep

de sterkte van de correlaties tussen impliciet gemeten Godsrepresentaties en de SIPP-schalen vergelijkbaar was met de sterkte van de correlaties tussen de expliciete Godsrepresentatieschalen en de SIPP-schalen, was het aantal SIPP-schalen dat significant met de ATG schalen correleerde, groter dan het aantal SIPP-schalen dat significant met de expliciete Vragenlijst Godsbeelden correleerde.

De significante correlaties tussen aspecten van impliciete Godsrepresentaties en specifieke persoonlijkheidsschalen onderbouwde de constructvaliditeit van de ATGR schalen: complexiteit van Godsrepresentaties hield verband met zingeving, de gevoelstoon van de relatie met God hield verband met persoonlijkheidsschalen die focussen op het zelf: identiteitsintegratie en zelfcontrole; emotionele investering in de relatie met God hield verband met persoonlijkheidsschalen die focussen op de relatie met anderen: relationele vermogens en verantwoordelijkheid; en het toeschrijven van invloed (agency) aan God hield verband met de persoonlijkheidsschaal die zelfcontrole meet.

In artikel 6 rapporteren we resultaten met betrekking tot de sensitiviteit voor verandering van de ATGR schalen in de patiëntgroep, door de scores erop van voor en na een 9-12 maanden durend psychotherapeutisch programma te vergelijken, en door de verbanden met veranderingen in impliciete en expliciet gemeten psychologische stress en expliciet gemeten object-relationeel functioneren te onderzoeken. Een verandering in gemiddelde groepsscores op de expliciete psychologische stress schalen duidde op significant verbeterd functioneren, met medium tot (bijna) grote effectgroottes. Er werden geen significante veranderingen gevonden in gemiddelde groepsscores op de geaggregeerde impliciete Godsrepresentatie- en object-relationeel functioneren-schalen. Op het niveau van afzonderlijke ATGR-schalen was er sprake van een significante toename in de tijd van positieve gevoelens in de relatie met God, met grote effectgroottes. Veranderingen in Godsrepresentaties hielden, tegen de verwachting in, niet significant verband met veranderingen in expliciet of impliciet gemeten psychologische stress, maar —zoals verwacht— wel met veranderingen in expliciet object-relationeel functioneren. De resultaten van cross-lagged analyses suggereerden dat interpersoonlijke representaties Godsrepresentaties meer beïnvloedden dan andersom.

Discussie

Deze dissertatie richtte zich op het valideren van een performance-based meetinstrument om impliciete Godsrepresentaties te meten. Aan een eerste voorwaarde voor validiteit, namelijk interbeoordelaarsbetrouwbaarheid, bleek te zijn voldaan. Voor validering onderzochten we associaties tussen Godsrepresentaties en psychologische

stress, object-relationeel functioneren en persoonlijkheidsfunctioneren in een niet-patiëntgroep en een patiëntgroep. Godsrepresentaties en object-relationeel functioneren werden in beide groepen zowel impliciet als expliciet gemeten. Psychologische stress is in de niet-patiëntgroep alleen middels zelfrapportage gemeten. Het persoonlijkheidsfunctioneren is in beide groepen alleen middels zelfrapportage gemeten.

We hadden als hypothesen: 1) dat in beide groepen 'same-method' correlaties sterker zouden zijn dan 'mixed-method correlaties'; 2) dat patiënten significant lager zouden scoren op de impliciete Godsrepresentatieschalen dan niet-patiënten; 3) dat de correlaties tussen impliciete en expliciete metingen in de niet-patiëntgroep sterker zouden zijn dan in de patiëntgroep; 4) dat impliciete Godsrepresentaties betekenisvol zouden samenhangen met impliciet en expliciet gemeten object-relationeel functioneren en psychologische stress, en met expliciet gemeten persoonlijkheidsfunctioneren; en 5) dat veranderingen in impliciete Godsrepresentaties verband zouden houden met veranderingen in impliciete en expliciete psychologische stress en met expliciet gemeten object-relationeel functioneren.

Hypothese 1

In de niet-patiëntgroep waren de 'same-method' correlaties tussen Godsrepresentaties en object-relationeel functioneren sterker dan de 'mixed-method' correlaties, en de expliciete Godsrepresentaties hielden sterker verband met expliciete psychologische stress dan de impliciete Godsrepresentaties. Op een vergelijkbare manier waren bij de patiënten de impliciete Godsrepresentaties sterker geassocieerd met impliciet object-relationeel functioneren en met één van de impliciete psychologische-stressinstrumenten. Tegen de verwachting in hielden de impliciete Godsrepresentaties bij patiënten, maar niet bij niet-patiënten, sterker verband met expliciete metingen van psychologische stress, object-relationeel functioneren en persoonlijkheidsfunctioneren dan de expliciete Godsrepresentaties.

Hypothese 2

Zoals verwacht, waren de gemiddelde scores van de patiëntgroep op de meeste ATGR-schalen significant lager dan die van de niet-patiëntgroep.

Hypothese 3

In tegenstelling tot wat was verwacht, waren de correlaties tussen impliciete en expliciete Godsrepresentaties sterker in de patiëntgroep dan in de niet-patiëntgroep.

Hypothese 4

In de patiëntgroep hielden, zoals verwacht, de Gehechtheid-aan-God metingen sterker verband met psychologische stress die gerelateerd was aan interpersoonlijk en sociaal functioneren dan aan symptomatische stress, angst, of psychosomatische stress. Betekenisvolle correlatiepatronen tussen op de SCORS gebaseerde Godsrepresentatieschalen en aspecten van expliciet gemeten persoonlijkheidsfunctioneren in de

patiëntgroep ondersteunden de validiteit van de ATGR-schalen. Zie ook Tabel 1 in het vorige hoofdstuk voor een overzicht van de significante verschillen en associaties.

Hypothese 5

Tegen de verwachting in hielden veranderingen in impliciete Godsrepresentaties geen verband met veranderingen in impliciet en expliciet gemeten psychologische stress. Overeenkomstig de verwachtingen hielden veranderingen in impliciete Godsrepresentaties wel significant verband met veranderingen in expliciet gemeten object-relationeel functioneren.

Vanwege de verschillen in correlatiepatronen tussen de patiënt- en niet-patiëntgroep worden de resultaten voor beide groepen apart besproken.

Validiteit van de ATGR in de niet-patiëntgroep

Het voorlopige bewijs van dit onderzoek duidt erop dat de ATGR in de niet-patientgroep op een betrouwbare en valide manier impliciete aspecten van Godsrepresentaties meet. De significante associaties van de ATGR met impliciet, maar niet met expliciet object-relationeel functioneren vormen een sterke aanwijzing voor de convergente en divergente validiteit als aspecten van de constructvaliditeit ervan in deze groep. Scores van niet-patiënten op de meeste schalen (behalve de Affect toon verteller schaal) verschilden significant van scores van patiënten, wat bijdraagt aan de concurrente validiteit als een aspect van de criteriumvaliditeit van de ATGR.

Hoewel overeenkomst tussen impliciete en expliciete Godsrepresentaties beschouwd werd als een kenmerk van niet-patiënten, hielden impliciete Godsrepresentaties in de niet-patiëntgroep nauwelijks verband met expliciete Godsrepresentaties. Ook hielden ze, zoals voorspeld, nauwelijks verband met expliciet gemeten persoonlijkheidsfunctioneren en psychologische stress. Dus ook al lijken impliciete Godsrepresentaties in de niet-patiëntgroep valide gemeten te zijn, ze lijken, zoals voorspeld, in deze groep ook relatief onverbonden te zijn met het zelfgerapporteerde dagelijks functioneren, iemands stemming en bewuste kijk op zichzelf.

De bevindingen in deze groep zouden gedeeltelijk kunnen worden verklaard met het verschijnsel ‘same-method’ variantie, wat inhoudt dat het verband tussen expliciete Godsrepresentaties en expliciet psychologisch functioneren is geïnflateerd als gevolg van sociale wenselijkheids- en doctrine-effecten (Tehseen et al., 2017), waar vooral zelfrapportage-instrumenten erg gevoelig voor zijn. De resultaten in deze groep sluiten aan bij de algemene notie dat impliciete en expliciete metingen van vergelijkbare constructen (als bijvoorbeeld gehechtheidsstijlen) doorgaans nauwelijks verband met elkaar houden (Roisman et al., 2007).

Aan de andere kant, de relatief sterke associaties tussen expliciete Godsrepresentaties en expliciete metingen van psychologisch functioneren in de niet-patiëntgroep duiden er ook op dat religieuze personen vertrouwen in zelf en anderen ontlenen aan

een ervaren positieve relatie met God, en omgekeerd, zoals ook de resultaten van onze meta-analyse duidelijk laten zien. Daarom is voor niet-patiënten de meting van Godsrepresentaties met expliciete instrumenten zeker bruikbaar en raakt deze meting ook aspecten van ervaren psychologisch functioneren, gerelateerd aan ervaren welbevinden en persoonlijkheidsfunctioneren.

In deze groep hingen impliciet gemeten complexiteit van representaties van anderen en het begrijpen van sociale causaliteit significant samen met de meeste aspecten van impliciete Godsrepresentaties, maar met geen van de expliciete Godsrepresentatie metingen. We gaan ervan uit dat deze significante correlaties werkelijke associaties weerspiegelen die niet weggeredeneerd kunnen worden door deze aan same-method effecten toe te schrijven. Dit houdt in dat expliciete metingen van Godsrepresentaties mogelijk geen adequate weergave zijn van onderliggende, minder bewuste, kwetsbaarheden in deze groep. Ze falen mogelijk in het voorspellen hoe iemand onder druk zal functioneren en of diegene dan nog steeds kracht kan ontlenen aan de relatie met God. Dit houdt in dat het meten van impliciete godsrepresentaties naast expliciete Godsrepresentaties bij niet-patiënten een waardevolle aanvulling zou kunnen betekenen.

Validiteit van de ATGR in de patiëntgroep

Er zijn meerdere aanwijzingen voor de convergente/divergente en longitudinale validiteit als aspecten van de constructvaliditeit van de ATGR schalen. Er waren echter ook resultaten die onze verwachtingen tegenspraken. In onze discussie van de resultaten zoeken we naar redelijke verklaringen voor de tegensprekende resultaten. Dit betreft specifiek de sterkere associaties tussen impliciete en expliciete metingen in de patiëntgroep.

We veronderstelden dat de correlaties tussen impliciete en expliciete metingen in de niet-patiëntgroep sterker zouden zijn dan in de patiëntgroep, vanwege de notie dat vooral van mensen met persoonlijkheidspathologie bekend is dat hun zelfinzicht in het algemeen tekortschiet (Eurelings-Bontekoe, Luyten, Remijsen, & Koelen, 2010; Shedler, Mayman, & Manis, 1993) en dat, als een indicatie van integratie, een sterkere overeenkomst tussen impliciete en expliciete Godsrepresentaties beschouwd kan worden als gezonder. Echter, het omgekeerde bleek het geval: in de patiëntgroep hielden de impliciete Godsrepresentaties even sterk als of sterker dan de expliciete Godsrepresentaties verband met expliciet gemeten object-relationeel functioneren en persoonlijkheidsfunctioneren, en de impliciete Godsrepresentaties hingen hier sterker samen met expliciete Godsrepresentaties dan in de niet-patiëntgroep.

Eén mogelijke verklaring voor deze sterkere associaties tussen impliciete en expliciete metingen in de patiëntgroep zou kunnen zijn dat bij patiënten de impliciete representaties het expliciete bewustzijn sterker binnendringen, en minder onderdrukt worden dan in de niet-patiëntgroep. Hall en Fujikawa (2013) benadrukken het belang

van verschillen in overeenkomst, of, zoals zij het noemen: *integratie,* tussen impliciete en expliciete Godsrepresentaties, maar ze veronderstellen geen algemene samenhang tussen integratie en gezondheid. Ze suggereren dat iemands gehechtheidsstijl de mate en het type van discrepantie/integratie tussen impliciete en expliciete Godsrepresentaties zou voorspellen. De grootste discrepanties verwachten ze bij mensen met een vermijdende gehechtheidsstijl, omdat deze mensen gebruik maken van overregulatie van negatieve gevoelens, en daarom minder toegang hebben tot hun impliciete, interne wereld. Interessant is dat Dozier en Kobak (1992) vonden dat personen die in het Adult Attachment Interview deactiverende strategieën gebruikten, toename in fysiologische stress (huidweerstand) vertoonden wanneer ze vragen moesten beantwoorden met betrekking tot separatie van verzorgers. Deze resultaten impliceren dat de bewuste expressie van gehechtheidsgerelateerde stress en de impliciete ervaring daarvan ontkoppeld zijn bij mensen met deactiverende strategieën.

Meer correspondentie wordt verwacht bij angstig gehechte mensen, die zowel negatieve impliciete als negatieve expliciete Godsrepresentaties zouden hebben omdat ze gemakkelijk overspoeld worden door negatieve emoties over henzelf en anderen. Dit houdt in dat Hall en Fujikawa 'integratie' simpelweg definiëren als de overeenkomst tussen impliciete en expliciete niveaus, ondanks hun inhoud. We zouden er de voorkeur aan geven de term 'integratie' niet te gebruiken voor situaties waarin negatieve impliciete representaties daarnaast ook bestaande positievere representaties binnendringen of overweldigen. Dit is volgens ons meer een 'gebrek aan gezonde differentiatie' tussen de twee niveaus. Gebaseerd op de resultaten van ons onderzoek zijn we nu meer geneigd te zeggen dat de mate van gezonde integratie helemaal niet kan worden afgeleid van de mate van correspondentie tussen impliciete en expliciete Godsrepresentaties omdat zwakkere correspondentie kan betekenen dat impliciete negatieve Godsrepresentaties worden onderdrukt (zoals mogelijk het geval was in de niet-patiëntgroep) en dat sterkere correspondentie kan inhouden dat expliciete positieve Godsrepresentaties overweldigd worden door impliciete negatieve Godsrepresentaties, zoals mogelijk het geval was is de patiëntgroep. Misschien is het beter om de term 'integratie' te reserveren voor de integratie van positieve en negatieve aspecten van Godsrepresentaties, zoals benadrukt door de object-relatie theorie. Gedurende de ontwikkeling van het kind worden representaties van zelf en anderen in toenemende mate complex en geïntegreerd, wat inhoudt dat positieve en negatieve aspecten van zelf en anderen tegelijkertijd ervaren kunnen worden, zonder de noodzaak om deze representaties te splitsen. Dit type integratie wordt gemeten met de ATGR-schaal Complexiteit van de representaties van God en onze resultaten lieten zien dat de patiënten aanzienlijk meer moeite met integratie en differentiatie hadden dan de niet-patiënten, en dat deze moeiten gerelateerd waren aan (impliciet gemeten) complexiteit van interpersoonlijke representaties zoals gemeten met de SCORS.

In lijn met de verklaring dat impliciete representaties de expliciete overweldigen, suggereert de in het algemeen sterkere associatie tussen impliciete en expliciete metingen in de patiëntgroep ook een verminderde invloed van mogelijke sociale wenselijkheids- en doctrine-effecten op de expliciete metingen.

Uit ander onderzoek naar de associaties tussen Godsrepresentaties, persoonlijkheid en psychologische stress blijkt ook dat er verschillen in patronen bestaan tussen patiënten en niet-patiënten. Schaap-Jonker at al. (2002) vonden dat in een groep van 46 patiënten de associaties tussen expliciet gemeten Godsrepresentaties en stress volledig verklaard konden worden door persoonlijkheidspathologie, terwijl Eurelings-Bontekoe et al. (2005) vonden dat bij niet-patiënten ten aanzien van de associatie tussen (expliciet gemeten) Godsrepresentaties en psychologische stress, persoonlijkheid een minder belangrijke moderator was dan cultuur. Stabiele personen konden hun Godsrepresentaties dus vrijhouden van de potentieel negatieve invloed van psychologische stress. Een andere interessante bevinding in dit verband is dat bij orthodoxe christelijke niet-patiënten hun geloof in een heersende/straffende God niet gerelateerd was aan angst en zelfs positief correleerde met positieve gevoelens voor God, terwijl orthodoxe psychiatrische patiënten die in een heersende/straffende God geloofden, wel angstiger waren (Jonker, 2007). In dezelfde lijn vonden Schaap-Jonker et al. (2017) een combinatie van scores op Godsrepresentatieschalen die alleen in de patiëntgroep bestond, een profiel dat ze het 'Negatief-autoritaire' type Godsrepresentatie noemden. Dit profiel werd gekenmerkt door angstige of boze gevoelens richting God én het God zien als heersend en straffend. Al deze bevindingen ondersteunen de resultaten van deze thesis dat psychopathologie gerelateerd is aan meer negatieve Godsrepresentaties en de associaties modereert tussen enerzijds impliciete Godsrepresentaties en anderzijds expliciete Godsrepresentaties, impliciete en expliciete psychologische stress en object-relationeel functioneren, en expliciet gemeten persoonlijkheidsfunctioneren.

De bevinding dat associaties tussen verschillende psychologische en religieuze variabelen veel sterker zijn in de patiëntgroep dan in de niet-patiëntgroep, vertoont een parallel met een aspect van het netwerkperspectief of psychopathologie van Borsboom en Cramer (2013), waar zij veronderstellen dat in de ontwikkeling van psychopathologie verschillende clusters van symptomen die aanvankelijk relatief onafhankelijk van elkaar functioneren, elkaar op zo'n manier beginnen te beïnvloeden dat het systeem van de person zich niet meer kan aanpassen en instort. Dit verschijnsel wordt 'hysteresis' genoemd: bepaalde trigger-gebeurtenissen overstijgen een zekere drempel en brengen het systeem zo sterk uit evenwicht dat het niet gemakkelijk en vanzelf weer naar zijn vorige toestand terugkeert, en zo dus z'n veerkracht verliest. In de afwezigheid van psychopathologie noemen ze de principes die deze interacties tussen symptomen veroorzaken, slapend of dispositioneel. Echter, Borsboom en Cramer proberen associaties tussen manifeste psychopathologische symptomen te verklaren, waarbij ze

nadrukkelijk latente variabelen uitsluiten. Dit lijkt in tegenspraak met onze aanname dat impliciete representaties een belangrijke rol spelen in de manifestatie van psychopathologie.

Veranderingen in Godsrepresentaties. De resultaten van ons onderzoek suggereren dat impliciete Godsrepresentaties over de tijd veranderden en dat deze verandering samenging met veranderingen in object-relationeel functioneren die ook een belangrijke focus van het therapeutisch programma waren. Er was sprake van een significante toename over tijd in positieve gevoelens ten opzichte van God. Patiënten die na de behandeling een positievere Godsrepresentatie rapporteerden, voelden zich minder onzeker en bang voor afwijzing, en waren minder egocentrisch en minder verlegen en aarzelend in interpersoonlijke relaties. Omdat het onderzoeksontwerp geen causale conclusies toelaat, moet opengelaten worden of de veranderingen in impliciete Godsrepresentaties en object-relationeel functioneren na behandeling veroorzaakt werden door het therapeutisch programma.

Veranderingen in impliciete Godsrepresentaties waren niet significant geassocieerd met veranderingen in ervaren stress. Het is mogelijk dat veranderingen in impliciete Godsrepresentaties en veranderingen in ervaren stress niet gelijktijdig plaatsvinden: veranderingen in Godsrepresentaties liggen mogelijk achter op veranderingen in ervaren stress. Bovendien, de ernstige persoonlijkheidsproblematiek van de patiëntgroep kan een sterkere invloed hebben gehad op het stressniveau dan de Godsrepresentaties. Deze verklaring is in lijn met de (al eerder genoemde) resultaten van Schaap-Jonker et al. (2002), die vond dat in een groep van 46 patiënten de associaties tussen expliciet gemeten Godsrepresentaties en stress volledig verklaard konden worden door persoonlijkheidspathologie.

Al met al suggereren de resultaten van het huidige onderzoek dat onderzoeken naar de associatie tussen Godsrepresentaties en psychische gezondheid de patiëntstatus in rekening moeten brengen. Patiënten en niet-patiënten lijken verschillende correlatiepatronen te vertonen tussen impliciete en expliciete metingen van Godsrepresentaties en impliciete en expliciete aspecten van psychologisch functioneren. Dit betekent dat resultaten van niet-patiënten niet gegeneraliseerd kunnen worden naar patiënten en omgekeerd. We gaan uitvoeriger in op de (klinische) implicaties van de resultaten van deze thesis na een bespreking van de beperkingen ervan.

Beperkingen

De resultaten van dit onderzoek dienen te worden geïnterpreteerd in het licht van verschillende beperkingen. Allereerst, hoewel we aannemen dat de psychologische processen die een rol spelen bij Godsrepresentaties werkzaam zijn bij aanhangers van alle theïstische religies, wereldwijd, kunnen de resultaten van deze Nederlandse

Protestantse steekproeven niet worden gegeneraliseerd naar patiënten die andere religies aanhangen.

Ten tweede, hoewel voor een onderzoek waarin narratieven zijn verzameld en gescoord (15 ATGR platen zijn 182 keer afgenomen) de steekproeven relatief groot waren, beperkte de omvang toch de statistische power van verschillende statistische analyses om significante kleinere effectgroottes vast te kunnen stellen of om scores van subgroepen te vergelijken, vooral in de kleine groep die na behandeling nog eens getest is.

Ten derde, het observationeel ontwerp van dit onderzoek staat geen conclusies toe met betrekking tot causale effecten.

Ten vierde, het mixed-design ontwerp van het empirisch onderzoek was niet zo compleet als wenselijk was geweest. In de niet-patiëntgroep zijn geen impliciete psychologische-stressinstrumenten afgenomen, en het gebruik maken van ratings van behandelaren van het functioneren van cliënten als een indicatie voor impliciete stress is nog niet eerder op validiteit onderzocht. Er was geen instrument beschikbaar voor impliciete meting van persoonlijkheidsfunctioneren.

Ten vijfde, hoewel het impliciete meetinstrument voor object-relationeel functioneren dat we gebruikten (SCORS, Westen, 1985) goed gevalideerd is, hebben we het impliciete Godsbeeldinstrument van dit instrument afgeleid, wat kan hebben geleid tot same-method variantie die een deel van de associaties tussen impliciete Godsrepresentaties en impliciet object-relationeel functioneren zou kunnen verklaren. Het gegeven dat het expliciete Godsrepresentatie-instrument niet een operationalisatie was van precies dezelfde theoretische constructen als zowel het impliciete Godsrepresentatie-instrument als het impliciete meetinstrument voor interpersoonlijke relaties, kan de resultaten met betrekking tot de validiteit van het impliciete Godsrepresentatie-instrument hebben beïnvloed.

Ten zesde. Lage interne consistenties van sommige schalen uit het onderzoek (één BORI-schaal in de niet-patiëntgroep en drie BORI-schalen in de patiëntgroep) kunnen de associaties met impliciete en expliciete Godsrepresentaties hebben afgezwakt, wat vervolgens de vergelijkingen van de associaties van beide Godsrepresentatieschalen met impliciete en expliciete metingen van object-relationeel functioneren kan hebben beïnvloed.

Ten zevende. In enkele artikelen gebruikten we Multi Dimensional Scaling, gebaseerd op geschatte afstanden tussen de variabelen in een twee-dimensionele ruimte. In artikel 2 en 4 baseerden we deze afstanden op de absolute waarde van de correlaties. Echter, deze benadering haalt niet de nauwkeurigheid die verkregen wordt door schalen zo te hercoderen dat alle scores dezelfde interpretatie van laag (negatief, ongezond) en hoog (positief, gezond) hebben. We gebruikten de juiste aanpak wel in artikel 3, en we controleerden ook of de resultaten die in de andere twee artikelen beschreven zijn, met de andere berekening zouden blijven staan. Dat deden ze.

Ten achtste. Vanwege vertragingen in dit thesisproject konden resultaten van de impliciete metingen van object-relationeel functioneren die ook na de behandeling gedaan zijn, niet gecodeerd en dus geanalyseerd worden. Het zou inzichtgevend zijn geweest om te weten of de impliciete interpersoonlijke representaties ook veranderd waren en of en in welke mate deze veranderingen geassocieerd zouden zijn met veranderingen in Godsrepresentaties, persoonlijkheidsfunctioneren, en stress.

Ten negende. Het empirisch onderzoek mist een follow-up na bijvoorbeeld drie of zes maanden, om na te kunnen gaan of veranderingen in Godsrepresentaties en in hun associaties met stress inderdaad nog vertraagd achter veranderingen in interpersoonlijke representaties en hun associaties met stress aankomen, en om te onderzoeken of veranderingen in impliciete Godsrepresentaties ook stabiel zijn over een langere periode.

Ten slotte is een laatste beperking dat de stressmetingen in het empirisch onderzoek een wat beperkte focus op symptomen en functioneren hebben, terwijl het plausibel is dat veranderingen in Godsrepresentaties sterker samenhangen met veranderingen op een dieper niveau waarop de nu gebruikte instrumenten niet meten.

Klinische implicaties

Diagnostiek

De resultaten tonen dat in klinische groep de associatie tussen impliciete en expliciete metingen sterker is dan in niet-klinische groep, wat suggereert dat het gebruik van zelfrapportage in de meting van Godsrepresentaties ook de meer impliciete aspecten ervan aanboort. Echter, bij niet-patiënten kunnen de resultaten van zelfrapportages sterker vertekend zijn door sociale wenselijkheid en doctrine, hoewel ze tegelijk ook ervaren welbevinden en persoonlijkheidsfunctioneren reflecteren. In de klinische groep vonden we verschillende aanwijzingen voor de convergente/divergente en longitudinale aspecten van de constructvaliditeit van het impliciete godsrepresentatie instrument. Daarom bevelen we voor religieuze patiënten het gebruik van een(dit) impliciet Godsrepresentatie-instrument aan, om zo het inzicht te vergroten in impliciete processen die hun persoonlijke relatie met God beïnvloeden.

Behandeling

In het werken met religieuze patiënten bevelen we sterk aan om in diagnostiek en behandeldoelen Godsrepresentaties als een standaardpraktijk op te nemen. Dit omdat onderzoek, zoals samengevat in onze meta-analyse, sterk suggereert dat de ervaren relatie met een persoonlijke god kan fungeren als een belangrijke potentiele bron van kracht en steun. Dit is ook in lijn met de herstelbeweging in de psychiatrie (Huguelet et al., 2016; Jong & Schaap-Jonker, 2016; Mohr et al., 2012; Roberts & Wolfson, 2004), die benadrukt dat herstel van een psychische aandoening niet alleen moet

focussen op het genezen van symptomen, omdat afwezigheid van ziekte niet de kern van gezondheid definieert. Gezondheid is complex en heeft ook te maken met leren hoe te leven met psychiatrische problematiek, zelfregie, participeren in de samenleving ondanks en met psychiatrische problemen, focussen op persoonlijke doelen en leren om een besef van identiteit en zelfwaarde te ontwikkelen dat niet totaal gedefinieerd wordt door hoe geluk er uit lijkt te zien in de westerse samenleving, met haar nadruk op het vermogen om de eigen dromen en het eigen potentiaal te realiseren, en op succesvol zijn. In dat opzicht is zingeving opeens een belangrijk psychologisch concept geworden. Veerkracht is ook zo'n belangrijk concept, en benadrukt het belang van het vermogen om om te gaan met ziekte en levensomstandigheden. Voor veel religieuze patiënten kan de relatie met God dan ook zo'n potentiële bron zijn om persoonlijke betekenis en zelfwaarde te vinden, om om te gaan met ziekte en moeiten; een bron van veerkracht.

Aangetaste Godsrepresentaties als onderdeel van de aandoening. Echter, de resultaten van dit onderzoek lieten ook zien dat de impliciete Godsrepresentaties van de patiënten significant negatiever waren dan die van de niet-patiënten. Dus deze potentiële bron om de persoonlijke/existentiële identiteit te versterken was in het geval van persoonlijkheidsproblematiek vaak minder beschikbaar. Behandelaren zouden zich bewust moeten zijn van deze verstrengeling van psychologische en religieuze aspecten op een diep, impliciet en waarschijnlijk moeilijk toegankelijk niveau. In het toepassen van een herstelgerichte benadering zal de valkuil om alleen te focussen op positieve aspecten van God (zoals ten onrechte afgeleid zou kunnen worden van een positieve-psychologie benadering) niet erg helpend zijn, overeenkomstig Leffel's (2007a, 2007b) opmerkingen over een te simpele spiritualiteit. Zoals onze meta-analyse liet zien, zijn positieve en negatieve Godsrepresentaties geen extremen op één en dezelfde dimensie. Expliciete Godsrepresentaties kunnen gevoelig zijn voor de invloed van huidige stemming. Tijdelijke opluchting, veroorzaakt door bijvoorbeeld een goed gesprek of een preek, kan veranderingen in expliciete Godsrepresentaties teweegbrengen terwijl de impliciete Godsrepresentaties onveranderd blijven. Verandering zou zich moeten richten op het langzame proces van integratie van positieve en negatieve aspecten van iemands Godsrepresentatie, waarvan bewustwording en acceptatie een eerste belangrijke stap zullen zijn. Religieuze behandelaars zouden daarom ook hun eigen impliciete negatieve gevoelens ten opzichte van God moeten kennen en accepteren; angst, woede of twijfel. Wellicht zou afname van de ATGR hier ook behulpzaam in kunnen zijn.

Patiënten helpen bij hun zingevingsproces. Recente ontwikkelingen in het veld van de positieve psychologie reageren op eerdere kritiek dat deze benadering te individualistisch en hedonistisch zou zijn, door te benadrukken dat het proces van zingeving plaatsvindt in een cultureel-historische context, door een stem te geven aan tegenverhalen die niet worden gekenmerkt door verlossing na problemen, en door te

benadrukken dat persoonlijk welbevinden of persoonlijke groei voor mensen niet het ultieme doel hoeft te zijn (Westerhof, 2019). Het lijkt erop dat de patiënten in het huidige onderzoek als gevolg van hun persoonlijkheidspathologie, ook moeite hebben om te investeren in langere-termijn doelen die de focus op symptomen, op relationele frustraties en op zich (niet) goed voelen, overstijgen. Het leren ontwikkelen van een besef van persoonlijke waarde dat gebaseerd is op waarden en overtuigingen kon wel eens heel therapeutisch zijn. Meer inzicht in negatieve Godsrepresentaties, zoals verworven in dit onderzoek, kan bijdragen aan toenemend inzicht in ingangen voor psychologisch gefundeerde therapeutische interventies, gericht op religieuze inhouden. De associaties tussen veranderingen in Godsrepresentaties en veranderingen in ervaren object-relationeel functioneren benadrukken dat deze een belangrijke factor bevatten die ook benadrukt wordt door de herstelbenadering en die een belangrijk ingrediënt van veerkracht lijkt te zijn.

Therapeutische benaderingen. Vanwege de verstrengeling van interpersoonlijke en Godsrepresentaties bepleiten we voor religieuze patiënten die lijden aan persoonlijkheidspathologie een geïntegreerde therapeutische benadering, gericht op verandering in zowel interpersoonlijke als Godsrepresentaties. Een eerste stap zou bestaan uit het bevorderen van de bewustwording van impliciete negatieve representaties. Waarschijnlijk zijn niet alle therapeutische benaderingen even geschikt om Godsrepresentaties te bewerken. Mentalisation Based Treatment bijvoorbeeld, leunt zwaar op bewustwording van emotionele reacties in de hier-en-nu ervaringen in de patiënt-behandelaar interactie.

Echter, verschillende niet-religieuze benaderingen zijn ook toegespitst op het werken met Godsrepresentaties, bijvoorbeeld schematherapie (Cecero, Marmon, Beitel, Hutz, & Jones, 2004); mindfulness, (Trammel, 2018); en narratieve therapie (Olson et al., 2016). Recentelijk werd ook art therapie onder de aandacht gebracht, als een veelbelovende aanvullende benadering voor het werken met cluster B patiënten (Haeyen, van Hooren, van Der Veld, & Hutschemaekers, 2018). Deze benadering integreert interventies van de al genoemde benaderingen, en we veronderstellen dat de focus op verbeelding goed kan worden toepast op het werken met Godsrepresentaties.

Verder onderzoek

De resultaten van dit onderzoek laten zien dat in de niet-patiëntgroep de impliciete Godsrepresentaties significant verband hielden met impliciet object-relationeel functioneren, maar amper of niet met expliciete metingen van stress, object-relationeel functioneren of persoonlijkheidsfunctioneren. Het zou waardevol zijn om te onderzoeken of expliciete of impliciete Godsrepresentaties het beste voorspellen of

iemand onder moeilijke levensomstandigheden vervolgens steun ontleent aan religie/de relatie met God.

In dit onderzoek gebruikten we geen impliciete of indirecte meetinstrumenten voor persoonlijkheidspathologie. In toekomstig onderzoek met de ATGR zou het goed zijn om een dergelijk instrument in te zetten, bijvoorbeeld de STIP-5, een semi-gestructureerd interview voor persoonlijkheidsfunctioneren (Berghuis, Hutsebaut, Kaasenbrood, De Saeger, & Ingenhoven, 2013); of de Structured Interview of Personality Organization (STIPO, Clarkin, Caligor, Stern, & Kernberg, 2004; Stern et al., 2010).

Vanwege de verschillen tussen niet-patiëntgroep en patiëntgroep in dit onderzoek blijft de invloed van biografische factoren, vooral van religieuze factoren (denominatie en religieuze opvoeding) op de ATGR-scores onduidelijk. Meer onderzoek hiernaar is nodig.

Het zou zeer inzichtvol zijn om een randomized clinical trial uit te voeren, waarbij een gemanualiseerd protocol voor religieuze interventies met betrekking tot Godsrepresentaties gevolgd wordt. Als uitkomstmaten zou het de voorkeur hebben om impliciete Godsrepresentaties te meten met de ATGR, een symptoomgericht instrument als de OQ te gebruiken, en daarnaast ook instrumenten voor het meten van bijvoorbeeld zingeving, hoop, optimisme, religieus of existentieel welbevinden of religieuze of existentiële wereldbeschouwing in te zetten.

Appendix

Handleiding Scoresysteem ATGR

Inleiding

Deze handleiding bevat het scoresysteem om narratieven van de ATGR te scoren. Het scoresysteem bestaat uit vijf schalen. Elke schaal wordt voorafgegaan door een theoretische inleiding die de scoring toelicht en onderbouwt. Daarna volgt een algemene omschrijving van de niveaus per schaal. Vervolgens worden bij elk niveau concrete scoringsregels gegeven. Elke schaal wordt afgesloten met vragen en antwoorden t.a.v. specifieke problemen die zich bij het scoren kunnen voordoen.

Lees voor het scoren van een dimensie eerst de theoretisch inleiding, probeer de basale ordening in de niveaus te pakken te krijgen. Probeer op basis daarvan de score op een plaat te bepalen en kijk daarna of er specifieke items zijn die goed passen bij deze score. Beschouw de losse items per niveau als mogelijke voorbeelden van scores op dat niveau; en zeker niet als een uitputtende omschrijving van alles wat zich kan voordoen. Lees ook de vragen en antwoorden; deze verhelderen de scoreregels in bepaalde opzichten nog weer.

1. Complexiteit van representatie van God

1.1 Toelichting op de schaal

In de objectrelatietheorie staan objectrepresentaties centraal; bewuste en onbewuste, affectief geladen ideeën en beelden over het zelf, de ander en de relatie. Vanuit de objectrelatietheorie worden vaak in elk geval drie ontwikkelingsaspecten van deze representaties beschreven. De eerste ontwikkeling betreft toenemende ***differentiatie*** tussen (het perspectief van)zelf en anderen. Begrippen als egocentrisme (Flavel) en perspectief-nemen (Selman)spelen hierbij een belangrijke rol. De tweede ontwikkeling betreft de toenemende ***complexiteit en integratie*** van objectrepresentaties. Een derde ontwikkeling betreft het toenemend vermogen om ambivalente aspecten van representaties te integreren in plaats van te splitsen. Aangenomen wordt dat de manier waarop het godsbeeld zich ontwikkelt, eenzelfde ontwikkelingsverloop kent en dus ook ten aanzien van deze formele aspecten te onderzoeken valt.

Er wordt –overeenkomstig het SCORS-scoringssysteem, bij de ATGR een schaal gehanteerd waarbij op het laagste ontwikkelingsniveau personen moeite hebben om hun eigen perspectief van dat van God te onderscheiden. Daarna volgt een niveau waarop sprake is van duidelijk onderscheid tussen zelf en God, maar waarbij de representaties nog eenvoudig en eendimensionaal zijn. Op hogere niveaus is er sprake van een toeschrijven van complexere eigenschappen, ervaringen, bedoelingen etc. aan God.

De kernvraag bij deze dimensie is: ***Hoe wordt God beschreven?*** Bij het scoren dient de focus te liggen op wat door karakter(s) en/of verteller aan God expliciet wordt toegeschreven aan eigenschappen, mentale toestanden, bedoelingen, gevoelens, etc. Het is dus niet de bedoeling om dit af te leiden uit het gedrag of de gevoelens van de menselijke karakters.

Niveau 1 heeft z'n eigen kenmerk: slechte differentiatie.
Niveau 2 en 3 worden beide gekenmerkt door eendimensionaliteit; gebrek aan complexiteit.
Op niveau 2 kan dit betekenen dat alleen het handelen van God wordt beschreven, zonder dit te begrijpen vanuit achterliggende mentale toestanden, of dat het optreden van God als heel momenteel wordt beschreven, zonder enig besef van Gods bestaan buiten de situatie en van zijn duurzame eigenschappen. Er is nauwelijks tot niet sprake van een begrijpen van God vanuit diens eigenheid. Wat eventueel wel aan God beleefd en van Hem begrepen wordt aan eigenschappen, is nog sterk bepaald door een als egocentrisch te kenmerken instelling en sterk affectief geladen: God is bijvoorbeeld een gemene of juist een lieve God.

Op niveau 3 is er wel enig besef van de eigenheid van God, maar dit is een erg eenvoudig begrijpen, en ook nog erg eendimensionaal. God heeft wel bepaalde gedachten, bedoelingen of gevoelens t.a.v. de situatie, maar deze worden slechts globaal aangeduid en niet in nadere nuanceringen uitgewerkt. Er is geen sprake van spanningen tussen de gedachten, gevoelens of intenties en ook geen verschillen m.b.t. verschillende aspecten van de situatie. Er is hoogstens een zwak besef van de continuïteit van eigenschappen en intenties van God door de tijd heen.
Niveau 4 en 5 worden gekenmerkt door in toenemende mate complexe representaties. Op niveau 4 is er sprake van nadere uitwerking (nuancering en detaillering, specificering naar aspecten van de situatie) van de aan God toeschreven intenties, bedoelingen of gevoelens, of worden spanningen/verschillen benoemd: (enigszins) tegenstrijdige gevoelens, intenties of bedoelingen, verschil tussen reageren van God in deze situatie en zijn algemene kenmerken of wijze van reageren, verschil tussen hoe Gods reactie lijkt over te komen en wat Hij ermee beoogt, etc. Tenslotte kan er sprake zijn van een sterk besef van de continuïteit van Gods eigenschappen en intenties door de tijd heen. Het verschil met niveau 5 is, dat op dit niveau geen samenhangend inzicht gegeven wordt, waarmee deze (schijnbare)tegenstellingen toch te begrijpen zijn, c.q. geïntegreerd worden. Dat is op niveau 5 in elk geval enigszins het geval..

1.2 Omschrijving van de niveaus

Score	*Principe:* *De schaal meet de mate waarin de person een duidelijk onderscheid aanbrengt tussen het eigen perspectief en dat van God; God ziet als lemand met stabiele, duurzame, meerdimensionale disposities, met complexe motieven en subjectieve ervaringen*
1	De representatie van God is slecht gedifferentieerd van die van de persoon of personen; onderscheidt niet tussen eigen gedachten en gevoelens en die van God
2	Beschrijvingen van eigenschappen en mentale toestanden van God kennen weinig subtiliteit of complexiteit; beschrijvingen zijn eenvoudig, eendimensionaal, veranderlijk, inconsistent of slecht geïntegreerd; de persoon kan God zien als alleen goed of alleen slecht. Een uitgewerkt idee over Gods subjectieve mentale toestand, motieven, of duurzame eigenschappen ontbreekt. God lijkt meer in situaties dan over situaties heen te bestaan. Als God al wordt begrepen vanuit het hebben van duurzame kenmerken, dan betreft dit over het algemeen globale en evaluatieve eigenschappen als 'aardig' of 'gemeen'.
3	Er is sprake van beschrijvingen van eigenschappen en mentale toestanden van God, maar deze zijn stereotype, missen diepte. De ideeën of intuïtieve theorieën van de persoon over Gods duurzame eigenschappen zijn of eendimensionaal, of erg algemeen, of weinig subtiel. Er is weinig besef dat God ook zaken innerlijk tegen elkaar afweegt.
4	Er is sprake van een besef van de complexiteit van God en van de verschillende eigenschappen van God. Deze verschillende eigenschappen worden nog niet begrepen als onderdelen van een samenhangend geheel, waarbij er spanning tussen de verschillende eigenschappen kan optreden of de eigenschappen in verschillende situaties op verschillende manieren naar voren kunnen komen.
5	Beschrijvingen van eigenschappen en mentale toestanden van God zijn rijk en complex; er is sprake van een besef van de verschillende eigenschappen van God die met elkaar samenhangen en op een unieke manier in Zijn handelen in specifieke situaties naar voren kan komen.

1.3 Scoreregels per niveau

Niveau 1: De representatie van God is slecht gedifferentieerd van die van de karakters; er wordt niet onderscheiden tussen hun gedachten en gevoelens en die van God

1.1 Alleen het centrale karakter of alle karakters denken en voelen hetzelfde als God en er is geen enkele aanwijzing dat God of de karakters daarnaast nog andere gedachten of gevoelens hebben. (Als God bij verdriet van mensen ook verdriet voelt, maar daarnaast ook wil helpen of troosten, is er sprake van een aanvullend en dus verschillend perspectief).

Niveau 2: Het beeld van God is vaag, oningevuld, verward, ongeïntegreerd, onsamenhangend; God wordt niet of nauwelijks begrepen

2.1 Het gaat alleen over het handelen van God, zonder dat ingegaan wordt op zijn gedachten, gevoelens of bedoelingen.
2.2 De verteller weet niet wat Gods gedachten, gevoelens of bedoelingen zijn (en geeft daar vervolgens dus ook geen invulling aan) of kan ze niet logisch verbinden met de gebeurtenissen in het vertelde verhaal.
2.3 Er is sprake van een wisselend/fluctuerend/tegenstrijdig beeld van God; er wordt niet aan één relatief coherente representatie van God vastgehouden.
2.4. De verteller aarzelt steeds tussen twee scenario's; eentje waarbij God redt/uitkomst geeft, etc., en eentje waarbij God het mis laat lopen, of de verteller noemt alleen de mogelijkheid dat God misschien in de toekomst goede dingen voor het karakter gaat doet.
2.5 Zeer sterk tegengestelde, en uit de gedragingen van de karakters niet goed te begrijpen, absolute houding van God tegenover verschillende karakters in een verhaal.

Niveau 3: Oppervlakkige of eendimensionale beschrijvingen van eigenschappen en mentale toestanden van God (gedachten, gevoelens, intenties, wensen of verlangens, meningen/beoordelingen)

3.1 Stereotype beeld van God: Er is sprake van een eenvoudig begrip van gevoelstoestanden en bedoelingen van God zonder nadere uitwerking;
Dit houdt in dat er maximaal twee verschillende, maar niet tegenovergestelde mentale inhouden van God worden genoemd.. Deze kunnen zowel betrekking hebben op hetzelfde verhaalaspect als op verschillende verhaalaspecten.

Verschillende mentale inhouden die alle lijnrecht in elkaars verlengde liggen, worden niet als meerdere geteld. Als er meerdere redenen zijn die alle tot eenzelfde mentale inhoud bij God leiden, telt dat nog steeds als slechts één mentale eenheid.
(Bijvoorbeeld; God is verdrietig omdat iemand rouwt (gevoel), denkt dat dat naar voor die persoon moet zijn, wil graag dat de persoon zich beter gaat voelen en stuurt iemand die de persoon troost). Als God daarnaast ook nog hoopt dat het vertrouwen van de rouwende op hen ook anderen tot geloof brengt, is dat wel een andere mentale inhoud).
Als er twee tegengestelde mentale inhouden van God aanwezig zijn t.a.v. verschillende karakters, met een simpele scheiding tussen goed en slecht (God is blij met iemand die gelooft, en tegelijk boos of verdrietig m.b.t. iemand die hem niet zoekt, scoor je ook niveau 3).

3.2 Hoewel er sprake is van kleine fluctuaties, enige warrigheid of inconsequentie in de beschrijving van God, blijft het algemene/globale beeld van hem toch voldoende helder.

Niveau 4: Besef van de complexiteit van God zonder inzicht in de samenhang in eigenschappen, gebaseerd op:

Mate van gedetailleerdheid:

4.1 Gods mentale toestanden met betrekking tot de specifieke situatie van het verhaal worden gedetailleerd uitgewerkt.
Er is sprake van minstens drie onderling duidelijk van elkaar te onderscheiden mentale inhouden bij God (gedachten, gevoelens, intenties, wensen of verlangens, meningen/beoordelingen). Zie de uitleg bij 3.1 om te bepalen wanneer er sprake is van verschillende mentale inhouden.
Wanneer er gesproken wordt van het schenken van vertrouwen of van vergeving, lijkt dat in eerste instantie een handeling te zijn; maar omdat het zo duidelijk een mentale inhoud veronderstelt, kan dit wel ook als mentale inhoud gescoord worden.

Begrip vanuit algemeen inzicht in hoe God is, eendimensionaal:

4.2 Het handelen van God of zijn mentale inhouden worden niet (uitsluitend) verklaard vanuit de situatie van het verhaal, maar (ook) verklaard vanuit of in verband gebracht met wat voor iemand God in het algemeen is.
(Er wordt bijvoorbeeld verwezen naar eigenschappen van God als zijn liefde voor alle mensen, zijn trouw, zijn rechtvaardigheid, zijn bedoelingen met de wereld en met mensen, etc.)

Differentiatie naar verschillende aspecten van de situatie in het verhaal:

4.3 Ten aanzien van verschillende karakters in het verhaal of ten aanzien van verschillende houdingen of gedragingen van één karakter is sprake van verschillende mentale inhouden bij God. (God vind het goed dat mensen in elk geval naar de kerk komen, maar keurt af dat deze zelfde mensen zo weinig liefde hebben voor hem en elkaar.) Als het gaat om verschillende houdingen ten opzichte van verschillende karakters, wordt alleen niveau 4 gescoord als deze houdingen bij God niet absoluut positief t/o absoluut negatief zijn; het moet gaan om –goed op de karakters afgestemde- nuances in de manier waarop God naar hen kijkt. (Bij twee tegengestelde inhouden t.a.v. verschillende karakters, een simpele scheiding in goed-slecht, wordt het scoreniveau 3)

Spanning/ambiguïteit bij God (onuitgewerkt):

4.4 Er worden verschillende, min of meer tegengestelde mentale inhouden van God aan eenzelfde aspect van het vertelde verhaal gekoppeld, zonder nadere uitwerking of verklaring van de tegenstelling.

4.5 Er wordt onderscheid aangebracht tussen optreden en achterliggende bedoelingen van God.

Niveau 5: Besef van de complexiteit van God, met (enig) inzicht in de samenhang in eigenschappen

5.1 Spanning/ambiguïteit of differentiatie met betrekking tot mentale inhouden van God worden in verband gebracht met/verklaard vanuit inzicht in wat God in het algemeen voor iemand is en hoe de (schijnbare) tegenstellingen van daaruit dus te verklaren zijn.

1.4 Vragen/antwoorden

Wat scoor je als in het verhaal niet duidelijk gekozen wordt voor hoe God tegen de situatie aankijkt; wanneer opengelaten wordt of hij blij is met de situatie of dat hij boos of veroordelend is?

Dan scoor je voor niveau 2: Er is sprake van een wisselend/fluctuerend/ tegenstrijdig beeld van God; er wordt niet aan één relatief coherente representatie van God vastgehouden. Onderscheidt dit wel goed van de niveau 4-score dat God in tweestrijd is; het moet duidelijk zijn dat de verteller deze tweestrijd heeft over hoe God is.

2. Affect-toon van de relatie met God

2.1 Toelichting op de schaal

De affecttoon van relationele schema's is een belangrijk aspect van de object-representaties die het interpersoonlijk functioneren bepalen. Psychoanalytisch gezien betreft het de affectieve kleuring van de objectwereld, variërend van boosaardig tot goedaardig; sociaal-cognitief is het op te vatten als de affectieve kwaliteit van relationele verwachtingen; oftewel de mate waarin iemand verwacht dat relaties pijnlijk en bedreigend of plezierig en verrijkend zullen zijn.

Het concept affecttoon is in het psychoanalytisch kader vooral gebruikt door theoretici over psychopathologie, en dan met name met m.b.t de borderline persoonlijkheidsstoornis. Volgens Kernberg reflecteert de boosaardige objectwereld van de borderline patiënt grotendeels een projectie van de eigen intense agressie. Masterson benadrukt het gebrek aan integratie van deelobjecten (primitieve representaties van aspecten van de zelf-ander interactie, georganiseerd rondom een specifiek door het affect gedomineerd affect of interactieschema. Twee typen objecten zijn hierbij met name belangrijk: belonende en beloning-onthoudende eenheden. Als gevolg van een gebrek aan empathisch vermogen bij de primaire verzorger gedurende de eerste levensjaren, blijven deze eenheden ongeïntegreerd en blijft de patiënt angstig voor een onthoudend, boosaardig, in de steek latend object dat de patiënt hulpeloos, leeg, diep eenzaam en verlaten achter kan laten. Ook Gunderson schrijft de boosaardige kenmerken van borderline-verschijnselen toe aan de ervaring door de persoon van zijn of haar belangrijkste object als frustrerend of niet beschikbaar.

Net zoals bij andere aspecten van objectrelaties en sociale cognities is te verwachten dat affectieve verwachtingen van relaties gedifferentieerd zijn, zodat iemand verschillende zaken verwacht van verschillende soorten relaties.

Ten aanzien van verwachtingen met betrekking tot de relatie met God is theoretisch te verwachten dat de dynamiek en gevoelige thema's, ontstaan in de vroege ervaringen met primaire verzorgers, op z'n minste even sterk als en mogelijk zelfs sterker dan, de affectieve kleuring van deze relatie zullen bepalen dan relaties met andere volwassenen. Dit omdat de relatie met God o.a. gekenmerkt kan worden als een ouder-kind relatie, en aan God doorgaans meer macht (zelfs almacht) toegeschreven wordt dan aan andere volwassenen.

Op het laagste niveau van de schaal is er sprake van verwachtingen van de relatie met God als diep vijandig of boosaardig, terwijl op de hogere niveaus sprake is van een bredere range van affectieve verwachtingen, die over het algemeen goedaardig en verrijkend zijn.

Kernvraag bij deze schaal is: **In welke mate ervaart het karakter negatieve, dan wel positieve gevoelens in de relatie met en/of ten aanzien van God? En in tweede instantie: Hoe kijkt de verteller in dit opzicht tegen God aan?**

Op niveau 1 is er sprake van een boosaardige God. De woede van God is niet een specifieke reactie op bepaald gedrag van het karakter, het is veel meer hoe God volgens karakter of verteller is. Deze boosheid is niet of nauwelijks af te wentelen.

Op niveau 2 is de boosheid van God weliswaar bedreigend en kan het leiden tot een erg onaangenaam leven, maar het overweldigt het karakter of de verteller niet totaal. Of er is sprake van diepe eenzaamheid omdat God volgens het karakter of de verteller niet helpt. Ten aanzien van het scoren maakt het daarbij niet uit of God al dan niet meelevend is, het gaat er om dat een karakter in z'n eenzaamheid of nood niet geholpen wordt. Ook als God vanuit het perspectief van het karakter niet bestaat, terwijl er wel sprake is van sterke gevoelens van hulpeloosheid, eenzaamheid of verdriet, wordt op dit niveau gescoord. (Als er geen sprake is van ernstige nood/sterke negatieve gevoelens, en God bestaat dan niet vanuit het perspectief van verteller en/of karakter, wordt op niveau drie gescoord.

Op niveau 3 overheersen weliswaar de negatieve gevoelens, maar ze zijn niet zo zwaar als op niveau 2, en ook kan er daarnaast tevens sprake zijn van positieve gevoelens ten opzichte van God. Naast boosheid en verwijten kan ook verdriet een belangrijke emotie zijn die in de relatie met God beleefd wordt. Bij het scoren gaat het dan om deze emotie; het feit dat dit in de relatie met God beleefd wordt, maakt dat het geen niveau-2 score is. Het is een niveau 3-score omdat het hele zware er vanaf gaat doordat God erbij is.

(Hoewel het door scorers als erg positief kan worden gezien dat God in zo'n situatie troost, gaat het toch om de gevoelens van karakter en evt. verteller die de score bepalen. Wat hierbij ook lastig kan zijn, is dat God niet de bron van de gevoelens bij het karakter hoeft te zijn; eenzaamheid en verdriet kunnen door andere factoren bepaald zijn, en sommige platen roepen deze gevoelens vrij rechtstreeks op (3, 4, 8, 10, 12, 14). Het is dan van belang om alert te zijn; als geen negatieve gevoelens bij het karakter worden onderkend, scoor dan niveau 3 in plaats van niveau 4; als duidelijk is dat respondent ervan in de war raakt en vervolgens –defensief- alleen positieve gevoelens toeschrijft aan het karakter, scoor dan niveau 2).

Op niveau 4 wordt de relatie met God als vlak of neutraal beleefd. Belangrijk is dat niet duidelijk is of positieve gevoelens of negatieve gevoelens overheersen. Zo gauw dat wel het geval is, wordt het of maximaal niveau 3 (negatieve gevoelens overheersen), of niveau 5 (positieve gevoelens overheersen).

Op niveau 5 overheersen de positieve gevoelens of is er sprake van uitsluitend positieve gevoelens.

Bij deze dimensie wordt afzonderlijk voor het karakter en voor de verteller gescoord. De scoreregels zullen doorgaans het meest van toepassing zijn op het karakter. Immers, het karakter heeft emoties, en de verteller zal vaak niet aangeven wat de situatie op de plaat aan gevoelens t.a.v. God bij hem of haar oproept. Toch zal het vaak gebeuren dat de verteller vanuit eigen perspectief ook nog iets aangeeft over hoe hij God ziet.

2.2 Omschrijving van de niveaus

Score	**Principe:** De schaal meet de affectieve kwaliteit van de representaties van God en van de relaties met God. Hij probeert vast te stellen in welke mate de persoon van God boosaardigheid of vijandigheid verwacht, of de relatie met God basaal als goedaardig en verrijkend ziet. N.B.: Vooralsnog wordt vanuit twee perspectieven gescoord: vanuit het perspectief van het centrale karakter en vanuit het perspectief van de verteller.
1	Beschrijvingen van God en van de relaties met God zijn overwegend boosaardig, met weinig hoop op troost of vriendelijkheid.
2	Beschrijvingen van God en van de relatie(s) met God zijn onplezierig of vijandig; de personen kunnen zich in de relatie met God pijnlijk alleen voelen.
3	Beschrijvingen van God en van de relatie(s) met God hebben zowel positieve als negatieve elementen, maar over het geheel is er sprake van een mild negatieve toon
4	God en de relatie(s) met Hem worden ervaren als neutraal, of als gemengd positief.
5	God en de relatie(s) met Hem worden al met al ervaren als positief en verrijkend. De persoon heeft positieve gevoelens ten opzichte van God, heeft het gevoel op Hem te kunnen rekenen en verwacht ook dat God hem of haar goedgezind is, van hem of haar houdt.
	N.B.: Als de affectieve kwaliteit vlak of defensief is (b.v. de persoon voegt 'happy endings' aan verhalen toe), codeer dan 3

2.3 Scoreregels per niveau

Scoor allereerst voor hoe het belangrijkste karakter in het verhaal de relatie met God beleeft (Zie ook Vragen/antwoorden om bij meerdere karakters te bepalen wat je scoort) . Deze info haal je uit wat de verteller vertelt over hoe de mensen denken en voelen.

Ga eerst na of er sprake is van ervaren nood in het verhaal, want dat bepaalt vaak de score sterk (niet getroost door God =2; wel getroost =3, daarbovenop nog positieve gevoelens over God, los van de situatie van nood:= 4 of 5).

Scoor vervolgens –indien nadrukkelijk hiervan onderscheiden- ook hoe de verteller God beleeft. Deze info haal je veelal uit wat de verteller zegt over wat God denkt, voelt en doet.

Niveau 1: God wordt gezien als enorm bedreigend, als iemand die je in de steek laat of die mensen zonder reden vernietigt/beschadigt/laat lijden en de persoon heeft daar heel erg onder te lijden.

Vanuit het karakter:

1.1 Er is bij het karakter sprake van eenduidige (niet ambigue) boosaardige representaties van God, waar de persoon niets tegen teweer brengt en ook niet door anderen uit gered wordt.

1.2 Er is sprake van geweld of agressie door God, terwijl het karakter hier geen redenen voor ziet.

Vanuit verteller:

Als er sprake is van geweld of agressie door God en de verteller geeft niet aan dat dit weliswaar door het karakter als zodanig wordt beleefd, maar dat God er toch zijn bedoelingen mee heeft, dan scoor je ook een 1 voor het vertellersperspectief.

Niveau 2: God wordt gezien als vijandig of afstandelijk, maar niet als enorm bedreigend

2.1 Acties van God zijn overwegend vijandig, maar overweldigen de persoon niet.

2.2 God wordt gezien als grillig, bedreigend, en dit kan leiden tot een erg onaangenaam leven.

2.3 God wordt door het karakter gezien als niet betrokken of niet helpend en dat dit wordt als een probleem beleefd (eenzaamheid, boosheid en verongelijktheid, etc.).

2.4 God dwingt de persoon tot iets, zonder begrip voor of inleving in deze persoon.

2.5 Er is sprake van diepe, maar niet overweldigende eenzaamheid of een gevoel van verlatenheid. Dit gevoel kan voor het karakter betrekking hebben op diens relatie met God, maar het kan ook inhouden dat God voor het karakter niet lijkt te bestaan of in het geheel niet betrokken wordt bij deze negatieve beleving.
2.6 Er is sprake van op de vlucht zijn voor God.
2.7 Er is sprake van gedeeltelijk zelfopgelegd slachtofferschap in de relatie met God die dus niet alleen het gevolg is van boosaardigheid van God.
2.8 Er is sprake van falende hulpverlening door (een evt. goedgezinde) God.
2.9 Het karakter ontvlucht een zeer onplezierige situatie door eigen inspanning, en ervaart geen hulp van God of besef van een relatie met God.
2.10 Het verhaal is defensief positief terwijl duidelijk is dat de respondent agressieve of onaangename inhoud afweert waarvan hij of zij in de war is geraakt.
2.11 Er is sprake van een ongeloofwaardige 'happy ending'; het loopt zomaar goed af, bijvoorbeeld doordat God het toch goed laat komen, zonder dat de processen die daartoe leiden (zoals veranderingen in de persoon), geloofwaardig beschreven worden.

Vanuit verteller:

Verteller zegt (alleen) dat God boos of verdrietig is over het gedrag of de houding van het karakter, ook al is het karakter zelf zich van geen kwaad bewust.

Als er sprake is van een vijandige, afstandelijke of afwezige God en de verteller geeft niet aan dat dit weliswaar door het karakter als zodanig wordt beleefd, maar dat God er toch positieve bedoelingen mee heeft, dan scoor je ook een 2 voor het vertellersperspectief.

Niveau 3: Er is een (affectieve) relatie met God, maar deze wordt als licht onbevredigend/negatief gewaardeerd of voornamelijk gekenmerkt door negatief affect

3.1 De representatie van God is licht negatief: Er is sprake van angst voor God, verwijten aan Gods adres of boosheid op Hem en het is niet duidelijk dat er sprake is van een doorgaande relatie
3.2 Er is sprake van gemengde gevoelens richting God en de toon is overwegend negatief.
3.3 Er is sprake van getroost worden door God. Scoor dit niet als het duidelijk een gedachte achteraf is die aan het eind nog aan het verhaal wordt geplakt terwijl er verder sprake is van overweldigende eenzaamheid (scoor dan 2)
3.4 Er is sprake van ontsnapping aan gevaar met behulp van God, en er is geen duidelijkheid over een blijvende relatie met God daarna. Wanneer het karakter in een levensbedreigende situatie echter niet overwegend bang is maar vooral vertrouwt op God die redt, dan is het minimaal een niveau 4 score

3.5 Er is geen sprake van een bedreigende of sterk negatief beleefde situatie voor het karakter en er wordt door het karakter geen interactie aangegaan met God; het karakter houdt zich verder ook niet met God bezig.

Vanuit verteller:

De verteller aarzelt steeds tussen twee scenario's; eentje waarbij God redt/uitkomst geeft, etc., en eentje waarbij God het mis laat lopen, of de verteller noemt alleen de mogelijkheid dat God misschien in de toekomst goede dingen voor het karakter gaat doet.

Als de verteller de elementen uit het verhaal die bij voor het karakter niet leiden tot een niveau-3 score, niet relativeert en een ander perspectief geeft op God, scoor je voor verteller ook een 3.

Als er info is waaruit blijkt dat God volgens verteller moeite heeft met de opstelling van het karakter, omdat God positiever is dan door het karakter beleefd wordt, scoor dan een 4 of een 5 voor het vertellersperspectief.

Als de verteller uitsluitend aangeeft dat God boos is omdat het karakter niet of te weinig op hem vertrouwt of geen relatie met hem aangaat, scoor dan een 2 of een 1.

Niveau 4: (De relatie met) God wordt neutraal of met gemengde gevoelens beleefd

4.1 Er is sprake van gemengde (positieve en negatieve) gevoelens ten opzichte van God, waarbij dit geen werkelijk gevaar vormt voor de karakters.

4.2 Er is –binnen de relatie- sprake van een conflict of spanning in de relatie met God, maar de uitkomst van het conflict of van de daden/besluiten van God zijn niet rampzalig voor het karakter.
Mensen voelen zich bijvoorbeeld ten opzichte van God goed over iets dat ze doen (ARGk=4), maar God laat hun zien dat het toch niet zo goed is en ze laten zich daardoor aanspreken (ARGv=4).
Het karakter is boos op God en keert zich van hem af, maar God zorgt toch dat de relatie met hem weer hersteld wordt.

4.3 De omgang met God is wat vlak en onuitgewerkt, maar er lijkt geen sprake te zijn van afkeer om met God om te gaan.
twee mensen trouwen bijvoorbeeld in de kerk en hebben alleen aandacht voor elkaar (als echter niet benoemd wordt dat ze in de kerk trouwen, wordt het een niveau-3 score).
(Als er sprake is van situaties die bijna vanzelfsprekend negatieve gevoelens oproepen, zoals op de platen 3, 4, 8, 10, 12 en 14, en het karakter is uitsluitend positief over de relatie met God zonder dat de negatieve emoties (die in het vertelde verhaal dan wel aanwezig moeten zijn) in deze relatie een plek krijgen, scoor dan een 3 i.p.v. een 4 of 5).

Scoor dit ook wanneer er wel sprake is van negatieve gevoelens van karakters ten opzichte van de religieuze omgeving, maar er niets gezegd wordt over gevoelens ten opzichte van God.

Scoor dit ook wanneer een karakter dat God niet lijkt te kennen, interesse toont voor God en voor het geloof.

4.4 Er is interactie met God, maar er is hierbij sprake van minimaal gevoel; de affecttoon is nogal neutraal.

4.5 Het karakter doet iets voor God, maar dit lijkt meer te maken te hebben met het voldoen aan verwachtingen of verplichtingen dan met eigen intenties of positieve gevoelens.

Mensen willen God bijvoorbeeld bij hun leven betrekken, maar er wordt niet vermeld dat hun dat ook blij maakt

Of er wordt gezegd dat mensen God ergens voor danken, maar er wordt niet gezegd dat ze dankbaar zijn

4.6 Er is sprake van ontsnapping aan gevaar met behulp van God of troost en bemoediging door hem, en er zijn aanwijzingen voor dat de relatie met God daarvoor ook al belangrijk was voor het karakter of dat de relatie na de gebeurtenis beter wordt.

4.6 Het karakter is blij met iets wat (volgens de verteller) van God komt, maar uit het verhaal wordt niet duidelijk dat het karakter dit ook ervaart als afkomstig van God

4.7 Het karakter heeft spijt van zijn daden en zoekt vandaaruit contact met God, wat leidt tot een bekering.

Vanuit verteller:

Als verteller ambivalent is over wat God er van vindt en niet duidelijk is dat een positieve houding van God tegenover het karakter de overhand heeft; scoor dan een 3 voor het vertellersperspectief.

Als God volgens de verteller wel verdrietig, boos of afkeurend is m.b.t. gedrag of houding van het karakter (omdat dat tegen zijn wil of gebod ingaat), maar zijn liefde en zorg voor het karakter of in het algemeen worden daar als sterker tegenover gezet, scoor dan een 4 voor het vertellersperspectief.

Vb: God is verdrietig dat een dominee alleen vertelt hoe streng en boos God is en hij zorgt ervoor dat de mensen op andere manieren ook andere kanten van hem leren kennen.

De verteller zegt niet te weten wat God denkt of voelt, er wordt geen positief of negatief beeld van God geschetst.

De bemoeienis van God met het karakter heeft als insteek dat iemand iets gaat inzien, iets gaat leren, iets beter gaat doen, en niet zozeer omdat dat dan beter is voor de persoon, maar vooral omdat God dat vraagt.

Niveau 5: De relatie met God wordt overwegend of uitsluitend positief beleefd

5.1 Er is sprake van uitsluitend positieve gevoelens en interacties t.a.v. God.
Een karakter is bijvoorbeeld blij met iets en dankt God daarvoor (N.B. als het uitsluitend blijdschap betreft over de ervaren verlichting die plaatsvind met betrekking tot de nood van het karakter, is het een niveau-3 score. Als er sprake is van blijdschap om het contact op zich, ondanks de ervaren nood, is het wel een niveau 5 score.

5.2 Er is sprake van gemengde gevoelens t.a.v. God, waarbij de positieve gevoelens overheersen.

Vanuit verteller:

Als er uitsluitend sprake is van positieve gevoelens of eigenschappen die de verteller aan God toeschrijft, scoor dan 5 voor vertellersperspectief.

N.B.; de verteller hoeft daarbij niet zelf heel blij of enthousiast over God te praten; dit in tegenstelling tot de scoring voor de affecttoon bij het karakter: daar leidt een vlakke toon wel tot een 4-score.

VB: Een karakter is verdrietig en wordt getroost door God (ARGk=3), de verteller zegt dat God blij is dat degene in hem gelooft en dat hij hem kan troosten (ARGv=5)

Als er ook sprake is van negatieve gevoelens als pijn of verdriet bij God, maar dit is omdat God meelijdt met het karakter, en hij wil daarnaast ook troosten, dan scoor je ook niveau 5.

2.4 Vragen/antwoorden

Meerdere karakters met verschillende scores. Voor wie moet je scoren als er meerdere karakters met verschillende scores worden beschreven? Als de een heel hoog en de ander heel laag scoort, terwijl niet goed duidelijk is wie het meest voor de hand liggend is. Bijvoorbeeld in een beschrijving van plaat 11 waarin de dominee liefdevol het evangelie uitdraagt door het avondmaal te bedienen aan een zwerver, waarin de kerkleden dit af keuren en waarin de zwerver niet gelooft maar het wel oké vindt om mee te doen aan het avondmaal. Dit blijft de vraag, ook in andere voorbeelden. De zieke die niet blij is met God maar de dominee wil graag dat de zieke Gods liefde ziet. De kerk waarin God streng is terwijl het meisje denkt dat God liefde is.)

Regel is dat gescoord wordt voor het meest centrale karakter. In bovenstaande bijvoorbeeld lijkt het toch het meest om de zwerver te gaan, lijkt de dynamiek zich meer rondom hem af te spelen dan rondom de dominee. Bij de zieke zal het verhaal draaien om hoe het met de zieke gaat en afloopt, en waarschijnlijk niet om hoe de dominee weggaat en wat er daarna in zijn leven nog gebeurt. De vraag is dus: waar is het verhaal omheen gestructureerd? Wat geeft de dynamiek aan het verhaal? Om de ontknoping van wat van wie gaat het? Maar ook als dit het criterium is, kan een verhaal zo verteld worden dat steeds alles voor twee of drie karakters (waaronder ook groepen) in gelijke mate uitgewerkt wordt. Sommige respondenten zouden daar hun stijl van gemaakt kunnen hebben; alles netjes uitwerken, wat mogelijk ook kan samenhangen met het zich niet echt identificeren met de dynamiek van een zelfgecreëerd verhaal. In dat geval kan de volgende regel uitkomst bieden:

- Als er wel sprake is van één afzonderlijk uitgewerkt individu naast wat algemenere groepen, dan gaat het om de scores van dat individu.
- Als er sprake is van twee of meer ongeveer in gelijke mate uitgewerkte afzonderlijke, individuele karakters die heel verschillende scores zouden halen, dan scoor je alleen de laagste.

Wat scoor je als de verteller vertelt dat het karakter na een breuk toch weer bij God komt? wanneer God een bedoeling heeft gehad met het lijden?

Als een karakter in nood geen hulp van God krijgt/ervaart, en het zelf probeert op te lossen, is er sprake van niveau 2 (God is niet enorm bedreigend, wel op afstand). Als er wel sprake is van getroost worden door God in een moeilijke situatie, is er sprake van niveau 3, behalve als dat er teveel achteraan geplakt wordt (defensief)

Als het affect van het karakter aan het eind van het verhaal positief is, en er is geen verdriet of pijn meer, en dat wordt ook echt verteld als een duidelijk en substantieel onderdeel van het verhaal zelf,(ipv als oh ja en hoe loopt het af, nou, .., en

dan nog 1 zinnetje dat alles goed is gekomen), dan is het niveau 5 geworden. Maar dan ben je dus ver weg bij de afbeelding zelf, dit zal niet veel voorkomen.

De breuk op zich is relevanter bij de dimensie Emotionele investering in de relatie; en bedoeling van God met lijden is hier niet relevant, wordt gescoord bij Visie op handelen van God.

Wat scoor je als in het midden wordt gelaten wat het affect van het karakter is? Bijvoorbeeld dat bij een verlies/begrafenis wordt aangegeven dat het karakter uitzicht heeft als hij of zij gelooft, en anders niet?

Dan scoor je niveau 2 voor karakter, en minimaal niveau 3 voor verteller

Summiere aanvulling door verteller. Als de verteller nauwelijks extra informatie geeft, alleen een summiere aanvulling; wat scoor je dan? Met andere woorden, wat scoor je als de verteller nauwelijks reflecteert op de affecttoon, scoor je dan dezelfde score als dat van het karakter of kan je dan niet scoren?

Als uit (desnoods heel summiere info) duidelijk wordt dat verteller ook buiten beeld van karakter om een idee heeft van hoe God is, dan scoor je dit beeld.

Als uit de summiere info duidelijk wordt dat God anders is dan karakter ziet of ervaart, wordt dit toch een (meestal) hogere score; dit kan inderdaad uit heel summiere info naar voren komen.

Als alleen het perspectief van het karakter naar voren komt, dan is het perspectief van de verteller dus niet te scoren en noteer je een 8.

Als je mag aannemen dat het karakter het bestaan van God niet erkent?

Dan scoor je niveau 3 (zie blz 10 Scoresysteem).

Als het kind dat uit de mand pikt wel wordt berispt maar de karakters danken God wel voor wat Hij geeft, wat is dan de affecttoon?

De berisping vindt plaats in de relatie ouder-kind, en zal niet het affect sterk bepalen waarmee de centrale karakters ook de relatie met God aangaan (wat in geval van ernstige nood, rouw, etc. wel het geval is). Zal dus doorgaans geen invloed hebben op de score.

3. Vermogen tot emotionele investering in de relatie met God

3.1 Toelichting op de schaal

Emotionele investering heeft volgens Westen betrekking op het zo met emotie laden van de representatie van een doel of gewenste eindtoestand of van aspecten van een relatie, dat in de realiteit geconstateerde afwijkingen hiervan leiden tot negatieve gevoelens, en overeenkomsten tot positieve gevoelens. Er is sprake van een ontwikkeling van een patroon van emotionele investering dat wordt bepaald door een (vaak als narcistisch aangeduide) behoeftenbevredigende oriëntatie (waarbij relaties met anderen uitsluitend gewaardeerd worden met het oog op de eigen bevrediging, veiligheid of voordelen die deze verschaffen) naar een patroon van

rijpe objectrelaties die gebaseerd zijn op wederzijdse liefde, respect, en zorg voor anderen, waarbij anderen worden gewaardeerd om hun specifieke eigenschappen.

Ook dit aspect van object-relationeel functioneren lijkt van toepassing te zijn op iemands representatie van diens relatie met God. Hierbij wordt, evenals bij de SCORS, vooral gelet op de motivatie van waaruit de relatie met God wordt aangegaan. In het christelijk geloof is een liefdevolle relatie met God het uiteindelijke doel; en in zekere zin –hoewel ook gesteld wordt dat God de mens niet nodig heeft- is er toch sprake van wederkerigheid; God verlangt ernaar om contact met mensen te hebben, Hij heeft er plezier en genoegen in dat mensen Hem zoeken. De liefde van christenen voor Hem wordt gezien als een antwoord op Zijn liefde voor hen. Het is dan ook niet de bedoeling dat de relatie met God op angst gebaseerd is; wel wordt in de Bijbel gesproken over het vrezen van de Heere, maar dit betreft meer het ontzag voor Hem hebben.

De ontwikkeling van deze rijpe patronen omvat drie processen. De eerste is de ontwikkeling van het vermogen om de emotionele investering te reguleren, zodat iemand zich niet met een totale investering voorbarig en met hart en ziel stort in intensieve relaties (zoals bij de borderline persoonlijkheidsstoornis vaak het geval is), of zich defensief terugtrekt uit relaties om pijn en kwetsbaarheid te voorkomen (zoals bij vermijdende en schizoïde persoonlijkheidsstoornissen). Een tweede proces betreft de ontwikkeling van het vermogen om in specifieke anderen te investeren vanwege hun unieke kwaliteiten.

Een derde proces betreft de ontwikkeling van het vermogen om te investeren in morele waarden, voorschriften en idealen die relaties reguleren en het leven betekenis geven, en die voorrang hebben boven de eigen wensen en impulsen, zelfs als deze sterk opspelen.

Dit vermogen wordt bij de ATGR apart gescoord omdat de omgang met/overtreding van regels, normen en waarden in religieus opzicht een veel sterkere lading kan krijgen dan sec in het intermenselijk verkeer, en daarom mogelijk sterker afwijkt van de emotionele investering in relaties dan bij de reguliere TAT-afnames het geval is.

Kernvraag bij deze dimensie is: **wat is de motivatie voor het contact met God en in welke mate wordt hierin emotioneel geïnvesteerd?**

Hierbij wordt uitsluitend gescoord wat de motivatie van het karakter is, omdat uit eventueel aanvullende opmerkingen vanuit het vertellersperspectief maar moeilijk af te leiden is wat de emotionele investeringen zijn; de veronderstelling is dat vooral in de dynamiek van het vertelde verhaal de spanning tussen eigen behoeften en hogere waarden een reële rol spelen en dat daarbinnen de relevante afwegingen gemaakt worden. Met andere woorden: het affect dat bij deze dimensie zo'n belangrijke rol speelt, uit zich het sterkst in het narratieve verhaal en de eventuele relativering vanuit het vertellersperspectief zal vaak cognitiever van aard zijn.

Op niveau 1 is er sprake van een sterke egocentrische instelling; de eigen behoeften staan centraal en er wordt alleen een relatie aangegaan als dit in dienst staat van de eigen behoeftenbevrediging, waarbij er geen enkele notie is dat hieraan iets niet juist is, of waarbij zelfs aan het bestaan van God voorbij wordt gegaan.

Op niveau 2 staat de eigen behoeftenbevrediging nog steeds centraal. Toch zijn de redenen om contact/een relatie met God aan te gaan net iets minder egocentrisch dan op niveau 1: het karakter is in nood en zoekt uitsluitend contact met God om uit deze nood verlost te worden, of het karakter is eenzaam en staat daarom open voor een relatie met God. Maar er is nauwelijks sprake van eigen investering; als de 'opbrengst' tegenvalt en het daarom moeite (emotionele investering) zou kosten om de relatie vol te houden, wordt de relatie toch verbroken. Ook het vermijden van straf als enig motief voor het hebben van contact/een relatie met God valt onder dit niveau.

Op niveau 3 wordt er emotioneel enigszins geïnvesteerd in de relatie met God; de relatie heeft meer continuïteit en vanzelfsprekendheid en staat niet zo onder druk vanuit motieven van min of meer onmiddellijke behoeftenbevrediging. Toch ontbreekt een duidelijke innerlijke overtuiging of waardering van de relatie met God, en lijkt deze meer vanuit conventionaliteit/plichtmatigheid aan te zijn gegaan, waarbij angst voor liefdesverlies of de behoefte om geaccepteerd en gewaardeerd te worden een belangrijke rol kunnen spelen bij de emotionele investering in de relatie met God.

Op niveau 4 is sprake van een duidelijke innerlijke overtuiging waardoor het karakter –wat emotionele investering betreft- ook van zichzelf en eigen verlangens af kan zien als deze op gespannen voet staan met de relatie met God. Hierbij ligt de nadruk op instemming met de regels, eisen en verwachtingen van God; willen doen wat goed is, ook al kost dat moeite.

Op niveau 5 ligt de nadruk op een toegewijde relatie met God om de relatie zelf; ook als er sprake is van hulp of steun van God, is dat niet de reden voor de relatie.

3.2 Omschrijving van de niveaus

Score	Principe: de schaal meet de mate waarin de relatie met God slechts wordt gezien als een middel om de eigen behoeften te bevredigen tegenover de mate waarin er sprake is van een toegewijde relatie die op zichzelf als waardevol wordt beleefd.
1	Een behoeften-bevredigende oriëntatie in de relatie met God; de relatie lijkt inwisselbaar, onbelangrijk in zichzelf, nuttig voor zelfkalmering/geruststelling, zeer tumultueus of afwezig maar niet gewaardeerd
2	Beschrijvingen van de relaties met God zijn emotioneel wat oppervlakkig, relaties kunnen duurzaam zijn maar missen diepte. Er is besef van spanning tussen eigen wensen en behoeften en de verwachtingen van God, maar de eigen behoeftebevrediging staat voorop
3	Beschrijvingen van de relaties met God geven blijk van conventionele betrokkenheid. Het God naar de zin maken, geaccepteerd willen worden en Zijn regels opvolgen zijn duidelijke doelen die het directe zelfbelang overstijgen.
4	Er is sprake van een toegewijde relatie met God, waarin God gewaardeerd wordt om wie Hij is. Daden die het zelfbelang overstijgen, worden uit overtuiging gedaan en niet uit angst voor liefdesverlies of de behoefte om geaccepteerd en gewaardeerd te worden.
5	Er is sprake van een diepe, toegewijde relatie; er wordt genoten van de relatie met God om de relatie zelf; er is besef van wederkerigheid wat inhoudt dat er ook besef is van het verlangen van God om contact met de persoon te hebben.
	N.B.: Wanneer slechts de perso(o)n(en) of slechts God wordt beschreven, en er niet op de relatie wordt ingegaan, codeer dan 1.

3.3 Scoreregels per niveau

Niveau 1: Geen relatie met God of relatie alleen voor eigen behoeftebevrediging

1.1 Behoeftebevrediging is het primaire doel van het contact met God en er is geen sprake van enig besef dat het karakter mogelijk ingaat tegen de bedoelingen of verwachtingen van God. De behoeftebevrediging heeft betrekking op iets fijns/prettigs voor zichzelf willen; het betreft niet het zoeken van bescherming of troost in gevaar of verdriet/angst.

1.2 Uit het verhaal wordt duidelijk dat God voor de karakters of voor het centrale karakter niet bestaat of dat ze/hij niets met hem te maken wil(len) hebben. Als de verteller open laat of God voor het karakter wel of niet bestaat (bijvoorbeeld door te zeggen: misschien gelooft hij niet in God; of: als hij niet in God gelooft, kan God niets doen), is het géén niveau-1 score. Wél als de verteller het formuleert als: ik denk dat hij niet in God gelooft.

1.3 Hoewel het karakter gelooft dat God bestaat, heeft hij of zij geen zin om zich aan diens regels te houden en gaat er bewust tegenin.

Niveau 2: Oppervlakkige en mogelijk duurzame relatie met God waarin eigen behoeftebevrediging voorop staat

Hulp of troost zoeken bij ervaren nood (gevaar, ziekte, verdriet, (ziele)angst, eenzaamheid):

2.1 De relatie die het centrale karakter (of de karakters) met God heeft is of lijkt alleen gebaseerd te zijn op het zoeken van hulp of troost bij gevaar of benauwdheid en er zijn geen verdere aanwijzingen dat de relatie met God meer inhoudt dan dat. (Als bijvoorbeeld het karakter wel een relatie met God heeft en de verteller zegt dat hij ook contact zoekt met God in situaties van nood, dan is het geen niveau-2 score).

2.2 Het centrale karakter (of de karakters) ervaart (een zekere) nood en overweegt daarom een relatie met God aan te gaan (is zoekend).

2.3 De verteller laat in het midden of het karakter een relatie met God heeft, maar zegt wel dat als het karakter gelooft of hulp of steun zoekt, dat God dan zal helpen.

Verbreken van relatie met God bij ervaren nood:

2.4 God wordt door de karakters/het centrale karakter gezien als iemand die niet helpt of die verantwoordelijk gesteld wordt voor de rampspoed van een karakter en de relatie wordt daarom misschien niet zondermeer, maar mogelijk na inner-

lijk conflict, toch verbroken; God wordt blijkbaar gewaardeerd zolang Hij wat voor een karakter doet.

Niveau 3: Twijfel die niet leidt tot verbreken van de relatie, of conventionele betrokkenheid op God of interesse in God en geloven zonder duidelijke innerlijke toewijding die ook gestalte krijgt in volgehouden keuzes

Geen contact met God gezocht en geen informatie over relatie met God:

3.1 Uit het verhaal wordt niet duidelijk dat het karakter niet gelooft in het bestaan van God of niets met God te maken wil hebben.

Twijfel en geloof onder druk:

3.2 Negatieve gebeurtenissen brengen het geloof en/of de relatie met God aan het wankelen, en het wordt uit het verhaal niet duidelijk of de relatie met God volgehouden of juist verbroken wordt.

Plichtmatige relatie:

3.3 Er is sprake van een relatie met God die plaatsvindt omdat het zo hoort/omdat het volgens de verwachtingen is, zonder aanwijzingen voor een duidelijke innerlijke overtuiging.

Interesse in God of in geloven:

3.4 Vanuit een eigen overtuiging trouwen in de kerk, zich laten dopen, naar de kerk gaan en naar de dominee luisteren of in de bijbel lezen e.d., zonder dat duidelijk wordt uit het verhaal dat dit resulteert in volgehouden keuzes, in keuzes die de inrichting van het verdere leven bepalen.

3.5 Na een leven zonder God of na God vaarwel te hebben gezegd, toch (weer) gaan geloven; terwijl uit het verhaal verder niet duidelijk wordt dat dit inhoudt dat het oude leven met moeite losgelaten gewordt of dat iemand nieuwe keuzes maakt omdat God dat vraagt.
(Dit kan ook inhouden dat iemand uit zichzelf God niet zoekt, maar dat God gebeurtenissen zo leidt dat degene gaat geloven; terwijl in het verhaal dat geloven verder niet wordt uitgewerkt).

3.6 Hoewel in het vertelde verhaal het hulp krijgen van God bij nood voorop staat, wordt toch duidelijk dat de relatie met God uit meer bestaat (bijvoorbeeld doordat de verteller zegt dat God blij is dat het karakter *ook* in zulke situaties contact met hem zoekt of op hem vertrouwt).

Blijdschap, dankbaarheid over de situatie, niet zozeer over de relatie met God:

3.7 Het karakter is blij met en/of dankbaar voor wat er in zijn of haar leven gebeurt, en schrijft dat toe aan God. De redenen voor de blijdschap worden uitsluitend toegeschreven aan de situatie en niet aan het hebben van een wederkerige en langdurige relatie met God.

Rest:

3.8 Er is sprake van een relatie met God, en de 'negatieve' kenmerken van niveau 1 en 2 ontbreken, evenals de positieve kenmerken van niveau 4 en 5.

Niveau 4: Toegewijde relatie met God; het leven daarnaar inrichten (en evt. inleveren op eigen behoeften) uit overtuiging

De relatie met God vindt plaats vanuit het besef dat dit goed is; het karakter wil het ook zelf en is bereid van zichzelf en eigen verlangens af te zien. In vergelijking met 5 vindt dit meer plaats vanuit overtuigd geloof in de waarheid van Gods bestaan en de juistheid van zijn eisen en verwachtingen, dan vanuit de persoonlijke positieve waardering van het contact op zich. Het element van toewijding die zich uit in het maken van keuzes (iets nalaten of juist iets doen voor God) of van een langduriger commitment uit deze overtuiging dient hierbij wel aanwezig te zijn; het alleen in de situatie heel blij zijn met God is onvoldoende voor een 4-score).

4.1 Het geloof van het karakter wordt (door moeiten) op de proef gesteld, maar het karakter blijft geloven of komt na een periode van twijfel of afstand nemen toch weer bij God uit.

4.2 Het karakter voert religieuze handelingen uit waarvan de verteller zegt dat dit getuigt van betrokkenheid op God omdat het niet vanzelf spreekt (bijvoorbeeld het bidden voor het eten in een minder alledaagse situatie als op vakantie zijn, buiten eten). Ook het oprecht belijden van schuld of het vragen van vergeving vallen hieronder.

4.3 Het karakter maakt belangrijke keuzes (bijvoorbeeld in de kerk trouwen of zich laten dopen, voor het eerst aan het avondmaal gaan, zich bekeren) waarvan in het verhaal ook duidelijk wordt of door de verteller wordt genoemd dat ze van invloed zijn op het leven dat erop volgt (voor God leven, hem in je verdere leven betrekken).

4.4 Het karakter komt door bepaalde gebeurtenissen die door God zo geleid zijn (bijvoorbeeld een preek, een ontmoeting, een bijzondere avondmaalsviering) tot belangrijke nieuwe overtuigingen die gevolgen voor het handelen hebben die verder doorwerken dan alleen in de concrete hier-en-nu-situatie in het verhaal.

4.5 Het karakter breekt met een verkeerde levenswijze omdat het geloof dat vraagt (en niet omdat hij/zij dat zelf graag wil en dat vervolgens realiseert met behulp van God/het geloof).

4.6 Het karakter overwint een bepaalde sterke weerstand tegen het geloof.

4.7 Het karakter/de karakters gaan in tegen een bepaalde voorstelling van het geloof, zoals gepresenteerd door autoriteitsfiguren (ouders, familie, predikant, gemeenschap) omdat ze ervan overtuigd zijn dat het anders is.

Niveau 5: Diepe, toegewijde relatie met God om de relatie zelf; besef van wederkerigheid

5.1 Er is bij het karakter sprake van (waardering van) contact met God om het contact zelf; dit is het belangrijkste waar het in de relatie om draait; hierbij is sprake van besef dat God een persoonlijke relatie wil en ook geniet van het contact. Het wordt daarbij duidelijk de waardering breder is dan alleen in de situatie van het verhaal.

3.4 Vragen/antwoorden

Je mag alleen voor karakter scoren. Wat scoor je als het karakter geen relatie met God aangaat of überhaupt geen besef heeft van het bestaan van God?

Als God wel bestaat voor het karakter maar er wordt verder niets over gezegd wat een niveau-1 score rechtvaardigt (dat het karakter niets met God te maken wil hebben) of een niveau-2 score (de behoeften van de persoon vormen de reden voor de relatie of voor contact zoeken met God), en ook geen niveau-4 score: echte toewijding, dan wordt het niveau 3 (zie scoreregel 3.2) als er wel sprake is van een relatie. Relatie houdt hier niet in dat er contact gezocht wordt; als het karakter aan het bestaan van God betekenis toekent voor hemzelf, als hij zicht tot God en diens verwachtingen op de een of andere manier verhoudt, is er sprake van een relatie. Als er geen relatie is (God bestaat alleen, maar het is duidelijk dat dit geen betekenis heeft voor het karakter, dan scoor je niveau 1).

Als je kan aannemen God wel bestaat voor het karakter, (doordat bijvoorbeeld wordt benoemd dat er een Bijbel op tafel ligt), maar het karakter zoekt geen contact met God, mag je dan aannemen dat het karakter niets met God te maken wil hebben en scoor je dan dus niveau 1?

Nee, om te kunnen scoren dat het karakter niets met God te maken wil hebben, moet dat nadrukkelijk als zodanig naar voren komen, anders wordt het een niveau-3 score.

Voor welke score kies je als verschillende mensen op de plaat verschillend investeren in de relatie met God. Bijvoorbeeld plaat 7.

Op dezelfde manier als bij Affecttoon.

Wat scoor je als mensen wel uit overtuiging voor God hebben gekozen (wat bij niveau 4 hoort) en dankbaar of blij zijn, maar wanneer uit het verhaal niet duidelijk wordt dat ze ook dingen speciaal voor God doen of nalaten en dat ze dus ook moeite doen om –tegen eigen verlangens en behoeften in- aan de relatie met God vast te houden?

Dan scoor je toch slechts niveau 3, tenzij wel duidelijk is dat deze keuze gevolgen heeft voor hoe ze hun leven verder inrichten, ook al zijn de specifieke dingen die ze daarom voor God doen of laten, niet nader gespecificeerd.

4. Visie op handelen van God

4.1 Toelichting op de schaal

Deze schaal is weliswaar afgeleid van de SCORS-schaal Causaliteit van handelen, maar de inhoud van de schaal ligt veel verder af van de oorspronkelijke SCORS-schaal en bijbehorende ankerpunten dan bij de overige schalen.

Op onrijpere niveaus van ontwikkeling worden verklaringen voor gedrag van mensen gevonden die meer door de eigen gevoelswereld dan door feitelijk juiste attributies van motieven van anderen bepaald zijn. Daarbij zijn deze bij borderline-patiënten vaak ook boosaardiger. In het kader van stresscoping is het –om grip te krijgen op een complexe wereld- voor mensen van belang om goed zicht te hebben op de psychologische complexiteit van anderen, om te weten wat hen drijft, wat er achter hun gedrag kan liggen.

Op religieus gebied speelt hetzelfde belang, maar lijkt het onderwerp een belangrijke verbreding en ook verdieping te krijgen. Een verbreding, want het handelen van God zal voor gelovigen doorgaans niet als direct waarneembaar worden geacht, maar betrekking hebben op een overtuiging over de wijze waarop en de mate waarin God zijn hand heeft in allerlei alledaagse en minder alledaagse gebeurtenissen. En een verdieping, omdat meer dan aan het handelen van mensen, aan het handelen van God bedoelingen kunnen worden toegeschreven die met zingeving en met het al dan niet tot bestemming komen te maken hebben. Daarmee is de zingevingsdimensie veel meer in beeld dan bij de SCORS, en gaat het meer om overtuigingen van mensen dan om minder of meer adequate attributies van complexe motieven van mensen. Voor de schaalconstructie roept dat de vraag op of het wel mogelijk is om hierin op dezelfde wijze als bij de SCORS een continue schaal te creëren van minder rijp naar meer volwassen. Is er geen sprake van religieuze vooringenomenheid, wanneer je de ene overtuiging over het handelen van God als rijper en volwassener bestempeld dan de andere? Aan dat gevaar is inderdaad niet helemaal te ontkomen. Tegelijk speelt dit ook bij de schaal affecttoon van de relatie met God. De veronderstelling is daar dat een overwegend positief beeld van God rijper is dan een wantrouwend en angstig beeld. Ook dit veronderstelt een aanname over de juistheid van dit godsbeeld. Functioneler geredeneerd kan wel gesteld worden dat –los van de juistheid van dit beeld- verwacht kan worden dat een positiever beeld van God psychologisch gezien tot groter welbevinden zal leiden. Overigens geldt dit in principe ook ten aanzien van de SCORS-schaal affecttoon: blijkbaar ligt daaronder ook de aanname dat mensen in principe welwillend zijn ten opzichte van elkaar. Het hoeft geen betoog dat ook dit een bepaald vooringenomen mensbeeld is, maar dat tegelijk empirisch aantoonbaar is dat een persoonlijk geloof in de juistheid van dit mensbeeld samengaat met verhoogd welbevinden. Op eenzelfde wijze dient de constructie van deze TAG-GB schaal opgevat te

worden als een psychologisch gemotiveerde aanname over de meest gezonde (in plaats van de meest juiste) visie op het handelen van God.

De zingevingsvraag speelt uiteraard het sterkst daar waar deze op de proef wordt gesteld door het kwaad dat mensen overkomt. In de theologie staat dit bekend als het vraagstuk van de theodicee.

Daarbij is uitgegaan van twee aspecten: Allereerst de wijze waarop God invloed heeft: alleen op de wijze waarop mensen met hem of met situaties omgaan, of ook of Hij onmiddellijk de hand heeft in de gebeurtenissen die mensen overkomen. Vervolgens wordt dan nagegaan of mensen iets met deze aan God toegeschreven activiteiten kunnen; roept het weerstand, bezinning of zelfs een zekere overgave op? Op het hoogste niveau van deze schaal is God er –ook als het kwaad iemand treft- dan nog bij en kan er steun ontleend worden aan een blijvend geloof in zijn goedheid en almacht, ook al is het waarom van de gebeurtenissen niet meer logisch te vatten.

Kernvraag bij deze dimensie is: **Wat kan God feitelijk teweegbrengen in de situatie en/of het innerlijk van mensen en in welke mate hebben mensen daar verklaringen voor of kennen ze er (specifieke) bedoelingen aan toe?**

Deze schaal meet een combinatie van de aan God toegekende invloed op gebeurtenissen en de daarvoor aanwezige verklaring betreffende de redenen of bedoelingen van God.

Invloed van God wordt onderscheiden in invloed op gebeurtenissen/omstandigheden en invloed op reacties van mensen.

Ten aanzien van invloed op gebeurtenissen of omstandigheden wordt vastgesteld of dit wel of niet aan de orde is.

Bij invloed op reacties van mensen worden drie niveaus onderscheiden. Op het eerste niveau heeft God geen enkele invloed op de reacties van de mens. Op het tweede niveau heeft God wel invloed, maar is daaraan toch ook afhankelijk van wat de mensen hiermee doen. Op het derde niveau heeft God een allesbepalende invloed op de reactie van mensen.

Ten aanzien van het hebben van een verklaring voor Gods handelen worden ook drie niveaus onderscheiden. Op het eerste niveau is er geen verklaring voor het handelen van God. Op het tweede niveau is er sprake van een algemene verklaring, bijvoorbeeld vanuit Gods aard of karakter of plan met de wereld. Op het derde niveau is er sprake van specifieke bedoelingen die met de concrete situatie van het verhaal verbonden zijn.

De uiteindelijke score op deze schaal wordt bepaald door de combinatie van scores op deze drie afzonderlijke aspecten.

4.2 Omschrijving van de niveaus

<table>
<tr><th colspan="2">Invloed van God</th><th colspan="3">Verklaring ten aanzien van redenen
of bedoelingen van God</th></tr>
<tr><td>Op gebeurtenis-
sen</td><td>Op reacties van
mensen</td><td>Geen (1)</td><td>Algemeen (2)</td><td>Specifiek (3)</td></tr>
<tr><td>Nee (1)</td><td>Nee (1)</td><td>1</td><td>1</td><td>1</td></tr>
<tr><td>Nee (1)</td><td>Deels (2)</td><td rowspan="4">2</td><td rowspan="4">3</td><td rowspan="4">4</td></tr>
<tr><td>Nee (1)</td><td>Geheel (3)</td></tr>
<tr><td>Ja (2)</td><td>Nee (1)</td></tr>
<tr><td>Ja (2)</td><td>Deels (2)</td></tr>
<tr><td>Ja (2)</td><td>Geheel (3)</td><td>3</td><td>4</td><td>5</td></tr>
</table>

Score	**Principe:** De schaal meet de mate waarin God volgens de persoon invloed heeft op de gebeurtenissen en de mate waarin hij/zij hier een positieve betekenis aan toekent
1	God heeft geen eigenstandige invloed op de gebeurtenissen, en ook niet op de wijze waarop mensen daarmee omgaan. Hoogstens kan hij bijstaan als mensen daarvoor open staan, maar hij kan deze bereidheid niet zelf tot stand brengen.
2	Er is de overtuiging dat God weliswaar de gebeurtenissen niet in de hand heeft, maar wel actief is in de wijze waarop mensen deze hanteren. Hij heeft er daarbij invloed op, dat mensen (meer) open gaan staan voor Hem.
3	Vanaf hier is er de opvatting dat God wél z'n hand heeft in gebeurtenissen. Echter, een specifieke bedoeling kan hier op niveau 3 niet in ontdekt worden. Mogelijke reacties zijn wel dat de gebeurtenissen als een gegeven op zich worden beschouwd, of worden gezien als een blijk van Gods betrokkenheid in het algemeen, of dat ze uitsluitend weerstand oproepen.
4	Er wordt wél gezocht naar een specifieke betekenis van de gebeurtenissen, en is er sprake van moeite doen om deze zin te ontdekken, ook al roepen de gebeurtenissen allereerst moeite en weerstand op.
5	God heeft bedoelingen met mensen of goede intenties en laat daarom bepaalde gebeurtenissen toe of initieert ze; dit geeft mensen kansen om zich te bezinnen, om meer op Hem gericht te raken of is een uiting van Zijn liefde voor hen; de karakters of de verteller hebben ook (enig) besef van het waarom van de gebeurtenissen en Gods bedoeling ermee, of er is een notie van overgave ondanks het niet begrijpen.
	N.B.: Wanneer gebeurtenissen beschreven worden alsof ze gewoon gebeuren, met weinig besef van waarom God zo handelt, (bijv. meer a-logische dan onlogische verhalen) of voornamelijk een concrete beschrijving van de plaat betreft met weinig of geen verhaal, codeer dan 2.

4. 3 Scoreregels per subschaal

Subschaal 1: Gods invloed op de gebeurtenissen/omstandigheden waarin iemand verkeert

Niveau :1 God heeft geen enkele invloed op de gebeurtenissen/omstandigheden van het verhaal

1.1 De verteller geeft nergens aan dat God in de situatie van het verhaal handelend aanwezig is of kan zijn.

1.2 De verteller geeft aan dat God in het verhaal niets doet en geeft daarbij niet aan dat dit zijn bewuste keuze is (wat zou impliceren dat hij wel invloed heeft maar er geen gebruik van maakt). Verwijzingen naar het scheppend handelen van God (bijvoorbeeld wanneer mensen genieten van de natuur die God gemaakt heeft) vallen niet onder invloed op de omstandigheden.

Niveau 2: God heeft invloed op de gebeurtenissen/omstandigheden van het verhaal

2.1 God heeft (volgens het karakter of alleen volgens de verteller) actief de hand in de gebeurtenissen/omstandigheden van het verhaal. Hij neemt mensen tot zich (overlijden), hij zorgt dat mensen veilig aankomen, hij geneest mensen, etc. (Uitkijken met werkwoorden die passiviteit uitdrukken; God ziet het (aan), luistert, etc. In principe doet God dan niet iets; hij grijpt niet actief in in de situatie).

2.2 De algemene en niet nader uitgewerkte opmerking dat God de levens of plannen van mensen in het verhaal zegent. Het zegenen moet dan opgevat kunnen worden als het goed gaan van iets, het slagen van plannen, etc. Het zegenen van mensen of van het eten valt hier niet onder).
Als wel duidelijk is dat God iets doet (bijvoorbeeld bij de algemene opmerking dat God helpt) maar niet precies wat hij dan doet, scoor dan op deze dimensie (invloed op omstandigheden) en niet op invloed op reacties van mensen.

2.3 God handelt niet actief in het verhaal, maar de verteller geeft aan dat dit een eigen keuze van God is (hij laat bijvoorbeeld iets slechts toe) en impliceert daarmee dat God wel invloed kan hebben.

2.4 God oefent invloed uit op de (centrale) karakters in een verhaal door via andere mensen te werken (hij laat anderen troosten, vermanen, Bijbellezen, de kerkklok luiden, etc.).

Subschaal 2: Gods invloed op de reacties/houding van mensen ten aanzien van hun omstandigheden

Niveau 1: God heeft geen invloed

1.1 God heeft volgens karakter en verteller geen invloed op hoe mensen denken, voelen of handelen; hij is hier ook in het verhaal niet op gericht of op betrokken.

1.2 God is weliswaar betrokken op mensen en hun omstandigheden (de verteller zegt bijvoorbeeld dat God erbij is, het ziet, iets erg vindt of iets afkeurt), maar hij kan er (kennelijk) geen enkele invloed op uitoefenen; dit wordt of door de verteller als zodanig benoemt of dient aangenomen te worden omdat er niets over gezegd wordt. (bijvoorbeeld wanneer mensen ergens om bidden en vervolgens gebeurt dat waarom ze bidden, maar er wordt niet expliciet vermeld dat dit Gods werk is).

Niveau 2: God heeft invloed, maar geen allesbepalende

2.1 God is in het verhaal nadrukkelijk bezig de opvattingen, emoties of houding van mensen te beïnvloeden, en daarbij wordt duidelijk dat de uitkomst hiervan open is of tot stand komt in samenwerking met mensen die ook een eigen keuze (of een vrije wil) hebben, die moeten meewerken met en open staan voor God.
Het gaat hier bijvoorbeeld om God die mensen rechtstreeks of via andere mensen aanspreekt: hij geeft ze inzichten, of woorden om te spreken, werkt als Heilige Geest in iemand, maakt duidelijk wat hij verwacht, spreekt ze (in hun geweten) aan op hun gedrag of houding, etc.

2.2 Er wordt (minder nadrukkelijk) door verteller geïmpliceerd dat God invloed heeft op reacties van mensen. Dit kan bijvoorbeeld blijken uit een zinnetje als: God helpt ze, in een situatie waarin er kennelijk sprake is van moeite/nood. Het in het algemeen zegenen van mensen valt hier ook onder.

2.3 In algemene bewoordingen wordt aangegeven dat iemand zich laat leiden door God, zonder nader aan te geven wat God daarin dan doet.

Niveau 3: God heeft een allesbepalende invloed

3.1 Iemand die niets van God wil weten, komt tot bekering doordat God in hem of haar werkt.

3.2 God heeft iets ergs voor iemand gekeerd heeft tot iets goeds omdat iemand er anders door in het leven is komen te staan en/of een (betere) relatie met God heeft gekregen.

Subschaal 3: Verklaring of reden voor het handelen van God

Niveau 1: Geen verklaring

1.1 God heeft geen invloed op gebeurtenissen én niet op houdingen en reacties van mensen. (God heeft mogelijk wel wensen, intenties, verlangens, maar deze staan los van beïnvloedend handelen en er valt dus niets te verklaren).

1.2 De verteller zegt niet te weten waarom God iets doet en geeft dan ook geen verklaring voor diens handelen (hierbij kan de verteller eventueel ook benoemen dat God wel zijn redenen of bedoelingen heeft, maar uit zijn opmerkingen blijkt niet dat het goede bedoelingen zijn en/of dat het goed is om je daar in vertrouwen aan over te geven).

1.3 Als er door interviewer wel gevraagd is naar wat God doet, en er wordt dan wel wat genoemd maar hier wordt geen verklaring voor gegeven. (Dit betekent dat de interviewer niet perse bij elk verhaaltje ook moet hebben nagevraagd met de waarom-vraag om hier toch een 1 i.p.v. een 8 te mogen scoren).

Niveau 2: Algemene verklaring zonder specifieke bedoelingen

2.1 Het handelen van God in de situatie van het verhaal wordt verklaard/begrepen vanuit algemene eigenschappen of bedoelingen van God, bijvoorbeeld omdat God liefde voor alle mensen heeft.

2.2 De bedoeling strekt zich (in tijd of ruimte) niet uit tot iets dat buiten de concrete situatie van het verhaal ligt, bijvoorbeeld:
- God troost iemand omdat hij het niet fijn vindt dat degene zich verdrietig voelt of hij maakt iemand duidelijk dat diens gedrag in de situatie niet goed is.
- omdat mensen oprecht vragen om iets, geeft God het.

2.3 De bedoeling van Gods handelen is gericht op globale en niet nader geconcretiseerde doelen, bijvoorbeeld:
- God laat iemand iets goeds doen zodat er meer mensen in God gaan geloven.
- God stuurt een karakter bij omdat het volgens de verteller goed voor het karakter is (zonder nadere uitwerking van wat dat goede dan inhoudt).

2.4 De verteller geeft aan dat God altijd zijn bedoelingen met gebeurtenissen heeft en geeft er blijk van dat het goed kan zijn om je daar in vertrouwen aan over te geven, ook al zijn deze bedoelingen niet duidelijk.

2.5 Heel algemeen wordt aangegeven dat er vertrouwen is in Gods leiding in iemands leven.

Niveau 3: Specifieke redenen of bedoelingen

3.1 De bedoeling van Gods handelen strekt zich (in tijd of ruimte) uit tot iets dat buiten de concrete situatie van het verhaal ligt, bijvoorbeeld:

- God doet iets omdat hij wil dat een concreet centraal karakter in hem gaat geloven.
- God doet iets omdat hij wil dat specifieke anderen ook in God gaan geloven.
- God doet iets wat op het moment onaangenaam is, maar waar hij toch op langere termijn iets goeds mee beoogt, en er wordt ook een reden voor gegeven waarom hij dat zo doet.

3.2. God wil specifieke mensen iets specifieks leren, en dat wordt in het verhaal duidelijk uitgewerkt; dat houdt in elk geval in dat de aanleiding ervoor ook duidelijk is. Alleen afkeuring door God van het gedrag of verdriet erover, als reden voor Gods handelen, is hierbij onvoldoende.

4.4 Vragen/antwoorden

Als in het verhaal niets verteld wordt over wat God doet, scoor je dan sowieso niveau 1?

Nee, alleen als je echt uit het verhaal kan opmaken dat God geen invloed heeft op de gebeurtenissen; anders wordt het een 8 van niet te scoren.

Als God in het hoofd van mensen wat doet, is dat dan score 2.1?

De kernvraag moet wel zijn waartoe mensen dingen overkomen, met wat voor bedoeling. Als God in dat kader aan het werk is op een bepaalde manier, en in het hoofd (of hart) veranderingen bewerkt die hij ook bedoelt, en die de relatie met Hem ook versterken, is het minimaal niveau 2. Als daarnaast ook nog aangegeven wordt dat de gebeurtenissen zelf (die zingevingsvragen of zingevingservaringen oproepen) door God bepaald zijn, wordt het niveau 3. Als te onduidelijk is wat God doet, is deze dimensie niet te scoren.

Als God bijvoorbeeld wel bezig is met iemand; hem of haar troost, (bij plaat 3 bijvoorbeeld) maar het krijgt geen betrekking op bedoeling van God in situatie (bijvoorbeeld iemand dichter bij God brengen, en er wordt ook niet aangegeven dat God geen invloed op de gebeurtenissen heeft, is dat al met al daarom te weinig info om deze variabele te kunnen scoren.

Moet je de optelsom van karakter en verteller scoren?

Je moet uitgaan van het besef dat bij de verteller aanwezig is. Soms blijkt dat alleen uit wat het karakter doet, maar veel vaker zal dat aangevuld worden door buiten de beleving of visie van het karakter om iets te zeggen over hoe God handelt en waarom. Dat scoor je.

Wat scoor je als er wordt gezegd God grijpt niet in? God doet dan niets maar er wordt wel erkend dat God kan ingrijpen.

Dan scoor je daar wel voor.

Soms is er nauwelijks aanleiding in het vertelde verhaal om het zingevingsaspect ter sprake te brengen en zich af te vragen of God ook de hand in de gebeurtenissen heeft en of hij specifieke bedoelingen met de situatie heeft. Dit speelt met name bij de positieve platen. Strikt genomen moet je dan een 1 of een 2 scoren, maar is dat wel terecht?

Ja, want het is goed mogelijk om op zo'n positieve plaat dankbaarheid te verwoorden; daarmee wordt dan aangegeven dat God de hand heeft in gebeurtenissen en dat levert al een niveauscore van 3 op.

Hoe duid je het als God de dominee kracht geeft om Zijn Woord te spreken zodat mensen gaan luisteren? Is dat niveau 2 of 3?

Een complexe situatie die niet helemaal in de scoreregels gevangen wordt! Iets algemener geformuleerd: Iemand zit in de problemen (plaat 8 bijv.) en God grijpt in in de gebeurtenissen door mensen te sturen om haar te helpen en zo ook Zijn liefde te laten zien; maar hij kan zelf niet rechtstreeks ingrijpen en moet maar afwachten hoe dit verder gaat. Eigenlijk is dat een omkering van niveau 2: wel invloed op gebeurtenissen; niet op de hantering ervan door de persoon zelf. Dit kan geen niveau-3 score zijn omdat op niveau 3 God dingen laat gebeuren met bepaalde bedoelingen, dat is een actievere houding dan het toch vrij machteloze beeld wat hier naar voren komt; daarom toch niveau 2 scoren. In bovenstaande voorbeeld is God wel bezig om mensen dichter bij hem te brengen, maar luisteren is op zich te weinig, te passief voor niveau 3.

Op plaat 2 is Jezus handelend aanwezig. Betekent dat automatisch een niveau 3 score?

Nee, pas wanneer er buiten de normale handelingen om die te maken hebben met dat de kinderen daar gewoon aanwezig zijn en Jezus daarop reageert, iets duidelijk wordt van Gods of Jezus' bovennatuurlijke invloed op de gebeurtenissen, kun je spreken van niveau 3.

5. Gehechtheid aan God

5.1 Toelichting op de schaal

Omdat er de afgelopen jaren veel onderzoek vanuit de gehechtheidstheorie is gedaan naar representaties van God, is naast de omgewerkte SCORS-schalen ten behoeve van dit onderzoek ook een schaal toegevoegd die beoogt de representatie van gehechtheid aan God te meten. Bartholomew en Horowitz gaan uit van vier gehechtheidstijlen door uit te gaan van twee dimensies: modellen van het zelf en modellen van anderen. Positieve modellen van zelf en anderen zijn uitingen van een veilige gehechtheidsstijl. Een negatief model van het zelf en een positief model van anderen is uiting van een gepreoccupeerde gehechtheidsstijl. Verwachting is dat volwassenen met deze stijl proberen tot zelfacceptatie te komen door de acceptatie van belangrijk e anderen te verwerven. De vermijdende gehechtheidsstijl werd door de auteurs onderverdeeld in twee stijlen. De eerste is dismissing-avoidant (gereserveerd-vermijdend), met positieve modellen van zelf en negatieve modellen van anderen en komt het meest overeen met de vermijdende gehechtheidsstijl van Ainsworth. De verwachting is hier dat mensen met deze stijl zichzelf beschermen tegen afwijzing door anderen door intiem contact uit de weg te gaan en zo door middel van een gevoel van onafhankelijkheid en onkwetsbaarheid een positief zelfbeeld proberen te handhaven. De toegevoegde stijl is fearful-avoidant (angstig-vermijdend) en gaat uit van negatieve modellen van zelf en anderen. Ook deze mensen worden geacht intiem contact uit de weg te gaan, maar er is wel sprake van afhankelijkheid van anderen voor het verkrijgen van een positief zelfbeeld. Uit onderzoek van Rowatt en Kirkpatrick blijkt dat gehechtheid aan God, gemeten met deze concepten, weliswaar samenhangt met volwassen gehechtheid (aan partners), maar toch duidelijk een onderscheiden factor is en geen uitdrukking van een meer globale gehechtheidsstijl.

Het bekendste instrument voor metingen van gehechtheid in de volwassenheid is het Adult Attachment Interview (AAI) van Main en Goldwyn, dat zich baseert op verhalen van volwassenen over hun jeugd. Het Adult Attachment Interview is het enige meetinstrument naar gehechtheidsstijlen dat de toegang tot het geheugen onderzoekt. Het instrument is ontworpen vanuit de opvatting dat de innerlijke werkmodellen van gehechtheid onbewust functioneren en niet zomaar toegankelijk zijn. Daarom worden de vastgestelde gehechtheidsstijlen ook niet zozeer gebaseerd op de inhoud van de narratieven over de kindertijd, maar veel meer op structurele aspecten als de coherentie van het vertelde. Hieruit valt de organisatie en toegankelijkheid van aan gehechtheid gerelateerde gevoelens, ervaringen en gedachten af te leiden. De gehechtheidsstijlen corresponderen met die van Ainsworth, maar worden wel anders genoemd. Veilige gehechtheid komt overeen met de AAI-classificatie autonoom (free/autonomous). Het betreft hier respondenten die redelijk gemakkelijk zowel positieve als

negatieve aspecten van hun jeugd en opvoeding rapporteren en het belang van gehechtheidservaringen onderkennen. Vermijdende gehechtheid correspondeert met de AAI-classificatie gereserveerd (dismissive) en houdt in dat respondenten hun onafhankelijkheid benadrukken, hun ouders globaal als zeer positief beschrijven, maar daarin maar moeilijk concreet kunnen worden en zich vaak beroepen op een slecht geheugen; ze miskennen het belang van vroegere ervaringen voor wie ze nu zijn. Ambivalente gehechtheid correspondeert met de AAI-classificatie gepreoccupeerd (enmeshed/ preoccupied). Deze respondenten zijn niet in staat om een coherent beeld te schetsen van hun relatie met hun ouders; tijdens het vertellen verliezen ze zich als het ware in hun emoties. Het AAI kent ook nog de classificatie gedesorganiseerd (desorganised/unresolved). Dit betreft volwassenen waarbij de coherentie van hun verhaal aanzienlijk verandert wanneer ze spreken over trauma's en verliezen.

Hall veronderstelt dat er sprake is van overeenkomst in interne werkmodellen van gehechtheid aan God en mensen, dat deze een impliciete, narratieve structuur kennen en derhalve ook het beste gemeten kunnen worden met methoden die in staat zijn om impliciete processen te meten.

In deze ATGR-schaal wordt gepoogd om de drie classificaties van Ainsworth vast te stellen, en hierbij ook nog enig verschil in gradatie aan te brengen. Omdat verondersteld wordt dat de interne werkmodellen tijdens het vertellen 'in action' zijn, wordt niet gefocust op de inhoud van de representatie van God, maar op de veronderstelde doorwerking van deze representaties in situaties waarin God als gehechtheidsfiguur benaderd wordt. Daartoe wordt allereerst nagegaan of er in de narratieven sprake is van door het karakter ervaren nood en daarvoor contact met of troost of steun bij God gezocht wordt (samen te vatten met de term 'hulp') en of hulp door God gegeven wordt en of deze ook als zodanig wordt ervaren. De belangrijkste vragen bij deze schaal zijn dus: **Wordt in geval van nood hulp gezocht bij God en wordt deze gegeven en ervaren?** Er is alleen sprake van gegeven hulp als deze ook daadwerkelijk wat in de situatie teweeg brengt, al dan niet ervaren door het karakter. Alleen een positieve gezindheid van God, die echter niet als zodanig ervaren wordt door het karakter, wordt daar dus niet toe gerekend.

De veronderstelling is dat in de vertelde verhalen gehechtheidsschema's werkzaam zijn die qua structuur dezelfde patronen vertonen als de patronen die bij jonge kinderen al aanwezig zijn en die door Mary Ainsworth naar aanleiding van hun gedrag in de Vreemde Situatie beschreven zijn.

Score 3 (zwak vermijdend gehecht aan God) wordt toegekend aan verhalen/narratieven waarin het karakter geen contact zoekt met God of hulp van Hem verwacht, maar waarbij God wel helpend aanwezig is. Deze hulp kan vervolgens al dan niet door het karakter ervaren worden. De hulp kan bestaan uit troost (die per definitie ervaren wordt) en uit feitelijke veranderingen in de situatie die God teweeg brengt en die het

karakter ook als helpend/positief beleeft voor het omgaan met de concrete situatie(s) waarin hij zich bevindt.

Het is zwak vermijdend, omdat verteller blijkbaar wel een positief idee heeft van de mogelijkheid om je tot God te wenden en dat God dan kan helpen, maar het haar karakter niet laat doen. Wanneer de verteller kennelijk ook dit idee niet heeft, is het sterk vermijdend (score 1).

Score 4 (zwak ambivalent gehecht aan God) wordt toegekend aan narratieven waarin het karakter wel contact zoekt met God, maar hierin -ondanks dat God helpend aanwezig is- zich toch niet geholpen voelt. Als God ook feitelijk niet helpend aanwezig is, wordt de score 2 (sterk ambivalent gehecht) toegepast.

Score 5 (veilige gehechtheid) wordt toegekend aan verhalen waarin contact met God wordt gezocht /hulp van Hem wordt verwacht, en waarin deze vervolgens ook door God wordt gegeven en door het karakter als zodanig wordt ervaren.

Verder wordt aangenomen dat de volgorde van ongezond naar gezond verloopt van sterk naar zwak naar veilig, en dat van de onveilige gehechtheidsstijlen de vermijdende stijl ernstiger is dan de ambivalente stijl. Op basis hiervan is ook bij deze dimensie een vijfpuntschaal samengesteld.

Als er geen sprake is van ervaren nood bij het karakter, dan komt een veilige gehechtheid tot uiting in het ervaren van Gods aanwezigheid, steun en kracht als een veilige basis voor het eigen leven en voor de te ondernemen activiteiten. Dit kan zowel terugkijkend geconstateerd worden als vol vertrouwen verwacht worden m.b.t. de huidige situatie en/of de toekomst.

5.2 Scoring

Veilige Haven-Score	Angstige gehechtheid aan God-score	Vermijdende gehechtheid aan God-score	Steun /hulp vragen/verwachten		Steun/hulp ontvangen		
			nee	ja	nee	Ja, maar niet ervaren als Gods hulp	Ja, en ervaren als Gods hulp
1		3	X		X		
2	3			X	X		
3		2	X			X	
4	2			X		X	
5			X				X
6				X			X

Veilige basis-score	
1	Geen besef van Gods positieve aanwezigheid, steun of leiding
2	Besef van Gods aanwezigheid, maar dit beïnvloedt het karakter niet
3	Het karakter ervaart de aanwezigheid, steun en/of leiding van God om met de situatie om te gaan

5.3 Scoreregels per niveau

Aspect 1: Zoeken van contact/steun bij God in geval van nood

Zoeken van contact/steun:

Dit betreft allereerst het zoeken naar/ontvangen van een boodschap van God: het in de situatie luisteren naar wat God zegt, bijvoorbeeld door gebed, door in de Bijbel te lezen, door aandachtig naar een preek te luisteren, door in een gebeurtenis of verschijnsel een bedoeling van God te lezen, etc. (het alleen maar bijwonen van een kerkdienst of het kerkelijk laten inzegenen van een huwelijk zonder dat iets wordt gezegd hierover is onvoldoende).

Ook betreft dit het uiten van eigen gevoelens richting God; dit kan zowel verdriet als boosheid of onbegrip zijn. Het al dan niet gelovig zijn van een karakter in het algemeen is hier niet relevant, het gaat erom of er contact/communicatie met God is.

Verwachten van hulp of steun in geval van nood:

Dit betreft allereerst het in nood zich tot God wenden om hulp en bijstand. De gevraagde hulp kan bestaan uit een ingrijpen in de situatie (genezing, redding, een goede afloop), maar ook uit het mogen ontvangen van inzicht of kracht om met de moeilijke situatie om te gaan.

Soms wordt slechts indirect deze verwachting van hulp of contact verwoord; bijvoorbeeld wanneer op plaat 2 gezegd wordt dat het jongetje zich afgewezen voelt.

Niet van toepassing:

8 Er is geen sprake van een door het karakter ervaren nood of moeite. In dat geval wordt dus een 8 gescoord op aspect 1 en 2; en wordt verder gescoord op aspect 3.

Niveau 1: geen contact met God gezocht en/of hulp of steun van Hem verwacht

1.1 Het karakter zoekt geen contact met God en verwacht ook geen hulp of steun van God, en het probleem of de nood blijft bestaan.

Niveau 2: wel contact met God gezocht en/of hulp of steun van Hem verwacht

2.1 Het karakter zoekt contact met God (dit kan ook bestaan uit het uiten van boosheid, of uit het actief luisteren naar een dominee of uit het niet-plichtmatig lezen uit de Bijbel) in verband met de ervaren nood.

Aspect 2: Helpend aanwezig zijn van God en besef daarvan in geval van nood

Helpend aanwezig zijn van God:

God wordt als helpend aanwezig gezien als hij geeft wat gewenst of gevraagd wordt, als hij aansluit bij de door het karakter geformuleerde behoefte of wens. Dit hoeft niet onmiddellijk in de situatie op te treden, maar kan ook pas veel later in het leven van het karakter plaatsvinden.

Wanneer het karakter iets (voor zichzelf) vraagt of wenst maar God geeft iets heel anders, omdat het karakter iets moet leren of gecorrigeerd moet worden, wordt dat hier niet beschouwd als helpend aanwezig zijn. Het gaat dus om de aansluiting tussen de wens of behoefte en het ontvangene.

Als God iets anders geeft dat wel dezelfde wens of behoefte bevredigt, wordt dat wel beschouwd als helpend aanwezig zijn (Kortom: niet Gods wil of verlangen, maar het verlangen van het karakter staat hier centraal). Let op: God kan ook helpend aanwezig zijn als er wel sprake is van nood, een wens of behoefte bij een karakter, maar het karakter wendt zich daarmee niet tot God.

Als God het karakter iets wil leren, maar daarbij wordt benoemd dat dit voor het diens eigen bestwil is, (en dus niet alleen maar dat God het wil), wordt dit ook beschouwd als helpend aanwezig zijn van God.

Onderscheidt het helpend handelen wel van andere manieren van positief aanwezig zijn van God; als God meeleeft of blij is met iets dat het karakter doet, is dat hier niet helpend aanwezig zijn.

Als mensen wel geloven, maar in de situatie van het verhaal geen contact met God zoeken, terwijl de verteller aangeeft dat God wel bij hen is, wordt dat gerekend als helpend aanwezig zijn van God.

Onderscheidt ook de intentie van God van wat God daadwerkelijk doet; alleen de vermelding dat God wel wil helpen of troosten, is niet feitelijk genoeg. Ook het open laten of God gaat helpen (misschien…) wordt niet gerekend. Wel als de verteller aangeeft dat hij 'denkt' dat God gaat helpen, of als het woordje 'misschien' eigenlijk steeds gebruikt wordt als een wat voorzichtige manier om uit te drukken wat de verteller denkt dat er gaat gebeuren. Het helpen kan zich ook de verleden tijd hebben afgespeeld, als het karakter dankbaar is voor wat God in zijn leven gedaan heeft.

Er kan ook zeer in het algemeen t.a.v. het karakter gezegd worden dat God meegaat/erbij is. Dit wordt ook opgevat als helpend aanwezig zijn van God, en ook mag aangenomen worden dat de karakters dit dan ook zullen ervaren.

Ervaren van door God geboden steun/hulp:

Dit is het geval wanneer uit het verhaal duidelijk wordt of aannemelijk is dat het karakter zich er bewust van is dat God ook inderdaad helpend aanwezig is. Wanneer

om geestelijke zaken als geloof of vertrouwen wordt gevraagd, en in het verhaal wordt duidelijk dat dit ook toeneemt, mag je aannemen dat het karakter dit beleeft als afkomstig van God, ook al wordt dit niet verteld.

Als iemand met vertrouwen ervan uitgaat dat God zal helpen, en dat gebeurt dan ook, dan mag je aannemen dat dit ook aan God wordt toegeschreven, ook al wordt dat niet meer als zodanig benoemd in het verhaal.

Niet van toepassing:

8 Er is geen sprake van een door het karakter ervaren nood of moeite.
Scoor ook als deze minder dominant aanwezig is (speelde bijvoorbeeld als zij-lijn in de verleden tijd) dan het thema van God als veilige basis (in het hier- en nu van de situatie van de plaat).

Niveau 1: God is niet positief/helpend aanwezig

1 God is niet helpend aanwezig.

Niveau 2: God is in de situatie helpend aanwezig; maar dat wordt niet ervaren door het karakter

2 God is in de situatie helpend aanwezig; maar dat wordt niet ervaren door het karakter. Het helpend aanwezig zijn houdt in dat hij ervoor zorgt dat de moeite van het karakter weggenomen of verlicht of dragelijk gemaakt wordt.
Het houdt niet in dat God bezig is karakters dichterbij hem te brengen, tenzij dat aansluit bij de wens van de karakters.
Natuurlijk ervaart het karakter de gevolgen van deze bemoeienis; maar bij een 2-score wordt uit het verhaal niet duidelijk dat hij deze ervaren hulp/steun aan God toeschrijft.

Niveau 3: God is in de situatie helpend aanwezig; en dat wordt door het karakter ook ervaren

3 God is in de situatie helpend aanwezig; en dat wordt door het karakter ook ervaren. Als niet duidelijk is of het karakter de hulp ervaart als afkomstig van God, scoor je een 2.

Aspect 3: God als veilige basis wanneer er geen sprake is van door het karakter ervaren nood of moeite

Niet van toepassing:

8 Er is sprake van (dominant in het hier- en nu van de situatie van de plaat aanwezige) door het karakter ervaren nood of moeite. In dat geval wordt dus op aspect 1 en 2 gescoord.

Wel van toepassing:

1 Het karakter ervaart niet de steun of kracht van God in het verleden, de huidige situatie of ten aanzien van de toekomst.

2 Het karakter ervaart weliswaar de aanwezigheid van God, maar het wordt niet duidelijk dat hij/zij hier kracht uit put of inzicht aan ontleent om met de situatie om te gaan of om de toekomst met vertrouwen tegemoet te zien.

3 Het karakter ervaart steun, kracht of leiding om met de situatie om te gaan of om de toekomst met vertrouwen tegemoet te zien. Het kan hier ook gaan om lessen/correctie van God uit, waar het karakter gehoor aan geeft.

4.4 Vragen/antwoorden

Algemeen

Wat scoor je als er voor diverse karakters verschillende scores zijn?

Zie opmerkingen bij affecttoon.

Wat scoor je als er voor hetzelfde karakter verschillende scores zijn? Het meest negatieve?

Dit vraagt meer context. Hoe kan dat? Gaat het om meerdere scenario's die uitgewerkt worden, waarbij de verteller niet kiest? Dan dient inderdaad de laagste score gekozen te worden, omdat positievere reacties wel overwogen worden, maar onvoldoende doorgezet.

Aspect 1: Zoeken van steun bij God

De karakters die op de 'kerk' platen staan zoeken die zondermeer contact met God of moet de verteller daar ook woorden aan geven?

Dat moet wel als zodanig geformuleerd worden. Als er sprake is van echt luisteren , is dat op te vatten als een manier van God ontmoeten, contact zoeken.

Wat scoor je als op het moment van de plaat het karakter geen contact met God zoekt, maar dat de verteller aangeeft dat het karakter later misschien terugkijkt en beseft dat dit hem meer heeft doen bidden en dat het toch ergens goed voor is geweest?

Het woord 'misschien' geeft aan dat het nog te veel open wordt gelaten. Dus scoor je niveau 1: geen contact zoeken. Als zeker is dat het karakter later wel contact zoekt, dan scoor je wel niveau 2.

Wat scoor je als iemand op een plaat niet bidt, geen vragen aan God stelt, maar wel uit de Bijbel leest of in de kerk naar een preek/een dominee luistert?

Het lezen uit de Bijbel is te passief. Als er niet aangegeven wordt dat dit iets met het karakter doet, dat het karakter er steun uit haalt, mag je niet aannemen dat er steun bij God gezocht wordt. Als het Bijbellezen effect heeft, scoor je wel niveau 2 op aspect 1, en niveau 2 of 3 op aspect 2.

Aspect 2: Helpend aanwezig zijn van God en besef daarvan

Wat betekent het als God alleen maar doelen heeft voor zichzelf met mensen? (Bijvoorbeeld: Hij wil dat iemand tot geloof komt omdat Hij zijn Zoon gegeven heeft, Hij geeft mensen kracht om Zijn Woord te verkondigen, om het geloof uit te stralen, te evangeliseren enz. Is Hij dan positief of helpend aanwezig voor het karakter of niet. Ik denk nu van niet. En in het verlengde hiervan: Hoe moet je het geven van de Heilige Geest aanmerken, is dat helpend of niet helpend voor het karakter? Vanuit geloofsperspectief wel, maar ook vanuit gehechtheid?)

Klopt. Dat valt niet meer onder de definitie van positief/helpend. Het karakter moet echt geholpen zijn volgens eigen beleving; of hij of zij dat nou aan God toeschrijft of niet. Contact zoeken van God en kansen bieden aan mensen om met Hem in contact te komen, staat teveel in het teken van een relatie hebben; het draait er bij deze dimensie om dat het karakter echt geholpen wordt bij wat hij of zij zelf als een probleem ervaart. Pas als het karakter zelf aangeeft ergens te verlangen naar een relatie met God, en God probeert dan te laten merken dat Hij er is, kun je een 2 of een 3 scoren.

Wat scoor je als de plaat verdriet oproept wanneer het karakter niets met God doet, score 1.1 of 1.2?

1.2 is logischer, maar het maakt niet zoveel uit.

Ik ga er vanuit dat de karakters of de verteller moet opmerken dat het karakter erkent dat de zorg van God komt om een 3 te kunnen scoren.

Dat is juist.

Wat scoor je als God troostend aanwezig wil zijn, en de verteller geeft aan dat hij hoopt dat het karakter zich laat troosten? Is God dan niet helpend aanwezig, of wel, maar wordt het niet als zodanig ervaren? Dit omdat aangegeven is dat met hulp ervaren troost of feitelijke hulp wordt bedoeld.

In dat geval scoor je toch dat God niet helpend aanwezig is.

Wat scoor je als er een zegen gevraagd wordt, en de verteller geeft aan dat God ook zegent, maar geeft er niet bij aan of en hoe dat door het karakter ervaren wordt; een 2 of een 3?

Dan scoor je een 3: je neemt aan dat de zegen ook door het karakter ervaren wordt. Om te kunnen zeggen dat het niet door het karakter wordt ervaren, moet je hierover ook positieve informatie hebben die dat onderbouwt.

Curriculum Vitae

Hendrik Pieter Stulp werd geboren op 23 november 1961 in Middelstum. In 1980 haalde hij het VWO-diploma aan het Gereformeerd Lyceum/HAVO te Groningen. Daarna begon hij aan de studie Psychologie aan de Rijks Universiteit Groningen. Hij studeerde af in 1988 aan de faculteit Ontwikkelingspsychologie met als bijvak Klinische ontwikkelingspsychologie.

Na deze studie begon hij aan de Gereformeerde Hogeschool voor Beroepsonderwijs te Zwolle (nu het Viaa) als docent psychologie. Hij is nog steeds werkzaam bij deze Hogeschool. Naast zijn werk als docent is hij ook tot 2008 als free-lance psycholoog werkzaam geweest bij een vrijgevestigde psychologenpraktijk. Intussen heeft hij via de tussenregeling voor GZ-psychologen na het opvolgen van een uitgebreid studieadvies de kwalificatie GZ-psycholoog verworven, en heeft zich daarna als zelfstandig psycholoog met een eigen praktijk gevestigd.

Ook in 2008 werd hij lid van de kenniskring van het lectoraat Zorg en Zingeving (toen nog Zorg en spiritualiteit geheten) van de opleiding Health Care van Viaa. In dat verband raakte hij betrokken bij een vraag vanuit de praktijk van een christelijke GGZ-instelling naar de verandering van Godsrepresentaties bij patiënten met persoonlijkheidsstoornissen. Dit sloot aan bij zijn eigen interesse in en ideeën over het meten van Godsrepresentaties. Op grond van de omvang en het experimentele karakter van het geplande onderzoek is toen besloten dat de uitvoering ervan alleen groen licht kreeg als het in het kader van een promotiestudie zou worden uitgevoerd. Prof. Dr. E.H.M. Eurelings-Bontekoe en daarna ook prof. Dr. G.G. Glas verklaarden zich bereid als promotor op te treden. Viaa wilde het traject ondersteunen, onder voorwaarde dat wel financiering gezocht werd. Dat is gelukt in de vorm van de NWO-promotiebeurs voor leraren, die na een eerste afwijzing het jaar daarop in 2013 is toegekend. Het promotietraject is uitgevoerd bij het instituut Psychologie van de Universiteit Leiden.

Nawoord

Het idee voor dit proefschrift is letterlijk in de kerk geboren, toen ik ongeveer 25 jaar geleden tijdens een kerkdienst bedacht dat de relatie met God als een gehechtheidsrelatie te typeren was en daarmee onderhevig zou zijn aan dezelfde impliciete processen die met het Adult Attachment Interview (AAI) in kaart worden gebracht. Het leek me van belang om ten opzichte van het cognitief-rationele klimaat van de kerk waar ik lid van was, aandacht te hebben voor de meer affectieve en ook impliciete dimensies van geloven. Samen met Thijs Tromp, vriend en toenmalig collega, zetten we een studieprojectje op terwijl we allebei probeerden als eerste het scoresysteem van het AAI te bemachtigen. Een heel verre droom was om daarmee ooit een echt onderzoekje naar Godsbeelden te kunnen doen. Toen jaren later het HBO lectoraten kreeg, en ik op het Viaa in een kenniskring belandde, kwam die mogelijkheid dichterbij. Eerst kon ik een artikel schrijven over gehechtheid, en toen ik in 2008 werd van de kenniskring van het lectoraat Zorg en zingeving, diende zich zomaar de mogelijkheid aan om bij GGZ-instelling Eleos onderzoek te doen naar godsbeelden. Ik ben de collega's van Viaa heel dankbaar voor het vertrouwen dat ze in me hadden en de aanmoediging die ze me gaven om dit onderzoek op te zetten. Toen Eleos wilde dat het een promotiestudie zou zijn, wilden ze ook dat ondersteunen, ook al was de NWO-beurs nog niet in beeld. Dank natuurlijk aan iedereen die als respondent aan het onderzoek heeft meegewerkt. Ik ben de medewerkers van Eleos dankbaar voor hun medewerking, met name Ria Mulder, die zoveel TAT- en ATGR-afnames heeft gedaan. Dank aan al die studenten van Viaa en de Universiteit Leiden, die zich (meestal) met veel enthousiasme verdiepten in complexe theorie en de protocollen leerden scoren. Ik had jullie hier graag allemaal genoemd, maar de ruimte ervoor ontbreekt helaas. Dank aan Judith Niemeijer, jij hebt met veel inzet met mij een hele serie protocollen (over)gescoord. Dank aan Annemiek Schep, voor je enthousiasme, je hebt samen met mij al die literatuur voor de meta-analyse doorgenomen. Dank ook aan Jurrijn Koelen, jij was betrokken bij de meeste artikelen en dacht altijd uiterst scherp mee. Ik heb daar veel van geleerd, net als van de ondersteuning van Gerrit Glas, 2e promotor, en van (voor het laatste stukje) Peter de Heus als copromotor. Heel veel dank aan Liesbeth, jij bent met je inzicht, enthousiasme en betrokkenheid een onmisbare steun geweest. En uiteraard dank aan mijn paranimfen Thijs en Ijke, voor jullie vriendschap, je aanhoudende enthousiasme, steun en betrokkenheid. Femmie, jij hebt (weliswaar voor een vergoeding, maar dan toch maar) stug doorzettend bijna alle TAT- en ATGR-afnames van de patiëntgroep uitgetypt. En daarnaast heb je thuis mijn afwezigheid en stress moeten verdragen en me er af en toe aan herinnerd dat dit toch was wat ik wilde. Je was een geweldige steun voor me. En ja, ik heb wat goed te maken. Tenslotte, over impliciete processen gesproken: Hopelijk stopt die repeterende droom waarin ik niet afgestudeerd blijk te zijn, nu definitief, en promoveert deze niet mee met mij....