PhD Thesis

Personal Crisis, Religious Coping and Transformations

A Qualitative Study on Pentecostal Danes’ Experiences of Religious Beliefs and Practices while facing a Crisis

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**Original Papers**

The thesis is based on the following papers:


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I am so glad I am not an island.
Preface

When I am asked why I pursued this Ph.D. project, I usually answer, that my interest in the psychology of religion was born during my first year of studying psychology at the University of Copenhagen when I first read Viktor Frankl, and that this ‘newborn’ found its home when I read William James’ ‘Varieties of religious experiences’. I am not certain, if books can transform a person totally, but they definitely can shape one’s course of life. This however is not the complete answer, two other aspects have also been important. As a graduate student, I participated as an observer in a faith-based group intervention for Christian psychiatric patients where a pastor of the Church of Denmark introduced religious topics. The Christian psychiatric patients attended this group intervention to find a ‘middle-space’ between psychiatry and faith, because on one side they felt their religious beliefs were ignored in the psychiatric system but that on the other hand the church could not handle them encountering psychiatric difficulties. These patients’ longing and need for a ‘middle-space’ inspired me to conduct this Ph.D. study. Furthermore, my interest in the psychology of religion is also closely interwoven with my own personal, spiritual journey. At the age of fifteen, I had a religious experience where I ‘saw’ and knew, in a way I rationally cannot explain, that I was loved beyond anything understandable and I could live my life with my head high because the God of creation looked at me proudly and overwhelmed with joy. Today, more than twenty years later, I still approach life with this understanding of myself (and also of others). So on a personal level, I do believe religious experiences effect and influence how we live our lives, and obviously also how we handle the challenges we face in life. Given my personal background, I do have my pre-conceptions, which may have influenced the course of the project and the choices of the methodology. I have tried to view them open and regard them critically in the thesis.

My own religiosity has its roots in Christianity, but I was not born nor raised with this frame of reference. When looking back at the years after the religious experience, I believe I had a poorly integrated religiosity despite my religious beliefs being important to me and defining myself as a Christian. I think it was not until I found a ‘religious home’, at Amagerbro Frikirke where no questions were too critical or profane and reason and religiosity were not polar opposites, that I ‘grew up’ religiously. In Amagerbro Frikirke, Christianity was viewed as a journey, and not a destination where we have arrived at the ‘end station of truth’. Therefore, I was surprised by the focus of ‘religious truth’ that several of the participants of this study implicitly proposed when accounting for their experiences of their religious beliefs and practices. I had not expected that, as I could not recognize this in myself, nor in any of the Christian psychiatric patients I had met as a graduate student. Furthermore, the crisis-struck Pentecostal participants did not seem to need a ‘middle-space’, and the challenges of their religiosity and personal crises were completely different to those of the Christian psychiatric patients. These insights prompted me to open my eyes to the varieties of religious experiences taking place among religious people in Denmark and what struck me most about the religious experiences of the participants of this study was their firm belief in an obtainable God who could be expected to intervene in their concrete life-circumstances. One of the participants, Charlotte, told me about the time when she lost her son. After his death she was alone in their house and she was angry, distressed, and wanted to commit suicide. At some point, she cried out loudly to God saying that if he did not do anything now she would kill herself. In that same moment, the doorbell rang and the pastor from the local church was there to ‘check up on her’. These participants believed in an obtainable God and they trusted he would intervene and help them. What I have learned from the participants of this study is: That life, as we know it, is fragile. All the participants had experienced, how life had dramatically or gradually changed from a life they knew and liked to something very difficult and
challenging. Of course they cried out for God – why wouldn’t they? These participants were willing to share their personal, religious experiences of their obtainable God and let me partake in their religious journeys.

This Ph.D. thesis is a part of an ongoing journey that started years ago. Or, as my co-supervisor Niels Buus said: ‘A Ph.D. thesis is a comma, not a punctuation mark’, and my hope is that you also will read it as such: as a comma and as partaking of a journey.

Welcome on board,

Dorte Toudal Viftrup
Copenhagen, September 2014
**English Summary**

When religious individuals face a personal crisis due to illness or other difficult circumstances they often turn to their religious faith to interpret and cope with their challenging life situation. Research into the resources and difficulties of religiosity when religious individuals are in crisis, and how religiosity can be integrated into psychotherapy have mainly been conducted outside of Scandinavia. Very little is known of the resources and difficulties of the religiosity of Danes with recurrent religious beliefs and practices, and how these are employed for religious coping and transformation during personal crisis. However, such knowledge is highly useful when practicing psychotherapy and when meeting religious individuals in healthcare in Denmark.

This thesis explored a group of Pentecostal Danes’ subjective experiences of their religious beliefs and practices, while they faced a personal crisis impacting their mental health, and when they attended religiously integrated group psychotherapy to deal with such crises. This exploration was conducted by means of individual semi-structured interviews with 18 Pentecostals Danes facing a personal crisis and attending two religiously integrated group psychotherapies. The study was carried out at the International Bible College of the Apostolic Church of Denmark, which is affiliated with the Pentecostal movement. The qualitative method of interpretative phenomenological analysis (IPA) was applied for generating and analyzing the data-material.

The thesis comprised four part-studies each of which attempted to fulfill the following research aims:

Part-study 1 (article 1): To systematically review the research literature on spiritually and religiously integrated group psychotherapies to answer the three questions: (1) How are spirituality and religiosity defined in the studies? (2) How are spiritual and religious factors characterized and integrated into the group psychotherapies? (3) How are outcomes of the group psychotherapies measured and what are their results?

Part-study 2 (article 2): To explore Danish Pentecostals’ experiences of religious coping during a personal crisis.

Part-study 3 (article 3): To explore transformations of religiosity experienced by Danish Pentecostals following a personal crisis and religiously integrated group psychotherapy.

Part-study 4: To describe the actual content, practice, and outcome of the sessions of the two religiously integrated group psychotherapies.

The following findings were generated:

Part-study 1: All studies in the review used weak study designs, and several of them applied tautological measurements. Thus, they were not able to provide evidence of the positive effect of integrating spirituality or religiosity into group psychotherapy. Most of the studies applied unclear definitions of spirituality and religiosity. I suggested that clear and delimited conceptualizations of the spiritual or religious factors should form the basis for spiritually or religiously integrated group psychotherapy. Furthermore, I theorized that to aim the spiritually or religiously integrated group psychotherapy at people with specific interests in spirituality and religiosity could increase patients’ motivation for therapy.

Part-study 2: The participants’ experiences of religious coping were characterized by being both positive and negative, by the purposes of religion proposed by Pargament, Feuille and Burdzy, and by limited religious articulation. It was also clearly influenced by ‘religious
individualism’ realized within institutionalized religion, whereas the two are mostly seen in literature as juxtaposed. The ‘religious individualism’ was characterized by the participants’ expectation of also having individual, concrete, and secular needs met through their religious faith being a significant and integrated part of their religious beliefs and practices. The religious coping styles of the participants was greatly influence by their Pentecostal affiliation, and some of the characteristics of religious coping seen among the Danish majority. However, the religiosity of this religious minority group in Denmark cannot be considered well integrated in several aspects from the perspective of Pargament.

Part-study 3: All the participants encountered a partial religious transformation following their personal crisis or religiously integrated group psychotherapy. The participants’ religious transformation prior to the group psychotherapy took place in a changing moment following an emotional religious experience, whereas the religious transformations following the group sessions were characterized by new cognitive meaning constructions. The religious transformations only facilitated by the personal crisis could be considered less mentally healthy from a developmental perspective than those facilitated by the group therapy, whereas from a meaning system perspective, all the religious transformations seemed to function well for constructing new religious meaning for the participants. Addressing and unfolding the theology of the cross as well as anger in relation to God in group therapy for Pentecostal Danes seemed to facilitate more new religious meanings and integrated religiosity. Based on this study it can by hypothesized, that to specifically address religious transformations in psychotherapy can enhance mental health from both a perspective of religious development and meaning system.

Part-study 4: The descriptions of content and practice of the group therapies illustrated that religious transformation was facilitated by the group psychologist; He combined the Christian faith with psychology to psychoeducate the participants, particular about theology of the cross and anger in relation to Christianity. When the theologically informed psychoeducation and other religious elements were combined with the psychotherapeutic activities and the dynamic of the group, new religious experiences emerged and religiosity was integrated into the group therapy. Eight participants emphasized how the group therapy had changed their outlook on anger, and seven other participants explained how the most important aspect of the group therapy had been gaining a new understanding of suffering. Through the group therapy, the participants gained a more well integrated and flexible religiosity and based on a concept of mental health about personal competence and control, and open-mindedness and flexibility these fifteen participants had gained a better mental health through the group therapy. Three participants reported not having experienced any personal outcome from the group therapy, but from a mental health perspective, they did become more open-minded and flexible towards other people, even though they did not gain more personal competence and control in relation to their personal crisis following the group therapy.

Based on a further level of psychological interpretation of the findings of the studies of this thesis an overall hypothesis was generated: Clients from religious and cultural contexts that are individualized and retraditionalized have fewer, more private, less articulated, and more individualized religious means, and therefore their underlying religious basis are less resourceful than clients from more religious societies, hence religiously integrated therapy for these clients should aim to produce both more and properly fitting religious means for the clients’ religious ends and specific life situations. This can be expected to increase religious flexibility and integration leading to higher degrees of mental health conceptualized as open-mindedness and flexibility, and personal competence and control.
**Dansk resumé**

Når det religiøse menneske oplever en personlig krise på grund af sygdom eller andre svære omstændigheder, vender det sig ofte mod sin religiøse tro i forsøget på at fortolke og tage sin udfordrende livssituation. Forskning i religiøsitetens ressourcer og vanskeligheder for det religiøse menneske i krise, samt hvordan religiøs tro kan integreres i psykoterapi, er primært blevet foretaget udenfor Skandinavien. Der vises ikke ret meget om den religiøse tros ressourcer og vanskeligheder blandt danskere med vedvarende religiøs tro og troproksisser, eller hvorledes disse benyttes til religiøs coping og forandring under personlig krise. Denne viden kan dog være yderst relevant i mødet med religiøse klienter i psykoterapi og andre dele af sundhedsvæsnet i Danmark.


Denne afhandling udgjorde fire delstudier der forsøgte at opfylde følgende forskningsmål:

1. **Delstudie 1 (artikel 1):** At systematisk evaluere forskningslitteraturen om spiritualitets og religiøsitsintegreret gruppeterapi for at besvare de tre spørgsmål: 1) Hvordan er spiritualitet og religiøsitet defineret i studierne? 2) Hvordan er spiritualitets og religiøse faktorer karakteriseret og integreret i gruppeterapiene? 3) Hvordan er udbyttet af gruppeterapierne målt, og hvad er resultatet?

2. **Delstudie 2 (artikel 2):** At undersøge pentekostale danskeres oplevelser af religiøs coping under personlig krise.

3. **Delstudie 3 (artikel 3):** At undersøge forandringer i religiøsitet, oplevet af pentekostale danskere, som en følge af personlig krise og religiøsitsintegreret gruppeterapi.

4. **Delstudie 4:** At beskrive det faktiske indhold, praksis, og udbytte af to religiøsitsintegrerede gruppeterapiers sessioner.

De følgende fund blev genereret:

**Delstudie 1:** Alle de evaluerede studier i det systematiske review benyttede svage undersøgelsesdesigns, og adskillige af dem brugte tautologiske måleinstrumenter, og derfor formåede de ikke at tilvejebringe beviser på effekten af at integrere spiritualitet og religiøsitet i gruppeterapi. De fleste af studierne benyttede uklare definitioner af spiritualitet og religiøsitet. Jeg anbefalede, at klare og afgrænsede definitioner af spiritualitet og religiøse faktorer bør være grundlaget for spiritualitets- og religiøsitsintegreret gruppeterapi. Endvidere teoretiserede jeg, at det kan øge klienters motivation for spiritualitets- og religiøsitsintegreret gruppeterapi, at målrette denne mod klienter med specifik interesse i spiritualitet og religiøsitet.

**Delstudie 2:** Deltagernes oplevelser af religiøs coping var karakteriseret ved, at være både positive og negative, ved formålene med religion fremsat af Pargament, Feuille og Burdzy samt ved begrebet religiøs artikulation. Den var åbenlyst influeret af ’religiøs individualisme’ der forekom indenfor den institutionaliseret religiøsitet. ’Religiøs individualisme’ var karakteriseret ved, at deltagernes forventning til også at få individuelle,


Baseret på et yderligere niveau af psykologisk fortolkning af fundene fra studierne i denne afhandling blev en overordnet hypotese genereret: Klienter fra religiøse og kulturelle kontekster der er individualiserede og af-traditioneliserede har færre, mere private, mindre artikulerede og mere individualiserede religiøse metoder, og derfor er deres religiøse fundament mindre ressourcestærk end hos klienter fra mere religiøse samfund. Dette bør religiositsintegreret terapi med denne gruppe klienter tage højde for, ved målrettet at facilitere både flere og 'bedre tilpasses' religiøse metoder til klienternes religiøse mål og aktuelle livssituation. Dette kan forventes at øge religios fleksibilitet og integration, hvilket leder til højere grad af mental sundhed defineret som fordomsfrihed og fleksibilitet samt personlig kompetence og kontrol.
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1. Introduction

This thesis explores a group of Pentecostal Danes’ experiences of their religious beliefs and practices, while they faced a personal crisis impacting their mental health and attended religiously integrated group psychotherapy to deal with such crises.

Several studies have revealed that religious individuals who face crisis due to illness or other circumstances often turn to their religious faith while trying to interpret and cope with their changed life situation, which often will seem incoherent and lacking in meaning (Emmons, 1999; Frankl, 1978; Paloutzian, 1981; Park, 2005b; Park & Folkman, 1997; Silberman, 2005). Outside of Scandinavia, old as well as new empirical studies have revealed that religiosity has a special role in providing meaning, because the religious manner of divining meaning relates to a higher principle or force which goes beyond human life, and also offers a historical interpretation of meaning in life, found in all aspects of human life from birth to death and subsequently in eternity (Glock & Stark, 1965; Pargament, 2002; Pargament, Koenig, & Perez, 2000; Park, 2005b; Silberman, 2005). As religious individuals employ their religious beliefs and practices for coping and finding meaning when facing a crisis, the individual’s religious experiences are relevant for improving health interventions, and in particular for integrating religiosity into psychotherapy. For this purpose it would be relevant to enhance our knowledge of religious individuals’ experiences of the resources and challenges their religious faith provides them when facing a personal crisis.

The majority of studies on the significance of religiosity to individuals facing a crisis and on integrating religiosity into therapy have been conducted outside of Scandinavia. It is however difficult to transfer findings from these, primarily American studies to Scandinavian conditions, since secularization is more widespread in Scandinavia than in the US. Secularization affects the Scandinavians’ approach to religiosity (Pargament, 1997; Pettersson & Ris, 1994; Salander, 2006). For example, two quantitative studies from Denmark indicated that religiosity played an increasingly significant role when people were faced with disease and crisis, while the same studies confirmed the cultural differences mentioned above between the Danish and more religiously inclined nations (Ausker, la Cour, Busch, Nabe-Nielsen, & Pedersen, 2008; la Cour, 2008). The researchers of a quantitative study of critically ill Danish lung patients proposed the theory that due to secularization, the patients’ religious beliefs had not been differentiated, elaborated, or refined over their lifespan, and therefore their religious resources remained “underdeveloped” (Pedersen, Pedersen, Pargament, & Zachariae, 2012). Results from the same study reported widespread beliefs in God and a spiritual power, but highlighted the private character of religiosity among Danes, where the social support they receive from fellow believers is limited. The researchers hypothesized that medical crises could elicit religious beliefs and practices (i.e. religious coping mobilization) even among people in a secular society, but that among secular Danes, these might not be well integrated and sufficient for comprehending and coping psychologically when a crisis occurs (Pedersen, Pedersen, Pargament, & Zachariae, 2012). It has thus been suggested that due to secularization, Danes in general have few conceptual and linguistic resources to deal with existential, religious, and spiritual questions, and may have difficulties coping psychologically when facing crisis (la Cour, 2005). These studies all suggest that living in a secular society affects the religious resources of crisis-stricken Danes, and leaves individuals with fewer religious resources than is the case in more religious cultures. This is highly relevant when seeking to improve healthcare or integrate religiosity into therapy in Denmark. These studies however have been conducted among the broader Danish population, where the vast majority of Danes do not attend church or religious institutions on a regular basis. The widespread secularization has also influenced research in religiosity in Denmark. The research in religiosity has mainly centered on the religious, spiritual, and existential concerns of the broader Danish population, leaving how Danes with recurrent religious beliefs and practices experience their religiosity when facing crisis a neglected area of research.
This study focuses on this, in Denmark, overlooked group of religious individuals with a recurrent and institutionalized religiosity. Since religious individuals are most often affiliated to an institutionalized religiosity (Hall, Meador, & Koenig, 2008), their religious beliefs and practices may be expected to also be affected by their religious affiliation. Knowledge of religious Danes’ experiences of their religious beliefs and practices when facing crisis, is highly relevant when attempting to improve health care and actively address and integrate religiosity into psychotherapy.

In the following three chapters, I will contextualize the study and present the theoretical frame of reference for this thesis.
2. The ‘special’ Danish cultural context

As mentioned in the introduction, the majority of studies on the significance of religiosity to individuals have been conducted outside of Scandinavia; the majority of research has been conducted in US, where religious beliefs and institutions are more important factors in society than in for example Denmark, and the rest of Europe (Berger, Davie, & Fokas, 2010, p. 14). This leaves questions on how religious beliefs are practiced and understood by Danes, and how this affects religious coping and transformation. Denmark, together with Sweden, have been named the most secularized societies in the world and Danes being mostly ‘cultural Christians’; religion for Danes means food, culture, and social events (Zuckerman, 2008). Zuckerman conducted an interview-study with 150 Danes and Swedes, and he concludes that Danes’ concept of being a Christian differ significantly from that of Americans; To Danes religious faith is mainly concerned about how the individual acts (e.g. treat others well and be a decent and moral human being), whereas for Christian Americans it is about what they believe (e.g. theology about Christ dying on the cross, bringing salvation and a personal relationship with God to the individual) (Zuckerman, 2008). Zuckerman’s conclusion however, may only be based on a shallow understanding of the Danish society and mentality, and its influence on religious beliefs among Danes. Peter Lüchau conducted a quantitative analysis of the changes in the religious beliefs of Danes taking place over the past 50 years. The English translation applied in this thesis: ‘Religious beliefs’, is not completely consistent with the Danish term ‘Gudstro’ applied in the study by Lüchau (Lüchau, 2004). The Danish term ‘Gudstro’ covers specifically beliefs in God, whereas ‘Religious beliefs’ can be more broadly understood. The goal of the book ‘Gudstro i Danmark’ by Højsgaard and Iversen (2005b), where Lüchau’s study is the primary contribution, was to map, clarify, and enlarge knowledge on Danes concept of God and expressions of religious beliefs (Højsgaard & Iversen, 2005a).

In the present thesis I will however apply the broader term ‘religious beliefs’ when referring to contributions of Højsgaard and Iversen’s book in order to avoid confusion between English and Danish terms by creating a new English term. Lüchau’s study (2004) was based on opinion polls and surveys answered by Danes over the past 50 years. The most significant change in the religious beliefs of Danes was from a dominating Christian (singular) idea of God to a pluralistic image of God where individuals construct their own religious beliefs. Lüchau concluded, that religious beliefs among the Danish population have not declined over the past 50 years, however how Danes believe and practice their religious beliefs has changed radically (Lüchau, 2005). When asking the Danish population about their religious beliefs in the 1940s almost 80 percent believed in a singular Christian understanding of God. Today, also almost 80 percent of the population believes in God, however it is no longer an image of God from a singular Christian understanding (Højsgaard & Iversen, 2005a). Based on these findings, the hypothesis of Denmark being one of the most secularized countries in the world cannot be confirmed. Minister in the Danish State Church, Henrik Højlund, states in his recent book that to the modern Danish Christian, God is no longer an externally imposed authority, whose commands we must obey and despair when not being able to do so. Instead God has become a feeling meant to meet individual needs for self-development (Højlund, 2013, p. 8). Theories of secularization and individualization may provide explanation for this transformation of the Danes’ religious faith.

2.1 Secularization theory

There have been propounded different hypotheses of secularization, and Charles Taylor suggests, that these have two understandings in common: 1) Religion is retreating in public space, and 2) religion is a type of belief and practice that is in decline (Taylor, 2007, p. 2). Furthermore, Taylor offers a third sense of secularization, where the ‘conditions of belief’ have changed dramatically; he explains how society and the context for understanding and
accepting religion have changed through modernity. Society has changed from belief in God being taken for granted to a society where belief in God is merely one option among many (Taylor, 2007). Taylor’s third sense of secularization is consistent with the transformations of Danes’ religious beliefs presented by Lüchau, whereas the two first understandings cannot be supported. Sociologists of religion have an ongoing discussion about precisely what secularization means, and these range from the total disappearance of religion to a transformation of religion, where modernity cause a desacralization of religion (Shiner, 1967). A reason for this vagueness on the concept of secularization may be caused by a lack of analytical precision. Karel Dobbelaere (2002) was able to refine the understanding of secularization by working on three dimensions inspired by Luhmann’s three types of social systems. Dobbelaere believes secularization should be viewed as a multi-dimensional concept with three levels for understanding its effect on religious beliefs. The first level is Societal Secularization, and Dobbelaere terms this ‘laicisation’. It deals with the change of structure, which occurred with the industrialization of Western societies. Through a functional differentiation process many subsystems are developed and perform different functions that are structurally different. Religion, as an institution, is thus no longer an overarching institution but one of many. As a result, the values of religion, and religious institutions, lose their ability to legitimize and integrate society. This affects the second level: Organizational Secularization or as Dobbelaere calls it ‘religious change for the organization’. The second level is concerned with the decline and emergence of certain religious groups, organizations, and institutions. On this level the Church as an organization will adapt to the changes of society. The third level, Individual Secularization, which Dobbelaere terms ‘religious involvement for the individual’ deals with the way an individual believes in a specific religion and how this person is integrated into a religious group. On an individual level church-related religion decreases (Dobbelaere, 2002). By viewing secularization as a multi-dimensional concept Dobbelaere maintains that secularization on the societal level is not necessarily connected to secularization on the individual level. He argues, that secularization only takes place on the societal level where religion disappears, however on the organizational and individual level a religious transformation of religious involvement, that cannot be named secularization, takes place (Dobbelaere, 1999; Dobbelaere, 2002). Furthermore, Dobbelaere argues that religion no longer is an integrated part of the worldly life of the individual; religion is only lived within the religious sphere and is not considered in the secular spheres (e.g. family-life, marriage, politics, economics, friendships, raising children) (Dobbelaere, 1999).

When looking at the World Values Survey for the Danish population a more complex picture of religious beliefs emerge, and a general decrease of Christian beliefs was not observed in Denmark from 1981 to 2008.

### 2.2 World Values Survey

In Denmark, the population attending church once a month or more (‘regular attendants’) was 13% in 1981 and 10% in 2008. However, the ‘traditional attendants’ using the Church for festive seasons (mostly Christmas) were 17% of the population in 1981 and 31% in 2008. Furthermore, the ‘Church-aliened’ part of the population attending church once a year or less had fallen from 70% in 1981 to 59% in 2008. Therefore, a decrease in the Danes church attendance cannot be confirmed, however, a drastic restructuring has taken place where the Church has changed from an institution of authority to a religious frame used for more individual purposes. The central Christian beliefs have also changed, but cannot be said to have decreased: In 1981 and 1999, 69% of the Danish population believed in God, whereas in 1990 and 2008 64% did. The proportion of Danes believing in an afterlife has increased from 32% in 1981 to 36% in 2008, but on the other hand, Danes believing in the concept of ‘sin’ have decreased significantly from 37% in 1981 to 21% in 2008. Beliefs in paradise have remained at 19% and beliefs in hell at 9% from 1981 to 2008 (Andersen & Lüchau, 2011).
The World Values Survey (2011) formulated four views of God for studying people’s image of God: 1) A personal God (who punishes the disobedient and rewards the obedient), 2) a special spiritual force (a diffuse, perhaps internal God), 3) doubts (about God’s being), and 4) rejection (of God’s existence). The Danes with view 4 (rejection) had remained on 22% from 1981 to 2008, whereas those who doubted God (view 3) had decreased from 24% in 1981 to 19% in 2008. In 1981 27% of the Danish population believed in a personal God (view 1) and 27% believed in a special spiritual force (view 2), however in 2008 the proportion of Danes who believed in a personal God had declined to 22%, whereas those believing in a special spiritual force had increased to 35% - From 1981 to 2008 a more modern God-image (a special spiritual force) has gained ground at the expense of a more traditional God-image (a personal God). A question concerning overall religiosity shows a decrease from 75% in 1981 to 72% in 2008, however 72% is still a large portion of the Danish population declaring they have religious beliefs. Women in Denmark are more religious than men, and people living in the country are more religious than those living in the capital city, but despite religious differences regarding gender and urbanization, Danes religious beliefs have not disappeared, as suggested by secularization theory. Instead, religious beliefs and the Danes mentality about religious beliefs have transformed: When the Danes were asked about the importance of religion, the percentage viewing it as important had not changed from 1981 to 2008, but the percentage of Danes who did not think religion important at all had declined from 30% in 1988 to 21% in 2008. It can therefore be said, that the Danes may not find religion more important today, but they are less hostile towards religion (Andersen & Lüchau, 2011). Questions about finding comfort in religion also reveal a minor increase from 32% in 1981 to 35% in 2008. In the private sphere, there is no change from 1981 to 2006 concerning the importance of religion to marriage (52%) and for children to be raised in the Christian faith (8%), however, in the public sphere a peculiar change in secularism (if religion and politics should be intermixed) has occurred: On one hand the Danes have become more secular (60% in 1999 and 65% in 2008 did not think politicians without religious beliefs were unsuited for public office), and on the other hand Danes have become less secular (85% in 1999 and 78% in 2008 agreed that clergymen should not influence government-decisions). These results of the World Values Survey reflect a transformation, but not a decrease, in religious beliefs among Danes (Andersen, Gundelach, & Lüchau, 2013; Andersen & Lüchau, 2011).

The Danes relationship with the Church has also changed to a higher degree of openness towards the Church but at the same time the Church has less authority in society. The Church’s loss of authority is reflected in a decrease in the Danes’ use of religious ceremonies: Importance of religious ceremonies when a child is born (baptism) has decreased from 69% in 1990 to 59% in 2008, and for marriage it has decreased from 64% in 1990 to 54% in 2008. There is however no significant decrease in religious ceremonies relating to death. The openness towards the Church were seen in questions about the Church providing answers to moral -, family -, social issues, and spiritual needs, and in all four areas an increase in the Church’s perceived capability to provide answers were detected: a minor increase relating to moral issues (25% in 1981 to 29% in 2008) and family issues (16% in 1981 to 18% in 2008), but a significant increase concerning social issues (8% in 1990 to 14% in 2008) and spiritual needs (37% in 1981 to 54% in 2008). The Danes’ general confidence in the Church has increased and less Danes have distrust towards the Church. Danes have more confidence in the institution of the Church and its ability to provide answers to concrete problems, but there is the most trust in the Church answers on questions concerning spiritual questions, and less in the answers concerning family issues. Despite a reduction in the use of the Church for religious ceremonies, the Danes still have confidence in the Church (Andersen, Gundelach, & Lüchau, 2013; Andersen & Lüchau, 2011).

All in all, based on the results of the World Values Survey, it cannot be argued that religion in Denmark is in decline, however, Dobbeløe’s theory regarding secularization only taking place on a societal level seems to be relevant in Denmark. On the societal level, religion has
changed from the overarching institution, to simply one of many. On the organizational level, a change, but not secularization, of the Danes relationship with the Church has taken place. On the individual level, the religious involvement has also changed, but not decreased. Based on World Values Survey, the hypothesis of secularization in Denmark must therefore be dismissed.

Another theory that may explain the changes taken place in religious beliefs in Denmark is individualization theory (Lüchau, 2005).

2.3 Individualization theory

Lüchau suggests a model of individualization instead of secularization to explain the transformations taking place in religious beliefs in Denmark (Lüchau, 2005). Where theories of secularization expect society to become irreligious, individualization theory assumes religion to become an individual and private affair. According to individualization theory, religion will change and metamorphosize into new forms (Davie, 2000, p. 19). Sociologist of religion, Grace Davie emphasizes that retraditionalization is a main factor in individualization theory; fewer religious traditions will be passed on to new generations and religious beliefs and practices can be individually chosen and combined without considering religious traditions and authorities. In the retraditionalized society, religion may gain new meaning for the individual, however in a new form (Davie, 2000, p. 30). Andersen and Lüchau argue that when the individual becomes free from external authorities, such as the Church and family, to choose his or her own religiosity, every individual will attain their own unique religiosity (Andersen & Lüchau, 2011, p. 79). They argue, that there are some common characteristics of the religiosity chosen as well as the religiosity deselected; religious elements related to external authorities will be deselected while elements related to individualism and self-development will be chosen (Andersen & Lüchau, 2011). They suggest that beliefs in hell, paradise, and sin will be deselected, whereas more positive beliefs such as forgiveness, self-development, and a life after death will increase. This was reflected in the transformation of the Danes’ God-image from a God that acts and punishes to a more diffuse spiritual force within each individual. Furthermore, from the perspective of individualization theory, the importance of religion may be expected to increase on an individual level, as religion becomes an important factor in the individual’s search for meaning. This also seemed to be detected in the Danes’ transformed religiosity. Højlunds statement about God becoming a feeling meant to meet individual needs for self-development and no longer being an authority (Højund, 2013, p. 8) seems to be true for Danes. Individualization theory proposes with less certainty what can be expected about the individual’s relationship with the Church; retraditionalization may undermine the authority of the Church and develop its irrelevance for the individual when seeking answers and meaning, but on the other hand because the Church loses its authority it can be incorporated into the religious universe of the individual, as long as it refrain from judging or making demands. Then the Church remains one voice alongside other voices (Andersen & Lüchau, 2011, p. 80). According to the World Values Survey, it seems that individualization and retraditionalization has taken place among the Danish majority.

2.4 Danish institutions and mentality

The religious beliefs of Danes need to be understood in relation to Danish mentality and Danish institutions. The World Values Survey material and other studies point to a correlation between the changes taking place in the sociocultural context and the transformations of religious beliefs in Denmark (Andersen & Lüchau, 2011; Iversen, 2005; Lüchau, 2005) even though this relationship is complex, has many channels and often also dialectical forms (Iversen, 2005). Hans Ravn Iversen describes Danish society as tribal and almost communist.
in terms of economy, welfare, culture and mentality (Iversen, 2006). Denmark is one of the most egalitarian countries in the world, and Danes are determined to maintain their welfare state alongside individual freedom in ethical, existential, and religious matters (Iversen, 2006). Gundelach, Iversen, and Warburg (2008) researched, based on general sociological knowledge about Danes and Denmark and interviews with 36 Danes, the common Danish institutions and mentalities from a perspective of the majority. Their conclusion is a structure of the Danish national unity that was built on seven institutions of society which function as cornerstones for both practical and mental construction. Within and through these institutions the individual Dane is socialized to values, conventions, and practices characteristic for the Danish Society. These seven institutions are central for the everyday life in Denmark, and they constitute the setting of the mentality of the Danes. The reciprocal action between institutions and mentality cause both to constantly develop, change, and reconstruct (Gundelach, Iversen, & Warburg, 2008, pp. 32-33).

The seven institutions are:

1) The family - the values are centered on both the importance of the family and the individual’s right to freely express him or herself within the family, but still with respect for the family.

2) The school - characterized by uniformity and valuing the collective and the importance of also being an individualist.

3) Flexicurity – society is both flexible and secure. It is developed in collaboration between welfare state and job market (based on values on both solidarity/rights and duties).

4) Everyday life - takes place in the two spheres: leisure/family and work, and both spheres are important for the individual Dane’s values and sense of self.

5) Civil society - Danes are involved in volunteerism and associational activities (foreningsliv) to a large extent, influencing democracy and structures of society.

6) Religion - the Danish ‘park of religion’ with seven main branches (will be elaborated below).

7) The nation - being Danish contains both a collective of culture and a conciliatory and confident nationalism characterized by compromise and pragmatism (Gundelach, Iversen, & Warburg, 2008).

Gundelach, Iversen, and Warburg have also propounded seven general patterns of mentality in Denmark. They emphasize how these patterns are in a reciprocal relationship with the seven institutions. These are relational and therefore not unalterable (Gundelach, Iversen, & Warburg, 2008, p. 48). The seven patterns of mentality are:

1) The Danes are content with life in Denmark – Danes are materially prosperous, there is a high level of well-being among children, no serious political or financial crises, and a pragmatic seeking of compromises on disagreements.

2) Security, trust, happiness, and (self)-contentment – Denmark is a predictable and homogeneous society with economic wealth, close social bonds, and a self-image of being ‘capital’.

3) Collective oriented individualism - Danes combine collectivism and individualism to a ‘relational individualism’, where both personal independence and being a part of collective are important, but at the same time Danes are often reserved and shy in difficult and unfamiliar social contexts. Danes trust the social system, pay their taxes gladly, and rank at the top of the social solidarity scale of World Values Survey and yet on the other hand, come at the bottom in confidence in collective decisions and common authorities on ethical and existential questions (Andersen & Lüchau, 2011; Iversen, 2006).

4) Freedom, equality, and minor power distance - freedom is developed through the collective, therefore personal freedom and independence are important for entering the collective’s
expectations of participation and involvement. Most Danes expect society to keep financial inequality low, so all may have a good life, and in Denmark belief in authorities has been replaced by a minor power distance between ordinary people and powerful decision-makers.

5) The collective and the differences - In Denmark differences between position and worthiness is not emphasized but there is a tendency to over-stress cultural differences; ‘invisible’ differences are ignored and ‘visible’ differences are emphasized.

6) Being one’s own person - Danes are religiously very individualistic, and the majority of Danes state that they are Christian in their own way (Iversen, 2006). It is important to ‘be oneself’ in religious life, as well as other life-situations.

7) Numerous ways to be Danish - reveals how underneath the tolerant and egalitarian surface the Danes have a tendency to protect the values and cultural self-image of the majority Danes (Gundelach, Iversen, & Warburg, 2008).

2.5 The Danish Park of Religion

Hans Ravn Iversen presents the Park of Religions in Denmark, which cover the seven main branches of religion in Denmark (Iversen, 2005; Iversen, 2006). He has systemized a similar religious structure for the seven main branches, God, virtue, and destination, in the following diagram:

<table>
<thead>
<tr>
<th>Form of religion</th>
<th>God</th>
<th>Virtue</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Implicit religion and banal religion</td>
<td>Experience of difference</td>
<td>Moral markings</td>
<td>Happiness and good life</td>
</tr>
<tr>
<td>2) Folk religion</td>
<td>God as destiny for the individual</td>
<td>Virtue</td>
<td>Eternal life of the soul</td>
</tr>
<tr>
<td>3) New religions and spirituality</td>
<td>Micro-macro cosmology</td>
<td>Karma – balance between cause and effect</td>
<td>Reincarnation</td>
</tr>
<tr>
<td>4) Church Christianity</td>
<td>Trinity</td>
<td>Love of neighbour</td>
<td>Resurrection of the flesh</td>
</tr>
<tr>
<td>5) Culture Christianity</td>
<td>God as partner</td>
<td>Want to be good</td>
<td>Prospects and good advice</td>
</tr>
<tr>
<td>6) Civil religion</td>
<td>God as destiny for the nation</td>
<td>Citizenship</td>
<td>Peace, welfare and stability</td>
</tr>
<tr>
<td>7) Islam</td>
<td>Allah</td>
<td>Sharia</td>
<td>Allah’s provision</td>
</tr>
</tbody>
</table>

Iversen argues that despite the many forms of religious beliefs in Denmark, religious beliefs are not formless, nor arbitrary. Religious beliefs find its forms within a common Park of Religion (Iversen, 2005). Iversen cites Lars Qvortrup, who says: “As individuals... we do (not) create meaning, but enter into a room of meaning: The room of meaning of the sacred, the congregational room of meaning, or just the religious system’s room of meaning” (Qvortrup, 2003, p. 144). A recent mix-method study on the everyday Christianity of Danish cancer patients supports this, as it has also found that the Christianity of everyday life in Denmark, through the co-existence of everyday faith and systematic theologies, takes place in connected rooms that constantly unfold as potential new ‘rooms of resurrection’ (Johannesen-Henry, 2013, p. 255). Iversen argues, that when Danes search for religious meaning, they most often seek it within the Danish park of religion (Iversen, 2006).

Above, I have presented the Danish institutions and the mentality and religiosity of the Danish majority. While it is evident that Denmark’s protestant-lutheran background has influenced pivotal aspects of Danish mentality: Universalism, egalitarianism, and the position of
work and close, personal relationships (Iversen, 2005, p. 220), and *God is still the strongest and most centrally-placed oaktree in the Danish Park of Religion* (Iversen, 2006). It is also true that the majority of Danes’ religious faith has transformed dramatically. The ‘collective oriented individualism’ of the Danish mentality (supported and developed by the institutions) is also apparent in faith in God; The majority of Danes believe in God in a conditional way, where it is not essential for their way of believing if God exists or not. They tend to believe in some kind of God, but like to have their religion privately, peacefully and passively; the majority of Danes *don’t like outspoken pious Christians, confessed atheists, fanatical spiritualists or provocative pastors* (Iversen, 2006). The above presentation however only characterizes the religious beliefs of the majority of Danes, very little is known of religious minority groups, and especially Christian minority groups, in Denmark.
3. The Apostolic Church - a Danish Pentecostal minority group

There is no internationally agreed definition as to which groups constitute minorities, but according to the United Nations Sub-Commission on Prevention of Discrimination and Protection of Minorities, the definition of minority is:

*A group numerically inferior to the rest of the population of a State, in a non-dominant position, whose members - being nationals of the State - possess ethnic, religious or linguistic characteristics differing from those of the rest of the population and show, if only implicitly, a sense of solidarity, directed towards preserving their culture, traditions, religion or language.* (United Nations, 2014)

Religious minorities are characterized by the religious affiliation of their members diverging from that of the majority. In Europe, for centuries only Christian minority groups were known and it was not until after Second World War that non-Christian minority groups became a part of everyday life in Denmark (Warburg & Warmind, 1991). When studying religious minorities, an attempt to understand both the religion as well as the position in society of the religious minority is made. A particular focus is on the relationship between the minority and the majority (Buckser, 2003). The majority may discriminate or be prejudiced against the religious minority, or the minority may cut itself off from the majority (i.e. self-segregation), also due to prejudice (Warburg & Warmind, 1991).

The Pentecostal movement in Denmark, including the Apostolic Church, is numerically inferior and in a non-dominant position to the rest of the Danish population. As I shall detail below it also possesses religious characteristics that differ from the broader Danish population presented in chapter 2, and shows a sense of solidarity towards preserving religious beliefs and practices.

Some sociologists and psychologists of religion still discuss whether the churches of the Pentecostal movements are considered churches or sects (Argyle, 2000; Sørensen, 2010; Warburg & Warmind, 1991). Troeltsch (1931) used the term *sects* to refer to religious groups which were smaller than churches, were more committed, rejected society’s values, sought a purer way of life, and expected their members to be strongly committed and accept the discipline. Within sociology of religion, difference between Christians’ affiliations have been understood on a continuum with the Church at one end which viewed itself as all-embracing, and the sects at the other end separating themselves from society and seeing themselves as the true path to salvation (Warburg & Warmind, 1991). As studied by Sørensen (2010), different Pentecostal churches can be placed differently on this continuum, but so can different state churches in Denmark. In general, this continuum could appear like this:

![Continuum of Jesus Christ's Churches](image)

(Berger, Davie, & Fokas, 2010)
3.1 Pentecostalism

Institutionally, Pentecostalism is in Denmark primarily associated with two declared Pentecostal registered religious communities (‘registrerede trossamfund’), which is the legal term for religious organizations/churches that are not encompassed by the agreement and legislation of the Danish State Church, but have been ministerially registered with the right to perform wedding ceremonies. These two are: The Pentecostal Church (5500 members) and the Apostolic Church (3500 members) that largely have the same theology and worship (Mortensen, 2007). The term ‘Pentecostals’ can however also include a variety of other movements where the emphasis is on receiving the Holy Spirit and practicing spiritual gifts such as prophecy, healing, and speaking in tongues (Anderson, 2010). In Denmark this term includes: Older Pentecostal movements (e.g. the Pentecostal and Apostolic Church), a wide range of independent churches including immigrant churches, churches without any national or global affiliation, and the charismatic movement emerging in ‘mainline’ denominations (e.g. Dansk oase bevægelse, missionsforbundet, Baptist church) (Anderson, 2010). Sørensen thus estimates that the number of Pentecostal Christians in this wider sense of the word in Denmark ranges between 10.000 and 15.000, including children, young people, non-registered adults, and members of Pentecostal migrant-churches (Sørensen, 2010).

Pentecostalism and related charismatic movements are the principal contributors to the growing number of Christians in the world, and today it has been estimated that approximately 30% of the world’s Christians belong to Pentecostal and charismatic movements (Mogensen, 2010). Despite Pentecostalism globally being associated with expansive growth, the increase of Danish Pentecostals has been at a minimum during the last decennial (Sørensen, 2010, p. 51). The Pentecostal movement has spread explosively from America to the rest of the world, except Europe which has almost not been affected by this spread (with one important exception: The gypsies have converted in large numbers to Pentecostalism all over Europe), and the Pentecostal movement globally has distinctive American characteristics (Berger, Davie, & Fokas, 2010). These distinctive American characteristics are still seen as an internalization of Pentecostal theology in the Apostolic Church today (Bjerring-Nielsen, 2006).

Although it has older roots in for instance the Methodist traditions, the birth of modern Pentecostalism is often tracked back to a historical event occurring 9th of April 1906 in a private home in Los Angeles, where a small group of Christians were gathered for prayer and experienced the coming of the Holy Spirit in much the same way as the Bible described the disciples’ experience of Pentecost (The book of Acts, chapter 2, verse 1-4: When the day of Pentecost came, they were all together in one place. Suddenly a sound like the blowing of a violent wind came from heaven and filled the whole house where they were sitting. They saw what seemed to be tongues of fire that separated and came to rest on each of them. All of them were filled with the Holy Spirit and began to speak in other tongues as the Spirit enabled them). A Pentecostal revival, both local and global, started that day where the focus was on the baptism of the Holy Spirit, gift of tongues, prophecy, and healings (Bjerring-Nielsen, 2010).

Today, the Pentecostal movement in Scandinavia is characterized by a clear focus on experiencing God, where the emotional experience of the Christian faith is a highly motivating factor for the individual. It is a relationship-based movement, characterized by a flat organizational structure, where laymen are co-active in executing the Christian practices. Pentecostals proclaim a pragmatic gospel that addresses practical as well as spiritual needs, and Pentecostals tend to have been characterized as ‘doers’ rather than ‘thinkers’. Pentecostals believe God has called all people to be on a mission and that includes both evangelization and social concerns (Kärkkäinen, 2010).

Anderson (2010), who is a world renowned specialist in global Pentecostalism and was invited to write an article to a theme-based issue of the Danish journal ‘Ny Mission’ on Pentecostalism, traces six features of the structures and patterns of Pentecostal mission: 1) Pentecostalism
costals emphasize being on a ‘spirit-centered mission’ where they depend more on the Spirit’s leading than on formal structures. 2) Pentecostals believe that the coming of the Spirit brings an ability to perform ‘signs and wonders’ in the name of Jesus Christ to accompany and authenticate the gospel message, with healing and miracles as prominent Pentecostal mission praxis. 3) Pentecostals are notorious for aggressive forms of evangelism and mission, and from its beginning Pentecostalism was characterized by personal evangelism and church planting. The majority of Pentecostal missionaries have been ordinary people who felt ‘sent by the spirit’ to other nationalities and places without any prior formal training. 4) Pentecostals believe the Holy Spirit has been given to every believer without preconditions resulting in equality between clergy and laity, men and women, race and so on. Church-leaders tended to come from the lower and uneducated parts of society. They planted churches that sought to tune in on language, concerns, and hopes of local people. 5) The growth of Pentecostalism was the result of the mobilization of ordinary people, both men and women, who tirelessly proclaimed the same message they had heard others proclaim which has sufficiently altered their lives to make it worth sharing wherever they went. 6) The practices of Pentecostal theology and worship were available for everyone, and the emphasis on ‘freedom in the Spirit’ rendered an inherent flexibility in different cultures and social contexts (Anderson, 2010).

Over time, critical questions concerning Pentecostal teaching and practices have been raised, particularly from Lutheran churches. Much of this critique concerns the neglect of critical theological reflection: it is argued that Pentecostals overemphasize personal, immediate spiritual experience, and ecstatic ‘spiritual highs’ and thereby neglect faith seeking understanding and less dramatic religious beliefs and practices; the Pentecostal emphasis of the Holy Spirit may neglect the triune understanding of who God is and how he acts in the world; the Pentecostals’ focus of the salvation of the individual may cause neglect of a prophetic critique and the call to transform social, economic, political, and environmental injustices; tendencies to read the bible literalistically and separated from its wider context; neglecting cross theology on suffering and death; neglecting to sufficiently appreciate both the sacred/holy and the secular/profane as arenas where God is active; too much focus on having personal needs met, material blessings, and prosperity as an indication of a right relationship with God; and too much emphasis on healing through prayer and trusting God alone to heal (Bloomquist, 2008).

Much is known about global Pentecostalism and Pentecostal beliefs and teaching, yet very little is known of how a religious minority group comprised of Pentecostal Danes experience their religious beliefs and practices when facing a personal crisis. Only very few articles have been written about Pentecostalism in Denmark. A recent article about the ‘broader’ Pentecostalism in Denmark (the free churches) states, that the self-understanding of the Pentecostal churches is being ‘church in the culture’ and not a ‘cultural church’ (i.e. in opposition to Culture Christianity) (Bjerring-Nielsen & Hylleberg, 2013), but there is a paucity of substantial and relevant studies on Danish Pentecostalism’s self-understanding in relation to the majority culture. Therefore, I have chosen to conduct a minor text analysis of two anniversary publications of the Apostolic Church of Denmark. In these, it is clearly presented and described how the Apostolic Church view itself, as well as the development of the Apostolic Church self-understanding.

3.2 The Apostolic Church of Denmark – then and now

The Apostolic Church of Denmark, with its 3500 members and a Pentecostal affiliation differing from the Christian faith held by the Danish majority, constitutes a typical Christian minority in Denmark. When studying a religious minority group, it is important to understand how the religious minority group’s ideas about identity and authority, together with their religious practices and structure of institutions, both interact and articulate with the majority culture surrounding them (Buckser, 2003). This perspective by Buckser, from a study on a Jewish minority group in Denmark, may function as a meta-perspective for understanding the
Apostolic Church of Denmark as a Danish religious minority group. It is therefore assumed that the Apostolic Church of Denmark is influenced by the cultural context and the changes taking place in Denmark. This influence can be studied in the anniversary publications of the Apostolic Church, one published in 1974 (Mortensen, Larsen, & Mortensen, 1974) and the other in 2004 (Mortensen, 2006), where the changes from 1974 to 2004 in theology, structure, and practice can be detected. These two anniversary publications are the only public, written material that sums up the religious beliefs and practices of the Apostolic Church of Denmark.

In this section, based on knowledge gained from the two anniversary publications I will present the Apostolic Church of Denmark’s ideas about identity, authority, and religious practice and structure, and how they view themselves in relation to the Danish religious majority.

Iversen argues that most people belong to several of the seven branches in the Park of Religions in Denmark, as most people integrate various religious sentiments (Iversen, 2006). I believe however it can be argued that Pentecostal Danes mostly find their religious meaning in what I will label as ‘the shadow of the branch of Church Christianity’, and integrate the other branches to a significantly lesser degree than the majority of the Danes otherwise would do. Church Christianity has been the most continuously dominating form of religion in Denmark the past 100 years (Iversen, 2005), but if we were to calculate and compare the percentage of members of the State Church and the members of the Apostolic Church attending and through the Church finding religious meaning, I believe we would see some significantly different figures (i.e. high percentage among the members of the Apostolic Church and low percentage among the members of the State Church). The figures would be reversed however if we were to calculate and compare the application of the other six branches of the Park of Religion. For the Apostolic Church, the position of Church Christianity in the religious life of the individual is stressed. From the foundation of the Apostolic Church there has been a strong conviction about God’s intention of ‘pouring out’ the Holy Spirit for the re-establishment of the Church to its former Apostolic glory and power, which refers to the five-fold ministry (Ephesians, chapter 4, verse 11-13: And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers; For the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ: Till we all come in the unity of the faith, and of the knowledge of the Son of God, unto a perfect man, unto the measure of the stature of the fulness of Christ). The high emphasis placed on the five-fold ministry differentiates the Apostolic Church from other Pentecostal movements (Beck, 1974a). In addition the Apostolic Church is committed to the Great Commission to reach all people in the world with the gospel (Matthew, chapter 28, verse 16-20: Then the eleven disciples went to Galilee, to the mountain where Jesus had told them to go. When they saw him, they worshiped him; but some doubted. Then Jesus came to them and said, ‘All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age’) (Hansen, 2006).

Despite the transformations in theology, structure, and practices that have taken place since the Apostolic Church was founded in 1924, three purposes of the church have remained, and these are described in both the old and the new anniversary publications: 1) Worshipping and seeking God, 2) encourage and strengthen the faith of fellow believers, and 3) reach non-believers with the gospel (Mortensen, 2006; Mortensen, Larsen, & Mortensen, 1974). These three purposes, as well as a description of an enthusiastic and personal religious belief, are characteristic for both anniversary publications. The second anniversary publication recognizes that drastic changes have taken place in the Apostolic Church since the first anniversary publication in 1974, however none of these changes are attributed to the broader Danish Society. Instead arguments referring to the Apostle Paul about how we as human beings only partly see and understand things is applied to explain why the changes have taken place now and not before (1. Corinthians, chapter 13, verse 9 and 12: For we know in part and we prophesy in part, but when completeness comes, what is in part disappears... [...]... For now...
we see only a reflection as in a mirror; then we shall see face to face. Now I know in part; then I shall know fully, even as I am fully known) (Hansen, 2006). According to these chapters the Apostolic Church does not see itself as being particularly influenced by the sociocultural context of Denmark, but rather the Danish majority is viewed exclusively as non-believers who must be reached by the Apostolic Christian with the gospel. The two other purposes (Worshipping and seeking God, and encouraging and strengthening the faith of fellow believers) indicate a clear sense of solidarity towards preserving religious beliefs and practices internally in the Apostolic Church, which could indicate an impetus towards minority preservation.

### 3.2.1 The Theological Teaching of the Apostolic Church

In the first anniversary publication, the section about the theology of the Apostolic Church was the dominating element, constituting thirty pages that thoroughly addressed twelve theological points (Beck, 1974b). In contrast, this element in the publication from 2004 only constituted seven pages. In the new publication the focus is on the development and discussions of theology of the Apostolic Church (Bjerring-Nielsen, 2006). The theological teaching has become more reticent regarding the five-fold ministry, which has resulted in a more decentralized and less hierarchical structure with more responsibility placed on the local church. Furthermore, over the years international students and staff at the Apostolic Bible College have influenced the Apostolic Churches in Denmark towards an internationalization of the Pentecostal theology. It is also emphasized that the Apostolic Church has taken an explicit position in the late 90s on being in favor of women in church leadership hereby rejecting earlier ideas of women leadership being unbiblical. An area of comprehensive theological discussion has been on the stance towards the faith movement and faith theology (i.e. those Pentecostal churches being in the sects end of the continuum, separating themselves from society and seeing themselves as the only true path to salvation). This discussion came in the wake of internal divisions in the Apostolic Church. The discussions were concerned with: Views of humanity, the character of the spiritual world, the position of suffering in the life of the believer, the atonement, perceptions of faith and leadership in the church. For the Apostolic Church it was important to maintain a holistic view of humanity consisting of mind, body, and spirit as this was the basis for a holistic view of life, suffering, pain, illness, atonement, etc., where faith theology emphasized the spirit-dimension’s superiority. This also caused many discussions about the concept of faith, where the faith movement preached faith as the believers’ personal effort and not trustful surrender to God. It was also important for the Apostolic Church to maintain a stance on church leadership as a collaboration between ministries, where one person should not gain too much power (Bjerring-Nielsen, 2006).

This stance on collaborative leadership, and the change towards a more decentralized and less hierarchical structure could also be cohesive with the changes in Danish society towards individualization, less trust in authorities, equality, and minimizing power distance. The pastors in Apostolic Churches have also lost authority, even though there still is no democracy in the ministries of the Apostolic Churches with nation-wide leadership maintaining the authority to evaluate and dictate in the local church (Hansen, 2006) (however, since the publication of the newest anniversary publication, a new method for selecting leaders for the national Church leadership based on a form of democracy has been developed in the Apostolic Church. It is based on a principal of a committee of representatives from where leaders are democratically chosen). The holistic view of humanity furthermore facilitates a collective were the individual can easily ‘be one’s own person’, indicating a collectively oriented individualism that is also observed in the changes of the broader Danish society.

Also apparent however in the theological discussions presented in the second anniversary publication taking place in the Apostolic Church in newer times, a focus on religious belief and practices is revealed which is quite distant from the religious questions of the Danish ma-
majority presented in chapter 2. As previously mentioned, the Apostolic Church’ relationship with the majority culture is scarcely described in the anniversary publications, except with the focus of reaching non-believers with the gospel and on church-services becoming more ‘seeker-friendly’; the church-services in many Apostolic Churches have in recent times changed towards being more open for ‘seekers’ (i.e. people with no or little religious background).

This, all in all, indicates that the Apostolic Church of Denmark sees itself in opposition to the broader cultural context of Denmark.

The later anniversary publication indirectly describes the influence of the surrounding majority culture through the characterization of individual members of the Apostolic Church as being more ‘in the world’ today than in earlier times. In this chapter, this means they are influenced by modern music, they are a part of the Danish education system and seek higher education to a much greater degree than former generations, and they are less formally and more casually dressed (Hansen, 2006). These descriptions indicate an effect of the sociocultural Danish context on the individual member of the Apostolic Church, but there is no reflection on the majority culture’s effects on the beliefs and practices of the Apostolic Churches in either of the two anniversary publications. All in all according to the anniversary publications it would seem that even though the changes of theology in the Apostolic Church indicate the influence of the surrounding Danish majority context, the members of the Apostolic Churches in Denmark see themselves as not particularly influenced by the cultural setting of contemporary Denmark. They still focus on their three purposes, and see their relationship with majority Denmark as people they shall ‘reach’ with the gospel.

In Helmut Richard Niebuhr’s most famous work *Christ and Culture* (1952), he explains how Christians have responded to culture throughout history, and he outlines five different relationships:

1) Christ against Culture. Here the Christians are in opposition to the surrounding culture. It is the understanding of a rising church or Christian culture and a dying pagan civilization.

2) Christ of Culture. This is the other extreme stance, where Christians find their religion to be fundamentally compatible with the culture around them.

Between those two extreme relationships between Christianity and culture lie three mediating positions:

3) Christ above Culture. In this view all that is good in human culture is a gift from God, but to be fully realized this good requires Christian revelation and the mediation of the Church.

4) Christ and Culture in Paradox. In this view Christians live within a tension because they believe that God has ordained worldly institutions, but they affirm that God's kingdom has penetrated the world here and now.

5) Christ Transforming Culture. This is the story of reformation of God’s mighty deeds and humanity’s response to them where society is to be entirely converted to Christianity.

The self-understanding of the Apostolic Church of Denmark can be seen as a development from ‘Christ against Culture’ towards minor aspects of ‘Christ and Culture in Paradox’ and the optimistic and more cultural open viewpoint about ‘Christ Transforming Culture’. There is no indication of ‘Christ of Culture’, which can be considered the dominant for the Danish majority, and there is no focus on a revelation or mediating role for the Church on human culture as a gift from God in the anniversary publications, indicating that the viewpoint ‘Christ above culture’ is also not held. Instead the primary development in the Apostolic Church relationship with Danish culture has been from ‘Christ against culture’ to ‘Christ Transforming Culture’, hence the continuing focus on the three purposes of the Apostolic Church.
3.4 The Apostolic Church and Pastoral Care

A significant addition to the newest anniversary publication is a separate section on pastoral care, which in the first publication was only an implicit part of the section on theology. In this section, the authors state that the gospel calls us to personal transformation and growth, but also to take care of each other (Tind & Mortensen, 2006). In this statement, the relationship with the Danish cultural context becomes very clear: God is a path for self-development within pastoral care in the Apostolic Church in Denmark. The collective individualism is also clear, where the gospel both focuses on personal growth and social responsibility. Tind and Mortensen explain how pastoral care in the Apostolic Church has gained much recognition in the past ten years; they describe its function as providing religious teaching, guidance, and healing to the individual, and when the individual has been taught, guided, and healed, he or she will be able to help others (Tind & Mortensen, 2006). They explain how many people seeking the church today have extensive needs for this, and how these needs have demanded that Christians educate themselves in therapy and psychology. They differentiate five levels of qualifications for helping other people: 1) Friends and family – on this level all Christians can dispense their religious advice and help. 2) Pastoral Care – all voluntary workers in the Church can function as long as they have life experience and solid biblical knowledge. 3) Counseling – Christian counselors have both biblical and psychological knowledge and practice. 4) Therapy – Christians with therapy training can practice with focus on psychological therapy. 5) Physicians, psychiatrists, and psychologists – it is important for Christians to know when to refer to professional treatment.

Although the section on pastoral care in the newest anniversary publication is an important addition compared to the former, it still comes across as rather meager and superficial in both psychological and theological competences, which indicates this is a novice area in the Apostolic Church that needs further development and conceptualization. For example there is no connection to the section about the theology of the Apostolic Church, where it would have been relevant to consider important areas of discussion (e.g. Views of humanity, the character of the spiritual world, the position of suffering in the life of the believer, the atonement, perceptions of faith as such). The section does not reflect upon pastoral care’s position between modern psychology and theology of the Apostolic Church. Instead it is presented as a mixture of pastoral care being both strongly influenced by Danish culture and mentality on one hand (e.g. individual collectivism; importance of being oneself; ‘perceived rights’ to be content, happy, and secure) and on the other hand being a bit religiously ‘old-fashioned’ (e.g. strong differentiation between believers who are taught, guided, and healed and those who are not). As a result of the ‘old-fashioned’ religious distinction between those capable of providing pastoral care, and those so far only capable of receiving, this new area may actually cause a power distance in the Church between ‘givers’ and ‘receivers’. This particular situation is relevant when considering the focus of this thesis, as the International Apostolic Bible College, where the studies took place, can be considered the pioneer of pastoral counseling in the Apostolic Church with a special main course in Christian counseling.

3.5 The International Apostolic Bible College

The participants in the studies of this thesis were all students at the Bible College of the Apostolic Church in Denmark, and therefore were expected to affiliate with the Pentecostal theology and teaching presented earlier in this chapter, as well as the specific characteristics of the Apostolic minority group.

The International Apostolic Bible College is located in Kolding in Denmark. Kolding is Denmark’s seventh largest city with 57,540 citizens. The International Apostolic Bible College belongs to the Apostolic Church of Denmark (i.e. defined as an older Pentecostal movement). The International Apostolic Bible College may accommodate approximately one hun-
dred students. At the time of the studies, little more than fifty percent of the students were Danes and the other fifty were Pentecostals from various parts of the world. The International Apostolic Bible College was hence considered a Pentecostal international environment within the Danish culture. The participants however only comprised ethnic Danes, and the participants should primarily have Denmark as their cultural and religious frame of reference, as the studies centered on a Danish religious minority group in the Danish society.

The history and context of the International Apostolic Bible College is extensively documented in the before mentioned anniversary publication of the Apostolic Church published in 1974, however it is merely mentioned in the latter of 2004. In the latest publication, the International Apostolic Bible College is only mentioned in a minor notice in a photo-section, and in the section about Apostolic theology, where it is described how the Bible College has developed into a new role in relation to the local Apostolic Churches, from being the central part of the Apostolic Church of Denmark to becoming a Public High School and less influential in the local Apostolic Churches (Bjerring-Nielsen, 2006). In contrast the first publication allocates two entire sections to the Bible College (Beck, 1974c; Beck, 1974d). Interestingly however both notices in the latter publication indicate merely a continuance of the theology and school-practice of the Bible College presented in the first anniversary publication. The International Apostolic Bible College is characterized by Pentecostal theology which brings belief in the extraordinary and the supernatural (e.g. healings by prayer, prophesying, speaking in tongues) into focus. Additionally as mentioned above, over the years international students and staff at the Bible College have influenced the Apostolic Churches in Denmark, as well as the college, towards an internationalization of the Pentecostal theology (Bjerring-Nielsen, 2006), where much of the teaching and religious practices are highly inspired by international Pentecostalism as presented above (Anderson, 2010; Bloomquist, 2008). The minor notice explains that the International Apostolic Bible College accommodates about hundred students of many different nationalities and offers both fundamental biblical studies as well as special main subjects: Counseling, media, drama, leadership, and music.

Except for the internationalization of Pentecostal theology, the theology and school-practice presented in the 2004 anniversary publication are a continuance of the first anniversary publication. The first publication documents that the first class at the Bible College started 4th of November 1939 and the first international students came in 1948. The teaching included: Interpretation of the New Testament, the theology of the Apostolic Church, latter Church history and missiology, ‘winning souls’, English, as well as singing and music. At the time of the studies of this thesis, the same subjects were still being taught (apart from English and music, these were the ‘fundamental biblical subjects’ presented in the latest anniversary publication). Additionally, as presented in the latest anniversary publication, today the students also attend a main subject (i.e. counseling, media, drama, leadership, music) and special courses (e.g. of a week or a couple of days duration).

3.5.1 A Danish Public High School

The documentation of the Bible College in the first anniversary publication also included an extensive ‘faith-narrative’ about how God lead the Apostolic Church of Denmark, through scriptures and prophecies, to start the Bible College and later on to build the College-building in Kolding. Half of the costs of the building were raised in the local churches and from individual givers who believed in the vision about ‘Troens Tempel’ (the temple of faith) which the college-building was named. In 1941 this vision was ‘birthed’ through a prophecy, but it was not till 1957 the official inauguration took place. The intervening 14 years had been full of many struggles and doubts, but ‘God had prevailed’ and ‘Troens Tempel’ stood there as a symbol and a promise of God’s faithfulness and love for his creation (Beck, 1974d). At the same time, the Bible College became a ‘Folkehøjskole’ (Danish Public High School) and the Apostolic ‘faith-project’ was combined with the goal of the Public Schools about
livesoplysning (existential enlightenment), folkelig oplysning (community enlightenment), and demokratisk dannelse (democratic formation) (Folkehøjskolernes Forening, 2013). This resulted in a Bible College with general education subjects (e.g. singing, music, languages, sports, church history) and biblical subjects. The ‘living word’ and the ‘revival teaching’ however remained the central components in the daily life at the Bible College (Beck, 1974c).

There are seven types of Public High Schools in Denmark: General (Almene og grundvigske), subject/trade specific (fagspecialiserede), gymnastics/sports/physical education (gymnastik/sport/idræt), Christian and spiritual (kristne/spirituelle), life-style (livsstil), senior (seniorhøjskoler), and youth (ungdomshøjskoler). The International Apostolic Bible College is one, out of six, of the Christian and spiritual Public High Schools, which comprise Bible Colleges and Colleges with a spiritual approach to human life (www.hojskolerne.dk, 2014). The International Apostolic Bible College is therefore a reputable and approved institution in the Danish Society that applies Pentecostal theology and practice for democratic education and existential and community enlightenment. This ‘very Danish’ concept of Public High School combined with an International Pentecostalism is the primary influence of the students and administrators/leaders of the Bible College.

One of the areas, that exemplifies this combination is financing: The Bible College is guaranteed financial support from the Danish society to run the Bible College and the International Bible College is assigned to the regulations of Danish Public High Schools. This ‘collaboration’ between state and Bible College has also made it possible for the college to accommodate several Danish students who, due to personal or social crisis and difficult life-circumstance, have been granted some financial support from the State of Denmark to a ‘recovery-stay’ at a public high school. Pentecostal Danes recovering from a personal crisis will often attend a Pentecostal Bible College, and therefore The Apostolic Bible College accommodates several Danes facing problems of a psychological character. Furthermore, several Pentecostal Danes attend the Bible College for a longer ‘recovery’ or a ‘break’ in the midst of or after difficult life-circumstances. This might explain the recent enhanced focus on pastoral care in the Apostolic Church in Denmark in which the Bible College has emerged as a driving force with a special main course in Christian Counseling. This focus upon pastoral care in the Apostolic Church in Denmark combined with several Danish students attending the College for recovery from a personal crisis may explain the many Danes volunteering for the religiously integrated group therapy and the interview-study.

At the time of the studies of this thesis, there was a significant difference between how the Danish and the international students used the Bible College, which could be detected in their involvement in the college teaching; the attendance of the classes was much lower among the Danish students, whereas their use of individual counseling was much higher. Furthermore, at the time of the studies of this thesis, there were only two Danish students attending the special main subject of leadership, whereas there where almost forty Danish students at the main subject of Christian counseling. Of the Danish students attending the special main subject of counseling, more than thirty registered for group therapy. Beside the fundamental biblical and special main subjects, the college also offered special courses of 3-7 days duration, and the group psychotherapy sessions constituted one of these special courses. Other types of special courses were: A three-day drama or music course with an external teacher for a minor group of students or theme-weeks about prophesying, praying, or evangelizing for all students. The religiously integrated group psychotherapy was like a three-day course for a minor group of students.
4. Theoretical Frame of Reference

Individual experiences of religiosity have mainly been portrayed through biographical case studies, such as William James’ ‘The Varieties of Religious Experiences’ (1902/1982). In ‘Varieties of Religious Experiences’, James’ main intention was to defend experience against philosophy, as he believed the religious experience was ‘the real backbone’ of the world’s religious life. He blended high and low cultures in his biographical presentations of religious experiences, and he took the Nova Scotian evangelist Henry Alline, as seriously as John Bunyan, Theresa of Avila, or Augustine (James, 1902/1982).

I believe that James’ weighting of the individual’s experience of religiosity is also relevant today, particularly for the purpose of integrating religiosity into psychotherapy or other health promoting interventions. Instead of using James’ method of biographical presentations for studying religious experiences, the qualitative interview would be an applicable method for enhancing knowledge about people’s individual experiences of religiosity. Through the qualitative interview, the religious experiences of ordinary people can be told, and people less articulate than the biographical presentations in ‘Varieties of Religious Experiences’ can also gain a voice. James believed we should focus our attention on cases where the religious experiences are unmistakable and extreme, because we will learn most about a thing when we view it under the microscope, as it was, or in its most exaggerated form (James, 1902/1982, p. 39). For obtaining most knowledge about religious experiences, religious individuals with daily, recurrent religious beliefs and practices will be of most interest. Furthermore, a personal crisis among religious people could function as a ‘microscope’ for studying their experiences of religious beliefs and practices, as the personal crisis could elicit more exaggerated forms of religious experiences.

In this chapter, I first present the applied definitions for religiosity, and then introduce and discuss the concepts for the theoretical frame of the thesis.

4.1 The Concept of Religiosity

Within the area of psychology of religion there is an ongoing discussion on the definitions of religiosity and spirituality (Zinnbauer, Pargament, & Scott, 1999). In part-study 1 (article 1), I have presented different approaches for defining and studying religiosity and spirituality, as well as a critique of the modern approach where religiosity is viewed as the institutionalized and ‘bad’ construct and spirituality as the personal and ‘good’ (Viftrup, Hvidt, & Buus, 2013).

In this thesis, I shall refer to religiosity and not spirituality, as the participants identified themselves as so. I will also apply religiosity instead of religion as religion is most commonly used to describe an institutional phenomenon, whereas religiosity is often depicted in terms of individual belief and practice (Miller & Thoresen, 2003). Hence, I have chosen a definition by Pargament (2007), where religiosity is the surrounding construct and spirituality is incorporated, as the defining understanding of religiosity for this thesis:
Pargament believes the most critical function of religiosity is spiritual in nature, and he views spirituality as a dynamic and motivating force within all people. Despite the many purposes of religiosity (e.g. providing a sense of meaning and purpose in life, comfort, intimacy, health, self-development) its most essential function is the desire to form a relationship with something the human being considers sacred. Pargament defines spirituality as the centre of religion, as he argues that spirituality always takes place in a larger religious context (Pargament, 2007, p. 31). Even though other models for definition, particularly in secularized contexts, have been proposed (la Cour & Hvidt, 2010), I believe Pargament’s definition describes well the religiosity of the participants of the studies of this thesis, as they all have recurrent religious beliefs and practices.

Pargament (2007) defines religion as: the search for significance in ways related to the sacred (p. 31) and spirituality: the search for the sacred (p. 32). In these two definitions the three key terms are search, significance, and sacred. The assumption is that people enter into a process of searching because they strive in life and are internally motivated; they strive towards goals and purposes and they are motivated to arrange their life through and around them (Emmons, 1999, p. 4). Significant objects are great motivators for people; we are drawn to whatever we hold significant, and we gain feelings of value, worth, and importance by the pursuit and attainment of significant objects (Pargament, 2007, p. 42). Pargament (2007) explains how people are drawn to a variety of significant objects, and then the individual configures his or her significant objects in some sort of hierarchical order. The sacred can be one object of significance. The sacred is for most religious individuals the focal point of their striving; it is the object of significance, which lends order and coherence to all their other goals. The sacred becomes the motivating force in the religious person’s life (p. 44), and as I will detail in this thesis, the sacred (i.e. their religious beliefs) for the participants of the studies is an object of significance that lends order and coherence in their life situation of a personal crisis.

Pargament and Mahoney (2002) have defined the sacred in terms of concepts of God, the divine, and transcendent reality, as well as other aspects of life that can take on divine character and significance by virtue of their association with, or representation of, divinity. By this definition there are two layers of the sacred: The sacred core and the sacred ring. The sacred core refers to ideas of God, higher powers, divinity, and transcendent reality, and the sacred ring surrounds the core with other aspects of life that become extraordinary or sacred themselves through their association with the sacred core:
Later in the thesis, I will discuss how these two layers of the sacred are experienced by the participants in relation to their religious beliefs and practices.

4.2 Religiosity and Mental Health

The relationship between religiosity and mental health can be both complex and confusing (Batson, Schoenrade, & Ventis, 1993). The views of psychotherapists on the relationship between religion and mental health cover a very wide spectrum, beginning with Freud stating that religion is a mental illness; he calls it ‘a universal obsession of humanity’ (Freud, 1964, p. 71). The more recent cognitive-behavioral psychologist Albert Ellis also states in a debate with Allen Bergin, that ‘religion is significantly correlated with emotional disturbance’ (Ellis, 1980), whereas Allen Bergin states his own positive view: ‘I believe that religion can be powerfully benevolent’ (Bergin, 1980). Freud’s most famous student, Carl Gustav Jung who was in favor of religion, believes the role of religion is to give meaning to the life of humans (Jung, 1933). Gordon Allport considers the complexity, where religion is a potentially important contributor to mental health despite it also often having failed to actualize its insights (Allport, 1950). Anton Boisen, a leading figure in the hospital chaplaincy and clinical pastoral education movements, also views the relationship between religion and mental health with complexity; he recognizes the link between religion and mental health but he sees it as a positive link, where the religious psychosis are potentially health-giving as it may involve dealing with ultimate, existential concerns (Boisen, 1936).

Empirical studies on the relationship between religion and mental health is also complex; evidence suggests links between religiosity and improved mental health (Cobb, Puchalski, & Rumbold, 2012; Koenig, King, & Carson, 2012; Sperry & Shafranske, 2005) however at the same time, the measures applied for this type of research have been strongly criticized for being inadequate or tautological, and mental health being more a matter of how than if people are religious (Dittes, 1969; Koenig, King, & Carson, 2012; Koenig, 2008; Pargament, 2002). The relationship between religiosity and mental health is complex and confusing, and this is further complicated by the difficulties of defining mental health. Different psychologists, from different traditions and settings, have different understandings of concepts of mental health (Batson, Schoenrade, & Ventis, 1993). Based on a review of over one hundred articles examining the relationship between religion and mental health, Batson, Schoenrade, and Ventis (1993) have identified seven distinct conceptions of mental health:
1) **Absence of mental illness**: This is measured by the extent of which a person shows the identifiable symptoms of psychopathology listed in the official manuals of diagnosis. If you show none, you are in a state of fine mental health.

2) **Appropriate social behavior**: This is concerned with the person displaying a social appropriate, identifiable, and ‘normal’ behavior. This concept is determined by culture and society.

3) **Freedom from worry and guilt**: This concept of mental health has its background in psychoanalysis. The assumption behind the concept is that a person is neurotically inhibited by psychological conflicts, and mental health involves being free from these.

4) **Personal competence and control**: This concept is rooted in psychological motivational theories about people needing to have an experience of control and competence in relation to their environment to be deemed mentally healthy.

5) **Self-acceptance and self-actualization**: A concept about people having to fundamentally accept themselves and possess the abilities to express their ‘true nature’ to be mentally healthy.

6) **Personality unification and organization**: This concept is rooted in psychology of personality, and mental health is defined as the healthy, mature individual with an integrated and hierarchically organized personality structure.

7) **Open-mindedness and flexibility**: This concept stresses peoples’ ability to adapt to new information and experiences. The assumption is that people who are capable of responding with open-mindedness and flexibility have the most mental health.

### 4.2.1 Psychotherapy Research

The diversity of the concept of mental health has evidently also influenced research in psychotherapy. Most studies have focused on the first concept of mental health: Absence of mental illness, and if the persons show less of the identifiable symptoms of psychopathology listed in the official manuals of diagnosis, the psychological intervention can be said to have been effective (Cornish & Wade, 2010; Hougaard, 2004; Sperry & Shafranske, 2005). As Batson, Schoenrade, and Ventis (1993) emphasize however these people may still be filled with tension, anxiety, and guilt, but they are considered mentally healthy through this concept. Other studies with another concept of mental health have also been conducted, for example Diana Coholic conducted a study with a concept of mental health as self-acceptance and self-actualization (Coholic, 2005).

Research in psychotherapy is usually grouped into two main fields, research in the *effect* or in the *process* of psychotherapy, where generally the first measures the effect of specific therapies on specific mental illnesses, and the latter involves the interaction between the therapist and the client. Since the 1950s the two fields have had shifting attention, but today there is a general agreement of the two fields implicating each other (Hougaard, 2004). Despite this general agreement, research in effect is dominated by the *medical model* that assumes there is a psychological explanation for the patient’s mental illness, and that there is a therapeutic action that specifically addresses this (Hougaard, 2004; Wampold, 2010). The concept of mental health applied in the medical model is therefore also the absence of mental illness. Contrary to the medical model, the *common factors model* assumes the mechanism of change to be complex, and therefore a particular therapeutic action cannot be solely responsible for the outcome of psychotherapy. The common factor model is mostly linked to research in the process of psychotherapy.

Hougaard (2004) explains how research in the process of psychotherapy is typically concerned with: 1) What happens in the therapy between therapist and client, in an effort to 2) discover what is effective in psychotherapy, and possible also 3) to determine how the therapy works, meaning how does it lead to processes of change in the client. To understand what
happens between the therapist and the client, Duncan et al. (2010) suggest the common factor model as opposed to the medical model, and Hubble et al. (2010) divide the common factors into four elements: 1) Client and extra-therapeutic factors encompass all that affects improvement independent of treatment, for example clients’ readiness for change, strengths, resources, level of functioning before treatment, social support network, socioeconomic status, personal motivations, and life events. 2) Models and techniques encompass the clients’ and therapists’ faith in the restorative power and credibility of the therapy. 3) Therapist factors concern the effectiveness of the person of the therapist. Evidence suggests that effective therapists use the common factors to achieve better outcome. 4) Therapeutic relationship or alliance concerns the partnership between the client and therapist to achieve the client’ goals. A positive alliance is one of the best predictors of outcome.

The focus of the psychotherapy-study of this thesis is primarily on process, as this concerns how religiosity is concretely integrated into the group therapy and onto religious experiences, and less on the effect of this specific type of therapy (e.g. effect measured compared to a control group or a different therapeutic approach, or by a before-and-after measuring of symptoms of psychopathology listed in the official manuals of diagnosis; aka the first concept of mental health).

There are three common views on defining religious/spiritual interventions (Worthington, 1986): One view defines religious/spiritual interventions as any secular techniques used to strengthen the faith of a religious/spiritual client. A second view defines religious/spiritual interventions as secular techniques modified to include explicitly religious content (e.g. religiously integrated cognitive therapy). The third view defines religious/spiritual interventions as an action or behavior derived from religious practice (e.g. audible prayer, reference to sacred text, theologically informed psychoeducation). The religiously integrated group therapy studied for this thesis is defined by the third view of religious interventions. The psychotherapy study of this thesis is concerned with what happens in therapy between the psychologists and the clients, as well as how and what kind of religious interventions are applied in the therapy sessions, and possibly also how does it lead to processes of change in the client.

A further reason for the focus on process lies in the limited research available in the process of group therapy (Burlingame, Fuhrman, & Strauss, 2004; Hougaard, 2004), as well as religiously integrated group therapy. There is an overall lack of clarification of how religious group therapy differs from other forms of psychological interventions, and as also presented in part-study 1 (article 1), several studies have concluded, that religiously integrated group-psychotherapy is effective, but that what exactly makes them effective remains unanswered (Viftrup, Hvidt, & Buus, 2013). The focus of the study of religiously integrated group psychotherapy for this thesis, is what makes it religious and how do the participants experience the integration of religiosity. Therefore a research design for process was applied.

The specific focus of this thesis places the study in a humanistic/hermeneutic research paradigm. The humanistic sciences study the subjective systems of meaning aiming to understand their meaning, structure, or relation to other systems of meaning. The opposing approach is the paradigm of natural science, which studies causal relations between objective facts (Hougaard, 2004). Within the area of research in psychotherapy, the paradigm of natural science is still dominating the field (Bergin & Garfield, 1994; Lambert & Ogles, 2004), and within the paradigm of natural science the methodology is quantitative, whereas it is qualitative within the paradigm of humanistic/hermeneutic. Qualitative research aim to produce a credible analysis and generate hypotheses (Bryman, 2001), rather than an objective and definite analysis of effect (Hougaard, 2004), therefore a qualitative research design was applied for the study of process of the group psychotherapy. I will address this focus methodologically in chapter 7.

In the next sections, the concept for mental health for this study will be related to theories on religious development and maturity, coping, and meaning systems.
4.3 Religious Development and Maturity

The different concepts of mental health also affect psychological theories on religious development, and particularly the idea of religious maturity and as I will explain in this section most of these theories have a concept of mental health concerning religious open-mindedness and flexibility, and personal competence and control.

From a psychological standpoint religious development and maturity are important concepts to consider because they will at the end define mentally healthy religiosity. Whereas from a theological stance defining more or less mature religious beliefs and experiences may be considered problematic, as personal faith is viewed as something between God and the individual and ranking the religious faith of adults can therefore only be understood normatively (la Cour, 2014). When addressing religiosity in psychotherapy, religiosity may evidently be challenged through psychological criteria for mental health, and several studies within the psychology of religion have concluded that some religious beliefs are more psychologically beneficial for the individual than others (Pargament, 2002). The question remaining is which criteria for mental health do these theories apply?

4.3.1 William James

William James, the first phenomenologist of psychology and key pillar of psychology of religion, believes the mentally healthy person is the religious person and that the atheist and the agnostic are ‘underdeveloped’ both religiously and psychologically (James, 1911, p. 117). James believes the human being has a religious predisposition and he calls the lack of religiosity an emotional handicap that is either caused by other people hindering the natural development or by an innate deficient; in both cases a lack of religiosity is a definition for mental sickness. James also differentiates between two types of religious temperaments, the healthy-minded and the sick soul. Where the healthy minded person display an insensitivity towards life’s evilness, the sick-soul encompasses a broader range of experience, registering the genuinely evil aspects of reality and to find happiness the sick soul must be twice-born (James, 1902/1982). James believes that religious conversion is the natural resolution and fulfillment of the sick soul’s struggles and the more of a crisis it is the greater the transformation and unification that follows (Wulff, 2002). The religious conversion or transformation described by James, often as brief religious experiences, is a momentous second birth that brings the state of assurance, the convictions of perceiving new truth, and the sense of glorious newness in the world (Wulff, 2002).

To James religious beliefs and experiences have the purpose of facilitating ‘feelings of happiness’ and James’ concept of mental health can be found in his main purpose for both religiosity and psychology: To find happiness through the sick soul’s second birth. James’ concept of mental health can be found in: Personality unification and organization as well as open-mindedness and flexibility.

Since James, other psychologists of religion have propounded different theories on religious development and maturity, but as I shall present, their concepts of mental health are also close to James’.

4.3.2 James Fowler

Inspired by developmental psychology, James W. Fowler propounded a theory of six stages of faith. Fowler is inspired by the stages of classical developmental psychology of for example Piaget and Erikson, where one stage has to be completed for the development to progress to the next stage (Krøjgaard, 2005). He believes progression from one stage to the next occurs either because of natural age-related development that are consistent with a child’s structural,
emotional, and social development, or due to a development caused by the break-down of former assumptions about the world. Fowler argues that the first three stages of faith are connected to a child’s natural development whereas the subsequent three are related to an adult’s development and caused by a break-down of assumptions, understanding, and meanings about the world. Not all people pass through all six stages, most people end their faith development at a stage before the sixth (Fowler, 1981).

Fowler’s theory (Fowler, 1981) was developed from a comprehensive interview study with 359 Americans and Canadians from the age of 4 to 84. Fowler also has a stage 0, which is the faith pre-stage. He names the pre-stage, Undifferentiated Faith and it is based on theoretical assumptions and not his interview-data. The pre-stage is not a faith stage, but a crucial pre-stage for the ability to have faith later in life. Fowler bases the pre-stage on different theories of development, particular object-relational and attachment theory (Bowlby, 1979; Winnicott, 1987). Fowler believes the first pre-image of God has its origin in the infant’s basic trust and attachment and relationship with primary caregivers:

In the pre-stage called Undifferentiated faith the seeds of trust, courage, hope, and love are fused in an undifferentiated way and contend with sensed threats of abandonment, inconsistencies and deprivations in an infant’s environment. Though really a pre-stage and largely inaccessible to empirical research of the kind we pursue, the quality of mutuality and the strength of trust, autonomy, hope and courage (or their opposites) developed in this phase underlie (or threaten to undermine) all that comes later in faith development (p. 121).

The faith pre-stage is the foundation for Fowler’s six stages of faith:

Stage 1 - Intuitive-Projective Faith (3-7 years old): The intuitive-projective child uses the new tools of speech and symbolic representation to organize sensory experience into units of meaning. This stage is characterized by the first self-awareness; it is fantasy and image filled and the child imitates its primary caregivers and can be powerfully and permanently influenced by examples, moods, actions, and stories of visible faith.

Stage 2 – Mythic-Literal Faith (7-11 years old): The transition from stage 1 to stage 2 is initiated by the child’s new ability to think concretely and operationally and its desire to sort the real from the make-believe. In stage 2 the child takes on the stories, beliefs, values, and symbolic practices of the community. Logical thinking and own sense of experience affect the child’s way of relating and responding. The child acquires faith, moral rules, and attitude through literal interpretations and symbols. Myths and narratives are significant in this stage but they are perceived literally and concretely.

Stage 3 – Synthetic-Conventional Faith (begins in puberty): The transition from stage 2 to 3 is initiated by the implicit clash or contradictions, the teenager encounter in his or her narratives and literal understanding and this leads to reflections on meaning. At the same time, an interpersonal perspective on the world emergences, creating a need for a more personal relationship with the religious faith. In this stage faith must provide a coherent orientation in the midst of that more complex range of involvements. Faith must synthesize values and information; it must provide a basis for identity and outlook (p. 172). Emerging personal meanings are placed in the narratives, and deeply felt values and convictions are searched for, often through imitation of role models. An ideology is formed and uncritically taken in.

Stage 4 – Individuative-Reflective Faith (late puberty/early adult life): Fowler believes a ‘breakdown’ of stage 3 is necessary for a transition to stage 4. A breakdown facilitating an examination of self, background, and life-guiding values, and this may include: Serious clashes or contradictions between valued authority sources; marked changes, by officially sanctioned leaders, or policies or practices previously deemed sacred or unbreachable; the encounter with experiences or perspectives that lead to critical reflection on how one’s beliefs and values have formed and changed (p. 173). This stage is characterized by critical reflections over the relativity and limits of the ideology of stage 3; what earlier were incoherent and un-reflected religious beliefs are now explicitly formed into a personal and internal belief-
system. This is as ‘demythologizing’ stage, where narratives, myths, and symbols change character; they lose their concrete and literal meanings, instead in stage 4 symbols are translated into conceptual meanings.

Stage 5 – Conjunctive Faith (from mid-life): The transition from stage 5 to stage 6 can be seen as disillusionment with stage 4’s clear distinctions and abstracted concepts and a recognition of life being more complex than that; this presses the person towards a more dialectical and multileveled approach to life truth. Stage 5 has three characteristics: 1) A new awareness and accept of the polarities of life and the complexities of truth. The person is prepared to live a life of ambiguity, mystic, wonders, and apparent irrationality. 2) In stage 4 the literal meanings were replaced with conceptual meaning, but in stage 5 ‘second naïveté’ takes place. ‘Second naïveté’ is a concept of Ricoeur that comprises a new and desired naivety where the person ‘longs’ to participate in and reinterpret a reality of symbols and myths. 3) In conjunctive faith the person remains loyal towards his or her religious faith, but is aware of the truth of the tradition constantly have to be critically examined and challenged.

Stage 6 – Universalizing Faith (age unspecific): The radical actualization of a transforming vision of stage 6 is only seen in few cases. In this stage the religious person decentralizes, meaning that the person is no longer his or her own center, but instead have given up themselves for the ‘greater good’, the community, and faith. The person is connected to the world and the power of God. Fowler believes faith is complete at this stage as the person gains the perspective and values of a loving God and loses the vulnerability, anxiety, and defensiveness of humanity. This is a very rare stage and only one of Fowler’s 359 participants had reached this stage, perhaps consequently Fowler exemplifies this stage through the persons of Jesus, Mother Theresa, Mahatma Gandhi, Martin Luther King, and Dietrich Bonhoeffer.

The religious person goes through a development from literal, uncritical, and un-reflected and conceptual faith to a second naiveté in Fowler’s concept of the development of religious maturity. Second naiveté can be characterized by open-mindedness and flexibility, and therefore it can be suggested that Fowler’s theory of faith stages can be understood with a concept of mental health about open-mindedness and flexibility.

4.3.3 Gordon Allport

Gordon Allport believes religious maturity can be described by six characteristics that are closely connected to his concept of the healthy personality. Allport does not consider it possible for the individual to obtain a complete religious maturity defined by these six characteristics however they can be applied to differentiate mature and immature (un-developed) religiosity (Allport, 1966, p. 86). Allport also believes, like William James, that the ability to be religious is a sign of mental health: Allport recognized that there is a natural religious sentiment with which our species is born (Allport, 1950).

Allport describes immature religiosity with evidence of: Magical thinking, wish-fulfilling, fanaticism, literal-minded, second-hand, and unreflective, and most of the criticism of religion is directed to its immature forms:

Immature religion, whether in adult or child, is largely concerned with magical thinking, self-justification, and creature comfort. Thus it betrays its sustaining motives still to be the drives and desires of the body. By contrast, mature religion is less of a servant, and more of a master, in the economy of life. No longer goaded and steered exclusively by impulse, fears, and wishes, it tends rather to control and direct these motives toward a goal that is no longer determined by mere self-interest (Allport, 1950, p. 63).

While the distinction is not absolute, in contrast with immature religion, Allport says mature religion must have at least some of the attributes listed below:
1) It should be well differentiated: Religious mature people are tolerant towards other views of life, religious beliefs, cultures, and races. They are seldom prejudiced and can incorporate ‘border-experiences’ such as mysticism.

2) It should be dynamic in character despite its derivative nature: The mature religious sentiment supplies its own driving power, and it has an inherent interest in the realities and mysteries of our existence. Furthermore, this driving power negates fanaticism.

3) It has a consistently governing function: Because it is productive of a consistent morality, it is idealistic and socially involved.

4) It is comprehensive: It must *infuse all of life with motive*, and it *never seems satisfied unless it is dealing with matters central to all existence* (p. 78). Mature religiosity is ambitions in the magnitude of questions it seeks to answer, however at the same time the religiously mature person does not expect to find the answers at a specific place, but acknowledges that ‘God is’.

5) It has an integrating function: The religiously mature person allows him or herself to be challenged by questions about free will versus determinism, the problem of evil and science versus religious beliefs, but is capable of integrating all aspects of human experience into his or her belief system.

6) It is fundamentally heuristic: This means the religious beliefs are held tentatively and open until they can be confirmed, further developed or until a more valid belief comes along. The religiously mature person meets life, the world, and other people wholeheartedly, openly, optimistic, and with eyes open (Allport, 1950; Allport, 1966, pp. 119-213).

Later and also after comprehensive critique of these characteristics of mature religiosity being idealistic and not real, Allport propounds two types of religious orientation: Intrinsic and extrinsic. Allpost and Ross (1967) define extrinsic and intrinsic religious orientation as:

*A person with an extrinsic religious orientation is using his religious views to provide security, comfort, status, or social support for himself – religion is not a value in its own right, it serves other needs, and it is a purely utilitarian formation, and intrinsic religious orientation as: Contrariwise, the intrinsic religious orientation is not an instrumental device. It is not a mere mode of conformity, nor a crutch, nor a tranquilizer, nor a bid for status. All needs are subordinated to an over arching commitment.*

Several studies have measured these two types of religious orientation through the use of questionnaires and have, almost without exception, concluded that intrinsic religiosity is overly connected to positive qualities and mental and physical health, whereas extrinsic religiosity is connected with the opposite (Batson, Schoenrade, & Ventis, 1993; Kirkpatrick & Hood, 1990; Koenig, King, & Carson, 2012).

Allport’s concept of mental health is characterized as the unification and organization of the personality and he believes that mentally healthy religiosity is characterized by the healthy personality. His concept of the mature religious sentiment can also be characterized as open-mindedness and flexibility.

### 4.3.4 Kenneth I. Pargament

As mentioned in article 3 (part-study 3), Pargament disagrees with Allport’s polarization of means and ends of religion that lie in the distinction between extrinsic and intrinsic religious orientation (Pargament, 1997, p. 61). He believes that all the religions of the world prescribe not only the ultimate *ends* of life, but pathways (*means*) to these ends. Pargament argues, that there is nothing inconsistent about both “living” and “using” religion, but quite the contrary as most religious people express both extrinsic and intrinsic religiosity. Instead, Pargament argues that when studying religiosity we should instead ask: *How* is religion used in living and
to what ends? He believes the efficacy of religion may have less to do with specific religious beliefs and practices and more to do with the degree to which religion is well integrated into the individuals’ lives (Pargament, 1997, p. 68). Pargament views religious integration as multidimensional and propounds four criteria for well integrated religiosity: 1) the degree to which the religiosity of the individual is well integrated into a larger social context, 2) the degree to which the individual has integrated means appropriate to his or her religious ends, 3) the degree to which the individual selects religious appraisals and solutions that are well integrated with the demands and challenges of the problem at hand, and 4) the degree to which the individual’s religious beliefs, practices, relationships, and motivations are integrated with each other (Pargament, 2002).

In Pargament’s view, well integrated religiosity will obliviously be more developed and mature than less integrated religiosity. Pargament’s theory on well integrated religiosity also rests on the assumption that people who are capable of responding with open-mindedness and flexibility have the best mental health, and therefore his concept of mental health is also characterized by open-mindedness and flexibility, as well as personal competence and control.

4.3.5 David Wulff and Dirk Hutsebaut

Based on his comprehensive survey of the psychology of religion (Wulff, 1997), David Wulff outlines two dimensions of religiosity in an attempt to position all the various approaches to the psychology of religion and hereby creates an understanding and classification of four types of religiosity. Wulff states that the various approaches can be roughly located in a two-dimensional space defined in terms of two fundamental variables:

*The vertical axis specifies the degree to which the objects of religious interests are explicitly granted participation in a transcendent reality or, to the contrary, are limited to processes immanent within the mundane world. The horizontal axis indicates how consistently the expressions of religious faith – whether beliefs, images, or rituals – are interpreted either literally or symbolically (p. 635).*

Wulff arrives at four fundamental attitudes: Literal affirmation, Literal disaffirmation, reductive interpretation and restorative interpretation. He argues that people in the first quadrant (literal affirmation) are characterized by being religious fundamentalists, whereas people in the second quadrant (literal disaffirmation) are rational fundamentalists. People in quadrant 3 (reductive interpretation) are characterized by a relativistic, rational and an individuative reflective faith and those in quadrant 4 are characterized by a conjunctive faith (Wulff, 1997, pp. 635-639). These attitudes constituted, in a slightly modified form, the foundation for a questionnaire by Hutsebaut and colleagues named: Post-Critical Belief Scale (Duriez, Fontaine, & Hutsebaut, 2000; Duriez, Soenens, & Hutsebaut, 2005; Fontaine, Duriez, Luyten, & Hutsebaut, 2003; Hutsebaut, 2004). With inspiration from Wulff’s heuristic model and after several empirical studies among large Northern European cohorts (particular Belgian), Hutsebaut and colleagues developed a model of two basic axis: belief/unbelief and literal/symbolic, resulting in four religious cognitive styles. They spoke of cognitive style, because they thought in terms of intervening variables between the religious message and the person interacting with elements of the message (Hutsebaut, 2004, p. 340). The styles were: Two religious belief styles: orthodoxy (literal religious thinking) and second naiveté (symbolic religious thinking), and two unbelief styles: external critique (literal a-religious thinking) and relativism (symbolic a-religious thinking) (Hutsebaut, 2004, p. 337).

I have illustrated the four quadrants of both Wulff and Hutsebaut:
The empirical studies of Hutsebaut and colleagues showed that the older people were, the higher they scored in orthodoxy and second naïveté, indicating that when people age they include transcendence in their orienting system. They also found that people with higher education level scored lower on orthodoxy and higher on relativism and second naïveté. They did not find any correlations concerning gender differences. Hutsebaut (2004) sums up the characteristics for the orthodox religious thinkers as: *The function of their belief, faith and religion is the reduction of uncertainty, anxiety and fear. Answers given remain unchanged, now and forever. The religious message provides the answer, always the same, independently form the historical context and the specific situation* (p. 343). And the characteristics of the second naïveté believers, he sums up to: *Belief and faith function as a possibility to give meaning to life. And the belief and faith are helping these people to clarify the complexity of life, but they can live with preliminary answers* (p. 345).

Hutsebaut states, that it does not lie within the competence of the human scientist, here the psychologist of religion, to decide whether one representation of God is better or worse than another (Hutsebaut, 2004, p. 342). A ‘stance’ on religious maturity of both Wulff and Hutsebaut can still be detected in their descriptions of the two types of believers however. The most mature believer is connected to Allport’s characteristics for religious maturity, as well as Fowler’s stage 5, where the second naïveté is considered more religious and psychologically mature than orthodox religiosity. Second naïveté is comprised in the concept of mental health on open-mindedness and flexibility.

Hutsebaut and colleagues (2005) have compared the four styles to mental health variables based on the definitions of mental health inspired by Batson, Schoenrade, and Ventis (1993). The sample considered 130 Dutch adults (52 male, 74 female, 4 did not fill out the gender question). 51% were highly educated, 43% had secondary education, 1% had primary education, and 5% were missing values. Furthermore, 44% defined themselves as not religious and 52% as religious (4% were missing values). Concerning the two belief styles, they found that inclusion of transcendence had relation to higher levels of purpose in life and restraint and to lower levels of depression and openness. Symbolic thinking related to lower levels of depression and higher levels of self-esteem, purpose in life, happiness and openness. To obtain a
clear view of the religion-mental health relationship they presented a correlation matrix with the two dimensions of the Post-critical Belief scale:

From this sample of 130 Dutch participants it appears that religious people only benefit from better mental health when they believe in a symbolic manner. Hutsebaut applied all the conceptions of mental health in his empirical studies, however both Wulff and Hutsebaut express implicitly in the theoretical assessments of religious development and maturity a preference for the concept of mental health on open-mindedness and flexibility.

The theories presented above on religious development and maturity all argue from a developmental perspective on mentally healthy religiosity, where the individual will or will not develop from less to more religious maturity, which is associated with mental health. In these theories mentally healthy religiosity is mostly concerned with open-mindedness and flexibility. Furthermore, they all agree that to develop religiously mentally healthily, a process of being a ‘sick soul’, critical examination of self, background, and life-guiding values, literal disaffirmation, reductive interpretation, external critiques and relativism will most likely take place before becoming open-minded and flexible. From a developmental perspective therefore a religious transformation of the religious person is expected to take place, at some point, before the person becomes mentally healthy.

4.4 Religious Coping

The concept of religious coping has received increased intention since Kenneth I. Pargament (1997) formulated his theory on religious coping. The concept comprises people’s various
expressions of religiosity and spirituality as they seek to understand and handle life stressors (Pedersen, Pedersen, Pargament, & Zachariae, 2012). Pargament defines religious coping as *efforts to understand and deal with life stressors in ways related to the sacred* (Pargament, Feuille, & Burdzy, 2011). The awareness of the many ways religion express itself in coping was the outset for Pargament’s theory. Until then religious coping had only been examined by one or two items within the general coping literature for example religiousness is measured by two items: ‘Found new faith’ and ‘I prayed’ in the widely used Ways of Coping Scale by Lazarus and Folkman (1984). Pargament’s coping theory builds on the core assumptions of Lazarus and Folkman’s theory of coping (Pargament, 1997, p. 98), and central to the theory of religious coping is the concept of an orienting system, that determines how a given stressor is appraised, which resources will be activated and which coping strategies are likely to be applied. The orienting system consists of values, habits, relationships, generalized beliefs, and personality (Gall & Guirguis-Younger, 2013). Within most coping-theories, the orienting system has been viewed as mostly cognitively based, however Pargament repeatedly emphasizes that religious coping is a dynamic and varied concept. It is multidimensional (e.g., cognitive, behavioral, affective, relational), multi-purpose (e.g., meaning-making, intimacy providing, controlling, comforting, offering closeness with God), and multivalent, i.e. it can be potentially helpful (positive religious coping) or harmful (negative religious coping or religious struggles) (Pargament, 2007; Pargament, 1997; Pargament, Ano, & Wachholtz, 2005; Pedersen, Pedersen, Pargament, & Zachariae, 2012). These multidimensional aspects of the concept retort the critique of religious coping as being stable and not dynamic, to be limited to quantitative measurements, and that one coherent dimension oversimplifies the field (Ganzevoort, 1998).

### 4.4.1 Measurements of Religious Coping

The field has been limited by single-item measures, such as those presented by Lazarus and Folkman (e.g. church attendance, prayer), or global measures that broadly assess religion’s role in coping, for example Religion Subscale of Brief Cope (Carver, 1997). Pargament argues that coping is a complex process consisting of cognitive, behavioral, emotional, interpersonal, and psychological dimensions and therefore research on religious coping should attempt to take a differentiated look at religious coping strategies (Pargament, Ano, & Wachholtz, 2005, p. 482). Pargament, Koenig, and Perez (2000) developed a measure of 21 types of religious coping activities through interviews and literature review. The coping methods comprise active, passive, and interactive strategies; emotion-focused and problem-focused; and cognitive, behavioral, interpersonal, and spiritual domains. They identified five key functions of religion in coping: 1) Finding meaning (benevolent religious reappraisal, punishing God reappraisal, demonic reappraisal, reappraisal of God’s powers), 2) gaining control (collaborative religious coping, passive religious deferral, active religious surrender, pleading for direct intercession, self-directing religious coping), 3) gaining comfort and closeness to God (seeking spiritual support, religious focus, religious purification, spiritual connection, spiritual discontent, marking religious boundaries), 4) gaining intimacy with others and closeness to God (seeking support from clergy or members, religious helping, interpersonal religious discontent), and 5) achieving a life transformation (seeking religious direction, religious conversion, religious forgiving). These key functions and their 21 types of religious coping strategies were further developed into a 105 item questionnaire named the RCOPE. The RCOPE has been tested and validated, but due to its extensive length, a shorter version including 14 items, the Brief RCOPE, was developed (Pargament, Feuille, & Burdzy, 2011; Pargament, Smith, Koenig, & Perez, 1998). The Brief RCOPE includes positive religious coping (i.e. positive connections with the transcendent and others, a vision of the world as good) and negative religious coping (i.e. religious struggles with the transcendent and others). The Brief RCOPE has become the most used measurement of religious coping.
4.4.2 Empirical Findings

Positive religious coping resources have generally been associated with beneficial outcomes on physical and mental health, increased hope, strength, meaning and well-being whereas negative religious coping strategies have generally been associated with increased distress, higher levels of depression, lower well-being and anxiety (Exline, 2013; Fitchett, Murphy, Kim, Gibbons, Cameron, & Davis, 2004; Gall & Guirguis-Younger, 2013; Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Park, 2005b; Siegel & Schrimshaw, 2002; Zwingmann, Muller, Korber, & Murken, 2008). The results on positive religious coping are less clear however; Studies have found non-significant associations between positive religious coping and adjustment (Herbert, Bozina, Schulz, & Scheier, 2009; Sherman, Plante, Simonton, Latif, & Anaissie, 2009), and a meta-analysis suggested a moderate positive association between positive religious coping and spiritual growth, positive affect, higher self-esteem and well-being but a negative association between positive religious coping and higher levels of depression and anxiety, signifying that positive religious coping also serves some adaptive functions (Ano & Vasconcelles, 2005). Furthermore studies have also found positive and negative coping strategies to be positively correlated (Zwingmann, Wirtz, Muller, Korber, & Murken, 2006). This indicates, that most religious people may in fact apply both positive and negative religious coping at the same time.

Several other studies have found socio-demographic characteristics to be associated with religious coping. It has been suggested that mainly elderly, lower educated, poorer, socially marginalized people and minority groups engage in religious coping strategies but at the same time, the situations of these groups would worsen it they encountered religious difficulties, doubts, or religious struggles (Ness, Kasl, & Jones, 2003; Pargament, 1997). Pargament suggests that religious coping is a ‘doubled-edged sword’ that may either strengthen a positive psychological change or worsen a negative, however he emphasizes that well integrated religiosity is the foundation for successful religious coping (Pargament & Mahoney, 2002).

This concept of religious coping may increase our understanding of religiosity and its link to health (e.g. among individuals facing crisis) because of its distinctive focus on the ways religiosity expresses itself in particular life situations. The solid empirical foundation for religious coping has been studied from perspectives of all seven conceptualizations of mental health and particular absence of mental illness and the research has often been based on the medical model. Pargament emphasizes however the well integrated religiosity in coping. Well-integrated religiosity is characterized by a concept of mental health as open-mindedness and flexibility, as well as personal competence and control.

4.4.3 Religious Coping in Denmark

Studies on religious coping in Denmark are sparse, but the few studies on the relationship between religious belief and health supply tentative support for the assumption that religious resources become more relevant during stressful or life-threatening events (Pedersen, 2013). A study among 480 hospitalized Danes found that religious spiritual, and existential practices correlated positively with illness severity (Ausker, La Cour, Busch, Nabe-Nielsen, & Mørk, 2008), and a study with 3,128 breast cancer patients found that 83% of the breast cancer patients reported to believe in God or a higher power, whereas only 69% of the general Danish population reported beliefs in God or higher powers (Andersen & Lüchau, 2011). A qualitative, longitudinal study among 21 younger (18-40 year olds) recently diagnosed cancer patients suggested however that the worldview of the individual was scaled up and involved in meaning making and adjustment to illness among both religious and non-religious patients. If religion was not already a part of their orienting-system, the younger Danes did not suddenly become very religious as a consequence of illness (Ausker, 2012). A twin study on religious coping during negative life events with 3,000 Danish participants found that, in spite of a
lower level of religious coping than found in American studies, the participants who had encountered a crisis, reported using both positive and negative religious coping to a higher degree than the general sample. They also found that losing a child or a partner led to the highest score (Hvidtjørn, Hjelmborg, Skytthe, Christensen, & Hvidt, 2013). A study among Danish severely ill lung disease patients found that the lung disease patients reported greater use of positive religious coping than the control group, especially asking forgiveness and religious meaning making. They also found that negative religious coping was significantly associated with poorer quality-of-life whereas congregational support was associated with better quality-of-life and existential well-being (Pedersen, 2013).

These few studies indicate that religiosity and religious coping is still a relevant factor in Denmark, however other studies have also pointed to the methodological challenges when studying religious coping in secular societies, and adopting the theoretical concepts and measures developed in more religious countries like the US. In Sweden, Ahmadi (2006) conducted a qualitative study on religious coping among crisis-stricken Swedes. She found that spirituality constitutes a coping resource, but that the cultural and religious frame of understanding differs significantly from that of America and that this needed to be taken into account when addressing religiosity and spirituality. Another qualitative study on both healthy Danes (n=14) and Danish lung cancer patients (n=10) responding to the Brief RCOPE questionnaire found that the average Dane may not possess the conceptual codes requisite for answering instruments like Brief RCOPE in an adequate and valid way (Pedersen, 2013). Furthermore, the study emphasized the importance of considering the context the person is in when asked to respond to questions on religious coping, as it was found that Danes personal beliefs were actualized in an ad hoc manner in specific contexts. It was also found that the Danish participants in the study argued that their views of the sacred or ‘something more’ were not represented in the Brief RCOPE, confirming the two other challenges regarding applying a methodology that does not consider the individual’s ‘religious capital’ or the context the person is situated in (Pedersen, 2013). Based on these two qualitative studies, a critical stance on the implementation of methodology and theoretical frames from more religiously oriented cultural contexts into Danish and Scandinavian societies needs to be taken.

Peter la Cour (2005) points out, based on the findings of the World Values Survey, that compared to the elements of religion that in studies from more religiously oriented cultures have correlated with positive coping and stress-related growth, the Danish religiosity has severe weaknesses. The Danish God-image is less concrete, and Danish religious communities are weak compared to more religious countries. Danes pray less and have fewer intensive religious periods. Faith concepts are without clear cognitive or mythological structures, and there are low tendencies to interpret the world religiously. Danes’ lack of religious articulation does not seem to have been replaced by an alternative, non-religious world-view that is existential or philosophically articulated. Danes therefore might have difficulties forming a stable and comforting God-image. The un-articulated religiosity of Danes is not capable of adequately interpreting and answering religiously to the challenges posed by suffering and struggles, and may provide poor possibilities for religious conceptions, hope, and feelings of control. Overall Danish religiosity is characterized by a fragmentation of faith-content and a lack of integration into the individual’s orienting system. The positive aspects of Danish religiosity can be described as its lack of negative coping strategies: It does not promote unhealthy speculations, beliefs, or dogmas; it has a low level of religious hypocrisy, punishing or demonic interpretation of negative life-events, and it does not provide false hopes of life (la Cour, 2005).

The usage of the concept of religious coping, its measurement, as well as other psychological theories to understand and apply religiosity taken from more religious societies, should therefore be assessed though the perspective of Danish religiosity.
4.5 Religious Meaning Systems

The concepts of orienting-system and religious meaning making from coping theories overlap significantly with theories on religious meaning systems, and several theories on religious meaning systems connect themselves to the transactional model of coping (Park & Folkman, 1997). Furthermore, the developmental theories may see the transformation of a person’s meaning system as a development towards more religious maturity, for example can Fowler’s development perspective also be viewed from a meaning-system perspective: He believes the progression from one stage to the next occurs as a consequence of either natural age-related development or a break-down of former assumptions about the world, and as explained sometimes natural development is also a break-down of meanings and understandings (Fowler, 1981). Hence from a Fowlerian perspective, religious development and meaning-systems are also closely connected.

Psychological theories on religion as a system of meaning have primarily come from two psychological areas: Existential psychology (Frankl, 1978) and cognitive theories on coping and stress appraisal (Lazarus & Folkman, 1984). The latter area will be the main focus in this thesis, however the meaning system theories inspired by transactional coping theory are also inspired by existential psychology.

4.5.1 Roy Baumeister

Roy Baumeister (1991) believes people’s need for meaning can be reduced to two very broad categories: 1) To discern patterns in the environment and thereby be able to predict what might happen, and 2) to control oneself in order to make decisions, guide one’s actions, and regulate one’s internal states. In order to reach a sufficient meaning for one’s life Baumeister suggests four basic needs for meaning, and the person able to satisfy these four needs will feel that life has sufficient meaning. Baumeister believes the four needs for meaning offer a framework for understanding how people make sense of their lives, create their meaning system, and that the individual’s meaning can be analyzed in terms of them. These four needs are:

1) Need for Purpose. It concerns being able to interpret present events in relation to future events, and to have a direction and general purpose in life. 2) Need for Value. It is the need for justification and legitimation; to regard ones actions as right, good, and justifiable. This involves both a person’s negative and positive values, where the negative values are rules against certain acts and positive values are acts with a clear positive value. 3) Need for Efficacy. This is the need for having a sense of being capable of making a difference or having some impact on the world; to have a sense of personal control. The way people gain control during stress or crisis is either by primary control (i.e. changing the environment to suit the self), or secondary control (i.e. changing the self into the environment). 4) Need for Self-worth includes both self-respect and some claim to the respect of others.

Baumeister regards the four needs for meaning as follows: A person that manage to satisfy all four needs will feel life has meaning, and making sense of life for them will not be a problem. In contrast, a person unable to satisfy one or more of these needs for meaning will be inclined to rethink or restructure his or her life until all four needs are satisfied. He argues that people have to have all four needs fulfilled, not in order to survive but in order not to become distressed and frustrated (Baumeister, 1991, p. 32)

From his research, Baumeister concluded that people, when deprived of meaning, turn to their remaining sources of meaning and try to elaborate these other sources to make up the loss: When people are deprived of a source of meaning in life (i.e. a way to fulfill one of the four needs) people’s first response are to stretch their remaining sources of meaning to make up for the deficit (i.e. trying to re-create or re-think the same way to fulfill the need), but only if
that fails will they add entirely new sources of meaning to their lives (i.e. finding a new way to fulfill the need) (Baumeister, 1991, p. 47). Hence, only if the remaining sources of meaning are inadequate will people actively search for entirely new sources of meaning. Baumeister does not view religion as a motivational factor in itself, but only as a meaning-function, which helps people to create meaning by fulfilling the four needs for meaning. He believes religion deals with the highest levels of meaning, and even though religion may not always be the best way to make life meaningful, it is probably the most reliable way, as religion is capable of satisfying all four needs for meaning (Baumeister, 1991, p. 195).

Baumeister’s meaning system theory operates with a concept of mental health on personal competence and control.

4.5.2 Crystal Park and Susan Folkman

Crystal Park and Susan Folkman (1997) believe that religion serves, for most people, as a lens through which reality is perceived and interpreted. It serves as a system of meaning, and like other meaning-systems, it influence beliefs, goals, and emotions, however compared to secular meaning systems, religion is typically more comprehensive and more existentially satisfactory. They define meaning as global meaning and situational meaning in their cognitive meaning-making model:

Global meaning refers to the most abstract and generalized level of meaning: Those ideals, states, or objects that people hold most important in life, those they work toward being, achieving, or maintaining. There are two dimensions to the notion of global meaning: 1) Global beliefs regarding a certain order, which can be expected in people’s lives, and includes the disposition of both negative and positive events. This order can be organized around three categories: Beliefs about the self, beliefs about the world, and beliefs about the relationship between one’s self and the world. The influences of religion on beliefs are far-reaching, and
provide the individual with a comprehensive and integrated framework for meaning (Park, 2005a). 2) Global goals are the purposes of a person’s life, and refer to beliefs that organize, justify, and direct a person’s striving. Religion is central to the life purpose of most religious people, and provides an ultimate motivation and primary goals for living as well as guidelines for achieving those goals.

Situational meaning is elsewhere referred to as ‘global meaning translated into daily life’ by Park (2005a), and situational meaning can in short be described as when people’s beliefs, goals, and meaning meet reality. Situational meaning refers to the interaction of a person’s global beliefs and goals and the circumstances of a particular person-environment transaction. Three major components constitute situational meaning: 1) Appraisal of meaning, as referring to the everyday meaning making of all people. When an event occurs in daily life people initially evaluate the event or situation based on prior knowledge and their beliefs. This initial appraisal process takes place through processes of attributions, primary appraisals, and secondary appraisal, and then evaluation as to whether the situational meaning is congruent with global meaning. If it is, no distress occurs and the meaning construction of the individual continues, but if it is not an attempt to alleviate distress will occur. 2) Meaning-making coping is the individuals search for new meaning, and it involves changing appraised meaning of the events through understanding them in a different and less stressful way, and thereby assimilates these into pre-existing global meaning or by changing global beliefs and goals to accommodate the event. The major task of the meaning-making process is to reduce the incongruence between the appraised meaning of a situation or an event and the person’s pre-existing global meaning in terms of beliefs and goals. If neither occurs the reappraisal process continues and will lead to rumination, or what could be called ‘religious struggles’ if the person has a religious meaning system. 3) Meaning outcome is when the meaning system of a person has accepted the resolution of the meaning-making coping process, and most often, particularly when great crisis or other unchangeable negative events have occurred, a change in global beliefs and goals have taken place. It is important to emphasize that these changes can both have positive and negative character (Park & Folkman, 1997).

The meaning system theory of Park and Folkman also operates with a concept of mental health on personal competence and control, and the mentally healthy religiosity provides the individual with a comprehensive and integrated framework for meaning.

4.5.3 Raymond Paloutzian

Paloutzian (2005) sums up, what is meant by religious transformations from a perspective of theory of meaning system. A Religious transformation constitutes a change in the religious meaning system that a person holds as a basis for self-definition, the interpretation of life, and overarching purposes and ultimate concerns. Paloutzian presents a social cognitive approach to the meaning system perspective that postulated that religious transformations are a matter of new constructions of meaning due to the requirements that negative life events or perceptions of inadequately met needs make on a person’s cognitive constructed meaning system. Paloutzian argues that when a meaning system is established it is relatively durable and does not change easily and therefore it cannot be expected that the whole system will transform just because one element of a meaning has been affected. He believes, stereotypes of dramatic transformations aside, most changes in a meaning system are partial and graded, not total and abrupt. He furthermore argues, from a religious meaning system perspective presented by Park, that religious or spiritual transformations include,

but are not limited to, changes from no religion to a religion, from one religion to another religion, from one level of commitment to a religion to either a deeper level or a more shallow level of commitment to the same religion, from one orientation to a religion to a different interpretation or application of the same religion to one’s life, or turning from a religious to
an areligious or antireligious point of view. Other varieties of spiritual transformations are possible that do not necessarily involve religion but that nevertheless include changes in values, goals, higher purposes, or whatever else an individual might regard as ultimate meaningful or ultimate concern (Paloutzian, 2005; Park, 2005a).

Hence, from a meaning system perspective religious transformation is a natural and ongoing part of the religious person’s life, as spiritual transformation is natural in most people’s lives. In contrast to the theories on religious development however, theories on religious meaning systems do not operate with an idea of religious maturity that development is headed towards. Theories on religious meaning system apply a concept of mental health about personal competence and control, and most beneficial religious meaning systems provide this, in one way or the other. The concept of meaning making emerged in social psychology and particularly social constructivism where meaning is socially constructed. This viewpoint is in total contrast to the religious stance on meaning as something already existing and solid. The social constructionists agree however with Luther’s theological stance on refraining from talking about religious maturity and instead only considering religiosity capacity for transformation but without ‘ranking’ these changes (la Cour, 2014). Both theology and social psychology disagree on viewing religiosity from a normative perspective of development.

4.6 The Theoretical Frame applied in the Thesis

The psychological orientation at work in the studies of the present thesis come from an interconnectedness of the above presented fields and theories on religious development, coping, and meaning making. The conceptualizations of mental health as open-mindedness and flexibility (developmental theories), as well as personal competence and control (meaning system and coping theories), will also be applied as the ‘standard’ for the mentally healthy religiosity in the studies of the present thesis.

An often applied critique of the concept of religious coping has been on the concept being stable and not dynamic, to being limited to quantitative measurements and that one coherent dimension oversimplifies the field (Ganzevoort, 1998). This critique however has been addressed in the main with the measurements RCOPE and Brief RCOPE. Whereas the concept of religious coping, as presented by Pargament, comprises three aspects: The theory on religious coping (Pargament, 1997), the measurements RCOPE and Brief RCOPE (Pargament, Feuille, & Burdzy, 2011; Pargament, Koenig, & Perez, 2000), and spiritually integrated psychotherapy emerged from the theory (Pargament, 2007).

Pargament (2007) developed the theory of the Search for the Sacred, as a means to clarify and visualize how religiosity is discovered, conserved, and transformed as a dynamic motion throughout the life and life-struggles of the religious individual, and thereby to become an instrument to address the sacred in psychotherapy. This theory rests upon empirical studies and theories of religious development, coping, and meaning making.
'Discovery' of something sacred in life always takes place within a context of culture, institutions, family, peer-group, communities and life events. The context affects what is held sacred and how the search for the sacred takes place. Even though the discovery of the sacred is highly impacted by external factors, Pargament believes however that it is still primarily driven by internal factors (Pargament, 2007, p. 67).

When discovering something sacred, people begin to organize their lives around the sacred, and it becomes the centre from where priorities, meaning, and passion in life arise and they will enter into a process of conservation in order to sustain and nurture the sacred. For religious individuals the sacred is a religious end (e.g. religious destination) and they take on religious means (e.g. religious pathways) for reaching this end.

When something threatens the sacred, such as a personal crisis, religious people will apply conservational religious coping. Religious coping consists of a person’s flexibility and ability to adapt the religious means to the changes in life caused by the crisis. Generally, religiosity has been viewed as a conservational force in coping: An attempt to sustain the sense of meaning, control, comfort, intimacy, or spiritual connection, however at times conservation is no longer possible. Internal changes, developmental transitions, or external life-events may cause a ‘break-down’ of former assumptions about the sacred or held meanings about the world, and if the individual does not succeed in coping, he or she will experience religious struggles (Pargament, Feuille, & Burdzy, 2011). People struggle to reorient themselves, and religious struggles will lead to religious disengagement or transformational religious coping. Religious disengagement will at some point, as people are internally motivated, lead to a new discovery of something sacred (e.g. a new religious end), whereas transformational religious coping will lead to transformation of religious means (Pargament, 2007, p. 119).

In Pargament’s definitions, religious coping and transformation are part and parcel of religious life and take place when the religious individual faces a crisis. These two concepts are therefore highly relevant to explore when seeking to enhance knowledge about how religiously Pentecostal Danes experience their religious beliefs and practices when facing a personal crisis, as well as how these two concepts can apply to psychotherapy with religious clients.

Pargament believes that a therapist wanting to practice religiously integrated psychotherapy must go beyond his or her own religiosity and develop a well integrated religious perspective, as well as obtaining four essential qualities: Religious knowledge, openness and tolerance, self-awareness, and authenticity (Pargament, 2007, p. 190). He suggests that before addressing the sacred in psychotherapy, it is necessary for the therapist to understand it. He exemplifies how to set the stage for spiritual dialogue, as well as performing initial, implicit, and explicit religious/spiritual assessments. Pargament believes religiosity (Parment use the term spirituality where I in this thesis apply religiosity) is a double-edged sword that can be both a

(Pargament, 2007)
part of the solution to problems on one edge of the sword, and a problem in and of itself on the other.

The therapist can help clients identify and draw on their own religious resources (i.e. religiosity being a part of the solution). Pargament suggests six types of religious resources: Religious strivings, knowledge, experience, practices, relationships and coping methods. On the other edge of the sword, the therapist may have to address religious problems in therapy (i.e. religiosity being the problem). Pargament suggests two overarching types of problems: religious destinations (i.e. ends) and pathways (i.e. means) (Pargament, 2007). Pargament brings up examples of problematic destinations: ‘false gods’ and ‘demonization’, however as discussed in a section above, religious articulation of more religious societies may not be directly transferable to Danish religiosity and this type of religious articulation may not be applicable for Danes with less articulated religiosity and more diffuse God-images (La Cour, 2005)

Instead, Pargament’s understanding of problematic pathways (i.e. religious means) may be more transferable. Furthermore, the religious transformations of the religious minority group studied in this thesis were not expected to be on the religious ends (i.e. religious destinations), as they were all still self-identified Pentecostals at the time of the interviews, instead partial (Paloutzian, 2005) and secondary (Pargament, 2006) religious transformations were expected to have taken place of religious means and that this could be detected either as changes in religious development, coping, or meaning system.

Regarding problematic pathways (i.e. religious means), Pargament focuses on the ways therapists can address three important and interrelated problems of the pathways their clients take to the sacred: Problems of breadth and depth, continuity and change, and fit (Pargament, 2007, p. 293). Breadth and depth is concerned with religiosity being fully integrated and touching on virtually every dimension of a person’s life. Continuity and change is about the flexibility of a person’s religiosity; is the person capable of flexing religiously between times of continuity and times of change, as both are essential parts of religious life. Pargament mentions three concerns regarding fit: 1) The fit between religious means and ends, if the religious pathways applied take the individual to his or her religious destination. He believes it is important to live religious authentically, and avoid both religious extremism and hypocrisy, as these will lead the religious person away from religious ends. 2) The fit between religious means and the specific situation. This is about applying a religious means that suits the situation the religious individual faces; it is about applying the diversity and richness of one’s religiosity. 3) The fit between the individual and the larger social and cultural context (e.g. family, institution, community, and culture) and if this supports the individual’s religiosity. For example, if the broader social and cultural context of Denmark does not support the members of the Apostolic Church in their attempt to live and express their minority religiosity, it will affect the level of integration of religiosity of the individual (Pargament, 2006).

Pargament’s framework for addressing religiosity in psychotherapy rests upon the theory of well integrated religiosity and concepts of mental health concerning open-mindedness and flexibility and personal competence and control.

As addressed earlier in this chapter, a theoretical framework taken from more religious societies and used to understand and apply religiosity among the members of a religious minority in Denmark should be assessed through the perspective of Danish religiosity. I believe this is possible with the presented applied theoretical framework; it takes into account both positive and negative aspects of religiosity, which provides a varied understanding of the psychological dynamics of religious coping and transformation. The definition for religiosity may capture the complexity of the concept among members of a religious minority group within a secularized culture; it includes their self-defined religiosity, but also considers the possibility of their search for the sacred may differ from that of people from more religious societies. Furthermore, it is open for a lack or religious articulation and individualistic religious orientation.
5. Research Aims

The overall aim of this thesis was to enhance knowledge about how Pentecostal Danes experience their religious beliefs and practices while they faced a personal crisis impacting their mental health and attended religiously integrated group psychotherapy to deal with such a crisis. In addition to this, to suggest how this knowledge could be considered in health care and in psychotherapy with religious clients.

The thesis comprised four part-studies with specific aims for obtaining the overall aim of the thesis. The specific aims for each of the three part-studies were:

1. To systematically review the research literature on spiritually and religiously integrated group psychotherapies to answer the three questions:
   a. How are spirituality and religiosity defined in the studies?
   b. How are spiritual and religious factors characterized and integrated into group psychotherapies?
   c. How is the outcome of the group psychotherapies measured and what are their results?

2. To explore Danish Pentecostals’ experiences of religious coping during a personal crisis.

3. To explore the transformations of religiosity experienced by Danish Pentecostals following a personal crisis and religiously integrated group psychotherapy.

4. To describe the actual content, practice, and outcome of sessions of the two religiously integrated group psychotherapies.
6. Part-study 1: Literature review

The purpose of the literature study was to obtain an overview of the strengths and weaknesses of studies on spiritually and religiously integrated group psychotherapies, and extract what separated these spiritually and religiously integrated group psychotherapies from other types of group psychotherapy without a spiritual or religious element.

The purpose was twofold: (1) To evaluate what actually made these group psychotherapies spiritual or religious (i.e. the spiritual or religious factor), and (2) to evaluate the outcome of integrating spirituality and religiosity into group psychotherapy.

6.1 Theoretical perspectives

In order to address this twofold purpose, different theoretical perspectives were applied. Varying definitions of spirituality and religion have been presented within the field of psychology of religion, and the well-established differentiation between traditional and modern approaches to defining spirituality and religion (Zinnbauer, Pargament, & Scott, 1999), three points of critique of the modern approach (Pargament, 1999), and a critique of tautological measurements (Koenig, 2008) were used for evaluating the definitions of spirituality and religion in the studies and for evaluating the spiritual or religious factors presented in the group psychotherapies. Furthermore, to critically evaluate the effects of integrating spirituality and religiosity in the group psychotherapies it was also necessary to consider other factors that could have affected the outcome. Therefore, I chose to apply The Common Factors Model with the four elements: (1) Client and extratherapeutic factors, (2) models and techniques, (3) therapist factors, and (4) therapeutic relationship or alliance (Hubble, Duncan, Miller, & Wampold, 2010; Wampold, 2010). This model was also applied for evaluating and discussing the definitions, the spiritual or religious factors, and the outcomes of the group psychotherapies.

6.2 Methods

The study was designed as a systematic literature review, and the method applied considered the twofold purpose of the review.

6.2.1 Search strategy

The search for literature was concluded in April 2013. Two databases were searched: PsycINFO and PubMed, because a wide range of potentially relevant journals for psychology and healthcare are indexed in these databases.

Two overall search strategies were used: (1) a combination of ‘brief’ and ‘building block’ search strategies (searching databases) and (2) a ‘citation pearl growing strategy’ (systematic reviewing reference lists for further relevant literature) (Harter, 1986). The controlled headings included ‘religion’, ‘religiosity’, ‘religious beliefs’, and ‘spirituality’ and these were combined with the controlled headings: ‘group psychotherapy’ and ‘group intervention’. The total of 309 retrieved references from the database search were examined by titles and abstracts to see if they met the inclusion criterion, and 99 articles were considered eligible for full-text examination. Three additional articles were found as a part of the ‘citation pearl growing strategy’, and the total of 102 articles were full-text examined to meet the exclusion criteria for the study.
6.2.2 Inclusion and exclusion criteria

The inclusion criterion was: Articles reporting English and Scandinavian language empirical studies on spiritually or religiously integrated psychological group intervention. The exclusion criteria for the review were:

- Studies on interventions where the spiritual or religious element is only a minor part of a cultural, or social understanding.
- Studies on an integration of specific ‘spiritual’ techniques into intervention (e.g. yoga, meditation, forgiveness) where the overall intervention is not informed by spiritual or religious considerations.
- Studies, where the focus is on a specific type of intervention (e.g. art-based or psycho-social), and the spiritual element is secondary.
- Studies on psycho-educational group interventions.
- Studies on couples and family interventions.
- Studies on existential and meaning-centered group interventions that did not specifically include religious or spiritual elements.

In total, 10 articles met the inclusion and exclusion criteria for the review.

6.2.3 Quality assessment and evaluations of group psychotherapies

The studies meeting the inclusion and exclusion criteria were quality assessed by standardized assessment tools to evaluate the methodological rigor of the ten studies by the objective of the type of study presented, and to omit methodologically vague studies. Qualitative studies (n = 2) were subject to quality assessment using the Critical Appraisal Skills Program (CASP, 2013). Quantitative studies (n = 8) were subject to a checklist developed by Regan, Bhattacharyya, Kavern, and Rana (2012). The quality assessment of the papers led to the exclusion of two studies.

To evaluate the group psychotherapies presented in the studies three questions were added to the review process:

How are spirituality and religiosity defined in the studies?

How are spiritual and religious factors characterized and integrated into group psychotherapy?

How is the outcome of the group psychotherapies measured and what are their results?

6.3 Findings

All eight studies reported positive outcomes of the spiritually or religiously integrated group therapies. The studies however used weak study designs that did not robustly present solid evidence for positive or direct outcomes of integrating spiritual or religious factors into group therapy. Several of the studies also applied measures for spirituality and religiosity that were contaminated with items for mental health, and therefore could not provide solid evidence of the effect of integrating religiosity and spirituality into group psychotherapy.

Three studies did not report on how they had defined spirituality and religiosity, hence the integration of such a construct was questionable. Most of the remaining studies emphasized
spirituality whilst omitting religiosity. Spirituality was individually defined with broad positive constructs. Furthermore, two studies purposely avoided a clear definition, as the clients were to define spirituality as a part of the group therapy. In the same vein, the descriptions of the spiritual or religious element of the group therapies (i.e. what separates the given group therapy from other kinds of group therapies without a religious or spiritual element) were unclear in five of the eight studies. Consequently it remained unclear if the outcome of the group therapies were connected to them being spiritual or religious. Three studies however presented clear and delimited spiritual/religious factors, and these could therefore be distinguished from other group therapies without a religious or spiritual element. Furthermore, these three studies also aimed the group psychotherapy at people with specific interests in the spiritual and religious, and I theorized that this could have increased patients’ motivation for the therapy.

Based on the findings, I determined that clear and delimited conceptualization of spiritual or religious factors was imperative to be able to conclude on the direct influences of these factors on outcomes. Furthermore, clear and delimited conceptualizations of the spiritual or religious factors were important for integrating spirituality or religiosity into the group psychotherapy. It also became apparent that more studies clarifying the spiritual and religious factors that separate spiritually or religiously group psychotherapies from other types of group therapies are warranted.
7. Research Design for the Empirical Studies

The research intention of this thesis was to enhance knowledge about the experiences of religious beliefs and practices of the participants while facing a personal crisis as well as participating in religiously integrated group psychotherapy. A methodology that made it possible to study unstructured qualitative data that occurs natural in normal contexts, and where the focus is on subjective meanings, and the research approach is primary inductive was called for. Qualitative methodology can be understood as the generic term for methods that, through a face-to-face interaction between researcher and participants, seek to obtain nuanced and detailed descriptions of individuals’ complex, subjective meanings and experiences (Creswell, 2013; Green & Thorogood, 2004; Kvale & Brinkmann, 2009; Maxwell, 2005). A qualitative methodology was relevant for the studies of this thesis, as the goal of qualitative research is to produce a credible analysis and generate hypotheses rather than a definite analysis (Bryman, 2001).

7.1 Philosophical assumptions

The research objective focused on the experiences and perspectives of the participants, and the philosophical assumptions of phenomenology were behind the designs of the empirical studies of this thesis. As the studies also aspired to interpret the participants’ religious experiences, they also relied upon the interpretative endeavors of hermeneutics.

Phenomenology as a philosophy was founded by Edmund Husserl (1859-1938) and later developed by his pupil, Martin Heidegger (1889-1976), towards a philosophy of existence (Kvale & Brinkmann, 2009, p. 44). Since its early beginning, phenomenology has stressed the importance of the first-person perspective and the human subject (Zahavi, 2003, p. 14). The assumption behind this perspective is that every phenomenon always appears through something and for someone. Thus, we have to include the subject from which the phenomenon appear in order to understand the phenomenon (Zahavi, 2003, p. 17). If the phenomenon is perceived, experienced, judged, valued, evaluated, recalled, etc., we have to take into account the intentionality which the phenomenon is connected to; if we are to understand the different appearances of the phenomenon, we have to consider the intentional subject to whom the phenomenon appear (Zahavi, 2003, p. 23).

The philosophical assumption behind the studies of this thesis was that the participants were intentional subjects connected to the phenomenon of religiosity; that religiosity can only be understood in relation to the intentional subjects. The interest of phenomenology as a qualitative method, is to understand phenomena from the perspective of the participants and to describe the world as it is perceived by them, on the basis of the assumption that human beings perceive the reality of significance (Kvale & Brinkmann, 2009, p. 45). Thus, the participants’ experienced meanings of their religious faith were considered a reality of significance, and for example not a simple instance of infantile neurosis or a crutch in life (Freud, 1933, p. 121). The participants engaged in religiosity through different kinds of intentionality in order to create meaning.

Husserl argued for the importance of ‘suspending’ or ‘bracketing’ our pre-understandings of a phenomenon in order to grasp it as it ‘truly’ appears for the intentional subject (Smith, Flowers, & Larkin, 2009; Zahavi, 2003). In contrast to Husserl’s opinion however Heidegger argued that we are not able to put aside or detach ourselves from our pre-understandings. We bring our prior experiences, assumptions, and preconceptions to an encounter, and cannot help but look at any new stimulus in the light of our prior experiences (Smith, Flowers, & Larkin, 2009). The challenge lays in making the scientific theme secure by working out our pre-understandings (Heidegger, 1962/1927). Heidegger suggests that in interpretation, priority should be given to the new object rather than one’s pre-understandings, because one may bet-
ter make sense of one’s pre-understandings in terms of the things themselves; existence of pre-understandings may precede our encounters with new things, but understanding may actually work from the thing to the pre-understanding (Smith, Flowers, & Larkin, 2009). Heidegger’s formulation of phenomenology is explicitly interpretative and he makes clear connections to hermeneutics. The main intention of hermeneutic is not to understand the concrete text, but the meanings of the person behind the text (Gulddal & Moller, 1999, p. 60).

Schleiermacher developed the concept of the hermeneutic circle. It is a basic realization that goes back to Antiquity, but was clearly formulated by Schleiermacher in a discussion with Friedrich Ast, who was the professor art the University in Landshut (Gulddal & Moller, 1999, p. 64). The hermeneutic circle is concerned with the dynamic relationship between the part and the whole: To understand any given part, you look to the whole, and to understand the whole, you look to the parts. The hermeneutic analysis process is iterative; we move back and forth through a range of different ways to think about the data, rather than completing one step after the other. Heidegger (1962/1927) and most hermeneutic writers have adopted the hermeneutic circle (Smith, Flowers, & Larkin, 2009). Heidegger, however, radically transformed the hermeneutic circle, by stating that we are not able to put aside or detach ourselves from our pre-understandings, and thereby placing the interpreter inside the interpreted; placing the person inside the hermeneutic circle (Heidegger, 1962/1927).

7.2 Methodology

As described above, the epistemological position of the research objectives of this thesis was consistent with a qualitative methodology. The interpretative phenomenological approach to qualitative inquiry named Interpretative Phenomenological Analysis (IPA) is based on a philosophical framework inspired by phenomenology and hermeneutics, and I chose to apply this framework in the present thesis.

7.2.1 Interpretative Phenomenological Analysis (IPA)

Jonathan Smith first introduced IPA in 1996 in a paper in Psychology and Health. Its important aim was to stake a claim for a qualitative approach centered in psychology (Smith, 1996), which worked well with the aims of this thesis. IPA is extensively used for qualitative studies within the area of psychology, especially within the area of health psychology. The aim in IPA is to try to understand the content and complexity of the meanings, which the participants use for creating and navigating in their psychological world. In order to do that, the researcher engages in an interpretative relationship with the transcript (Smith & Osborn, 2003, p. 52).

IPA rests on phenomenology in its focus on individuals’ perception of object and events, and the hermeneutic tradition with its recognition of the central role of the researcher in making sense of that personal experience (Smith, 2004): “In terms of its theoretical position, IPA aims to explore in detail participants’ personal lived experiences and how participants make sense of the personal experience” (p. 40). IPA is concerned with examining how a phenomenon appears, and the researcher is implicated in facilitating and making sense of this appearance (Smith, Flowers, & Larkin, 2009, p. 30). Smith, Flowers and Larkin (2009) elegantly describe the interplay of phenomenology and hermeneutics within IPA: “Without phenomenology, there would be nothing to interpret; without hermeneutics, the phenomenon would not be seen” (p. 37). However, within IPA it is said, that the researcher is involved in a double hermeneutic, as he or she is trying to make sense of the participant trying to make sense of what is happening to them (Smith, Flowers, & Larkin, 2009). The double role of the researcher in IPA is understood by the concept of double hermeneutic: That the researcher’s interpretation is in second order, as he or she only has access to the participants’ experiences through their own account of it. The researcher will apply his or her mental and personal
skills in a systematically and self-conscious manner in the attempt to make sense of the participants trying to make sense (Smith, Flowers, & Larkin, 2009, p. 3).

IPA is an idiographic approach, concerned with understanding particular phenomena in particular contexts. Therefore, a detailed nuanced analysis is applied; starting with one transcript until some sort of closure or gestalt has been achieved then moving to the next and like this through all the transcripts. First then an attempt to conduct a cross-case analysis is pursued (Smith, 2004). IPA aims to account for both the important generic themes in an analysis as well as the life and world of the particular participant who has told his or her story. Due to the nuanced, detailed approach, analysis associated with IPA is made on relatively small sample sizes. The idiographic focus of IPA is coherent with an inductive approach to qualitative studies. Smith (2004) admits that in practice the research process involves interplay between induction and deduction, but for IPA the inductive stance is in the foreground. IPA researchers employ flexible techniques that allow unanticipated themes to emerge during analysis, and they do not attempt to verify or negate specific hypotheses established on the basis of the extant literature (Smith, 2004). Another important characteristic of IPA is its key aim to make a contribution to psychology through interrogating or illumination existing research. Consequently the findings of an IPA analysis should always be discussed in relation to the extant psychological literature (Smith, 2004). Accounts on psychological research and theory are therefore important aspects of an IPA study. Matching this interrogative focus, the levels of interpretation of IPA also move beyond the text to a more interpretative and psychological level. IPA recognizes that different levels of interpretation are possible, and takes on both a hermeneutics of empathy and a hermeneutics of questioning: On one hand the IPA researcher wants to understand the phenomenon from the participant’s view, and on the other hand also to stand alongside the participant with a different angle. From the hermeneutics of questioning the analysis becomes more reliant on the interpretative work of the researcher. Critically with IPA however is that the different levels of interpretation must always be grounded in the meeting of researcher and what the participant actually said (Smith, Flowers, & Larkin, 2009, p. 36). In relation to the studies of the present thesis this means, that the inductive approach is in the foreground in the interviews, observations, and the analysis, where I, as a researcher, try to explore openly without theoretical pre-assumptions and let unanticipated themes emerge during analysis. It is initially concerned about inductive methods and analysis, and then the analysis little by little become more deductive by the themes being discussed and illuminated through existing psychological theory and research.

7.3. Methods

The methods for part-studies 2, 3, and 4 were chosen to be consistent with IPA methodology. The study was designed in corporation between me and the three senior researchers, where different strategies were discussed in relation to the possible circumstances and the research intention. The data generation involved participant observation and sound-recordings of the sessions of two group therapies, and semi-structured individual interviews of eighteen participants approximately two weeks after the group therapies had ended. Data generation took place from March to May 2009 at the International Apostolic Bible College in Kolding, Denmark.

As mentioned in chapter 3, at the time of the performing of the studies of the thesis, several of the Danish students had faced a personal crisis prior to attending the College, and had come to the college as a means for employing their religious faith in handling the crisis. The group psychotherapy was offered as a speciel-course to the students, alongside other types of speciel-courses, the biblical, and main subjects.
IPA applies a purposeful sampling strategy, as this can offer research projects insight into a particular experience (Smith, Flowers, & Larkin, 2009, p. 48). Purposeful sampling is a strategy in which particular settings, persons, or activities are selected deliberately for providing the information needed to answer the research questions (Patton, 1990, p. 169). As group therapy was offered to the students by the Bible College however I as a researcher had to submit to the inclusion criteria for attending the group therapy laid down by the College. These criteria took the form of cooperation between a gatekeeper (Smith, Flowers, & Larkin, 2009, p. 49) at the Bible College: A senior teacher in charge with the counseling program at the College, and me as the researcher. We agreed on inclusion and exclusion criteria that considered our different interests in the group therapy. The gatekeeper expected the group therapy to contribute positively to the students’ handling of their crisis, and relieve some of the workload on the counseling program, and I was interested in finding a fairly homogeneous sample for whom the research questions would be meaningful (Smith, Flowers, & Larkin, 2009, p. 49). We agreed on the following inclusion criteria:

Ethnic, Danish self-identified and practicing Pentecostals who lately have faced a personal crisis; they should speak Danish without language problems and have Denmark as a cultural and religious frame of reference (i.e. ethnic Danes who were born and raised in Denmark). The participants were allowed to define their personal crisis themselves.

The exclusion criteria were not based on specific measures of mental health distributed before the study, but on criteria of mental illness. Information regarding mental illness was easy to obtain, as these were already in the files of each student at the Bible College. Students suffering from these mental problems were excluded from the studies, as their problems were not considered primary a ‘personal crisis’, and because they could be unable to participate in the psychotherapy and interviews. The exclusion criteria were as follow:

Persons suffering from a distorted perception of reality, severe cognitive or memory problems, psychotic and schizophrenic people, as well as persons who recently (i.e. within the past 0-4 weeks) had been suicidal would be excluded from the study.

The gatekeeper and I, as the researcher, assessed the suitability of the participants for the group therapy and interviews. Only one student was omitted, who had a schizophrenia diagnosis. However, this student had no intentions of participating in the group therapy, so we did not have to practically apply the exclusion criteria.

Approximately 30 students fulfilled the criteria and were purposefully selected for invitation to the group therapy and participation in the study. They were informed about the group psychotherapy and the following individual interview at a morning gathering for this purposeful sample, and they were asked to sign up for the group therapy at the gatekeepers office if they wanted to attend. Nineteen students self-selected out of this sample (Maxwell, 2005, p. 89) and volunteered to participate. One participant dropped out during the group sessions, because he had to attend to personal matters in another city. Of the remaining eighteen participants, six were male and twelve were female. The participants’ ages ranged from 19 to 54 years with an average age of 36.8 years. Despite the criteria for attending the study being a ‘negotiation’ between two interests, the eighteen participants were considered a purposive homogeneous sample (Smith, Flowers, & Larkin, 2009, p. 50) in relation to the interests of this thesis. The sample-specificity related to their religious background (e.g. Pentecostalism) and their experiences of their religious beliefs and practices when facing a personal crisis. An overview of the eighteen participants are presented in table 1:
Table 1. Simple demographics of the participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Civil status</th>
<th>Level of education</th>
<th>Religious affiliation</th>
<th>Description of crisis and time since the crisis occurred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty</td>
<td>+20</td>
<td>Male</td>
<td>Single</td>
<td>High School</td>
<td>Pentecostal without continuous affiliation</td>
<td>Depression, religious struggles, identity-issues, feelings of being “stuck” in life. Began approx. a year prior to entering the Bible College.</td>
</tr>
<tr>
<td>Meryl</td>
<td>+30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>Social educator BA level</td>
<td>Pentecostal</td>
<td>Stress and depression following a divorce. Began approx. six months before entering the Bible College.</td>
</tr>
<tr>
<td>Andy</td>
<td>+30</td>
<td>Male</td>
<td>Divorced</td>
<td>High School</td>
<td>Pentecostal – converted to Christianity after car-accident</td>
<td>Identity-issues following a car accident 12 years (paralyzed from the waist down) and a divorce 2 years prior. He became aware of his identity crisis 6 weeks before entering the Bible College.</td>
</tr>
<tr>
<td>Miguel</td>
<td>+20</td>
<td>Male</td>
<td>Single</td>
<td>High School</td>
<td>Pentecostal – intensified religiosity after broken relationship</td>
<td>Depression, identity-issues. Began approx. two months before entering the Bible College.</td>
</tr>
<tr>
<td>Karen</td>
<td>+30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>Social and health care assistant</td>
<td>Pentecostal, but have attended different churches without continued affiliation</td>
<td>Depression, religious struggles, and stress following a divorce. Began a year before entering the Bible College.</td>
</tr>
<tr>
<td>Beth</td>
<td>+30</td>
<td>Female</td>
<td>Married + two children</td>
<td>Social educator</td>
<td>Pentecostal</td>
<td>Depression, due to severe physical illness.</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Marital Status</td>
<td>Education Level</td>
<td>Religion</td>
<td>Issues</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>---------</td>
<td>----------------</td>
<td>-----------------</td>
<td>----------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Terry</td>
<td>30</td>
<td>Male</td>
<td>Married + two children</td>
<td>MSc in music and physics</td>
<td>Pentecostal</td>
<td>Work-related depression and anger-issues began 3-4 weeks before entering the Bible College</td>
</tr>
<tr>
<td>Trina</td>
<td>50</td>
<td>Female</td>
<td>Separated + three grown up children</td>
<td>Nurse BA level</td>
<td>Pentecostal</td>
<td>Depression, and emotional stress following marital abuse and infidelity began 3-4 weeks before entering the Bible College</td>
</tr>
<tr>
<td>Celeste</td>
<td>30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>School Teacher BA level</td>
<td>Pentecostal</td>
<td>Stress and depression following a divorce began a year before entering the Bible College</td>
</tr>
<tr>
<td>Sharon</td>
<td>40</td>
<td>Female</td>
<td>Single</td>
<td>None</td>
<td>Pentecostal</td>
<td>Stress and depression have taken place since her youth, but the latest took place approx. two months before entering the Bible College</td>
</tr>
<tr>
<td>Emma</td>
<td>40</td>
<td>Female</td>
<td>Single</td>
<td>Social educator BA level</td>
<td>Pentecostal</td>
<td>Anxiety, depression, and recovery from psychosis have taken place since her youth, but the latest took place approx. eight months before entering the Bible College</td>
</tr>
<tr>
<td>Alex</td>
<td>40</td>
<td>Male</td>
<td>Single</td>
<td>None</td>
<td>Pentecostal</td>
<td>Anxiety and depression have taken place since his youth, but the latest took place approx. two months before entering</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Marital Status</td>
<td>Occupation</td>
<td>Religion</td>
<td>Struggles</td>
</tr>
<tr>
<td>------------</td>
<td>-----</td>
<td>--------</td>
<td>----------------</td>
<td>--------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Charlie</td>
<td>+30</td>
<td>Male</td>
<td>Single</td>
<td>None</td>
<td>Pentecostal</td>
<td>Depression and religious struggles following religious abuse of power</td>
</tr>
<tr>
<td>Charlotte</td>
<td>+30</td>
<td>Female</td>
<td>Married + two (three) children</td>
<td>Social and health care assistant</td>
<td>Pentecostal – Intensified religiosity after loss of child</td>
<td>Learning to live with the loss of a child three years prior</td>
</tr>
<tr>
<td>Chloe</td>
<td></td>
<td>Female</td>
<td>Single</td>
<td>None</td>
<td>Pentecostal</td>
<td>Identity-issues</td>
</tr>
<tr>
<td>Cindy</td>
<td>+30</td>
<td>Female</td>
<td>Married + two children</td>
<td>Social educator, art teacher BA level</td>
<td>Pentecostal</td>
<td>Stress-related depression</td>
</tr>
<tr>
<td>Ellie</td>
<td>+30</td>
<td>Female</td>
<td>Divorced + one child</td>
<td>Social and health care assistant</td>
<td>Pentecostal – without affiliation before entering the Bible College</td>
<td>Stress, depression, and recovery from psychosis</td>
</tr>
<tr>
<td>Sienna</td>
<td>+40</td>
<td>Female</td>
<td>Married + four children</td>
<td>Social and health care assistant</td>
<td>Pentecostal</td>
<td>Depression and emotional stress</td>
</tr>
</tbody>
</table>
7.3.2 Personal crisis

The participants’ own descriptions were used for conceptualizing personal crisis in this thesis. This was in line with both the focus of the research objective on the experience and perspective of the participants, as well as other conceptualization of mental health than absence of mental illness (Batson, Schoenrade, & Ventis, 1993). Instead, as argued in chapter 4, this concept is particular related to studies in the effect of psychotherapy, whereas the focus of this thesis is in the process of psychotherapy. The conceptualizations of mental health applied in the studies are open-mindedness and flexibility, and personal competence and control.

When assessing the participants’ descriptions of their crises, extensive differences in the types of crisis emerge as well as differences in time since the crisis occurred. For four of the participants, their crisis had started a year before they entered the Bible College. The crisis of five other participants had begun 6-8 months before they came to the Bible College, whereas the remaining nine participants had encountered a crisis within three weeks to two months prior to entering the Bible College. They had all been aware, that they came to the College as a mean to handling their crisis within a Pentecostal context. Even though, the participants described the time the crisis began, for some of them the crisis had probably begun earlier, but they had not been aware of it being a crisis till the time described. The differences in times and types of crisis may have an effect on the outcome of the studies, as it can be expected that participants who have been aware of their crisis for a longer time will have applied their religiosity for coping to a larger extent than participants who have just recently been aware of their crisis. In the same way, the type of crisis may also expect to effect the studies, as other studies have found, that the greater the crisis is the more religiosity is found applicable for handling the crisis (Ness, Kasl, & Jones, 2003; Pargament, 1997). However, as I shall unfold in chapter 13, the group psychologist’s concept of mental health does not differentiates between ‘levels’ of personal crisis, instead he views in from a perspective of suffering which is shared by all humans. Therefore, from his perspective the type of crisis will not effect the intervention. Even though, differences times and types of crisis can be expected to effect the outcome of the studies, the outcome of the studies of this thesis based on participants with varieties of types and times of crisis are still relevant for the research aims of the thesis, as well as applicable to study through the methodology chosen.

However, due to these differences, a concept of personal crisis emerged which can be understood by the concept of crisis presented by Cullberg (2007). Cullberg (2007) views psychological crisis in the light of personality psychology, developmental psychology, and social psychology. Cullberg believes a psychological crisis occurs when a person ends in a situation in which his or her previous experiences and patterns of reactions are insufficient for comprehending and for coping with the situation psychologically. For specifying the psychological, crisis four aspects need to be considered: 1) The triggering factor (i.e. factors of traumatic or developmental character), 2) The personal meaning the situation has for the individual (i.e. due to our early development and experiences we interpret and react differently to stressful situations), 3) The current developmental period of the individual (i.e. stressors affect the person differently at different ages, and some periods in the human lifespan are more critical than others), and 4) The social basis of the individual, in particular the physical and mental state of family-members and social supportive environment (Cullberg, 2007, pp. 19-21). Cullberg’s dynamic and ‘broad’ concept of psychological crisis, where the individual’s subjective experience of the stressors as overwhelming causes of the crisis, seem to conceptualize well the participants’ self-definitions of their crisis, as well as the group psychologist’s perspective. I will refer to the participants’ crises as personal crisis in the present thesis.
7.3.3 Reflections about demographics

Summing up the other demographics of participants: All the participants described themselves as Pentecostal affiliated, and six were male and twelve were female. Usually, women tend to be more religious (Hutsebaut, 2004) and to attend psychotherapy more than men (Kehoe, 1999), and therefore it was not surprising that more women signed up for the psychotherapy. However, the World Values Survey found that religious people with a traditional God-image (a singular and personal God) are usually the older generation (Lüchau, 2005), but the participants’ ages ranged from 19 to 54 years with an average age of 36.8 years (one participant was in her late teens; two in their twenties; ten in their thirties; four in their forties; and one in her fifties). Their ages were significantly lower than among the Christian majority Danes with a traditional God-image. This could, to some extent, be explained by them also attending psychotherapy, as it is more common among the younger than the older generations in Denmark to seek help through psychological interventions (Jørgensen, 2002, pp. 7-12), as well as the studies taking place at the Bible College, where the average ages of the students can be expected to be lower than the average Christian in Denmark, as younger people more often attend scholastic institutions than older people.

Regarding social situations, seven participants were singles without children (and one of these were divorced); Five were divorced and had children; One was separated (towards divorce) and had also children; Five were married and all had children. Interestingly, none of the unmarried participants were in a relationship or they did no report being in a relationship, but in general, the civil status of the participants could be considered representative for the Danish population. According to ‘Danmarks Statistik’ approximately 40% of marriages end in divorces, and half of all adults live alone without a partner. The high number of singles without a partner among the participants may be explained by their low age, and because they are currently living at a Bible College, whereas several of them may expect to live with a partner later in life. However, even though the high level of divorces/separation may be representative for the broad Danish population, studies have found that religious people have fewer divorces than the broader population (Koenig, King, & Carson, 2012). This difference among the participants and most religious people may be explained by attending a group therapy for crisis-struck Christians (i.e. divorced Christians may be expected to be more crisis-stricken than not-divorced).

According to ‘Danmarks statistik’, the educational levels of the participants were slightly, but not significant, lower than the average Danish population when considering their age. One participant had a MA degree, six had a BA degree, four were social and health care assistants (a practical education, consisting of 8 months of school and 12 months of practical learning), four did not have an education (one of these was a teenager), and three had finished High School but had not yet begun an education. Because of their low average age, several of the participants were expected to begin an education after their ‘recovery-break’ was over, and they had left the Bible College. Interestingly, was that the educational levels of the participants were higher than could have been expected considering their Pentecostal affiliation with more ‘doers’ than ‘thinkers’ and being a Church of lay-men (Kärkkäinen, 2010), but this could be explained by the participants being the younger generations of the Apostolic Churches who are a part of the Danish education system and seek higher educations than earlier Apostolic generations (Hansen, 2006), however their specific choice of education still reflected the importance of doing (i.e. social educations; teachers and nurses/health care).

In general, the types of crisis of the participants diverged and had begun at different times, but they were all facing a self-defined crisis at the time of the studies. The gender-combination of the participants was representative for religious people, and people attending psychotherapy. The age of the participants was significantly lower than majority Danes with a traditional God-image. The civil status and level of education represented the average Danes, but more of the participants were divorced/separated than could be expected among Christians.
7.3.4 Semi-Structured Individual Interviews

Eighteen semi-structured interviews with participants approximately two weeks after the group psychotherapy sessions concluded were conducted at an undisturbed and comfortable room provided by the Bible College. The length of each interview ranged from one and a half hours to two and a half hours with a mean length of 104 minutes.

The interviews with the participants were all conducted approximately two weeks after the last group therapy session. The research intention was to enhance knowledge about the participant’s experience of their religious beliefs and practices, and the group psychotherapy. The intention was not to ‘measure’ the effect of this type of intervention, but to explore religious experiences of the participants and the actual content of this type of group therapy, hence a qualitative study of process was designed. Therefore, I did not choose a ‘before-and-after’ or a ‘control-group’ design, as those normally applied research design for studying psychotherapy would measure the effect of the intervention (Cornish & Wade, 2010), and not what actually made the religiously integrated group therapy religious. The choice of design aimed to understand the process of change in the client, and not to measure the effectiveness of change. Instead, the individual interviews were conducted two weeks after the group therapy had ended, as I, and the three supervising senior researchers, estimated that to be enough time for the participants to distance themselves from the group therapy, but not to much time for them to forget important details and experiences.

According to IPA, the aim of an interview is mainly to facilitate a face-to-face interaction between researcher and participants, which assists the participant in telling their own stories, in their own words (Smith, Flowers, & Larkin, 2009, p. 57). Therefore, the importance of the participants’ own descriptions in the semi-structured interviews were emphasized, and the interview-guide introduced less sensitive questions first and subsequently more sensitive questions in order to facilitate the participants disclosure. The interview-guide was centered on the participants’ experiences of their religious beliefs and practices, personal crisis, and the group psychotherapy, as these aspects were all involved in the research purpose of this thesis. The interview guide was informed by: (1) The purpose of the thesis, (2) observations from group sessions, and (3) existing literature and research on: psychotherapy, religious coping, and meaning making (see appendix 3).

In carrying out the interview sessions, the interview-guide mostly worked as a ‘virtual map’, which I drew upon for backup in the interview sessions. I did not follow it in a chronological order, nor abide strictly to the wording of the questions. However, I aimed to let the participants tell their stories on all the topics of the interview guide, and to assist them in elaborating and using their own words.

I conducted the interviews while being supervised by three senior researchers. I conducted and sound-recorded a pre-interview with one supervisor, who discussed and supervised my ‘interviewing-techniques’, and together we re-structured the interview-guide. After the first two interviews, the same supervisor listened to the interviews together with me, and we discussed issues about techniques, silence, letting the participant do the taking, following up on new themes presented by the participants, and difficulties of exploring and keeping focus. Then I conducted five more interviews, and the same process of listening to my interviews with a supervisor took place. This process was repeated throughout the duration of interviewing.

7.3.5 Participant Observation and Sound Recordings of Therapy Sessions

Data was generated through participant observation and sound recordings in two group therapies. The participant observations of the group sessions were used for formulating interview questions concerning the group therapy. A classical typology of observational methods is
suggested by Gold (1958), who distinguishes between potential roles the researchers can adopt in terms of how much they participate in the field being observed. These range from complete participant where the researcher is ‘native’ in the field he or she is observing, over the roles of participant as observer and observer as participant, describing the researcher’s greater or lesser participation in the field being studied, and to complete observer which is when the researcher is not noticed by the people under study (Gold, 1958). In this study I took the role of participant as observer and participated in the group therapies. I took on this role to become a ‘member’ of the two groups so that the participants would feel more at ease and participate in the group therapies without noticing me observing them. When the group psychologist subsequently evaluated the group therapies with the participants of the two groups, several of the participants commented on being at ease with me observing the group sessions and at times completely forgetting I did so. I presume therefore the participants were involved in the group sessions without being too concerned with my presence.

While being a participating observer in the two group therapy sessions, I was supervised by one senior researcher, who discussed my different observations and the content of my field notes with me.

7.4 Data-analysis

There is not a single, definitive way to do IPA, however the four stages of the analysis process of a single transcript presented by Smith and Osborn (2003) were used as a working-model for the analysis of this thesis.

In the first stage of the analysis process I read and reread, in order to become familiar with a transcript. For this initial analysis, I wrote comments, attempting to summarize or paraphrase, making associations or connections and making preliminary interpretations. For the second stage I returned to the beginning of the transcript and started to name emerging themes. Initial notes were transformed into concise phrases and may have evoked more psychological terminology. In this second stage of finding themes, it was important to keep the balance between keeping them grounded in the particularity of what was said and allowing theoretical connections within the transcript. For the second stage the initial notes of the first stage were transformed into themes, and this continued through the whole transcript. The third stage involved an analytical or theoretical ordering of the connections between the themes, which emerged in stage two. In stage three, I listed the emergent themes on a sheet of paper and connections and clusters between them were explored. In this stage I interpreted what was being said, but was constantly making sure the interpretation was consistent with the phrases actually used by the participants. In the fourth stage a table of final themes was produced. The clusters of themes, which emerged in stage three were given names and a structure of the participants’ concerns on this particular topic became apparent. Themes without rich evidence within the transcript or themes that did not fit well in the emerging structure were dropped. In this process I needed to discern repeating patterns as well as new issues emerging in the new transcript. When all the transcripts of the study had been analyzed a final table of themes was constructed. As a researcher, I had to prioritize and reduce the themes in order to decide which themes to focus upon. This was a challenging process. Prioritizing can be based on different factors, such as prevalence within the data, the richness of a particular passage that highlights a theme, and how the theme helps illuminate other aspects of an account (Smith & Osborn, 2003, p. 76). I mainly chose themes based on prevalence and richness of an account. The analysis was expanded in the final writing phase, where the final themes of the analysis were translated into a narrative account. In this final write up and statement the themes were explained, illustrated, and nuanced.

The three senior researchers supervised me through the process of analyzing the data. There was no inter-rated process (i.e. intercoder agreement) applied, as this involves more quantita-
tive inspired qualitative methods prioritizing precision and reliability, than the qualitative methods applied. The drawback of analyses applying inter-rated process is that context is usually not considered or highly constrained, limiting the richness of the summary data produced (Guest, MacQueen, & Namey, 2012, p. 89). In stead, the intention of this thesis was to enhance knowledge by focusing on the experiences and perspectives of the participants, where the richness of the unified data was important to consider in its particular context. This was made possible by the idiographic approach of IPA, and in this qualitative approach the focus is not on reliability but on trying to rule out threats to validity (Smith, Flowers, & Larkin, 2009). One of the four principles for assessing validity applied by IPA is ‘commitment and rigor’ (Yardley, 2000). One of the ways to address this in analysis of data was through the supervision of three senior researchers. In the supervision, the three senior researchers read large parts of the interview-transcriptions and discussed the interpretation with me, as well as discussing which extracts from transcripts should be used to illustrate the themes. The supervision comprised several discussions on the prevalence of different themes, interpretation of the concrete text, and if the presentation of the interpretation of themes were both firmly anchored in what was actually being said (i.e. inductive), and finally discussed in relation to extant psychological theory (i.e. deductive), as is the standard for good IPA studies (Smith, Flowers, & Larkin, 2009).
8. Ethical considerations

The project was registered with the Danish Data Protection Agency, since the interviews and therapy sessions contained sensitive, private information. The study was approved, and data was stored in accordance with the Agency’s rules. Written consent (see appendix 2) was obtained before the participants began group psychotherapy, and it was confirmed with them again before the interviews together with an assurance of the ‘right to withdraw at any time’ (Smith, Flowers, & Larkin, 2009, p. 53). Anonymity was furthermore ensured in the final thesis as well as in publications according to Ethical Guidelines for Scandinavian Psychologists. All eighteen participants however responded that they did not want to be anonymous as they believed that sharing their religious faith would be beneficial for other people. This raised a new type of ethical consideration as to whether I would grant this ‘religious request’ or to keep the anonymity of the participants. I decided to stand by the anonymity and to notify the participants about this before the interviews. I did this for two reasons: (1) To make sure the participants would speak freely and also include possible negative accounts of their religious faith. I interpreted this ‘religious request’ as an expression of Pentecostal mission (Anderson, 2010), and I was worried that the participants would omit parts of their religious beliefs and experiences that would not support this. (2) To avoid possible harm to the participants. Some of the participants viewed the interview as a possibility for evangelizing; hence they had another agenda with the interview than I did. Consequentially their agenda of spreading a ‘religious truth’ would not be presented in the publications and final thesis, I chose therefore to anonymise the participants. Instead their religious experiences of having access to such a truth and to do Pentecostal mission were of interest for the aims of the studies, and therefore I assumed their ‘religious request’ was centred on something other than would actually be presented in publications and the thesis.

Other issues of avoiding harm to the participants were relevant with regards to the interviews, observations, and sound recordings of the group sessions. All eighteen participants were facing a personal crisis at the time of the group sessions and interviews. They therefore had to be addressed with sensitivity (Liamputtong, 2007, p. 25). Both the group therapy and the interviews addressed sensitive topics that could constitute risk of harm for the participants. If the group sessions or the interviews were upsetting for the participants, the group psychologist, two teachers from the Bible College, and myself had offered to be available for support and follow-up conversations. None of the participants made use of this offer, although several of them discussed their experiences of the group sessions and interviews in less formal social structures, such as with another student or members of the staff in the dining hall or at the staircase at the Bible College.
IPA, as a qualitative method, is inevitably subjective as no two researchers working with the same data are likely to come up with an exact replication of the other’s analysis (Brocki & Wearden, 2006, p. 102). Several qualitative researchers argue that reliability may be an inappropriate criterion for measuring qualitative research, as the findings cannot be replicated by other researchers at other times (Kvale & Brinkmann, 2009, p. 274). In general, there is an ongoing discussion on quality criteria for assessing qualitative research such as generalizability, reliability, and validity that can well be applied to quantitative research but only with great difficulty to qualitative research (Malterud, 2001; Stige, Malterud, & Midtgarden, 2009; Yardley, 2000). Instead of centering on empirical generalizability: The question of how the findings can be applied in other settings (Malterud, 2001, p. 485), IPA tends to be more concerned with examining divergences and convergences within smaller samples (Smith, Flowers, & Larkin, 2009, p. 29). So it is also with the findings of the studies in this thesis, that they are not generalizable in the sense of being representative of a larger population.

Qualitative research aims to increase depth and understanding of the subject of study in order to guide other situations, rather than seeking to be generalizable in terms of statistical representation (Kvale & Brinkmann, 2009, p. 271). Alternatively, concepts of applicability (i.e. whether the findings of a given study can be applied in other context outside the study situation and others involved in the phenomenon) are suggested by IPA researchers (Carradice, Shankland, & Beal, 2002). IPA recommends furthermore that researchers discuss their analysis in the light of varied existing psychological theories, models, or approaches (Brocki & Wearden, 2006). The themes developed in study 2 and 3 have been theoretically explored with pertinent psychological literature, and they may have applicability to other religious people facing a personal crisis, and in particular Pentecostals living in a secularized society.

Closely related to the concept of generalizability is the notion of validity that I shall treat in the following. I will address qualitative criteria by validity presented by Yardley (2000), which are widely used in and recommended for IPA studies.

9.1 Validity

Validity has to do with credibility of a description, conclusion, explanation, analysis, and interpretation (Maxwell, 2005, p. 106). Quantitative researchers usually attempt to design studies that deal with threats to validity. Qualitative researchers must however try to rule out most validity threats after the research has begun (Maxwell, 2005, p. 107)(p.107). Yardley (2000) presents four broad principles for assessing validity in qualitative research: (1) Sensitivity to context, (2) commitment and rigor, (3) transparency and coherence, and (4) impact and importance. I will go through each in turn, and illustrate how the present study has addressed them:

9.1.1 Sensitivity to context

Sensitivity to context can be established in many ways. For this study it was important that I was sensitive to the context of the Bible College, particularly to establish relationships with gatekeepers. Furthermore, sensitivity towards both the participants’ crisis and religiosity was significant for conducting good interviews where the participants felt at ease. The same sensitivity was necessary in the analysis process; interpreting how the participants are making sense of their experiences requires immersive and disciplined attention to the unfolded account of the participants and what can be gleaned from it (Yardley, 2000). I explicitly maintained this sensitivity to data by presenting verbatim quotes of the participants to support the argument being made.
9.1.2 Commitment and rigor

In IPA there is an expectation that commitment will be demonstrated in the degree of attentiveness shown to participants during data collection and the care with which the analysis of each case is carried out (Yardley, 2000). As an interviewer I was committed and invested in ensuring the participants felt comfortable, and I listened closely to what they said. During the interview period I was supervised by three senior researchers, and received psychological supervision to ensure the rigor of the interviews. Rigor refers to the thoroughness of the study and appropriateness of the research questions, sample, interviews and analysis. Good IPA studies tell the reader something about the individual participant and the themes shared by all the participants (Yardley, 2000). It was therefore important that the analysis was sufficiently idiographic and interpretative.

9.1.3 Transparency and coherence

Transparency and coherence refer to how clearly the stages of research process are described in the write-up of the study and if the argument is coherent (Yardley, 2000). I believe I have described this study’s consistency with the underlying principles of IPA, and enhanced transparency by describing how participants were selected, how data collection was constructed and conducted, and which steps were used in the analysis. I will address the transparency of my role as the researcher in ‘methodological limitations’.

9.1.4 Impact and importance

Yardley makes the final important point that the real validity of a piece of research lies in whether it tells the reader something interesting, important, or useful (Yardley, 2000). That has been my utmost aspiration for this thesis, and I hope and believe I have done so.
10. Methodological limitations

These studies are some of the first to explore religious coping and transformation among religious Danes, particularly Danish Pentecostals. For this reason the qualitative approach of IPA aiming for a credible analysis and generating hypothesis was used. A number of reflections concerning the methodology should however be noted.

10.1 Interpretative Phenomenological Analysis

IPA methodology was applied, as the research interest of this thesis centers on the experiences and perspectives of the participants. I might however have drawn different insights and findings from data had I conducted other analytical procedures on the data. For example, as mentioned in the section regarding ethics, some of the participants had an agenda of spreading a ‘religious truth’ when they were interviewed. Based on the double hermeneutic of IPA where I tried to make sense of the participants trying to make sense of their religiosity in relation to their crisis, my perspective was concerned with the subjective experience of having access to such a truth, and not about the ‘truth’ per se. Another methodological approach could have resolved this differently. For example a discourse analytic methodology might have gained access to social formations and power relations entailed in the idea of a ‘truth’ and the shared social practice mediating this ‘truth’ (Fairclough, 2005).

I also applied a phenomenological, hermeneutic analysis of the participants’ articulated reflections about the group therapy. Several aspects and effects of the therapy may not have been accounted for in this type of analysis, whereas another methodology could have addressed other aspects. Furthermore, due to the interpretative character of IPA the themes identified in the data material reflected the authors’ interpretation and aspects of the participants experiences might thereby have been omitted. To mitigate I repeatedly checked the themes against data to ensure their grounding in the participants’ verbal expressions of their experiences.

In the same vein, Smith (2004) argues that the IPA research process involves interplay between induction and deduction, but for IPA the inductive stance always is in the foreground. I might at times however have approached the data with a weighting on deduction, particular when performing part-study 2 concerning religious coping; an area where there has been much research conducted. Even though, I repeatedly checked the themes against data, it cannot be excluded that my theoretical pre-understandings may have affected the study towards a more deductive approach than recommended by IPA.

10.2 Sampling

Purposive sampling based on specific inclusion and exclusion criteria was combined with a self-selection recruitment strategy for the studies of this thesis. Within IPA, purposive homogeneous samples of participants are selected on the basis that they can grant us access to a particular phenomenon under study (Smith, Flowers, & Larkin, 2009, p. 49). However, the inclusion criteria for sampling were created in cooperation between the gatekeeper at the Bible College and myself. Even though we had separate interests in the recruiting process, I believe the inclusion criteria were cohesive with the purpose of the thesis. The self-selection recruitment strategy may however as described above, have attracted participants who used the interviews as a platform for ‘evangelizing’ and therefore could be expected to express more extreme religious beliefs and practices than the average Pentecostal Dane. This can have affected the applicability of the study. Furthermore, the participants self-defined personal crisis and thereby a broad crisis-definition emerged with participants encountering diverse difficulties. This could have caused less sample-specificity, which again could have affected the applicability.
10.3 Generation of data

One concern might be that the participants were interviewed only once. It could be argued that a single interview of each participant was insufficient to unfold the individual’s experience, as the meanings the participants convey could change from one interview to another (Riesmann, 1993). One obvious consequence of single interviews was that questions that arose from initial analysis of the data could not be taken back to the participants for further elaboration.

A second concern was on the choice of research design aiming for process, as the interest was concerned about how religiosity was concretely integrated into the group therapy and on the experiences of the participants. Therefore, the concrete effect of this specific type of therapy was not measured (e.g. there were no use of a control-group or before-and-after information gathering). It can be criticized, that even though this study provides knowledge on how to integrate religiosity into therapy in a Danish religious context, it does not yield information on the effectiveness of this type of intervention on mental illness measures or compared to other types of therapies.

A third concern that could have affected the data generation was that all participants knew me beforehand as a psychology teacher at the College, and that I was a psychologist by profession. In order to counteract the confusion of roles this could cause I started each interview by clarifying my role as a researcher and interviewer that was conducting a study on religious beliefs and practices and personal crisis, and that the interview was not a therapy-session. Furthermore, I consciously ‘signaled’ my role as a researcher during the interviews by attending to the audio recorder and the interview-guide, and I listened to audio files of the interviews together with a supervisor and discussed my role and my interviewing approach.

10.4 Group psychotherapy

I would have enjoyed to have integrated the participant observation and sound recordings of the group sessions with a thorough psychological analysis into the present thesis, its findings, and conclusions. Unfortunately, time was limited, and I did not analyze this data, but instead I presented parts of both observational and recorded data, as a mean to describe the actual content and practice of the group therapy. Furthermore, I presented some of the interview-data about the participants experiences of their individual outcome of the group psychotherapy, as a mean to present some outcome of the group therapy, without first analyzing the data.

Had I had the possibility to analyze the participant observation and sound recordings, I would have combined IPA with interactionism, and in particular the interactive perspective presented by Erving Goffman (1959). I would have focused on the interaction between psychologist, clients, and the religious therapeutic setting to shed light on how expected roles occur, and how the individual communicates, acts and relates in order to maintain, create, or change these roles to benefit psychologically and religiously from the group psychotherapy. My thesis, its claims, and conclusions would have been strengthened by conducting psychological analytic work on the participant observation and sound recording data, and not doing so can be considered a methodological weakness of this thesis.

Another weakness of the study of religiously integrated group psychotherapy was the diversity of the types and times for the occurrence of the crisis among the participants, which I also addressed in chapter 7. Addressing a more homogeneous group concerning crisis would have strengthened the study.
10.5 Researcher reflexivity

Qualitative methodology recognize that the researcher’s effect on the research process is apparent in all facets of a study, which demands a conscious attention to researcher reflexivity during everything from choice of topic for studying, formulation of research question, choosing methodology, generating data, and the subsequent analysis (Kvale & Brinkmann, 2009, p. 93). The awareness of the researcher’s own perspective (i.e. values, interests, presumptions and role for the understanding) should be explained openly, which is a quality standard for good qualitative research (Elliott, Fischer, & Rennie, 1999). My chosen approach to reflect on my preconceptions is concurrent with Heidegger’s argument that existence of pre-understandings may precede our encounters with new things, but understanding may actually work from the thing to the pre-understanding (Heidegger, 1962/1927). I therefore wrote personal memos following the different facets of the study. These memos involved reflections on my personal motivations, interests and goals for conducting the study, my personal beliefs and values, and my theoretical preconceptions and preferences, as these could influence the validity of the study.

As mentioned in the preface, I was also motivated to begin this study because of my own religious experiences. When designing the study I had therefore to be aware of how this could affect the design. Having encountered a religious experience and being religious myself, were a potential pitfall for me as a researcher to become integrated into the Christian frame of reference of the participants and group psychologist to an extent where I could lose focus of the aims of the studies – that I had already ‘gone native’. I believe however that potential over-interpretation caused by an insider perspective was addressed through the hermeneutics of questioning, where I aimed to stand alongside the participant with a different, and interpretative, angle (Smith, Flowers, & Larkin, 2009, p. 29), and as I mentioned in the section on ethics, I was aware of not letting the Pentecostal mission per se become a focus of the study. For me to be a self-identified Christian, attending a church of Apostolic affiliation, and also work as a psychology teacher at the Bible College, where the study was performed, the participants obliviously expected me to be part of the Christian frame of reference of the Bible College. This became particular apparent in the interviews where the participants often referred to aspects of their religious beliefs and practices as if I knew what where embedded in the religious concepts they described (e.g. speaking in tongues, worship, salvation, etc.). I took on a ‘naïve’ hermeneutics of empathy while conducting the interviews however, where I wanted to understand the phenomenon from the participant’s view and experience (Smith, Flowers, & Larkin, 2009, p. 36), and I asked the participants what they meant by these religious terms, and how they experienced them personally. This approach aimed to make sure, I as a researcher, maintained focus on the aims of the studies. In any event different researchers have pointed out how an ‘inside-perspective’ on religiosity and religious language may be necessary to recognize and define religiosity, as well as studying religious beliefs and practices on their own terms and not from a secularized perspective (Hall, Koenig, & Meador, 2004; Pargament, 1997). Pargament (1997) elegantly describes the religious ‘insider-perspective’: “...one must have musical ears to know the value of a symphony...” (p. 22).

Given my background as a psychologist and a self-defined Christian, I did have pre-understandings concerning both the participants’ crisis and their religiosity. The pre-assumptions I wrote most about in my memos were concerned with a topic on healthy versus unhealthy religiosity. This particular pre-understanding became clear to me in the face-to-face interaction during the interviews with some of the participants, which from that psychological perspective displayed an unhealthy religiosity. In those situations, I had to remind myself, that it was an interview on the participants’ experiences of their religiosity and not a psychological intervention, and again I took on a ‘naïve’ hermeneutics of empathy.

I have tried to lay my own potential bias open and view them critically. My background as a psychologist with openness towards religious beliefs and experiences may however also have
created a sensitive and trustful atmosphere where the participants were willing to share their personal, religious experiences alongside their struggles of the personal crisis. To have subjective ‘stakes’ in a project may provide both an incentive for understanding participants and having them open up in the interview situation while at the same time demands a self-critical and attentive attitude to remain in the role of researcher.

Theoretically, I also had preconceptions and preferences that could have influenced the validity of the study. By initially performing a systematic literature study that could reveal relevant theoretical and empirical literature, I tried to orientate myself broadly and not just draw on my own theoretical preferences. Furthermore, analyses and theoretical perspectives were critically discussed with my three supervisors, and occasionally I had to ‘kill my darlings’. An example of one such ‘darling’ I killed was to apply Pargament’s ‘spiritual pathways’ for analyzing data. I honestly believe those pathways are brilliant for understanding the dynamics of religious life and how the religious person organizes his or her life. ‘Spiritual pathways’ however are concerned with the process of conservation of the sacred, and therefore they were not ‘spot on’ for analyzing religious coping and transformation during crisis. Therefore, this analytic perspective was omitted despite my theoretical preference.
11. Part study 2: Findings

The aim of part-study 2 was to explore Danish Pentecostals’ experiences of religious coping during a personal crisis. Three themes and a superordinate theme that could be traced in each of the three subordinate themes were identified. The three themes were: (1) Experiences with fellow believers, (2) experiences with reading the bible, (3) personal experiences of God, and the superordinate theme was: Religious individualism.

In relation to concepts of mental health, religious coping has been studied empirically from the perspectives of each of the seven conceptualizations of mental health presented by Batson, Schoenrade, and Ventis but for Pargament the theory on well integrated religiosity is foremost when considering religious coping. In this perspective, mentally healthy religiosity is well integrated and is characterized by open-mindedness and flexibility as well as personal competence and control.

The findings were analyzed in relation to Pargament, Feuille, and Burdzy’s five purposes of religion that can be involved in religious coping; three styles of religious coping: self-deferring, deferring, and collaborative, presented by Pargament, Kennell, Hathaway, Greven-goed, Newman, and Jones; Pargament’s theory on well integrated religiosity; and literature on Danish and Pentecostal religiosity.

Based on the three themes and superordinate theme, two overarching findings were analyzed in the discussion. These were ‘positive and negative experiences of religious coping’ and ‘religious individualism’.

The participants’ experiences of religious coping were characterized by being both positive and negative and by the purposes of religion proposed by Pargament, Feuille and Burdzy, which could indicate similarities with the religious coping studied in more religious societies such as the US. The religious coping of the participants of this study differed however from the American studies specifically through the participant having less religious articulation and a more concrete, practical, and secular religiosity and by a firm expectation of having personal needs of everyday life met as a significant and closely integrated part of their religious faith.

The participants’ experiences of religious coping were clearly influenced by ‘religious individualism’ realized within institutionalized religion, whereas the two are mostly seen in literature as juxtaposed. Religious coping influenced by ‘religious individualism’ was characterized by the participants’ expectation of also having individual, concrete, and secular needs met through their religious faith being a significant and integrated part of their religious beliefs and practices.

The Pentecostal affiliation of the participants seemed to greatly influence their religious coping, whereas some of the characteristics of religious coping among the Danish majority were highly apparent and others were less so in this study. The concreteness of religiosity was both characterized by Pentecostal theology as well as Danish majority religiosity and a lack of religious articulation is also found among the majority of Danes.

From the perspective of Pargament on well integrated religiosity, the religiosity of this religious minority group in Denmark can not be considered well integrated in several aspects.
12. Part-study 3: Findings

The aim of part-study 3 was to explore the transformations of religiosity experienced by Danish Pentecostals when experiencing a personal crisis and attending religiously integrated group psychotherapy. The findings showed that all the participants encountered secondary religious transformations that were facilitated by their personal crisis or the group therapy, or they experienced religious transformations following both. The religious transformations related to the personal crisis were: ‘Understanding of God’ and ‘religious practices’, and religious transformations related to the group psychotherapy were: ‘Theology of the cross’ and ‘God and anger’.

The findings were analyzed in relation to psychological perspectives on religious development and meaning systems. From the perspective of religious development, the theory of Allport on intrinsic and extrinsic religious orientation and Pargament’s theory on well integrated religiosity were applied. Allport’s concept of mental health is characterized by personality unification and organization and that mentally healthy religiosity is intrinsically motivated. Throughout the analysis however, Pargament’s critique of Allport’s polarization of intrinsic and extrinsic religiosity was supported. Instead, Pargament’s concept of mental health as characterized by open-mindedness and flexibility as well as personal competence and control and his theory on well integrated religiosity expressed through the four criteria for well integrated religiosity appeared confirmed. From the perspective of meaning system, Paloutzian’s concept of mental health as personal competence and control, where a new construction of meaning that meets the new requirements to the religious meaning system created by the personal crisis, was applied.

None of the participants experienced any dramatic or total transformation where their entire system of meaning changed but the participants’ religious transformations facilitated by the personal crisis had often taken place in a changing moment following an emotional, religious experience. The ‘emotional’ character of these religious transformations may be explained by the participants’ Pentecostal affiliation with high focus on the emotional religious experience. Interestingly, none of these transformations were total but they abruptly followed a religious experience. This may question the assumption presented by meaning system perspectives about partial religious transformations mostly taking place gradually.

The religious transformations facilitated by the personal crisis could be considered less mentally healthy from a developmental perspective than those facilitated by the group therapy, whereas from a meaning system perspective, all the religious transformations seemed to function well for constructing new religious meaning for the participants.

The religious transformation facilitated by the group therapy did not abruptly follow a religious experience but were characterized by a new cognitive meaning construction facilitated by the group therapy and particularly the psychologist psychoeducating the participants about the theology of the cross. The term theology of the cross was used by the group psychotherapist as a broad construct addressing the experience of human suffering, including aspects of theodicy, in the light of different Christian, biblically founded viewpoints. Transformations functioned well for constructing meaning as well as for increasing the degree of religious integration among the participants. Addressing and unfolding the theology of the cross as well as anger in relation to God in group therapy for Pentecostal Danes seemed to facilitate more new religious meanings and integrated religiosity however it cannot be directly concluded that theology of the cross, in itself, facilitates a more integrated religiosity.

The findings suggested that all the participants encountered a secondary religious transformation following the personal crisis or religiously integrated group psychotherapy. From the perspective of religious development however, the transformations following the crisis could not all be considered mentally healthy although the religious transformations facilitated by the
group therapy were mentally healthy from both a developmental and meaning system perspective.
Based on these findings it can be hypothesized that to specifically address religious transformations in psychotherapy can enhance mental health from both a perspective of religious development and meaning system.
13. Part-study 4: Group Psychotherapy

The aim of part-study 4 was to describe the actual content, practice, and outcome of two religiously integrated group psychotherapies at the International Apostolic Bible College. In doing so, I will present parts of observational and sound recording data of the group psychotherapy sessions. A qualitative analysis of the observations and sound recordings of the group sessions transcended the possible time- and work-limits of this PhD project, and therefore I will not present a comprehensive psychological analysis. This chapter will however serve as part of a future article on how to integrate religious beliefs and practices into group psychotherapy and how this is experienced by Danish Pentecostals.

The focus of interest in this part-study is religious experience and how the individual experiences the integration of religiosity in the group therapy. Therefore, when describing the two group therapies, I will emphasize religious experiences in the sessions; how these are facilitated (most often by the group psychologist); when they are combined with more psychologically therapeutic activity; and how the individual responds to these in the therapeutic setting.

I chose to address group psychotherapy instead of individual therapy in this thesis for two reasons: For practical reasons, as it was the religiously integrated therapy I had access to (Smith, Flowers, & Larkin, 2009) at the Bible College, and because religiosity is most often practiced in communities with groups (Hall, Koenig, & Meador, 2004). The group psychotherapy therefore seemed an ideal constellation for undertaking the study. The knowledge gained from this study may however also be applicable for religiously integrated psychotherapy for individuals, as well as relevant for psychologists and other health professionals.

The majority of studies conducted about group therapy have focused on the effects of the therapy by measuring clients’ condition before and after the sequence of group therapy sessions. Only a limited amount of studies on the therapeutic process taking place within group therapy sessions have been conducted and most of these only involve subsequent interviews of the clients and feature no recordings or participant observations (Burlingame, Fuhrman, & Strauss, 2004; Cornish & Wade, 2010; Viftrup, Hvidt, & Buus, 2013). This study aimed to combine participant observation and sound recordings with the semi-structured individual interviews. The purpose of participant observation and sound recordings was to elucidate how the interactions and communications within the group sessions set the stage for the integration of religious beliefs and practices; how each participant experienced and connected with the religious and psychological factors of the group therapy; and how the group therapy sessions affect and are experienced by the individual participant. In order to achieve this purpose I wanted to combine IPA with the meaning-construction of interactionism, which is concerned with how meanings are constructed by individuals within both a social and a personal world (Smith & Osborn, 2003, p. 52). The thorough psychological analysis of this data and the critical reflections upon this method will however be addressed elsewhere at a later time and not in the present thesis.

13.1 The Bible College

As mentioned in chapter 3, the Internal Apostolic Bible College offers fundamental biblical subjects and special main subjects, as well as special courses of shorter duration with external teachers and the two group psychotherapies were such special courses. The reason this course should be relevant at the International Bible College, could be found in the high percentage of Danish students attending the Bible College as a form of ‘recovery’ or ‘break’ after or in the midst of a personal crisis and other difficult life-circumstances. Also described in chapter 3, the organization and the religious practices that took place at the College were rooted in the characteristics of the Pentecostal movement as well as an internationalized, and particularly American Pentecostalism. There are no indications found in the hermeneutic text analysis of
the two anniversary publications of the Apostolic Church about the theology of the cross being a part of teaching or preaching in the Apostolic Churches or the Bible College. It may however have been known to the participants before the introduction of the group therapist as well as it may have been a part of the teaching of some Apostolic Churches, or implicitly by the holistic view on humans that is emphasized in Apostolic theology. In general however it is not a topic of emphasis in the Apostolic Church or the Bible College.

13.2 The Group Psychologist

It was required by the Bible College, that the religiously integrated group psychotherapy should be conducted by a group psychologist who possessed theoretical as well as therapeutic experience in integrating the Christian faith into group psychotherapy. He or she should be an external teacher at the College, invited to perform this special course of group psychotherapy. At the time of the study, Peter Damgaard-Hansen was the only Danish psychologist who explicitly had stated that he integrated his Christian faith in psychotherapy. He could have been known to some of the students as at the time of the study he had participated in several Christian newspaper articles about his Christian approach to therapy, which was also the reason for him being invited to the Bible College as an external teacher.

Over the duration of the group sessions, I had many discussions with Peter Damgaard-Hansen and I wrote insights, understandings, and observations down in my observational notes. Furthermore, I held a follow-up interview with him in August 2014, in order to ensure the correctness of the information about him described in this thesis, as well as to have him elaborate on his views of how the Christian Faith should be integrated into psychotherapy and particularly his psychological understandings of theology of the cross and anger in relation to Christian faith, which had been central topics in the group sessions. The interview was recorded.

Peter Damgaard-Hansen has a Masters degree in psychology (Cand. Mag i psykologi) from the University of Copenhagen where he graduated in 1973. Since then he has become a certified psychologist with the Danish board of Psychologists (Psykolognævnet) and has the past 40 years improved his qualifications through further studies of methods of psychotherapy (e.g. psychodynamic, experience-oriented, body-centered, existential, etc.). From 1988 to 2002 he lived abroad in America, where he also developed his 3-dimensional model of ‘integartive psychology’ that is based on an understanding of people’s living as unfolding in a constant and dynamic reciprocal relationship between three fundamental aspects of the human existence: The physical, the mental, and the spiritual. In America, Peter Damgaard-Hansen’s Masters degree from Denmark was accredited as a PhD degree.

The group psychotherapy that Peter Damgaard-Hansen performed at the Bible College would be understood in the Danish psychological system as spiritually or existentially integrated group psychotherapy for crisis-stricken clients, which is embedded in the psychodynamic tradition, involving experience and bodily-oriented techniques. Furthermore, it might also be considered a type of psychotherapy inspired by pastoral care, as the spiritual and existential focus was explicitly Christian. Peter Damgaard-Hansen is affiliated with Catholicism and is highly inspired by clinical theology (Lake, 1966).

The religious topics he addressed in the religiously integrated group psychotherapy were anchored in a largely Catholic theology of the cross. Theologia crucis, or the theology of the cross, refers to the belief that the cross is the only source of spiritual knowledge concerning who God is and how God saves. Cross Theology is contrasted with theologia gloriae, or the theology of glory, which places greater emphasis on human abilities and human reason. Through the cross, Jesus identifies and unites himself with the trials and sufferings of fallen humanity and in the same way the believers and sufferers in particular are invited to unite themselves with the suffering Christ. As believers unite their suffering to his suffering, gloriously and mystically they participate in the redemption that his suffering merited
(McDermott, 1990). Cross Theology differs significantly from Pentecostal theology as presented in chapter 3, which arguably bears closer resemblance to aspects of the theology of glory.

Peter Damgaard-Hansen’s concept of mental health does not differentiate between ‘levels’ of personal crisis, instead he departs from a perspective of suffering which is shared by all humans, and the following quote from the interview illustrates the Christian faith in relation to suffering (i.e. theology of the Cross), as well as his concept of mental health, which is by no means absence of mental illness, but much closer to: Personal competence and control, self-acceptance and self-actualization, and in particular open-mindedness and flexibility:

“I have come to understand psychological problems as challenges to grow from, and not mental illnesses to be cured from. I have no doubt, that a competent psychological counselling sequence sooner or later will uncover depths and intensities of human suffering that I think can best be understood and approached within the context of the Christian faith, and particular the focuses of Catholic theology of the Cross”.

In an article, Peter Damgaard-Hansen describes an understanding of religious faith in relation to mental illness that resembles Pargament’s view of the importance of how religion is used in living; the relationship between means and ends (Pargament & Mahoney, 2002). Peter Damgaard-Hansen writes: ‘My main focus of interest, is therefore not the kind of faith, nuance of faith or non-faith that the client has, but an attention to the relationship between the faith the client professes, and those conclusions, positions, and options the person operates from (Damgaard-Hansen, 2008)’. He sees it as his job as a psychologist to make the client aware of inner conflicts between those two positions (i.e. ends and means), as well as assist him or her in working through these conflicts, so the client develops better possibilities for these two to harmonize (Damgaard-Hansen, 2008). As I shall illustrate in the next sections, this is especially done in the group therapies studied in this thesis by introducing Cross Theology and a different faith perspective on anger.

13.3 The Group Therapy Sessions

Two groups were initiated with sequences of therapy sessions with fifteen hours of therapy in total divided into five sessions of three hours each. The groups ran in two different weeks with the same psychologist, myself as a participant observer, and with different students in each group: 10 students in the first group, and 9 students in the second group (where one student failed to appear). The first session took place Wednesday from 3.00-6.00 pm, the second Thursday from 9.00-12.00 am, the third Thursday from 3.00-6.00 pm, the fourth Friday from 9.00-12.00 am and the fifth and last session on Friday from 3.00-6.00 pm.

The group psychologist organized the group sessions with three therapeutic elements: (1) experience-oriented exercise for the entire group (e.g. individual dancing in the group), (2) a form of theologically informed psychoeducation for the entire group involving the theology of the cross as well as other aspects, and (3) individual intervention taking place in the group sessions, where one participant had the focus and the rest of the group functioned as active observers. The psychologist applied similar structures for both groups. The structure of the first session consisted of introduction, psychoeducation, an experience-oriented exercise for the entire group with a follow-up, and then more psychoeducation. Thereafter the next four sessions had similar structures with an exchange between individual intervention and psychoeducation.

In the next two sections, I will present observational and sound recording data to describe how the religious element was integrated into the group psychotherapy, and how the psychologist’s psychoeducation on anger in relation to Christianity and theology of the cross operated, as the religious element in the group therapy were mostly centered or connected to
these two topics. I will present examples from data on psychoeducation and individual intervention on anger in relation to Christianity under ‘Content and Practice: Group 1’, and on theology of the Cross under ‘Content and Practice: Group 2’, however, this is to illustrate and describe two religious therapeutic elements applied in both group, and therefore not an indication of one element applied only in one group and not the other; both religious therapeutic elements were extensively applied in both groups.

13.3.1 Content and Practice – Group 1

The first session of Group 1 begins with introduction of all members of the group including their expectations for the group psychotherapy. All ten participants express how it is important for them to involve their Christian faith in the therapy. Some mention that they only would attend because they know the psychologist is a Christian and they had heard he also uses God in the therapy. Some of the participants go into details about their personal crisis and struggles, whereas others don’t even mention their struggles. The psychologist listens intensely and responds by speaking slowly and in considered fashion; about half of the participants feel at ease and comfortable with this, whereas the other half seem impatient, restless, and a little unfamiliar with this form of communication (e.g. they speak fast and try to make the psychologist speak faster too, physically they moved around on their chairs, and touch their face, hands and legs a lot).

Several participants comment on each other’s statements, and there is free atmosphere of expressing oneself. A participant expresses, how he often feels cold and indifferent inside, and that he cannot feel God at all. The psychologist responds that we sometimes have to come in contact with our inside feelings (‘the real me’) and there we often also feel and meet God. He continues with a theological psychoeducation:

“If God has created us, and we all believe that. Then we should also be able to find him deep in ourselves and other people – in the encounter with other people we may often experience God really close. Because God is... what is the definition of God? Love (several participants say “love” together with the psychologist). Love, yes... and love shall be experienced in a relationship. So it is very important that we live in community and relationships [...] but it is also in relationships with others we experience difficulties. That is where we become fearful, angry, irritable, shy, or withdraw into ourselves.”

The psychologist continues speaking about the importance of other people for one’s relationship with God and how this group may facilitate God’s healing; His tone is low and slow at all times. He continues on the importance of relationships with a psychoeducation about anger in relation to the Christian faith:

“In this group it is okay to have all different reactions. Even if we are meant to love our neighbour, we may as well admit that we cannot do that all the time (the group laughs). And we shall not feel bad about that. It is a fine goal to wanting to be capable of loving my neighbour. Therefore we also have to look into what is holding us back from loving our neighbour; what kind of feelings do I have instead. Sometimes it can be terribly embarrassing to see how far away our love is or how forced it is... Concerning anger, I say as Paul did, it is okay to be angry... [...] But then Paul speedily adds: But for God’s sake don’t sin. And that is because when we are angry we are also very close to sinning in our anger. We can hurt each other very much with anger [...]... but we have to recognize it [anger] when it is there. You can be angry without necessarily hurting others, but many people have not learned to differentiate there. Especially people from Christian environments have had the impression that to be angry is wrong, and then they are lost. Then they have a constant feeling of being wrong inside because everyone feel angry sometimes, and if that is wrong, we are all lost... [...]...it is a total misunderstanding. It is not wrong to feel angry. It is what we do with our anger that is
the issue. I think many of you will discover, that the problems you experience have to do with anger that has become ‘knotted’.

The psychologist continues to psychoeducate about anger and the group listens observantly and quietly without asking questions. The psychologist talks about how anger has been misunderstood in Christianity, as a sin and something bad, but it is an important emotion that can show us our boundaries. Anger in its original form is a source of life and energy that is created by God. The psychologist emphasizes that misunderstood anger in relation to Christianity is a significant area of problems and spiritual struggles for many people. He says, it is important to acknowledge one’s anger, express it (without hurting others), and also take responsibility for it. He says that in the group, we will explore the feelings of anger together and try to reach a point where we can contain our anger without being totally devoured by it.

After a break the psychologist begins by praying. After the prayer he introduces an experience-oriented exercise for the entire group. It is a ‘greetings’-exercise, where the group members shall move around in the room without speaking, and then use eye contact, body language, and senses to greet each other. The idea is that most often humans use language to introduce oneself; say who I am, what I do, etc., but this often creates a distance to the other person where we don’t sense ourselves or the other person. The participants should go over to each other, and look into each other’s eyes without saying anything: Allowing to be ‘seen’ and to ‘see’ and ‘meet’ the other person. The exercise took approximately 21 minutes, and afterwards each group-member responded and explained how they had experienced the exercise. For most participants, it had been an ‘eye-opening’ experience into their sense of self and others, as well as being a creation of God. One participant however explains how he in this exercise also experienced feelings of indifference. He explains his general lack of motivation, feelings of indifference, and disappointments towards God, people, and life in general. The psychologist suggests the ‘theory of anger’: that these feelings may be caused by suppressed anger and if he was given an opportunity to express his anger without hurting others he would stop feeling wrong about having these feelings. The psychologist reemphasizes the importance of acknowledging and expressing one’s anger, and allowing oneself to be furious without hurting others. He introduces a ‘technique’ for doing this, where it is important to involve the body, as anger is felt and expressed physically. The technique is to use a tightly rolled up towel, where the person sits on his or her knees and slam the towel hard into the ground again and again.

The next four sessions had a similar structure with an exchange between individual intervention and theologically informed psychoeducation. An example of an individual intervention with a focus on anger in relation to Christianity was seen with a female participant. She begins by explaining how another participant in the group had put into words her situation and that she could see herself in the other participant. When the other participant did the ‘towel-exercise’ and expressed her anger, she cried and felt empathy with her. She explains how her ex-husband verbally abused her and that she is so angry but that this conflict with her faith because she also knows she has to forgive him because she is a Christian. Later on, the psychologist also assisted her in the ‘towel exercise’ to express her anger but the below quote serves to illustrate how the psychologist facilitated a correction in her religious experience of anger as well as intervening therapeutically:

P: … and he contorts the truth. He has lied and contorted the truth several times in the court regarding the custody...

T: So you are angry?

P: Yes, I am very angry that he was given the rights, because he was wrong, and he got away with it ...[...] ...he bombards me with words, and he will not stop. I tell him to stop, but he
cannot hear it. He says: Then let me say it in another way. NO. I want him to stop, but he cannot hear it...

T: What happens is, that you answer his anger with anger, and he feels you ‘hit’ him and then he ‘hits’ you back. You get caught in a negative area and can therefore not end the war, because you become a part of it.

(Silence)

P: Yes, and I would like some ‘instruments’ for what I can do and say to him, so he stops and respects my boundaries, because he does not...

T: The ‘instruments’ are about you expressing your anger, so that you no longer have so much anger, that it gets out of control and you ‘hit’ back – that is the ‘art’ in it: To be able to say stop without hurting back. The urge to hurt back is there; if somebody hurts me I feel like hurting back. That we cannot change, it is a part of being a sinful human being... [...] But that does not make it right. We need to understand our imperfection, meaning that we shall not just push the urge to hurt back down into the belly, and that is in agreement with good Christian ethics, because it is still there and creates disturbance. If we want to become loving people, we have to acknowledge that the anger or hate is there, and get it out and processed so we can become confident with it. So you can say stop without loosing your temper...[...]

This quote illustrates how the therapist integrates religiosity into the therapy, in this case through a correction of the participants’ religious experience of anger being wrong and sinful. The psychologist psychoeducates theologically about anger being a healthy feeling and not in conflict with Christian faith, and he combines this new religious experience with a therapeutic technique: The towel exercise.

The above descriptions of content and practice taking place in Group 1 illustrate how religious change is facilitated in the therapy by the psychologist and how he combines Christian faith with psychology to psychoeducate the participants (in the above example about anger in relation to Christianity). Furthermore, the above examples also illustrate how the participants affect each other in the therapy and how their problems, stories, and religious experiences become shared.

13.3.2 Content and Practice – Group 2

After a short introduction of all members of the group including their expectations for the group psychotherapy in the first session in Group 2, the group psychologist begins by praying in a slow and considered tone. In his prayer, he combines the Christian faith, concepts, and practice with the psychological process that he expects to take place in the therapy:

“We thank you Lord, because you have gathered us in your name. We come with trust in you. You have something for us these days. We know that because you are infinitely good and infinitely caring. And you have something really good for us. We pray, that we may hold on to this trust in you, that you are doing your work in us. Help us obtain a greater experience of love, greater understanding for each other, and for your plan with our lives. We pray that the Holy Spirit will be mightily present, and that we will be capable of perceiving what he has for us. You know our depths, Lord, so bring into your light what each of us struggles with that unintentionally can make us closed to your loving guidance, your enlightenment of our inner being, and the healing you have for us. Sometimes our faith is weak. We cannot have faith without the gift of grace from you, so we pray we will gain strength in our faith in you from our time here. We give you glory for all the good that may come out of being together here, and we ask for your guidance through every moment together. Help us to be present in the
here and now where you are, through our hearts. Heal our hearts where there need to be shadows removed. We pray for protection from misunderstandings and misinterpretations of our selves, each other, and the things going on. Lord, let us be humble in the process here, and also acknowledge if there are things we do not understand, but also have trust in that everything turns out well for those who believe in you. So we pray that we will receive what we need and wish for, but also understand to appreciate what you give, if it should be something completely different. In Jesus’ name, amen”.

It is obvious to observe that the group connects with this prayer; they feel at ease and comfortable. It can been detected in the physical appearance of the participants; some mumble their own prayers in response to the psychologist’s prayer, shoulders are relaxed, legs are stretched and they sit more comfortable, when opening their eyes they smile openly towards the psychologist.

The psychologist explains how he believes Christianity and psychology can be closely connected and that psychology can be applied to enter deeper into the areas of our soul with darkness and inhibitions that hinder us in opening us completely for what God wants to show us.

After a small break, people are talkative and seem excited and relaxed. The psychologist introduces a therapeutic perspective on the theology of the cross, where he explains how pain and suffering can be the entrance to healing, and advises that in this group therapy the individual should resist his or her urge to ‘escape’ from the pain (i.e. his or her own pain, as well as the other group members pain) but instead go through it together in the sessions; to contain the suffering and trust that Christ is together with us in the suffering.

The psychologist introduces the idea of a group-exercise. The participants react anxious; they straighten up in their chairs, some look a little worried, some giggle nervously, but they all await the psychologist’ instructions. The psychologist senses that the participants feel unease and he responds to it. That leads to an open talk about insecurity, both towards people and God. The psychologist psychoeducates the participants on the importance of learning to see oneself authentically; to trust God’s love, but also to be honest about not feeling God’s love, feeling unworthy or imperfect, and to allow the pain and go through that pain with Christ. Ten minutes later the group-exercise is introduced and at that time the participants feel comfortable and excited about it. The psychologist introduces the ‘greeting-exercise’. The participants respond to the exercise positively and several of them emphasize, that they ‘saw’ and felt a love for each other during the exercise and it is also observable that the exercise has been emotional for many of the participants; some cry, some feel happy, and they express a concern for each other. The psychologist supports this positive emotional reaction from the group; he helps them remain in the feelings and express what they experience. The participants express how they experience God in the group, the others, and themselves. The psychologist emphasizes the importance of being in the here and now for the religious experience:

“It is about being in the here and now all the time… […]… Because it is here and now we meet God, not in the past, not in the present, but it is here and now that the Holy Spirit is working in us.”

In this situation, it is like the entire group has a religious experience in the group. They express how they feel the Holy Spirit and ‘see’ God in each other. There is a wonderful atmosphere in the group, where each participant expresses what they ‘saw’ in each other during the ‘greeting-exercise’. The following quote of a female participant serves to illustrate the atmosphere, the collective religious experience, and the ‘seeing’:

“When I looked at each of you, I wished you could see about yourself, what I could see… […]… I really wished that you could see in yourself what I saw so obviously, and what God sees when he looks at you, because it was like I saw you through his eyes, because there was
so much love towards each of you... and like God said: ‘if you could just see yourself as I do, instead of what you think I see’...[...]... God loves us so much.”

It is at the end of the first session, and there is an intense and loving atmosphere. Some participants cry, and some hold hands, or give each other a hug. The psychologist makes them sit in a close circle and puts on a religious piece of music with the title ‘He is here’, and the participants sit and listen, some pray, some hold hands, some cry, some write things down in notebooks. The atmosphere feels ‘thick’.

In the next four sessions, a love and gentleness between the group members continues to be expressed. The next four sessions had similar structures with the psychologist beginning with a prayer, a small summation and thereafter an exchange between individual intervention and theologically informed psychoeducation. An example of the psychologist’ psychoeducation based on the theology of the cross and combined with the form of the group therapy, is heard in the beginning of the second session:

“... be responsible for the ‘unlovingness’ that emerge in you. Do not blame the other person for being the cause of it. We are all responsible for our unloving and unkind feelings and thoughts. You are welcome to say it, to talk about it, but say that this is how I feel right now and I wish I felt differently, I need help. Because behind the unkindness and unlovingness lays a pain hidden. If we can get in touch with that pain, the unloving disappears and the heart opens, and then all of a sudden we are at a completely different place: In the pain. And there, where it hurts, we are very close to love, and close to the cross. The cross is a part of the journey towards joy. There are many small crosses on our journey...[...]... crosses that we shall hang on and be resurrected from. When we say no to the crosses, we also lose the resurrections, both small and large resurrections...[...]... try not to fear pain, but have full trust in that God is with you in Christ the crucified, and all the rest of us, sitting here in the group, that are willing to suffer with you to the extend that we are capable. It is hard to suffer alone, that is why God has called us to community and fellowship. So we may carry each other’s burdens. Therefore the Christian faith also makes incredible sense psychologically.”

The quote illustrates, how the psychologist psychoeducates the participants in the theology of the cross, but he applies an approach that is combined with the psychological therapeutic setting of the group, where he uses the group dynamics to support his psychoeducation. After every individual intervention the other group members were invited to comment and express their feelings about what happened, and this often led to questions and discussions on how to live concretely with anger in relation to Christianity or the theology of the cross.

An example of an individual intervention with a focus on theology of the cross takes place with a female participant, who describes her difficult life-story in the group, and how she fears other people’s ‘judgment’ over her. Just before the quote below the psychologist applied the group dynamic to address this issue and asks her how she feels in the group. He also mentions that she does not look at anybody when she talks and he challenges her to look up and look the other group members in the eyes. When she looks up and sees the compassionate and non-judgmental faces in the group, she begins to cry intensively. She sobs with the entire body, and the psychologist comes over and sits next to her. Her crying intensifies and the psychologist helps her down on the floor to lie, because she is no longer capable of sitting in a chair.

Some of the other group participants cry too, and most of them sit as if they are with her in the pain; they are concentrated and focus upon the process, they look to the psychologist’s every move, and they nod as if the agree on his actions and what he says. One group member finds it too overwhelming, and she leaves the room crying. The participant on the floor cries intensively for about ten minutes, while the psychologist sits next to her, and then he begins to speak:
T: You have now received confirmation on you being something good (pause). Can you in the anxiety find an anger… or sorrow?

P: I feel I am torn into pieces… maybe angry

T: Do you know who you are angry with?

P: (Still crying) in one way I am angry at God, because I don’t know why all this should happen to me (sob loudly), but at the same time, I am not angry at God, because I would not have been without it [...] I can see how this can also help other people; I can help and understand some people, I understand their pain… as I feel now […]…

T: Can you feel if God is present now in you, in your pain?

P: He is here right now… (crying)

T: When you suffer in the pain of anxiety, he is there...

P: yes… (crying)...

T: When you suffer in the loneliness of anxiety, then Christ on the cross is right here… he suffers with you

P: yes…(cries more quietly, and lays in a fetal position. She looks like she ‘surrenders’; lays in a more relaxed way)... I know he is here, but it is also difficult to trust that I will be okay...

T: there is so much pain… and the pain scares us...

P: It feels like it continues, as it never stops again [...]… when I go into the pain it is hard...

T: The pain is intense; it is natural that it scares you… You are deep in the pain right now (pause – silence)... Have you ever thought about when you felt like this; when you were completely abandoned and left by all those who were meant to take care of you? Christ felt like this too...

P: I have often felt that he was not there [...]… but at the same time, I also know that he has been there ahead of me (crying)... and that he is here now... (pause – silence) [...]…

T: Do you need the group to come closer?

P: I feel at bit embarrassed… (crying intensively)

T: (saying to the group) Is there somebody who feels they should come over and sit? (Almost the entire group comes over, touch her, and sit next to her, while she lies and cries)...[...]

P: God heals me

T: And there are also several people here who accept and like you. Can you feel that?

P: yes

T: God uses us to convince you that you are accepted and worthy. Sometimes we need to experience it through other people. Can you feel it?

P: yes, it feels good.
T: you are not embarrassed anymore?

P: no, not that much anymore…

(the group and the psychologist laughs kindly)

T: …[...]… He [Christ] hangs with us on our cross… It is good that God also hangs with us on the cross, so we are not alone when we hang there in our pain and loneliness…

P: I have really reached the cross. There is nothing but Jesus left. But that is good…

This individual intervention facilitates a religious experience for the participants and particularly the participant in focus. When the theologically informed psychoeducation and other religious elements, such as prayers, open religious discussions, religious feelings and experiences, etc., are combined with the psychotherapeutic activities and the dynamic of the group, new religious experiences emerge and the religiosity is integrated into the group therapy through the religious experience.

13.5 Outcome of Group Therapy Sessions

As a thorough psychological analysis of the observations and sound recordings of the group sessions transcended the possible time- and work-limits of this PhD project, the above presented data will not undergo the four stages of an IPA analysis process presented in chapter 7. Tentative suggestions about the outcome of the religiously integrated group psychotherapy can still be made based on the analysis of interview data concerning the participants’ experiences of the group therapy presented in part-study 3 and the participants’ evaluation of the group therapy. Findings about ‘theology of the cross’ and ‘God and anger’ have been presented and discussed in part-study 3. In this section, I will add statements from the interviews with the participants on their experiences of their individual outcome of the group psychotherapy, and these statements will be discussed in relation to the theoretical frame presented and particular concepts of mental health in relation to religiosity. As described throughout the thesis, the studies of this thesis focus on the subjective experiences and the process of the psychotherapy and therefore the outcome of the psychotherapy will be viewed from the perspective of the individual experiences of the participants.

13.5.3 The Participants’ Evaluation of the Group Therapy

As presented in the interview-guide (appendix 3) the participants were asked questions about the group therapy, the group psychologist, their relationship with the others in the group, their own expectations and involvement in the therapy, as well as what they individually experienced to have gained from the group therapy. From the perspective of research in the process of psychotherapy, these questions all concern important factors for understanding what actually works in therapy. In this section however I will suffice to look into the participants’ evaluations of their individual outcome of the group therapy and in a later work a more thorough analysis the other aspects will be included.

When looking at how the 18 participants had evaluated their personal outcome of the group psychotherapy they could also be grouped in the two new understandings about anger or suffering, but there was also a third group of participants who had not benefitted from the group therapy.

Eight participants emphasized how the group therapy had changed their outlook on being angry, and how this had helped them to feel more free and better with themselves. One female participant explained how this new perspective on anger had positively influenced her:
“It [the group therapy] was really good for me. I am so happy I joined it, and that I was involved in the sessions... [...]... I felt it was okay to be angry. I was given room to express my anger. After the group therapy I have started to think differently about anger. I feel more free, completely”

This quote serves to illustrate, how the group therapy changed the concept of anger for several of the participants, from an oppressive concept to a freeing concept. From the perspective of mental health, these participants had changed towards more open-mindedness and flexibility in their religiosity but also feelings of personal competence and control because they were no longer oppressed by their anger in relation to their religiosity. Instead their anger could be contained within their religious faith giving them an experience of control in relation to their anger.

The same can be said about seven other participants, who explained how the most important aspect of the group therapy had been gaining a new understanding of suffering. That pain and suffering is not a bad thing, which some of them had thought before, but that it can actually be a path to connecting with Christ and in particular the understanding of Christ being together with them in their sufferings was liberating for them. One male participant explained how he now after the group therapy still used the ‘towel-exercise’ to let his pain out through his anger and how he finds God in the suffering:

“I have experienced so much pain, but up till now nobody ever taught me what to do with the pain. Peter [the group psychologist] has taught me the towel technique and about being angry but not sinning. To me, it is about letting the pain out. I throw the towel and shout my pain to God ... [...]... there is such deliverance in doing that. It is completely new to me that God is in the suffering and the pain. Such deliverance”

This quote serves to illustrate, how the participants had gained a new insight through the theology of the cross, and how this from a mental health perspective also had given them more personal competence and control, as well as more open-mindedness and flexibility in their approach to their religiosity.

These participants reported how the group therapy had facilitated better means for reaching their religious ends. The religious means or pathways applied by them until the group therapy had not been sufficient. According to Pargament’s understanding of problematic pathways (Pargament, 2007), the participants’ problems regarding their pathways to the sacred had not been problems of breadth and depth as their religiosity was fully integrated in their lives. They did however have problems being religiously flexible between times of continuity and changes. Furthermore, almost all the participants showed problems of fit between religious means and ends, the individual and the larger context, and especially between religious means and the specific situation. Through the group therapy, the participants gained a more well integrated and flexible religiosity where the means fitted their specific life situations and demands of their personal crisis. Therefore, based on a perspective of mental health on personal competence and control, and open-mindedness and flexibility these fifteen participants had gained a better mental health from the group therapy.

When asked about their individual experiences of the group therapy three participants presented me with some more complex answers. These participants all explained how they did not fit into the group, and therefore they did not participate actively in the group. One female participant explained how she, due to her feeling very different from the other group members, could not gain the much from the group therapy:

“ I just did not fit in. I did not know that from the beginning, so I was open, and I thought it was very interesting...[...]... but you can say about me, I mean my life in relation to the others in the group, that I am very different. Many of them have been Christians for many years, and they have so much guilt about being angry and stuff. I have not been a Christian
for that long or in that way...[...]... In the beginning I felt fine with the others in the group, but at the end I felt bad”.

This quote also serves to illustrate the importance of other factors in the process of therapy, such as the relationship with other group members and religious differences in the group, and how these can affect the individual participants as well as the outcome of group therapy. Interestingly, despite not experiencing gaining a personal outcome from the group therapy this participant still found the group therapy interesting. The world ‘interesting’ is applied by all three participants who expressed a lack of any personal outcome from the group therapy; The participant quoted above found it interesting to be in the group, and she also expressed that it was also an eye-opener about her own capability to ‘contain’ other people; A second participant explained how he learned much from observing the group psychologist about the pain people carry and how he (the psychologist) could help them release it; A third participant expressed how the group therapy had opened his eyes to other people’s pain and suffering. These three participants may not have experienced any personal outcome from the group therapy, but from a mental health perspective, they did become more open-minded and flexible towards other people, even though they did not gain more personal competence and control in relation to their personal crisis following the group therapy. These three participants did however encounter religious transformations, just not facilitated by the group therapy, but instead as a consequence of their personal crisis or other circumstances surrounding them.
14. Discussion and Generation of Hypotheses

IPA operates at a level that is solidly grounded in the text, but which also moves beyond the text to a more interpretative and psychological level, and IPA also recognizes that different levels of interpretation are possible (Smith, 2004). The purpose of this discussion is to apply a further level of psychological interpretation to the findings of the studies presented in this thesis.

The overall aim of this thesis was to develop new knowledge about how Pentecostal Danes experience their religious beliefs and practices when facing a personal crisis, and how this can be considered for group psychotherapy with religious clients. Each of the four part-studies comprising this thesis focused on different aspects that I considered relevant for achieving this aim.

The main findings of the two interview studies (part-study 2 and 3) will be further interpreted and discussed in the first section in order to generate hypotheses about how Pentecostal Danes experience their religious beliefs and practices when facing a personal crisis.

Thereafter in the next section, the findings of part-study 1, 2, and 3 together with the descriptions and outcome of the group psychotherapy presented in part-study 4 will be discussed, in order to generate hypotheses about what to considered for religiously integrated psychotherapy with people from a Danish religious minority group.

14.1 Religious Beliefs and Practices while facing a Crisis

The ‘standard’ for the mentally healthy religiosity applied in this thesis, and based on the theoretical frame, is: open-mindedness and flexibility as well as personal competence and control. This mental health concept will also be used in the psychological interpretation of the findings presented in this section.

14.1.1 Religiosity: a Resource or a Challenge?

A key finding of the two interview studies was that the participants experienced their religious beliefs and practices both positively and negatively when facing a personal crisis. When analyzed it became apparent that the participants’ religious beliefs and practices could function both as a resource and a challenge for them. This substantiates Pargament’s (2002) weighting on religiosity and spirituality being both potentially benevolent and harmful, and therefore, we should look to how religious means are used in living and for achieving religious ends (i.e. how a religious person employs his or her religious beliefs and practices for living and for reaching what he or she holds sacred) to understand the value of religiosity to mental health. It also became apparent that the participants’ religious beliefs and practices did not always provide them with adequate religious resources for handling the crisis. From Pargament’s (2007) perspective and the theoretical frame applied in this thesis, this could indicate that the participants did not have sufficient religious means for achieving their religious ends. The difficulties the participants encountered however could to some extent also be understood in relation to the ‘religious individualism’, which all the participants demonstrated despite their institutionalized religious affiliation. The religious coping of the participants was highly influenced by ‘religious individualism’, which was characterized by the participants expecting to have individual, concrete, and secular needs met through their religious faith and this expectation was a significant and integrated part of their religious beliefs and practices. Their ‘religious individualism’ was based on a reliance on God to intervene in their concrete and secular needs, and when that did not happen they experienced religious struggles but continued to expect God to intervene. This ‘religious individualism’ caused the participants to
remain religiously inflexible and incapable of transforming their religious means. They continued however to apply inadequate means, leading to religious struggles.

I suggested that the ‘religious individualism’ was supported by the Danish cultural context, that studies have shown a high level of individualism (Andersen & Lüchau, 2011) and concrete religious beliefs (Johannesen-Henry, 2013), and supported by the Pentecostal affiliation of the participants. Bloomquist (2008) criticizes Pentecostalism for excessive focus on having personal needs met, material blessings and prosperity as an indication of a right relationship with God. None of the participants however mentioned that having personal, concrete, or practical needs met was an indication of a right relationship with God, but the participants’ did not separate religious beliefs and having concrete needs of everyday life met; these seemed to be ‘two sides of the same faith’. This ‘intervovenness’ of sacred and profane aspects of life seemed to characterize these participants’ religious beliefs and practices. This, however, contradicts Bloomquist’s (2008) critique about Pentecostals neglecting to sufficiently appreciate both the sacred/holy and the secular/profane as arenas where God is active. Instead, I believe it supports the argument that Pentecostals tend to be ‘doers’ more than ‘thinkers’ (Kärkkäinen, 2010), as the participants did not reflect upon separating religious and secular needs or not, they just ‘lived’ it as if it was an oblivious aspect of their religiosity. It was also suggested, that these Pentecostal participants were religiously un-articulated, as is also the case for the broader Danish population (la Cour, 2005), and this tendency of being mostly religiously un-articulated ‘doers’ may also have caused the ‘religious individualism’ to facilitate inflexible religiosity among several of the participants, where they were not capable of adapting religiously between times of continuity and times of change (Pargament & Mahoney, 2002). This ‘intervovenness’ of sacred and profane needs in their religious beliefs and practices, however contradicts Dobbelare’s secularization argument about religion only being lived within the religious sphere and not considered in the secular spheres (Dobbelare, 1999), but it is also reflected in the majority Danes’ confidence in the institution of the Church and its ability to provide answers to concrete problems, even though the general Dane mostly trust the Church answers on questions concerning spiritual questions, and less in the answers concerning family issues (Andersen, Gundelach, & Lüchau, 2013; Andersen & Lüchau, 2011).

Furthermore, findings from part-study 3 suggested that even though the participants encountered religious transformations following their personal crises, these could not all be described as a resource from the perspective of mental health applied. The group therapy did however seem to facilitate transformations of the participants’ religiosity towards more resourceful religious means as well as an increased religious integration. It seemed that the participants were given better possibilities for developing religious means that ‘fitted’ the religious ends as well as the specific situation through the group therapy than those possibilities resulting from the religious transformations following the personal crisis. The religious transformations that followed the group therapy could all be characterized by being well integrated, whereas the transformations following the personal crises could not all be considered mentally healthy from the perspective of this thesis.

A generated hypothesis was that to theologically psychoeducate Pentecostals in a theology of the cross and anger in relation to the Christian faith within a group therapy setting may develop the participants’ religiosity towards better integration of religious means to ends, and thereby facilitating a more mentally healthy and resourceful religiosity for the individual.

14.1.2 The Emotional and Personal Religious Experience as Sacred

Another key finding of the two interview studies was that the emotional and personal religious experience was significant for the participants’ religious beliefs and practices, and it was their most applied religious means. For these Pentecostal participants, their religious experi-
ences were ‘the real backbone’ of their religious life, just as James argued back in 1902 (James, 1902/1982). The emphasis on religious experiences was in line with the participants’ Pentecostal affiliation (Anderson, 2010), and they did seem to favor the personal and emotional religious experience above less dramatic religious beliefs and practices which as already mentioned has been a repeated critique of Pentecostalism (Bloomquist, 2008).

The participants’ ideas about a ‘religious truth’, which I described in the preface and the section about ethical considerations, also seemed to be in line with their Pentecostal affiliation. The features of Pentecostal mission presented by Anderson (2010) seemed to characterize the religious beliefs and practices of the participants, particular structures concerning ‘aggressive’ forms of personal evangelization and proclaiming the Pentecostal message wherever they went. The participants’ religious beliefs and practices were anchored in their Pentecostal affiliation. The participants applied those religious resources (i.e. religious means) that were available to them when facing a personal crisis, and the emotional and personal religious experience as a type of religious means was supported by Pentecostal theology and affiliation as well as their ‘religious individualism’, hence it was a readily available religious means for the participants. The high emphasis on the personal and emotional religious experience above other types of religious expression may cause religious inflexibility as well as problems of fit between religious means and the social and cultural context of Denmark among the participants leading to a poorly integrated and mentally unhealthy religiosity. The high emphasize on the emotional and personal religious experience is in opposition to the majority of Danes, who like to have their religion privately, peacefully and passively (Iversen, 2006), and therefore is not supported by the broader social and cultural Danish context.

From Pargament’s (2007) perspective on the sacred as an object of significance for religious individuals it could be argued that the participants were drawn to the personal and emotional religious experience, and that they gained feelings of value, worth, and importance by the pursuit and attainment of these religious experiences. Furthermore, by overemphasizing the personal and emotional religious experience it could be argued that the participants held this experience sacred in itself. Pargament and Mahoney (2002) differentiate the sacred as the sacred core and the sacred ring, and it may be argued, that the Pentecostal participants had placed their personal and emotional religious experience in the sacred core alongside their Christian God or in the sacred ring as an aspect of life that had become sacred because of its association with God.

The participants holding the emotional and personal religious experiences sacred could also be explained as an example of religious individuals employing those religious resources that are available to them when facing a personal crisis; As mentioned, the Pentecostal affiliation of the participants supports a high focus on experiencing God and on the emotional experience of the Christian faith being highly motivating for the individual (Kärkkäinen, 2010), and as Pargament (2007) argues, discovery, conservation, and transformation of the sacred always takes place within a larger religious context of culture, institutions, family, peer-group, communities and life events. Hence, a hypothesis generated was that these Pentecostal participants ‘lived’, coped, and transformed their religiosity by the religious resources available to them through their religious and cultural context and one of the most significant of these being the emotional and personal religious experience.

14.1.3 The Religious Life of the Participants facing a Personal Crisis

The participants’ ‘lived’ religiosity was situated in a religious and cultural context that affected their religious coping and transformations. The effect of the religious (i.e. Pentecostal affiliation) and cultural context (i.e. Denmark) will be discussed in relation to Pargament’s model of the search for the sacred (Pargament, 2007):
The participants explained how they had encountered their first religious experience, often followed by several more with similar characteristics. The participants’ first religious experience where they became Christian (i.e. Pentecostal affiliated) would be described by Pargament (2007) as a *discovery* in their search for the sacred. Then, the participants lived their lives with this or these religious experiences as significant life-events affecting their daily lives, reasoning, priorities, and religious beliefs and practices. As the *discovery* of the sacred (i.e. becoming Christians) for these participants had followed an emotional and personal religious experience, it also became their most familiar religious *means* for *conserving* the sacred, and furthermore they attended a Pentecostal affiliation supporting this religious *means* as well as providing them with other religious *means* within a Pentecostal frame of reference and a Danish mentality and understanding of life. As described by Pargament (2007), they *conserved* the sacred by employing religious *means* in order to sustain, nurture, and protect their religious beliefs. Based on presented knowledge of the Danish cultural context and the Pentecostal background of the participants, as well as the studies of this thesis, it can be hypothesized that these religious means were fewer, more private, less articulated, and more individualized than those available in less individualized and retraditionalized cultural contexts.

Then the participants faced a *personal crisis* that challenged their religious experiences and beliefs. It was following this crisis that I met the participants and the studies of this thesis took place. Their crisis and stressors were diverse and experienced differently by the participants, but they all continued their attempt to *conserv[e] the sacred*. Within the understanding of Pargament’s model (2007), the participants applied *conservational religious coping*, as their sacred faced violation, threat, or loss because of the personal crisis. The Pentecostal participants employed different strategies of religious coping for conservation, and they did so by the religious *means* available to them and supported by their Pentecostal affiliation and Danish cultural context. As described in part-study 2, the religious coping styles available and employed by the participants were fellowship with other believers, reading the bible, experiences of God all of which were highly influenced by ‘religious individualism’. The participants experienced religious coping both positively and negatively and several of them did not have sufficient religious means for coping with the crisis or possessed a well-integrated religiosity. This indicates that the religious and cultural context of these participants may not provide the religious individual with enough suitable religious means and flexibility to cope with violation, threat, or loss of their sacred.
Within Pargament’s model (2007) the individual experiences religious struggles when he or she does not succeed with conservational religious coping. Religious struggles may lead to transformational religious coping or religious disengagement. In part-study 3, I found that the participants experienced secondary religious transformations following their personal crises and the group psychotherapy. These religious transformations (i.e. transformational religious coping) took place at the same time as conservational religious coping, indicating that the ‘lived’ religiosity of these participants facing a personal crisis seemed to be a religious life where they would apply different available religious means for coping, and where one type of coping failed they would still continue to apply this or other available religious means and at the same time seek to transform the religious means that failed. Conservational and transformational religious coping seemed to take place simultaneously in the ‘lived’ religious life of the participants.

When interpreting the expressions of the participants, they did not seem to differentiate between religious struggles and profane/secular struggles which could be a consequence of ‘religious individualism’, where they expected to have individual, concrete, and secular needs met through their religious faith. Pargament, Magyar-Russell and Murray-Swank (2005) distinguish between three types of religious struggles: Interpersonal, intrapersonal, and divine. Interpersonal religious struggles concern conflicts and tensions with other people like family members, friends, and church-fellows. Intrapersonal religious struggles involve inner conflicts about religious purpose, religious values, doubts and uncertainty about religious matters or religious traditions, and tensions between religious virtues and human appetites. Divine religious struggles involve negative feelings towards God, like feelings of alienation, abandonment, anger, or punishment in relationship to God. The most frequently mentioned type of religious struggles the participants reported experiencing were interpersonal religious struggles and these were closely connected to their day to day life and relationships with other people. The participants mentioned very few incidences of intrapersonal religious struggles and divine religious struggles in the interviews. This could indicate that these participants ‘knitted’ sacred and profane together in ‘lived’ religiosity, as well as the participants not being sufficiently religiously or theologically articulated to describe other types of religious struggles than those of a more secular, concrete, and practical character (i.e. interpersonal struggles). Furthermore, it could also indicate, that the retraditionalization of the Danish society where religious beliefs and practices can be individually chosen and combined without considering religious traditions and authorities (Davie, 2000, p. 19) also is apparent among these Pentecostal participants.

These participants were affiliated with Pentecostalism, with religious values of a pragmatic gospel proclaimed by laymen (Kärkkäinen, 2010), and at the same time they were religious within a Danish cultural context with few conceptual and linguistic resources to deal with existential, religious, and spiritual questions (la Cour, 2005). Based on the findings it can be hypothesized that these participants were religious within a religious and cultural context that did not provide sufficient religious means for coping religiously mentally healthily, and as the participants still continued to cope and transform religiously within this religious and cultural context, their ‘lived’ religiosity became more secular and concretely articulated and expressed.

14.2 Religiously Integrated Group Psychotherapy

The research focus of the studies on religiously integrated group psychotherapy of this thesis was on: The subjective experience, the process of psychotherapy, and the religious intervention as an action or behavior derived from religious practice. This continues therefore to be the focus of interest in this section, where I will apply the theoretical frame and concept of mentally healthy religiosity for this thesis (open-mindedness and flexibility as well as per-
sonal competence and control) for analyzing and generating hypotheses about religiously integrated group psychotherapy based on the studies of this thesis.

### 14.2.1 Religious Resources

Pargament (2007) mentions four essential qualifications for the therapist wanting to practice religiously integrated psychotherapy: Religious knowledge, openness and tolerance, self-awareness, and authenticity. I believe the group psychologist, Peter Damgaard-Hansen, fulfilled these and was a highly qualified psychologist. The qualified psychologist helps clients identify and draw on their religious resources, as well as addressing the clients’ religious problems. The findings of the analyses of the studies of this thesis have primarily generated hypotheses on the problems of religiosity for the participants, however the descriptions of content and practice of the group therapies also reveal how the psychologist drew on the religious resources of the participants, and part-study 1 also derived implications for religiously integrated group psychotherapy.

In part-study 1, I found that clear and delimited religious factors in the group therapies would distinguish these from other group therapies without a religious element, and I theorized that to target a religiously integrated group therapy at individuals with specific interests in religiosity could increase motivation for the therapy (Viftrup, Hvidt, & Buus, 2013), because the common factor model suggests this will affect client’s improvement independent of treatment (Duncan, Miller, Wampold, & Hubble, 2010). Hence, based on part-study 1, the implications for religiously integrated group psychotherapy were to delimit the religious factors in the religiously integrated group therapy as well as target the therapy at religious clients to obtain the best outcome. Both these implications were considered in the religiously integrated group psychotherapy studied. Furthermore based on part-study 3, the participants who experienced religious transformations following the group therapy further developed their religious integration and flexibility and could be considered to have improved their mental health. The same was apparent in the participants’ evaluations of their individual outcomes of the group therapy, where they all reported having become more open-minded and flexible (15 in relation to religiosity and 3 in relation to other people), and 15 of the participants had gained more personal competence and control religiously.

Even though a psychological analysis of the content and practice in relation to outcome of the group therapy transcended the time and work-limits of this PhD project, there are clear indications of the group psychologist drawing on the participants’ religious resources. In the presentations of the content and practice of the group therapies it can be detected that the group psychologist drew on all six types of religious resources (i.e. religious strivings, knowledge, experience, practices, relationships and coping methods) presented by Pargament (2007), and he alternated between drawing on the participants’ religious resources and addressing their religious problems. As I shall address in the next section, the way he addressed religious problems were consistent with the participants’ religious ends as well as their specific situation.

### 14.2.2 Problematic Pathways

The findings of the analyses of the studies of this thesis have primarily generated hypotheses on the problems, or challenges, of religiosity for the participants. Pargament (2007) suggests two overarching types of religious problems in therapy: Religious ends and religious means.

In the above discussion of the findings of part-study 2 and 3, I found that the participants did not always have sufficient religious means for coping with their personal crisis; their religious means did not always fit their religious ends or their current situation of being in a personal crisis. They also experienced transformation of religious means during their personal crises, but the ‘new’ religious means were not necessarily mentally healthy. The participant applied
those religious means that were available to them and supported by their Pentecostal affiliation and Danish cultural context, but these were often few in number and did not fit their religious ends or the situation they faced, hence the transformed religious means where also not mentally healthy. Addressing religious transformations in the group therapy through the theology of the cross and anger in relation to God functioned well however and increased available religious means for the Pentecostal participants as well as their mental health.

I assumed that the participants of the studies of this thesis only encountered secondary religious transformations, as they did not transform their basic religious convictions (i.e. they continued to be Pentecostals). Pargament (2006) believes that religious disengagement leads to primary religious transformations that concern changes in religious ends, whereas transformational religious coping leads to secondary transformations in the religious means to these ends. In Pargament’s definition of primary and secondary transformation, religious ends and means are connected but also separate entities. It would seem however that for these Pentecostal participants emotional and personal religious experiences could have functioned as both religious means and ends, as it was both a pathway to the sacred and sacred in itself for the participants. This could have caused ‘circular’ religious coping and transformations, hence explaining why the participants continued to apply insufficient religious means for religious ends.

However, the group psychologist provided sufficient religious means for several of the participants through the group therapy, and particular by addressing theology of the cross and anger in relation to God. The group therapy facilitated availability of new religious means for the participants. In the sessions he addressed problems of continuity and change and fit; through the group therapy the participants became more capable of flexing religiously between times of continuity and times of change (i.e. the personal crisis could be considered a time of change, and through the group sessions, the participants willingness to change religiously increased). The theology of the cross and anger in relation to God both provided better fit between the participants’ religious means to ends as well as religious means to the specific situation of their personal crisis. Furthermore, the group therapy may also, to a minor extent, have provided better fit between the individual Pentecostal participant and the broader social and cultural context of Denmark through placing less focus on the emotional and personal religious experience and more on ‘religious individualism’ (i.e. they had their individual, concrete, and secular needs met in the group therapy and through their religious faith), which is more compatible with the Danish majority culture. The group therapy, and particular presenting theology of the cross and anger in relation to God, provided new religious means that fitted well with the participants’ religious ends, as they were not inconsistent with the Participants Pentecostal affiliation. The also fitted their situations of facing a personal crisis. Thereby the group therapy facilitated integration of religious means to ends and to the specific situation, thus providing better access to religious resources. Furthermore, the participants may also have lacked articulation about religious struggles as well as religious articulation in general, and the group therapy may also have provided the participants with increased religious and theological articulation.

In general, it can be concluded, that the 18 participants developed, to different extents, religiously towards a more mentally healthy religiosity through the group therapy sessions. However, different theological concepts, than theology of the cross and anger in relation to God, may have functioned just as well for facilitating religious transformations towards well integrated religiosity, as the changing factors for these participants must be considered providing clients with more religious means that fitted better with their religious ends and particular situation.

Hence, the hypothesis generated is: To facilitate more and fitting religious means when doing psychotherapy with religious clients from individualized and retraditionalized societies may increase religious flexibility and integration leading to higher degrees of mental health (understood as open-mindedness and flexibility, and personal competence and control).
Clients from religious and cultural contexts that are individualized and retraditionalized have fewer, more private, less articulated, and more individualized religious means, and therefore their underlying religious basis are less resourceful than clients from more religious societies, hence therapy should aim to produce both more and properly fitting religious means for the clients’ religious ends and specific life situation. In this study, more and fitting religious means were facilitated through a group psychotherapy with a focus of theology of the cross and God in relation to anger, as well as religious articulation that was new to the participants, and these three aspects seemed to function well for the Danish Pentecostal participants of the studies of this thesis, however other religious means may function better for other religious minority groups.
15. Implications

In the studies of the present thesis, it became clear that the Pentecostal Danes experienced that the group therapy provided them with more and better fitting possibilities for interpreting and coping with their current life situation of facing a personal crisis.

Religious individuals can be expected to apply whatever religious beliefs and practices are available to them when facing a personal crisis, and religious people from a religious and cultural context with ‘narrow’ religious beliefs and practices may have access to fewer religious means and less integrated religiosity than religious individuals to whom a ‘broad’ religious frame of reference is available. Religiously integrated psychotherapy may therefore be called for to an even greater degree in less religious societies.

15.1 Clinical implications

The research of this thesis is the first to study Pentecostal Danes’ experiences of their religious beliefs and practices when facing a personal crisis and how these can be attended to in therapy. Even though the research was conducted among Pentecostal Danes attending a group therapy, aspects of the findings may be applicable to individual therapy, as well as relevant for other health professionals working with religious individuals affiliated with a structured religiosity (i.e. with recurrent religious beliefs and practices) in a secularized, individualized, and retraditionalized society.

The overall findings of the studies of this thesis are relevant for psychologists and other health professionals working with religious patients facing a crisis and should enhance understanding of the importance of religious beliefs and practices for a religious person, as well as religiosity being a possible source of both resource and difficulties. Health professionals might think that religiosity and a religious outlook on life may be of little relevance in a society as Denmark, but as suggested in this thesis, religiously integrated therapy for religious clients may be even more called for in less religious societies, as a cultural context that does not support a person’s religious frame of understanding may leave that person with weakened resources for religious coping and transformations. When religious individuals in Denmark face crisis due to physical or mental illness, and thereby come in contact with health professionals, they can be expected to apply the religious means available to them. If health professionals have knowledge concerning resources and difficulties of religious coping and transformations, they may support a resourceful religiosity whereas if they recognize a poorly integrated religiosity they may assist the patient towards a higher degree of integration (e.g. recommend the patient to speak with the hospital chaplain).

Thus the findings of this thesis, and supported by other emerging studies in a Danish context (Ausker, la Cour, Busch, Nabe-Nielsen, & Pedersen, 2008; la Cour, 2008; Pedersen, Pedersen, Pargament, & Zachariae, 2012) as relevant to health professionals, supports the quest for an incorporation of the knowledge this research has generated into health educations such as pre- and postgraduate health educational and psychological programs, so that the knowledge on the particular resources and challenges of religious individuals may be enhanced among future health professionals and psychologists. The group of professionals that should be most able to benefit from the research of this thesis is psychologists doing psychotherapy with religious clients. Therefore, it would be desirable to incorporate the knowledge the studies have generated into programs of further education for fully qualified psychologists, as well as applying the knowledge gained for developing, improving, and conducting methods of therapy with religious clients.
15.2 Research implications

As the studies of this thesis were the first on subjective experiences of religious beliefs and practices of Pentecostal Danes facing a personal crisis, a qualitative approach aiming for a credible analysis and generating hypotheses was applied. The findings of the studies would have been difficult to generate by measurements of quantitative methods with prefixed response categories or randomized controlled trials. The qualitative methodology of IPA applied in this thesis captured well the participants’ experiences of the resources and challenges of their religiosity. Thus, a qualitative methodology is suggested for future research aiming to further increase knowledge about subjective experiences of religious beliefs and practices among religious Danes.

Regarding implications for future research, the knowledge gained from this research points to a number of areas for further investigations:

First, suggesting that clear and delimited religious factors are imperative for religiously integrated group therapy, and finding that religious transformations could function as a religious factor, it would be relevant to investigate other possible religious factors (e.g. religious coping strategies, attachment to God, God-images) and how these can be integrated into therapy.

Secondly, it could also be an area for further investigations to study the experienced religious beliefs and practices of a group of people facing a specific and homogeneous personal crisis (e.g. loss of a child, cancer, or divorce), as well as studying religious experiences of people from other religious affiliations than Danish Pentecostalism. This could enhance knowledge on the relationship between the resources and difficulties of religiosity and specificity of crisis or religious frame of reference.

Thirdly, as this thesis only scratched the surface of the effects of individualized and retraditionalized society on the religiosity of religious individuals, it would be most illuminating to enhance understanding of how the religious beliefs and practices of religious individuals are effected by the surrounding cultural context. This might also call for further research within the area of ‘un-institutionalized spirituality’ in Denmark.

Fourthly, as the effect of religiously integrated therapy is also highly relevant but an under-researched area of inquiry in Denmark, at some point, when therapies with religious elements have been further developed and implemented in Denmark, more studies on the effect of these therapies are called for. This new area of research calls for strong study designs of qualitative studies as well as robust randomized study designs.

Fifthly, the studies of this thesis have not addressed the religiosity of the psychologist. It would however also be highly relevant to investigate the religious beliefs and practices of the psychologist, and how these may affect attitudes, values, therapeutical approaches, and the outcome of therapy.
16. References


Højskoleloven - Folkehøjskolerens Forening i Danmark (2013).


Højsgaard, M. T., & Iversen, H. R. (2005a). Gudstro med forbehold [Religious beliefs with reservations]. In M. T. Højsgaard & H. R. Iversen (Eds.), *Gudstro i Danmark [Religious beliefs in Denmark]*. København: ANIS.


Iversen, H. R. (2005). Gudstro i den danske religionspark [Religious beliefs in the Park of religions in Denmark]. In M. T. Højsgaard & H. R. Iversen (Eds.), *Gudstro i Danmark [Religious beliefs in Denmark]*. København: ANIS.


Lüchau, P. (2005). *Danskernes gudstro siden 1940'erne [Religious beliefs of Danes since the 1940s]*. In M. T. Højsgaard & H. R. Iversen (Eds.), *Gudstro i Danmark [Religious Beliefs in Denmark]*. København: ANIS.


17. Papers and Appendices

Article 1: “Spiritually and Religiously integrated Group Psychotherapy: A Systematic Literature Review”

Article 2: “Religious Coping in a Christian Minority Group: A Qualitative Study among Pentecostal Danes”

Article 3: “Religious Transformations among Danish Pentecostals following Personal Crisis and Group Psychotherapy: A Qualitative Study”
Review Article

Spiritually and Religiously Integrated Group Psychotherapy: A Systematic Literature Review

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We systematically reviewed the research literature on spiritually and religiously integrated group psychotherapy to answer the following three questions: first, how are spirituality and religiosity defined; second, how are spiritual and religious factors characterized and integrated into group psychotherapy; and, third, what is the outcome of the group psychotherapies? We searched in two databases: PsycINFO and PubMed. Inclusion and exclusion criteria and checklists from standardized assessment tools were applied to the research literature. Qualitative and quantitative papers were included. In total, 8 articles were considered eligible for the review. Findings from the evaluation suggested that the concepts of spirituality and religiosity were poorly conceptualized and the way in which spiritual and religious factors were integrated into such group psychotherapies, which distinguished it from other types of group psychotherapies, was not fully conceptualized or understood either. However, clear and delimited conceptualization of spiritual and religious factors is crucial in order to be able to conclude the direct influences of spiritual or religious factors on outcomes. Implications for spiritually or religiously integrated group psychotherapy and conducting research in this field are propounded.

1. Introduction

Spirituality and religion have received increased attention in health research, and they appear to be mostly associated with quality of life and improved health [1, 2]. The role of spirituality and religiosity in physical and mental health has been addressed in medical, psychiatric, psychological, and behavioral medicine journals, and evidence suggests links between improved health and spirituality and religiosity [3]. For example, a Danish cohort study with 10800 Baptists and Adventists has pointed to decreased risk of cancer, COLD, coronary heart disease, and some psychiatric disorders [4]. Moreover, spirituality and religion have also been increasingly viewed as important components of people’s lives that can be successfully attended to in mental health treatment [5]. Several studies indicate that spiritual and religious people benefit from spiritually and religiously integrated interventions [5], and there is a substantive body of literature on how to integrate spirituality and religion into psychotherapy [6, 7]. For example, Rye et al. [8] investigated the effectiveness of secular and religious forgiveness interventions. However, they found no significant differences when directly comparing secular and religious participants on primary or secondary outcomes. Different therapeutic approaches with an integration of spirituality and religiosity [3, 9] and psychotherapy with specific religious groups [10] have been propounded. However, the integration of spiritual and religious factors is not fully understood. Until now, most empirical studies on spiritually and religiously integrated psychotherapy have evaluated the effectiveness of the complete intervention, but a clarification of the spiritual and religious factors, separating spiritually and religiously integrated psychotherapy from other types of group psychotherapy, remains unanswered.

Furthermore, integration of spirituality and religion into group psychotherapy is an underresearched area of inquiry
compared to psychotherapy with individuals [6, 7, 11]. The relatively few empirical studies on spiritually and religiously integrated group psychotherapy focus on the effectiveness of the complete intervention [5]. However, the way in which these studies integrate spiritual and religious factors into group psychotherapy and what constitutes these effects remain unclear.

The paucity of studies on group intervention with integration of spirituality and religion is surprising because spirituality and religion most often develop and are practiced in communities with groups of people who share the same convictions and understandings and because religion is a group phenomenon, one of the earliest forms of a large group [12]. Psychological group interventions, which integrate spirituality and religion, might therefore benefit more from the psychological dynamics of spirituality and religion than individual interventions. Studies indicate that group psychotherapy interventions are time efficient, economical, and effective in improving coping skills and quality of life and reducing psychological and physical distress [13, 14].

More research-based knowledge about the spiritual and religious factors and the effects they have in spiritually and religiously integrated group psychotherapy may be beneficial to healthcare. We therefore undertook a systematic search of the literature to explore studies on spiritually and religiously integrated group psychotherapy. The purpose was to critically evaluate and summarize state of knowledge concerning the complexity of spiritual and religious factors integrated into group psychotherapies and, furthermore, to highlight important issues concerning spiritual and religious factors that research has left unresolved.

2. Theoretical Perspectives

Several studies have indicated that people's spirituality and/or religious faith and practice increase, when experiencing personal crisis due to illness or other circumstances [15–17]. Studies have also revealed how spirituality and religion as a meaning-system, distinguished from other meaning-systems, play a significant role for people in crisis [18–21]. The meaning-function of spirituality and religion for people in crisis may be superior compared to other meaning-making resources because spirituality and religion entail belief in a higher principle or force that goes beyond human life and that may provide help and comfort during crisis. The spiritual and religious meaning-function offers meaning in all aspects of human life from birth to death and particularly in a believed afterlife [18, 19]. However, even among spiritual and religious people a significant variance within the importance of spirituality and religion as a meaning-system exists. For some, spirituality and religion are at the center of their lives, and, for others, spirituality and religion play a minor role in their psychological well-being [3]. Therefore, the importance of spirituality and religion to the individual can be expected to influence the spiritually and religiously integrated psychotherapy as clients' motivation for therapy and faith in the therapy are crucial factors for determining the outcome of the therapy [22]. We will elaborate on this by presenting the common factors models after defining spirituality and religion as it is applied in the paper.

It is challenging to define spirituality and religion and to differentiate between the two concepts [23]. However, definitions and operationalization of these concepts in empirical studies will affect the focus and the outcomes of the study, and insufficiently defined concepts will be a source of error.

There are different approaches to studying spirituality and religion, and Zinnbauer et al. [24] divide these into traditional and modern approaches. The traditional approaches to studying spirituality and religion view religion as a broadband construct, where spirituality is not explicitly differentiated from religion but much rather is integrated to it and characterized as lived religion or piety [25]. Within traditional approaches personal religiosity is emphasized, and religion can be both a positive and a negative construct. The modern approaches, however, view religion as a narrowly defined construct, polarized from spirituality. The modern approaches emphasize religion as external, instrumental, and “bad”, whereas spirituality is personal, relational, and “good” [26]. Zinnbauer et al. [24] and Pargament [26] criticize the traditional approaches for not distinguishing between spirituality and religion and the modern approaches for polarizing the two concepts. Pargament [26] critically discusses the problems with this polarization of spirituality and religion.

Pargament forwards three main critiques. The first critique concerns the tension between the two concepts, which many theorists emphasize but which most believers do not experience. Surveys in the United States conducted by Zinnbauer et al. [27] have shown that when forced to choose 74% label themselves as both religious and spiritual, 19% are spiritual but not religious, 4% are religious but not spiritual, and 3% are neither religious nor spiritual. A cross-cultural study conducted by Keller et al. [28] indicated that the same pattern can be observed in Europe. Thus, the distinction has been characterized rather as a humanistic depreciation of religion more prevalent in academia than in the world of believers [29].

Pargament’s second critique concerns the decontextualization of spirituality. By their definition of spirituality, most theorists assume that the spiritual dimension of life unfolds in a vacuum. Pargament argues that the spirituality of the individual arises, develops, and unfolds in a larger religious context, even if that context has been rejected. Many researchers agree. Thus, for instance, Mobberg [30] is critical of the possibility of evaluating spirituality per se and calls researchers to be context-aware and implement measurement instruments targeted at the particularities of the religious group of people under scrutiny.

Pargament’s third critique concerns romanticizing spirituality as only positive, personal, and linked to the best in human nature. Confronting such a notion, Pargament emphasizes that the spiritual dimension of life can be both constructive and destructive [9]. In the same vein, Koenig [31] argues that this positive understanding of spirituality has affected the instruments used to measure spirituality; measures of spirituality are contaminated with positive psychological traits or human experiences. Spirituality will always correlate with mental health if positive mental health and
human values become a definition for spirituality. Spirituality, gauged by good mental health measurements, will always be tautologically correlated with good mental health [31].

The importance of clear definitions and operationalization of these concepts is also apparent in empirical studies and clinical praxis. Obscure definitions create uncertainty about what is actually being studied and integrated into psychotherapy. The problem of tautology will affect the outcomes and can become a source of error of a study. Furthermore, without clear definitions psychologists and therapists in the clinical praxis are without guidelines when they seek to integrate spirituality and religiosity.

For this study, we applied the definition for religion and spirituality propounded by Pargament. He defines religion as the search for significance in ways related to the sacred, and spirituality as the search for the sacred. These definitions take into account the critiques proposed above. These definitions are dynamic because they incorporate the motivating force within all people towards spirituality and they take into account both the positive and negative aspects of spirituality. Furthermore, Pargament believes that the most critical function of religion is spiritual in nature. Despite the many purposes of religion, its most essential function is the desire to form a relationship with something or someone considered sacred.

In the present paper, the differentiation between traditional and modern approaches, Pargament’s three points of critique of the modern approaches and Koenig’s critique of tautological measurements, will be used to evaluate the definitions used in the studies and the spiritual or religious outcomes presented in the studies.

In order to critically evaluate the effect of integrating spirituality and/or religiosity in group psychotherapies, we found it necessary to also take into account other psychological factors, such as the common factors [22] of psychotherapy, which could have affected the outcome of the interventions.

The medical model has dominated research in psychotherapy. The medical model emphasizes that the main purpose of research in psychotherapy is to examine the effect of specific therapies on specific mental illnesses [32]. The medical model assumes that there is a psychological explanation for the patient’s mental disorder, and that there is a mechanism of change consistent with this theoretical explanation. The mechanism of change then suggests a particular therapeutic action, and this action is solely responsible for the benefits of psychotherapy [33].

As a response to the medical model, Duncan et al. [22] propounded the common factors models. The common factors models emphasize the collaborative work of the therapist. They focus on the therapist, the client, the transaction between them, and the structure of the treatment that is offered [33]. Hubble et al. [34] divide the common factors in four elements. (1) Client and extratherapeutic factors encompass all that affect improvement independent of treatment, for example, clients’ readiness for change, strengths, resources, level of functioning before treatment, social support network, socioeconomic status, personal motivations, and life events. (2) Models and techniques encompass the clients’ and therapists’ faith in the restorative power and credibility of the therapy. (3) Therapist factors concern the effectiveness of the person of the therapist. Evidence suggests that effective therapists use the common factors to achieve better outcome. (4) Therapeutic relationship or alliance concerns the partnership between the client and therapist to achieve the client’ goals. A positive alliance is one of the best predictors of outcome [34]. Contrary to the medical model, the common factors models assume the mechanism of change to be complex, and therefore a particular therapeutic action cannot be solely responsible for the outcome of psychotherapy.

In the present review, the medical model and the common factors model with the four elements presented by Hubble et al. [34] will be used to evaluate and discuss the outcomes, the definitions, and the spiritual or religious factors of the group psychotherapies.

3. Aim
To systematically review the research literature to answer the following questions.

1. How are spirituality and religiosity defined?
2. How are spiritual and religious factors characterized and integrated into group psychotherapy?
3. How is the outcome of the group psychotherapies measured and what are the results?

4. Method
This study was designed as a systematic literature review.

4.1. Search Strategies. In the search process for the literature on spirituality and religion in group psychotherapies, two overall search strategies were used: (1) a combination of “brief” and “building block” search strategies (searching databases) and (2) a “citation pearl growing strategy” (systematic reviewing reference lists for the further relevant literature) [35]. The first author performed the search for the literature, which was concluded in April 2013. Two databases were searched, PsycINFO and PubMed, because a wide range of potentially relevant journals for psychology and healthcare are indexed in these databases. Different “brief” and “building blocks” search strategies were explored in order to obtain as many references as possible and create similar searches in the two databases. The controlled headings in PsycINFO (Index terms) included “Religion,” “Religiousity,” “Religious Beliefs,” and “Spirituality,” and a brief search of these four Index terms combined with the Index terms “group psychotherapy” and “Group Intervention” identified 95 references. PubMed’s controlled headings (MeSH terms) “Religion,” “beliefs, religious,” and “spirituality” were combined with the MeSH term “group psychotherapy,” and the search identified 221 references. The software program EndNote was used to handle the references. Seven references overlapped, and the total of 309 retrieved references from the database search were examined by titles and abstracts to see if they met the inclusion criteria. Ninety-nine articles were considered eligible for full-text examination, which indicates a relatively
high level of "precision" for the database search [35]. Further, the reference lists of the 99 full-text articles were examined as a part of the "citation pearl growing strategy" [35]. Only three additional articles were found as a part of the "citation pearl growing strategy", which indicated a high level of "recall" [35]. The 102 articles were full-text examined to meet the exclusion criteria for the study.

4.2. Inclusion Criterion. Articles reporting English and Scandinavian language empirical studies on spiritually or religiously integrated psychological group intervention.

4.3. Exclusion Criteria. The exclusion criteria for the review were as follows.

(i) Studies on interventions where the spiritual or religious element is only a minor part of a cultural or social understanding.

(ii) Studies on an integration of specific "spiritual" techniques into intervention (e.g., yoga, meditation, and forgiveness) where the overall intervention is not informed by spiritual or religious considerations.

(iii) Studies where the focus is on a specific type of intervention (e.g., art-based or psychosocial) and the spiritual element is secondary.

(iv) Studies on psychoeducational group interventions.

(v) Studies on couples and family interventions.

(vi) Studies on existential and meaning-centered group interventions that did not specifically include religious or spiritual elements.

4.4. Quality Assessment. In total, 10 articles met the inclusion and exclusion criteria for the review. The first author evaluated the studies based on checklists from standardized assessment tools. The intention of using checklists was to quality assess the methodological rigor of the ten studies by the objective of the type of study presented and to omit methodological vague studies. Qualitative studies (n = 2) were subject to quality assessment using the Critical Appraisal Skills Program [36]. Quantitative studies (n = 8) were subject to a checklist developed by Regan et al. [37]. See Table 1 for quality assessment checklists.

In the quality assessment three types of evaluation were used: 0 for not reported item, 1 for insufficient reported item (e.g., implied information), and 2 for sufficient reported item (e.g., explicit information). The quality assessment of the papers led to the exclusion of two studies [38, 39]. See Figure 1 for search strategy and exclusions.

4.5. Evaluation of Interventions. In order to evaluate the spiritually or religiously integrated group psychotherapies three specific questions were added to the review process.

(1) How were spirituality or religion defined for the group psychotherapy?

(2) How were spiritual or religious factors integrated into the group psychotherapy?

(3) What was the outcome of the spiritually or religiously integrated group psychotherapy?

The evaluation is presented in Table 2.

5. Findings

The eight articles in the sample were considered methodologically transparent and therefore eligible for the review. There were general weaknesses in all studies, which included a lack of discussions on ethical issues, and most of the quantitative studies only vaguely addressed issues on probability sampling and response rates. However, the remaining eight articles scored high on methods, measures, analysis, findings, and the value of the research. This positively impacts interpretation of their findings. See Table 2 for assessment scores.

In the following sections, after a brief general description of the included studies, we will review the studies in terms of (1) definitions of spirituality and religion, (2) description of the spiritual and religious factors in the studies, and (3) outcome of group therapies.

<table>
<thead>
<tr>
<th>Qualitative studies</th>
<th>Quantitative studies</th>
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<tbody>
<tr>
<td>(1) Are the aims clearly stated?</td>
<td>(1) Target population: clear inclusion and exclusion criteria?</td>
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<tr>
<td>(2) Is a qualitative methodology appropriate?</td>
<td>(2) Was probability sampling used?</td>
</tr>
<tr>
<td>(3) Was the research design appropriate to the research aims?</td>
<td>(3) Did respondents’ characteristics match the target population; that is, was the response rate ≥80%?</td>
</tr>
<tr>
<td>(4) Was the recruitment strategy appropriate to the research aims?</td>
<td>(4) Were data collection methods standardised?</td>
</tr>
<tr>
<td>(5) Were data collected in a way that addressed the research issue?</td>
<td>(5) Was the measure used valid?</td>
</tr>
<tr>
<td>(6) Has the researcher-participant relationship been adequately considered?</td>
<td>(6) Was the measure used reliable?</td>
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<tr>
<td>(7) Have ethical issues been considered?</td>
<td>(7) Have ethical issues been considered?</td>
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<tr>
<td>(8) Was the data analysis sufficiently rigorous?</td>
<td>(8) Was the data analysis sufficiently rigorous?</td>
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<tr>
<td>(9) Is there a clear statement of findings?</td>
<td>(9) Is there a clear statement of findings?</td>
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<td>(10) How valuable is the research?</td>
<td>(10) How valuable is the research?</td>
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Regan et al. [37].
5.1. Description of Group Psychotherapies. Several types of group psychotherapies were presented in the eight studies. The duration of the sessions varied from 45 minutes to two hours. Four of the group psychotherapies presented were time-limited interventions with six to fourteen sessions. Two studies reported on group psychotherapies without limits to numbers of sessions. One study did not report duration or number of sessions [40]. One study reported an intensive treatment model with twelve weeks of daily treatment [41].

Seven of the group psychotherapies were aimed at specific groups of patients: adults with major mental illness [42]; HIV-positive drug users [40]; HIV patients [43]; perfectionism among Mormon college students [44]; Buddhist diabetes patients with depressive symptoms [45]; patients recovering from schizophrenia [46]; women with primary breast cancer [47]. Only Austad and Follo [41] reported on a group-based treatment for patients, whose religious and existential experiences were an important part of their mental illness.

Three group psychotherapies aimed their interventions at persons with a preceding interest in spirituality or religion: Vita-prosjektet [41] was only for people with an outlined interest in religious issues; the Buddhists group therapy [45] only accepted Buddhists; the Mormon perfectionism group [44] were specifically designed for Mormons; the spirituality-oriented group intervention for HIV-positive adults [43] were only for HIV patients with a specific interest in spirituality. The other four group interventions were aimed at specific patient groups, which did not necessarily have a preceding interest in spirituality or religiosity.

5.2. Definitions of Spirituality and Religion. Definitions of spirituality or religion were entirely absent in three of the eight studies [40, 41, 44], and the lack of any conceptualizations caused uncertainty about how spiritual or religious factors were integrated into the group psychotherapies presented.

O’Rourke [42] used the modern approach of defining these two concepts (see Pargament’s distinction above). Religion was defined as the individual’s religious affiliation or denominational background, whereas spirituality concerned the individual’s values, relationships, and perceptions of the sacred; religion was defined as an institutional construct, whereas spirituality was concerned about the individual and her or his sacred experiences. However, the group therapy O’Rourke presented solely addressed spiritual issues. He defined spirituality as a solely individual and personal construct and did not use his definition for religion in the study.

The study by Rungeangkulij et al. [45] used a traditional approach to defining (see Pargament’s distinction above), where religion is the broadband construct, and
<table>
<thead>
<tr>
<th>Authors, year, and country</th>
<th>Study design</th>
<th>Measures</th>
<th>Effect of the group therapy</th>
<th>Type of group therapy</th>
<th>Definitions</th>
<th>Religious/spiritual factors</th>
<th>Quality assessment scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>O’Rourke (1996) [42] USA</td>
<td>Qualitative, exploratory design: (n = 12)</td>
<td>Audiotaped and transcribed the therapy sessions.</td>
<td>Addressing spiritual issues in group psychotherapy greatly facilitate an integration of spirituality with all other dimensions of the individual’s personality.</td>
<td>Spiritual issues group (psychodynamically oriented) for adults with major mental illness.</td>
<td>Religion: the individual’s religious affiliation or denominational background. Spirituality: the individual’s ultimate values, relationship with others, and perception of the sacred which may be expressed within or outside the context of religious tradition.</td>
<td>Creating a spiritual safe place for raising and exploring spiritual issues.</td>
<td>2 2 1 1 1 0 2 2 2</td>
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<tr>
<td>Goodman and Manierre (2008) [39] USA</td>
<td>Qualitative</td>
<td></td>
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<td>0 0 1 0 1 0 0 1 1 1</td>
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<tr>
<td>Margolin et al. (2005) [40] USA</td>
<td>Quantitative, pretest-posttest design: acupuncture treatment and 3-S therapy. (n = 15)</td>
<td>Drug use: urine samples, depression: BDI, anxiety: STAI.</td>
<td>Patients were abstinently significantly longer. Reductions in depression and anxiety.</td>
<td>Spiritual self-schema therapy (cognitive-behavioral and Buddhist) for treatment of HIV-positive drug users.</td>
<td>Spirituality or religion is not defined.</td>
<td>Create, strengthen, and make the “spiritual self-schema” (3-S) more accessible for activation.</td>
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<tr>
<td>Richards and Owen (1993) [44] USA</td>
<td>Quantitative, pretest-posttest design. (n = 15)</td>
<td>Depression: BDI, perfectionism: PS, self-esteem: CSE, Religious/spiritual well-being: SWBS.</td>
<td>Participants scored low on depression and perfectionism, and high on self-esteem and existential well-being.</td>
<td>Group counseling (cognitive methods) intervention for self-defeating perfectionism with devout Mormon clients.</td>
<td>Spirituality or religion is not defined.</td>
<td>Address religious beliefs that exacerbate perfectionistic tendencies and make these tendencies more difficult to overcome.</td>
<td>1 0 0 2 2 2 0 2 2 2</td>
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<tr>
<td>Rungreangkulikij et al. (2011) [45] Thailand</td>
<td>Quantitative, pretest-posttest design with matched control group: (n = 32)</td>
<td>Depression: PHQ-9</td>
<td>6-month followup: 65.5% of control group and 100% of Buddhist group returned to normal.</td>
<td>A Buddhist group therapy for diabetes patients with depressive symptoms.</td>
<td>Buddhistic principles: the three universal laws: (1) impermanence, (2) suffering, and (3) selflessness (no self).</td>
<td>Creating insights about cravings and being able to realize the law of impermanence and non-self.</td>
<td>2 2 1 2 2 2 0 2 2 2</td>
</tr>
<tr>
<td>Authors, year, and country</td>
<td>Study design ((n = \text{?}))</td>
<td>Measures</td>
<td>Effect of the group therapy</td>
<td>Type of group therapy</td>
<td>Definitions</td>
<td>Religious/spiritual factors</td>
<td>Quality assessment scores</td>
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<td>Revheim et al. (2010) [46] USA</td>
<td>Quantitative, follow-up design with matched control group. ((n = 20))</td>
<td>Spirituality status: SSQ, self-efficacy; SES, quality of life: QOL, hopefulness: HHI.</td>
<td>Group attendees’ had significant higher spirituality status and hope than nonattendees.</td>
<td>“The spirituality matters group” for patients with schizophrenia in the recovery process.</td>
<td>Spirituality: personal beliefs and values related to the meaning and purpose of life, which may include faith in a higher purpose or power.</td>
<td>Explore nondenominational religious and spiritual themes designed to facilitate comfort and hope.</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Garlick et al. (2011) [47] USA</td>
<td>Quantitative, pretest-posttest-follow-up design. ((n = 24))</td>
<td>Physical well-being: FACT-B, psychological well-being: POMS, posttraumatic growth: PTGI, spiritual well-being: FACIT-Sp-Ex.</td>
<td>Participants improved psychological well-being, physical well-being, spiritual well-being, and posttraumatic growth</td>
<td>A Psychospiritual integrative therapy (PSIT) for women with primary breast cancer.</td>
<td>Spirituality: a variety of practices and beliefs that may or may not stem from a particular denomination. Includes meaning, faith-based, and existential coping components.</td>
<td>Addressing worldviews, life purpose, and life meaning.</td>
<td>1 2 1 2 2 1 2 2 2 2 2 2 2</td>
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<tr>
<td>Austad and Folleso (2003) [41] Norway</td>
<td>Quantitative, pretest-posttest design. ((n = 23))</td>
<td>General symptoms: SCL-90, depression: BDI, interpersonal problems: IIP.</td>
<td>The average of the patients’ general symptoms went from 1.2 to 0.7. The average for depression went from 19.8 to 8.8.</td>
<td>“Vita-prosjektet” for patients who have religious and existential experiences as an important element in their illness.</td>
<td>Spirituality or religion is not defined.</td>
<td>Address God representations.</td>
<td>1 0 0 1 2 2 0 1 2 2</td>
</tr>
<tr>
<td>Tarakeshwar et al. (2005) [43] USA</td>
<td>Quantitative, pretest-posttest design. ((n = 13))</td>
<td>Religious beliefs/practices: selected subscales from BMMRS, psychological distress: CES-D.</td>
<td>Patients reported higher self-rated religiosity, less negative spiritual coping, lower depression, and more positive spiritual coping.</td>
<td>A spiritual coping group intervention for HIV patients.</td>
<td>Spirituality: relationship with God/higher power, renewed engagement with life, relationship with family.</td>
<td>Reflect on how spirituality helped or hindered coping with HIV.</td>
<td>1 0 0 2 2 0 1 2 2</td>
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<tr>
<td>Jimenez (1993) [38] USA</td>
<td>Quantitative</td>
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spirituality is not explicitly differentiated from religion [24]. Rungreangkulkij defined Buddhism where spirituality was a concurrent and integrated part of the Buddhist religion.

The studies by Revheim et al. [46], Garlick et al. [47], and Tarakeshwar et al. [43] all used modern approaches to defining, and they romanticized spirituality as only positive, personal, and linked to the best in human nature [26]. Spirituality was defined as personal beliefs, practices, and values and these related to meaning, purpose, and renewed engagement with life. Spirituality could also stem from a particular denomination normally associated with religion or faith in a higher purpose or power.

Only the study by Tarakeshwar et al. [43] defined spirituality as possible also being a relationship with God or a higher power, and, as the only study using a modern approach, they understood spirituality as a construct with both positive and negative aspects. The explicit theoretical and empirical foundation for the group intervention was Pargament's concepts of religion and religious coping [15]. Tarakeshwar et al. [43] emphasized that each patient should define their individual spirituality in the first group session. Thereby, spirituality was a solely individual and personal construct. They also emphasized that studies have shown that individuals with HIV are more likely to define themselves as being spiritual rather than religious and they therefore focused on spirituality and omitted religion from the group therapy. This contradicts Pargament's [26] first critique about patients not making the distinction between religion and spirituality, and it is not coherent with the definition and understanding of religious coping presented by Pargament [15].

**Summing up:** Definitions of spirituality and religion in the eight studies were characterized by a strong emphasis on spirituality whilst religion was mostly omitted. Three studies did not report any conceptualization of spirituality and religion at all. Spirituality was individually defined with broad positive constructs. In the same vein, some studies purposely avoided clear definitions, as they wanted clients to fill the concepts with their own individual meaning.

5.3. The Spiritual and Religious Factors. The purpose of “the spiritual issues group for adults with mental illness” [42] was to offer the clients a safe place to explore their spiritual issues. The spiritual factor in this group therapy would be a spiritual safe place. However, due to the individually and solely positive definition of spirituality for the intervention, a spiritual safe place could be almost everything that felt “good” to the patients within the group therapy. Thereby, the spiritual factor became unclear, and it could be questioned if the group therapy was separated from other types of group psychotherapies without an integration of spirituality.

Margolin et al. [40] presented no definitions for spirituality or religion for the spiritual self-schema therapy. Each individual should create, strengthen, and activate an individually meaningful spiritual self-schema. The spiritual self-schema could be the spiritual factor in this group therapy. However, the spiritual factor became obfuscated because the spiritual self-schema had to be created by the individual for individual meaning. Thereby, the spiritual factor could be anything personal and meaningful taking place in the group therapy, and the outcome of the group therapy may not be directly connected to the spiritual factor.

Richards and Owen [44] had implemented a group intervention developed by King [48] and added a religious-spiritual component. They had not defined spirituality or religion. Despite the lack of definitions, religious imagery and discussions of religious bibliography articles and the relationship between religious beliefs and perfectionism were integrated into the group therapy. However, the spiritual/religious factor of the group therapy was difficult to assess, because the group therapy addressed the Mormons’ religious beliefs but without defining those religious beliefs. The intervention was concerned about using the above-mentioned “religious tools” to address religious beliefs that exacerbated perfectionisms. But, because the religious beliefs were undefined, it remained unclear if the “religious tools” addressed them. Furthermore, it was questionable if their self-defeating perfectionism group for Mormons could be separated from other self-defeating perfectionism groups.

Runreangkulkij et al. [45] defined Buddhism for the therapy as the three universal laws of Buddhism and integrated the definition; they presented a religious definition and created a religious intervention. The purpose of the group therapy was for the participants to live as good Buddhists. The religious factor was easily identifiable because the whole intervention was religious. The entire Buddhist group intervention was the religious factor.

The studies by Revheim et al. [46] and Garlick et al. [47] defined spirituality as a solely positive and personal construct. The foci were primary on a personal sense of meaning. The spiritual factors at work in their group therapies were unclear and difficult to assess. It was unclear if the interventions were “spiritual” or “positive” because spirituality was solely something positive in their definitions. Thereby, the spiritual factors in the group therapies could be anything the patient experiences as positive within the context of the group therapy. This questioned if these group psychotherapies were separated from other types of group psychotherapies without integration of spirituality.

“Vita-prosjektet” presented by Austad and Folleso [41] was based on object-relational theory. The focus was on the patients’ God representations and how these influenced the lives and psychic function of the patients. Neither spirituality nor religion was defined for this study. However, the integration of spirituality and religiosity through God representations was theoretically and empirically understood and defined. The spiritual/religious factor in this group therapy was God representations. They presented a clear delimiting spiritual/religious factor for the group therapy.

Tarakeshwar et al. [43] presented a detailed description of the content for the spiritual coping group intervention for HIV patients. Positive spiritual coping was the focus of the group therapy, and the patients should reflect on how spirituality helped or hindered coping with HIV. Tarakeshwar et al. focused on spirituality and omitted religion, and they emphasized an individual self-definition for spirituality. However, examining the group intervention the underlying theory became apparent. The theoretical and empirical foundation for the group intervention was Pargament’s concepts
of religion and religious coping [15]. Despite the fact that Pargament’s theory is on religious coping and Tarakeshwar et al. incorporate their theory into a solely spiritual intervention rooted in clients’ self-definitions of spirituality, the purpose of the group therapy was for the participants to increase their positive spiritual coping. The spiritual factor was therefore easily identifiable because the whole group therapy was spiritual.

Summing up, the descriptions of spiritual or religious factors were unclear in five of the studies. The outcome of the group interventions may or may not be directly connected to the spiritual or religious factors at work in the group therapies presented, and it remains unclear whether these group therapies are separated from other types of group therapies without an integration of spirituality or religiosity. Only the studies by Rungreangkulkij et al. [45], Tarakeshwar et al. [43], and Austad and Folleso [41] had integrated spiritual or religious factors in the group interventions that could be expected to be directly related to the outcome of the intervention. Based on the clarity and delimitations of the spiritual/religious factors in these three group therapies, it was possible to distinguish them from other types of group therapies without an integration of spiritual or religious factors.

5.4. Outcome of the Group Therapies. O’Rourke [42] reported on qualitative findings from a spiritual issues group with 12 adults with mental illness. He presented different themes that had emerged from the data. The data of the study suggested that addressing spiritual issues into group psychotherapy facilitated integration of the individual’s spirituality with all other dimensions of one’s personality. However, O’Rourke’s study had the weakness that it did not account for how the researchers’/interpreters’ preconceptions influenced the data and findings of the study.

Margolin et al. [40] used a controlled pretest-posttest design to study an eight-week spirituality focused group therapy. Forty HIV–positive drug users received acupuncture treatment and “the last” 15 of them also received “spiritual self-schema therapy”. Measurements included depression (BDI), anxiety (STAI), drug urine tests, and general ratings of the effect of acupuncture. Both groups reported reductions in depression (BDI) and anxiety (STAI). The follow-up period was not reported. The spiritual self-schema group reported greater reductions than the “acupuncture only” group, but the intergroup differences were not significant. Urine tests indicated that the spiritual self-schema group was abstinent from heroin and cocaine for significant more weeks than the “acupuncture only” group.

Richards and Owen [44] used a pretest-posttest design, where they completed the outcome measures eight weeks after ending group treatment. Fifteen Mormons received the group intervention for self-defeating perfectionism. Measurements included depression (BDI), perfectionism (PS), self-esteem (CSE), and the religious and existential well-being subscales of SWBS. The participants scored significantly lower on depression (BDI) and perfectionism (PS) and higher on self-esteem (CSE) and existential well-being (subscale of SWBS) at the conclusion of the group. There was no significant increase of religious well-being (subscale of SWBS), which indicated that the effects on depression and perfectionism were not caused by religious well-being. Moreover, the measures included the same or similar items creating self-enforcing, tautological effects.

Rungreangkulkij et al. [45] presented a pretest-posttest design with a matched control group of 32 patients and 32 patients attending a “Buddhist group therapy.” The measurement used was change in depression symptoms (PHQ-9). It was administered before intervention and six months after intervention. The continuous PHQ-9 scores (ranging from 0 to 27) indicated that both groups were less depressed: the Buddhist group scored 11.8 (pretest) and 1.0 (posttest) and the control group 11.5 (pretest) and 5.9 (posttest), but no significance tests were made of these intergroup differences. In a subsequent intention to treat analysis, the PHQ-9 were categorized as normal (scores < 7) and depression (≥7) and it indicated that participants in the intervention group had a significantly greater opportunity (6.6 times) to turn to normal compared to the control group.

Revheim et al. [46] designed a follow-up study, where they compared group attendees (n = 20) with a matched control group (n = 20) after ending intervention. Measurements included spiritual status (SSQ), self-efficacy (SES), quality of life (QOL), hopefulness (HHI), and religious/demographic profiles. They found that the group-attendees-spirituality status (SSQ) was significantly correlated with self-efficacy (SES) and hope (HHI), and the group attendees had a significantly higher spiritual status and hopefulness score than nonattendees. However, they used instruments where constructs were measured with same or similar items (e.g., SSQ measuring same or similar items as HHI), which again can create tautological effects, and there was a relatively limited number of significant results considering the extensive use of measurements.

Garlick et al. [47] used a pretest-posttest study design, where they administered measurement instruments in three different time periods: a baseline assessment, postintervention assessment within a week after completion of intervention, and follow-up assessment four weeks later. Instruments were selected to measure quality of life (FACT-B), mood disturbance (POMS), posttraumatic growth (PTGI), and spiritual well-being (FACIT-Sp-Ex). They reported on 24 women with primary breast cancer completing a “psychospiritual integrative therapy” and 20 women completed the follow-up instruments. Participants improved psychological and physical well-being (POMS and FACT-B), spiritual well-being (FACT-Sp-Ex), and posttraumatic growth (PTGI). Significant effects for time with significant improvements were found between pretest and posttest and between pretest and follow-up. However, the follow-up period was short for determining lasting changes among the participants, and they also administered tautological assessment instruments.

Austad and Folleso [41] used a pretest-posttest design. Measurements included general symptoms (SCL-90), depression (BDI), and interpersonal problems (IIP). The 23 patients completed the intervention, and they all attained a significant reduction in symptoms. The average score for general symptoms (SCL-90) was reduced to 0.7 from 1.2, and the average
score for depression (BDI) was reduced to 8.8 from 19.8. Only two patients fulfilled the criteria for interpersonal problems (IIP) preintervention, but these also displayed a significant positive change. The period between pretest and posttest was not reported.

Tarakeshwar et al. [43] evaluated the effectiveness of a spiritual coping group intervention for 13 adults living with HIV/AIDS using a pretest-posttest design. They administered assessment instruments on religious beliefs and practices (selected subscales of BMMRS), psychological distress (CES-D), and demographic characteristics before intervention and three weeks after intervention. They found that after intervention participants experienced significantly higher religiosity (BMMRS), lower use of negative spiritual coping (BMMRS), and lower depression (CES-D). The participants also experienced more use of positive spiritual coping (BMMRS) but not significantly more. However, the follow-up period was relatively short, and there were a relatively limited number of significant findings relative to the number of variables measured.

All eight studies reported some positive outcomes of the religiously or spiritually integrated group psychotherapies. However, none of the studies used randomized designs, samples were relatively small, the instruments used for measuring outcomes in half of the studies to some degree tautologically measured the same construct, and none of the studies tried to minimize the Hawthorne effect. Despite the reports of positive outcomes, the study designs presented in the eight studies were not robust, and there is no solid evidence for positive or direct outcomes of integrating religious and spiritual factors into group therapy. However, absence of evidence is not evidence of absence and further studies with more robust designs are needed in this undeveloped field of research.

6. Discussion

For some people, spirituality and religion are at the center of their lives, and, for others, spirituality and religion play a minor role in their psychological well-being [3]. The variance and importance of spirituality or religiosity in patients can be expected to influence both the spiritual and/or religious factors at work in the group psychotherapies as well as their outcome. Only the group interventions presented by Austad and Follole [41], Tarakeshwar et al. [43], Richards and Owen [44], and Rungeangkulkij et al. [45] proposed a group therapy for patients with a specific interest in religion and spirituality. It is surprising that the remaining four studies did not voice any explicit concern for this, as the motivation of the clients before entering psychotherapy is considered an extratherapeutic factor which can be crucial to psychotherapy [34].

All eight studies applied the medical model to measure the effect of the total intervention, and none of them addressed the common factors at work. This is likewise surprising, as integration of religion and spirituality into group psychotherapy can be said to be model or techniques factors that induce positive expectations and assist the clients’ participation in the therapy [34]. Furthermore, the evaluation showed that for most of the studies the spiritual or religious factors integrated into the group therapies could not safely be directly connected to the outcome of the group therapies. If the studies had applied a common factors model instead of the medical model for measuring the outcome of the group therapies, it could have revealed clearer delimitations between these eight spiritually and religiously integrated group psychotherapies and group psychotherapies without integration of spiritual or religious factors.

The outcomes of the eight group therapies remained questionable because the definitions and conscious integration of spiritual or religious factors in the group therapies—for the majority of the studies—were unclearly described and not necessarily connected to the outcome of the studies and also due to their use of weak study designs, limited samples, and tautological assessment tools.

The lack of clear identification of the spiritual and religious factors and their relations to the outcome might suggest that the outcome of the studies were caused by common factors [22]. The four elements of common factors presented by Hubble et al. [34], client and extratherapeutic factors, models and techniques, therapist factors, and therapeutic relationship or alliance, could all have been present in all the group therapies, and they could all suffice directly or indirectly in causing the outcome of the studies.

Finally, several of the studies presented modern definitions for spirituality and religion, where spirituality is a solely positive and personal construct [26]. Thereby, spiritual factors became anything the clients might experience positive within the group therapy. For these studies, the spiritual factors were questionable because the concept of spirituality remained unclear.

Considering limitations of the present systematic review, it should be noted that only one researcher (the first author) conducted the literature search, whereas all three authors conducted the complete evaluation. However, the search strategies have been described in detail, ensuring transparency, and the evaluations were standardized and made on the basis of the structured evaluation tools.

7. Conclusion

Clear and delimited conceptualization of spiritual/religious factors is crucial in order to be able to conclude the direct influences of spiritual/religious factors on outcomes. The studies by Rungeangkulkij et al. [45], Tarakeshwar et al. [43], and Austad and Follole [41] had successfully integrated spiritual/religious factors into group psychotherapy and had delimited the spiritual/religious factors of the group interventions, so these became clear and specific. Despite limitations of study designs and a need for more rigorous study methods, the spiritual/religious factors of these studies were considered directly connected to the outcome of the group psychotherapies. And the spiritually or religiously integrated group psychotherapies presented differentiated from other types of group psychotherapies without spiritual or religious factors. It seemed that romanticizing spirituality, as a solely personal and positive construct, would obfuscate the spiritual factors of the group therapy. However, a complete lack of definitions
for religion and spirituality would only be a problem if the religious and spiritual factors also remained undefined and unclear. Furthermore, these studies had addressed groups of patients with an outlined interest in religious and spiritual issues, and this seemed to call for patients’ motivation and common factors, which affected group therapy and outcome positively.

The above evaluation has implications for spiritually or religiously integrated group psychotherapy. Based on this systematic review study, it would seem that clear and delimited conceptualizations of the spiritual or religious factors form the basis for spiritually or religiously integrated group psychotherapy. Furthermore, to aim the spiritually or religiously integrated group psychotherapy at people with specific interests in the spirituality and religiosity seems to increase patients’ motivation for therapy.

Furthermore, the evaluation has implications for research on spiritually and religiously integrated group therapy. It is an underresearched area of inquiry, and the articles of the present review can all be said to have used weak study designs. This new area of research thus calls for more studies and for robust randomized study designs. Especially, it would be necessary with studies having a control group that did not have the spiritual factors. This would provide the best comparison and allow one to test for the effects of the spiritual factors. For the area to provide solid evidence of any effect of integrating religion and spirituality into group therapy, a consensus within the field of religion, spirituality, and health about measures for spirituality and religion that are not contaminated with items for mental health is warranted.

References


Religious Coping in a Christian Minority Group: A Qualitative Study among Pentecostal Danes

Short Title: Religious Coping among Pentecostal Danes

Keywords: religious coping; Christian minority group; Denmark; Pentecostalism; religious individualization; qualitative study; interpretative phenomenological analysis

Abstract

Objectives: Denmark is a highly secularized society, and up till now religious coping has only been studied among the Danish majority with a limited religious affiliation. The aim of this study is to explore the Christian minority of Danish Pentecostals’ experiences of religious coping during a psychological crisis.

Methods: The study includes semi-structured interviews with 18 Danish Pentecostals facing a psychological crisis. The qualitative method of interpretative phenomenological analysis is applied for generating and analyzing the data material.

Results: The participants experience religious coping in relation to fellow believers, reading the Bible and personal experiences of God. Participants experience these three aspects of religious coping both positively and negatively, and these were characterized by a “religious individualism” lived within institutionalized religiosity.

Conclusion: “Religious individualism” highly effects religious coping and should be considered when religious faith is integrated into psychotherapy with Christian minority groups from secularized societies.
Introduction

Several studies have revealed that religious people who face a psychological crisis often turn to their religious faith while trying to cope with the stressors caused by the crisis (Emmons, 1999; la Cour, 2005; Pargament, 1997; Pargament, Koenig, & Perez, 2000; Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Park, 2005b). Other studies have linked psychological crisis to an increase, decrease, or simply a change in people’s religious faith (Ausker, la Cour, Busch, Nabe-Nielsen, & Pedersen, 2008; Koenig, Pargament, & Nielsen, 1998). Research on religious coping centres on people’s various expressions of religiosity and spirituality as they seek to understand and handle major life stressors (Pedersen, Pedersen, Pargament, & Zachariae, 2012). The concept of religious coping has been widely employed across cultures for conceptualizing and studying the relationship between people’s experience of crisis and their religious faith (Pargament, Koenig, & Perez, 2000). However, studies on religious coping among the highly secularized Danish population suggest that living in a secular society affects the religious resources of crisis-stricken Danes, and leaves individuals with fewer religious resources than is the case in more religious cultures (Ausker, la Cour, Busch, Nabe-Nielsen, & Pedersen, 2008; la Cour, 2005; la Cour, 2008; Pedersen, Pedersen, Pargament, & Zachariae, 2012). Studies on religious coping among Danes highlight the private character of religiosity among Danes, where the social support they receive from fellow believers is limited (Pedersen, Pedersen, Pargament, & Zachariae, 2012), as are their conceptual and linguistic resources for dealing with existential, religious, and spiritual questions (la Cour, 2005). Therefore, Danes may have difficulties coping religiously when facing a psychological crisis. However, these studies have been conducted among the broader Danish population without recurrent religious beliefs and practices, whereas religious coping among Danish religious minorities constitutes a neglected area of research. Knowledge of the religious coping of religious minority groups in a secularized society is highly relevant for practitioners attempting to improve or integrate religious and spiritual dimensions into psychotherapy with religious minority groups.

Religious Coping

Pargament has developed a theory on religious coping, and he defines religious coping as “efforts to understand and deal with life stressors in ways related to the sacred” (Pargament, Feuille, & Burdzy, 2011, p. 56). This definition was applied in the present study. Moreover, Pargament and Mahoney (2002) have defined the sacred in terms of concepts of God, the divine, and transcendent reality, as well as other aspects of life that can take on divine character and significance by virtue of their association with, or representations of, divinity. Pargament, Feuille, and Burdzy (2011) present five purposes of religion that can be involved in religious coping: 1) Finding meaning, 2) gaining control, 3) gaining comfort and closeness to God, 4) gaining intimacy with others and closeness to God, and 5) achieving a life transformation. Pargament emphasize religious coping as multidimensional (e.g. cognitive, behavioural, affective, relational), multi-purposeful (e.g. meaning-making, control, comfort, intimacy, life transformation), and multi-valiant, i.e. it can be potentially helpful (positive religious coping) or harmful (negative religious coping or religious struggles). Research on religious coping includes both positive religious coping (e.g. congregational support)
and negative religious coping or religious struggles (e.g. God punishing) (Pargament, 1997). Studies have shown that positive religious coping strategies have generally been related to increased hope, strength, and meaning (Park, 2005a; Siegel & Schrimshaw, 2002), whereas negative religious coping has been associated with increased distress, risk of depression (Fitchett, Murphy, Kim, Gibbons, Cameron, & Davis, 2004), and lower well-being among people experiencing psychological and physical crisis (Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Zwingmann, Muller, Korber, & Murken, 2008). Pargament, Kennell, Hathaway, Gravengoed, Newman, and Jones (1988) have found that the three styles of coping—self-directing, deferring, and collaborative—were related to different levels of personal and social competence. The self-directing style was related to greater sense of personal control in living and higher self-esteem. The deferring style was related to a lower sense of personal control, a greater sense of control by chance, lower self-esteem, and less ‘planful’ problem-solving skills. The collaborative style in which control is “shared” between the individual and God, was associated with individual competence, a greater sense of personal control, a lower sense of control by chance, and greater self-esteem.

The presented empirical studies show that religious coping have been studied empirically with success from several perspectives of mental health. However, for Pargament the theory on well integrated religiosity stands in the foreground in religious coping, and in this perspective the mentally healthy religiosity is characterized by being well integrated. Pargament propounds four criteria for well integrated religiosity: (1) the degree to which the religiosity of the individual is well integrated into a larger social context, (2) the degree to which the individual has integrated means appropriate to his or her religious ends, (3) the degree to which the individual selects religious appraisals and solutions that are well integrated with the demands and challenges of the problem at hand, and (4) the degree to which the individual’s religious beliefs, practices, relationships, and motivations are integrated with each other (Pargament, 2002).

The religious coping of people from a religious minority group facing a psychological crisis is particular worthy of investigation as they have recurrent religious practices and expectations to their religious beliefs, which may be expected to be involved in their religious coping. There is a paucity of research on religious coping of Scandinavian people belonging to a religious minority group, with exception of a study focusing on Jehovah’s witnesses (Hvithamar, 2009). It is not known how Scandinavian religious minority groups employ their religious beliefs for coping with life stressors or what characterizes their religious coping, nor if the religious coping differs from that of more religious cultures. In the present paper, we present a qualitative study on religious coping experienced by a group of Pentecostal Danes facing a personal crisis.

**Pentecostalism in Denmark**

The Danish society has been described as tribal and almost communist in terms of economy, welfare, culture, and mentality. Denmark is one of the most egalitarian countries in the world, and Danes are determined to maintain their welfare state alongside individual freedom in ethical, existential, and religious matters (Iversen, 2006). Danish mentality can be characterized by a “collective oriented individualism”, which is also apparent in Danes’ approach to religiosity, where personal independence and being a part of a collective are equally important (Gundelach, Iversen, & Warburg, 2008). Danes do believe in some kind of God, but prefer religion to be private, peacefully, and passively. In general, the majority of Danes don’t like outspoken pious
Christians, confessed atheists, fanatical spiritualists or provocative pastors (Iversen, 2006). Therefore, it is of particular interest to study minority Christians in Denmark who may be influenced by the majority culture, but to whom religious beliefs and practices also could be expected to be less private than among the majority.

In Denmark, the Pentecostal movement makes out a rather typical minority group consisting of 9000 members when uniting the official members of the Pentecostal and Apostolic Churches that mostly share the same theology and worship. This study took place within the Apostolic Church that consist of approximately 3500 members in Denmark. The Pentecostal movement is characterized by a high focus on experiencing God, where the emotional experience of the Christian faith is highly motivating for the individual. It is a relationship-based movement featuring a flat organizational structure, where laymen and religious professionals are both active in executing the Christian practices (Anderson, 2010). It is characterized by emphasizing mission, both as evangelizing and as social work, and on the content of the Bible being relevant and obtainable for ordinary people, as the people within the Pentecostal movement believe God has called all people to be on a mission. Pentecostals proclaim a pragmatic gospel that addresses practical as well as spiritual needs (Anderson, 2010; Kärkkäinen, 2010). In Denmark, the Apostolic Churches are highly internationalized, and particular inspired by America, in their Pentecostal theology and teaching (Bjerring-Nielsen, 2006). Thus, much is known about the Pentecostal movement’s history and religious practice within Danish society, yet, very little is known of how Pentecostal Danes employ their religiosity to cope with psychological crisis.

Aim

The purpose of this study was to explore Danish Pentecostals’ experiences of religious coping during a psychological crisis.

Methods

The research interest of this study was to enhance knowledge about Pentecostal Danes’ experiences of their religious coping. Therefore a qualitative methodology was applied, as this seeks to increase depth and understanding of the subject of study (Kvale & Brinkmann, 2009). The goal of qualitative research is to produce a credible analysis and generating hypotheses rather than a definite analysis (Bryman, 2001).

Study Site

The participants of the study were recruited at the International Apostolic Bible College, located in Kolding in Denmark. Kolding is Denmark’s seventh largest city with 57,540 citizens. It belongs to the Apostolic Church of Denmark. The International Apostolic Bible College has capacity to accommodate approximately one hundred students. The College offers various types of teaching, therapy, mentoring, and courses for the students. The Bible College is recognized as a “Danish Public High School”, and therefore the College and the students are guaranteed financial support from the Danish Society. A “Danish Public High School” is a place for democratic education, and existential and community enlightenment, and not a part of the Scholastic system for
obtaining a University degree.

**Participants**

A purposeful sample (Patton, 1990) of 18 participants was recruited among approximately 35 students, who fulfilled the inclusion and exclusion criteria. The inclusion criteria were:

Ethnic Danish self-identified and practicing Pentecostals who lately have faced a personal crisis; they should speak Danish without language problems and have Denmark as a cultural and religious frame of reference (i.e. ethnic Danes who were born and raised in Denmark). The participants were allowed to define their personal crisis themselves.

And the exclusion criteria were:

Persons suffering from a distorted perception of reality, severe cognitive or memory problems, psychotic and schizophrenic people, as well as persons who recently (i.e. within the past 0-4 weeks) had been suicidal would be excluded from the study.

The participants defined themselves as being in a *personal crisis*. Eighteen students self-selected (Maxwell, 2005) and volunteered to participate in the study. The participants’ ages ranged from 19 to 54 years with an average age of 36.8 years. Six were male and twelve were female. Basic demographics as well as the participants’ own definitions for their psychological crisis are provided in Table 1. The participants were given pseudonyms in the presentation of data.

| Table 1. Participants’ demographics and descriptions of crisis |

The types of crisis of the participants diverged, but they were all facing a self-defined crisis at the time of the studies. The age of the participants was significantly lower than has been found in studies among the majority Danes with a traditional God-image (Lüchau, 2005). The civil status and level of education represented the average Danes, but more of the participants were divorced / separated than could be expected among Christians, as religious people tend to have fewer divorces than the broader population (Koenig, King, & Carson, 2012).

**Data Generation**

An interpretative phenomenological analytical (IPA) approach (Smith & Osborn, 2003) was used for generating and analyzing the data material. IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences (Smith, Flowers, & Larkin, 2009). IPA is an appropriate approach when trying to explore how individuals perceive the particular situations they are facing or trying to understand the content and complexity of the meanings, which the individuals
use for making sense of their personal and social world (Smith & Osborn, 2008). Therefore IPA was applied for this study of Pentecostal Danes’ subjective experiences of their religious coping.

Data was generated in March and April 2009. The study included semi-structured interviews. Written consent was obtained and participants were ensured anonymity in publications. The International Apostolic Bible College provided an undisturbed and comfortable room for conducting the interviews. The length of each interview ranged from one and a half hours to two and a half hours (mean length: 104.1 minutes). Each interview was transcribed verbatim, including noting the raising and lowering of voice and non-verbal communication, like crying, laughing, signing, etc. The interview-guide was centred on how the participants employed their Pentecostal faith to cope with their personal crisis. The importance of the participants’ own descriptions in the semi-structured interviews was emphasized, and the interview-guide introduced less sensitive questions first and subsequently more sensitive questions in order to facilitate disclosure of the participants’ spiritual and religious experiences. The first author conducted the interviews while being supervised by three senior researchers. Many of the participants knew the interviewer beforehand as a psychology teacher at the College. They also knew she was a psychologist by profession and was conducting a study on religious coping. The interviewer started each interview by clarifying her role as a researcher and interviewer and that the interview was not a therapy-session. The researcher’s effect on the research process was apparent in all facets of the study, which demanded a conscious attention to researcher reflexivity and issues of validity during the interviews, and the subsequent analysis (Kvale & Brinkmann, 2009). The four qualitative criteria of validity presented by Yardley (2000) are widely used in and recommended for IPA studies. These are: Sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These criteria were addressed throughout all facets of the study as suggested by Yardley (2000), and the awareness of the researcher’s own perspective was pursued through reflections on personal motivations, interests and goals for conducting the study, personal beliefs and values, and theoretical preconceptions and preferences. These were written in memos following the different facets of the study.

The software program NVIVO 8.0 was used to handle and structure the data material.

Data Analysis

There is no single, definitive way to perform IPA (Smith, Flowers, & Larkin, 2009). The four stages of the analysis process presented by Smith and Osborn (2003) were used as a working-model for the analysis of this study. In this study the following approach to IPA was applied: In the first stage of the analysis, transcripts were read and reread in order to become familiar with the dataset. For this initial analysis, comments attempting to summarize or paraphrase, make associations or connections, and make preliminary interpretations were written. In the second stage, the researcher returned to the beginning of each transcript. Initial notes were gradually transformed into concise phrases and could evoke more religious and psychological terminology. For the second stage the initial notes for each manuscript of the first stage were transformed into overall themes across all the transcripts. The third stage involved an analytical or theoretical ordering of the connections between the themes that emerged in stage two. In stage three, the emergent themes were listed and connections and clusters between
them were explored. In the forth stage, the clusters of themes which emerged in stage three on this particular topic of religious coping were given names and a structure of the participants’ concerns on this particular topic became emergent. Themes without rich evidence within the transcript or themes that did not fit well in the emergent structure were omitted. The themes were prioritized and reduced in order to decide which themes to focus upon. The themes identified reflected the authors’ priorities and interpretation and were repeatedly checked against data to ensure their grounding in the empirical material. The first author conducted the analysis, while being supervised by three senior researchers who read large parts of the interview-transcriptions and discussed the interpretation with the first author, as well as discussing which extracts from transcripts should be used to illustrate the themes.

IPA aims to account for both the important generic themes in an analysis as well as the real world life of the particular participant who has told their story. It operates at a level that is solidly grounded in the text, but which also moves beyond the text to a more interpretative and psychological level (Smith, 2004). This study also presented a superordinate theme at an interpretative level. It is based on interpretation of the three other themes; a superordinate theme that ran consistently through the three themes.

Findings

We identified three themes: 1. Experiences with fellow believers, 2. Experiences with reading the Bible, and 3. Personal experiences of God. The interpretative superordinate theme was: Religious individualism.

**Theme 1: Experiences with Fellow Believers**

Fourteen of the participants expressed the importance of people who confirmed and supported their religious faith. In particular, the participants had their individual needs met in settings of shared relationships and beliefs. A female participant, who had struggled with psychiatric illness most of her life, explained how important praying together with other Christians was for her:

“I experience God’s presence very much in relationship with other Christians, because of the wonderful things which exist in people. I also experience it when praying with other people. Praying is one of the best things. When I pray with other people, I experience safety. It provides me with meaning in life, because I gain a perspective. I gain an eternity-perspective. Then I think about all the different things in my life, and they make sense because God has put me here [on earth]. God has a meaning and a plan for my life. […] He gives me hope, and he gives me strength to get through every day, which means I will never get so far out again.”

(Emma)

Emma explained how relationships and praying with other Christians were important for her coping with her psychiatric illness and for her religious beliefs. In particular, it was striking how religious relationships also met personal needs, such as safety, meaning in life, hope and strength.

Even though fourteen of the participants expressed the importance of fellow believers for their religious faith and for coping, thirteen participants also expressed
negative experiences with other Christians. One female participant explained how it was difficult for her, when her Christian friend withdrew from her:

“I have some good friendships with at least three friends. […] I experience the pain of not having as many close friends as I had hoped for. We can have a pleasant time together, sharing what is hard in life and praying together afterwards. With one of my friends I have shared religious things and prayed afterwards, but then I experienced that she could not really handle it, and she redrew from me. It hurt and I felt like I was a problem or something. I often feel lonely.” (Celeste)

Celeste had shared her problems and religious faith with her Christian friend, and they had prayed together afterwards. Celeste had expected her friend’s support both in dealing with her problems and religiosity. Celeste had also employed her religious relationships for having personal needs met by her friend, but she became disappointed. Instead of supporting her religious beliefs and meeting her needs, her friend withdrew from her, and Celeste felt hurt and lonely.

The two above quotes serve to illustrate how the participants used relationships with other Christians to cope with difficult life situations and in particular to have their personal needs met. Sometimes this religious coping method met their needs and they experienced it positively, and sometimes they became disappointed by their fellow believers and they experienced the religious coping negatively. To have their individual, personal needs met however was clearly a significant aspect of their religious relationships. In general, the participants did not distinguish between secular or religious needs, both seemed just as important to be met by fellow believers.

**Theme 2: Experiences with Reading the Bible**

All eighteen participants expressed how they also read the Bible to have individual and concrete needs met. They detailed how they read the Bible for the following reasons: To obtain joy, sense of meaning, peace, feelings of satisfaction, less feelings of loneliness, ability to sleep, happiness, security, personal guidance, and self worth. For example, one female participant explained how reading the Bible provided her with peace and the ability to sleep:

“I read Philippians four, four to six, where it says we should not have any anxiety. We should continue to make our needs known to God by prayer. And God’s peace, which transcends all comprehensions, shall guard my heart and mind. I feel I need that a lot these days. I have so many worries about the future and speculating back and forth and so on. It does not lead you to anything good. Then I place my worries with God, and pray I will experience his peace. Especially at night before I go to bed, then I experience a lot of worrying about buying a house and all this money business. Then I place it all with God and I find peace in my mind and I can fall asleep.” (Cindy)

Cindy used the Bible to cope with her worries about buying a house. She read in the Bible that we should not worry and that God gives peace. The quote by Cindy illustrates how the religious faith of the participants was closely woven together with having individual needs of everyday-life met. Cindy adapted the meaning of these words from the Bible to her own life-situation, and thereby she could find peace of mind. This approach to coping, where the participants adapted a biblical meaning to a
specific life-situation was widely used. Another way of adapting a biblical meaning through the Bible was by using the biblical figures, where the participants used the figures of the biblical stories to mirror their own lives and problems. Almost all the participants explained how they experienced reading the Bible created emotional stability, gave a sense of joy or peace, and provided comfort. The biblical stories became stories of the participants individually and how God also would help them in the same way, he had helped the biblical figures. Also for this coping method, it was striking how it not just functioned for sustaining and supporting the participants’ religious beliefs, but it was applied into their specific life circumstances and individual needs. In the participants’ statements of their experiences of religious coping, it became apparent how their religious beliefs involved an expectation of also having the specific, concrete and “non-religious” needs of their lives met through their religiosity.

Twelve of the participants explained how they also experienced the Bible guiding their actions and decisions. The interviews however contained two different approaches to being guided by the Bible: The first was where the participants acted on a literal and concrete reading of the Bible. The second was a more “loose” and symbolic understanding and acting upon the passages of the Bible. Four participants applied a literal understanding of the Bible as verbally inspired and they experienced this coping negatively. One female participant explained how her acting on a literal reading of the Bible created social problems for her:

“I have often read a verse or just one line from the Bible. I have navigated my life from that, because I believe God would show me, what he wanted. I don’t know that much about the Bible. I read a verse, and I simply try to figure out what it means and then I try to act accordingly […] I believed the Bible said I had to marry my boyfriend and stop using birth control, but it didn’t work out. We divorced two years and two children later […] Now I don’t have anyone [friend]. I have a ruined social network, that’s what I have”. (Karen)

Karen’s literal reading and acting upon the verses of the Bible convinced her to marry her boyfriend and not use birth control, but when the marriage collapsed her literal reading of the Bible turned into social difficulties for her.

Another female participant believed God through the words of the Bible had guided her into a situation of financial problems:

“I read loud and clear, Philippians four nineteen. God will provide for me. God will provide for me as rich as he is or something. He would provide for me while I was here [at the Bible College]. I acted on it. It is simply because of that verse I am here. For me it means that I don’t know how it ends. When you are at a Bible College, you don’t have an income. I get child benefits, but no unemployment benefit or social security. I don’t get any money but I get back to that verse about God will provide for me. […] But I have a really hard time believing it because I cannot see it. I cannot see how he provides for me when I have so much debt (cries)…” (Meryl)

Meryl had adapted the meaning of this scripture passage to her own life-situation, and she believed God would provide for her and solve her financial problems. She trusted her literal reading about God providing for her, but when her debt grew and her financial problems were not solved she started to doubt her religious beliefs. These quotes serve to illustrate both how reading the Bible could cause difficulties for the participants, and how they also employed this coping method in specific life-situations.
in an attempt to see concrete and individual needs met. These quotes illustrate how the participants used the Bible to cope religiously with relationships and financial problems, and expressed an apparent expectation for their religiosity to also meet these specific, concrete and secular needs of their lives.

The participants would read the Bible to have their concrete and individual needs met. They adapted the meaning of the Bible to their own specific life circumstances. However, coping based on Bible reading were both experienced positively and negatively by the participants, as it both elicited benign religious coping and difficulties. It seemed that an overly literal reading and direct application of the Bible was associated with different difficulties (e.g. social, financial, religious doubt) for the participants.

**Theme 3: Personal Experiences of God**

Fifteen of the participants mentioned experiences where they themselves or other Christians felt led by God to approach another fellow believer and tell them something personally from God. One female participant described the first time she experienced another Christian relating something from God to her:

“But then I experienced this thing where God spoke to me through other people. She [a fellow believer] said things from God, which nobody knows about me. A person saw some things in me, which she linked to something in my past, and she could never have known that. I had never told anybody. She said it was because I experienced myself this way that I had been through these things, and that was why I had this identity. She said that is why I behaved like this, and why I do these things. And she did not know me. She had no clue. I was completely in shock […] this experience made me certain about God’s love for me, and that he has a plan for my life”. (Charlotte)

For Charlotte this experience was important for coping with her personal crisis. In particular, it reassured her about God’s love for her and that he had a plan for her life in the midst of the crisis. When asking the fifteen participants about the importance of this type of religious experience their focus was on the personal experience of God’s intervention in their individual lives as well as on the personal religious encounter with God. All eighteen participants emphasized the importance of experiencing God personally, and of God intervening in their individual and specific life-situations. Twelve of the participants however also experienced difficulties when the personal experience of God did not emerge or emerged in a more negative way than expected. One female participant told how she started to fear and doubt God, when she did not experience God’s help:

“I have often asked where God was when I shouted to him for help. I have prayed so much without feeling anything. Why did God not take the pain away? I wonder why he allowed the pain for so long. It makes me fear God that he allowed the pain. I wonder where he is when life hurts. I ask God many questions”. (Emma)

When Emma did not experience God helping her she feared and doubted God. Even though Emma, as presented in the section above, had her emotional needs met through praying with fellow believers, she could also doubt God at the same time. The quote by Emma serves to illustrate that even though the participants sometimes had
negative personal experiences of God, they still expected God to intervene in their concrete and individual life-situations. They would also attribute life circumstances to extraordinary interventions by God in their lives. One female participant related how God had extraordinarily brought about a situation to make sure she met her husband:

“I was released from hospital [after having been in a severe car accident]. It was a bit weird, but it was because God knew that I was to meet my husband at this camp. I actually phoned the camp and wanted to back out [cancel attendance] because of my accident, and I explained the situation to the secretary, but she reacted really weird in a way you usually don’t react when a person has been in a severe car accident. She said, really harshly, that I could not back out now, that I had signed up for this, and therefore I should come. Afterwards I could see it was a weird behaviour, and she probably also thought so herself, but it was God who did it. He intervened and made sure I attended that camp, so I got the opportunity to meet my future husband. God is good. That is how God is”. (Sienna)

Sienna interpreted this situation as God’s concrete and extraordinary intervention in her personal life circumstances. This situation could have been interpreted in other ways, but Sienna interpreted this concrete and not uncommon situation as God’s extraordinary intervention in her life. As mentioned, it was in such ways clearly important to most participants to have these personal experiences of God’s intervention. Despite experiences of God not intervening or intervening in a more negative way than expected, the participants continued to expect God to intervene in their concrete life-situations, and they continued attributing life situations to God’s extraordinary intervention.

**Interpretative Superordinate Theme: Religious Individualism**

An interpretative superordinate theme that ran consistently through the three themes emerged in the analysis. This theme was: Religious individualism. The religious coping of the participants was characterized by a “religious individualism” where expecting to have concrete and individual needs met through their religiosity was an integrated part of the participants’ religious beliefs and practices. When analyzing the religious coping of the participants it became apparent that their reading of the Bible and relationship with God and fellow believers were concretely and closely connected to their individual everyday life and problems. Relationships with fellow believers, reading the Bible, and personal experiences of God constituted the primary religious coping patterns of the participants on an individual level. The “concreteness” of their individual religious beliefs and coping was however striking; they did not seem to make a distinction between religious beliefs and having concrete and individual needs met, instead expecting to have secular and individual needs of everyday life met through their religious faith in what came across as fully integrated aspects of their religious beliefs and practices.
Discussion

Positive and Negative Experiences of Religious Coping

Most of the participants drew on relationships with fellow believers for support and experienced fulfilling the religious purpose of gaining intimacy with others and closeness to God as described by Pargament, Feuille and Burdzy (2011). Fourteen of the participants would seek support from fellow believers (e.g. praying together) but thirteen of the participants also expressed dissatisfaction with fellow believers. Relationships with fellow believers were concurrently related to positive and negative religious coping experiences for the participants. When analyzing both the positive and negative aspects of this religious coping style it became apparent that the participants used the support of fellow believers particularly to have their individual and concrete needs met (e.g. social, emotional, financial, relational). Furthermore, the participants did not seem to make a distinction between fellow believers supporting their religious faith and having them meet these more secular and practical needs. It seemed that when the participants had their secular needs met they also had their religious beliefs supported (i.e. their religious needs), and they did not separate these two aspects of their religious beliefs. Pargament, Feuille and Burdzy (2011) recognize that one spiritual function of religion can serve other functions as well. The data of this study furthermore suggested that also having more secular needs met was an integrated and significant aspect of the participants’ religious beliefs and practices; that having both religious and secular needs met were connected in their religious beliefs and practices. This concrete and practical approach to religiosity has also been found in another study about Christianity in Denmark (Johannesen-Henry, 2013). This study however was conducted among the majority in Denmark. The concrete, practical and secular approach to religious beliefs and practices could be caused by the lack of religious articulation and conceptualisation among Danes (la Cour, 2005), leading Danes towards a less outspoken and more practical religiosity.

The participants also emphasized the personal experience of God, but they experienced this coping negatively when the experience of God did not emerge or emerged in another way than expected. The importance of the personal experience of God substantiated one of the purposes of religion presented by Pargament, Feuille and Burdzy (2011): Gaining comfort and closeness to God, especially by using the religious coping method: Seeking Spiritual Support. The participants continued however to expect God to intervene in their concrete life circumstances despite not experiencing God’s intervention as expected. The participants encountered Spiritual Discontent, where they expressed confusion and dissatisfaction with God’s relationship to them in the stressful situation (Pargament, Feuille, & Burdzy, 2011), but they still continued to expect God to intervene. This could indicate a firm belief in God’s ability and concern to concretely intervene in their lives. The participants’ idea of an attentive and obtainable God who can be expected to intervene were consistent with the Pentecostal theology of a pragmatic gospel that addresses practical as well as spiritual needs (Kärkkäinen, 2010). Seen from a perspective of well integrated religiosity presented by Pargament (2002), this continued expectation of God’s intervention despite being dissatisfied, indicates a lack all four criteria for well integrated religiosity and may from this perspective indicate the participants’ firm belief in Gods’ intervention could be considered mentally unhealthy.
Twelve of the participants used the Bible to guide their actions and decisions. In Pargament, Feuille and Burdzy’s (2011) terms, they fulfilled the religious purpose of gaining control when they read the Bible, but the participants experienced reading the Bible both as positive and negative religious coping through two different approaches to being guided by the Bible. Some participants applied a “loose” and symbolic understanding and acting upon passages of the Bible. In this coping method a person engages in a partnership with God to solve his or her problems. Pargament, Kennell, Hathaway, Grevengoed, Newman and Jones (1988) name this: Collaborative Religious Coping. Four participants however acted on a literal reading of the Bible where a person passively awaits God to control the situation, a coping method that comes much closer to what they entitles as Passive Religious Deferral (Pargament, Kennell, Hathaway, Grevengoed, Newman, & Jones, 1988). The participants using this style of coping encountered both social and financial difficulties. The participants’ positive and negative experiences with their religious coping also substantiates Pargament’s argument about religious coping being multi-valiant (i.e. being both potentially helpful or harmful) (Pargament, 1997).

Religious Individualism

The religious beliefs and coping of the participants were characterized by what can best be described as “religious individualism”, where expecting to have individual, concrete, and secular needs met through their religious faith was an integrated part of the participants’ religious beliefs and practices. The “religious individualism” these participants expressed was not based on self-reliance however. On the contrary, it was based on a “God-reliance” with an individual focus, where they trusted God to take care of their individual and concrete problems in life. From Pargament’s perspective on well integrated religiosity this may also be considered mentally unhealthy as this “God-reliance” can be a sign of a religious inflexibility causing less religious integration (Pargament, 2002).

Different sociologists of religion have propounded a “religious individualization” theory. According to this theory, religion will not decrease with increased secularisation, but rather change and morph into new forms. In particular, established religious institutions will increasingly be replaced by more subjective forms of religiosity, and these will be detached from church, individually chosen, and syncretistic (Pollack & Pickel, 2007). The “religious individualism” of the participants of the present study was also subjective and individually chosen. However, the participants were not detached from church, and their individual form of religiosity was not syncretistic or replaced the institutionalized form. Instead, their “religious individualism” took place within institutionalized religion as an integrated part of their religious beliefs and practices. A recent study based on the Danish section of the European Values Study 1981-2008 suggests that subjective forms of religiosity and the Christian faith in Denmark are strongly correlated, and both have also been constant across cohorts, showing no sign of a replacement of Christian faith with individualistic spirituality (Andersen, Gundelach, & Lüchau, 2013). Instead, the individual focus and concreteness of the participants’ religious beliefs and coping could be explained by the Pentecostal movements emphasizing the experience of a pragmatic and emotional gospel (Kärkkäinen, 2010), and because the Pentecostal theology addresses practical as well as spiritual needs (Anderson 2010) it may coincide well with “religious individualism.” Furthermore, this ‘concreteness’ of religious faith as well as a high level
of individualism is also seen among the majority of Danes (Iversen, 2006; Johannesen-Henry, 2013), which could also indicate an influence of the surrounding majority culture on the Pentecostal minority group’s approach to religious coping.

“Religious individualism” was also apparent, when the participants adapted Bible readings to their concrete life-situations. The participants redefined the stressors as benevolent and potentially beneficial for them individually through reading the Bible. Pargament, Feuille and Burdzy (2011) name this religious method of coping: Benevolent Religious Reappraisal. The fourth purpose of religion presented by Pargament, Feuille and Burdzy (2011): Gaining comfort and closeness to God, and especially the religious coping method: Seeking Spiritual Support was fulfilled by the participants through praying, reading the Bible, relationships with fellow believers, and experiences of God. The participants use of these coping methods differed from Pargaments’ definition (Pargament, 1997) because of the participants’ strong emphasis on also having their concrete and secular needs met through this coping method, whereas Seeking Spiritual Support presented by Pargament primarily focuses on religious support directly from the divine (Pargament, 1997). This may again be understood in relation to both the participants’ Pentecostal affiliation as well as the Danish cultural context surrounding them, where due to their Pentecostal affiliation and being situated in a Danish culture, the religious coping of the participants was characterized by “religious individualism.”

The Participants separated themselves from the Danish majority by their religiosity not being privately expressed and lived, as other studies on religious coping among Danes have suggested is the general Danish approach to religiosity (Iversen, 2006; la Cour, 2005; Pedersen, Pedersen, Pargament, & Zachariae, 2012). The religious concepts and language applied by the participants were closely connected to their everyday lives and concrete problems, which matches the character of the pragmatic theology of Pentecostalism (Anderson, 2010), but could also indicate limited religious conceptual and linguistic resources that characterized the general Danish population (la Cour, 2005).

The experiences of the religious coping of the Danish participants of this study suggested that religious coping among a Christian minority group in a secularized country such as Denmark, may in some aspects be effected by the majority of the population, but that their religious coping are also greatly affected by their religious affiliation, which in this study was an internationalized Pentecostalism.

Limitations

This study explored subjective experiences of religious coping among religious Danes, and particularly Danish Pentecostals. The qualitative approach of IPA was used As this methodology is appropriate when exploring individuals’ experiences and sense making, as well as aiming for a credible analysis and generating hypothesis. A number of limitations should however be noted. First, the recruitment strategy was self-selection and may have been biased towards attracting participants who used the interviews as a platform for “evangelizing” and could be expected to express a more extreme religious belief than the average Pentecostal Dane. Second, the participants self-defined psychological crisis and thereby a broad crisis-definition emerged with participants encountering diverse difficulties. This could have caused diverse religious coping mobilization among the participants. Third, the themes identified reflected the authors’ interpretation, and aspects of the participants’ experiences could have been omitted.
Furthermore, even though IPA is foremost an inductive qualitative method, it moves beyond the text to a more interpretative and psychological level, and therefore the authors’ interpretations may have seemed deductive. The themes were therefore repeatedly checked against data to ensure their grounding in the empirical material, and the four criteria of validity presented by Yardley (2000) and issues of researcher reflexivity were assessed throughout the interview-process and analysis.

Conclusion

The experiences of religious coping of the 18 Danish Pentecostals of the present study were clearly influenced by “religious individualism” realized within institutionalized religion, whereas the two are mostly seen in the literature as juxtaposed. Religious coping influenced by “religious individualism” was characterized by the participants’ expectation of also having individual, concrete, and secular needs met through their religious faith being a significantly and integrated part of their religious beliefs and practices.

The Pentecostal affiliation of the participants seemed to highly influence their religious coping, whereas some of the characteristics of religious coping among the Danish majority were apparent and others were less in this study. The concreteness of religiosity was both characterized by Pentecostal theology as well as the Danish majority religiosity, and a lack of religious articulation as found among the majority of Danes.

The participants’ experiences of religious coping were characterized by being both positive and negative and by the purposes of religion proposed by Pargament, Feuille and Burdzy (2011), which could indicate similarities with the religious coping taking place in more religious societies such as the US. The religious coping of participants of this study differed from the American studies presented in that the participant demonstrated less religious articulation and a more concrete, practical, and secular religiosity, coupled with a firm expectation of having personal needs of everyday life met as a significant and closely integrated part of their religious faith. From the perspective of Pargament (2002) on well integrated religiosity, the religiosity of this religious minority group in Denmark can in several aspects not be considered well integrated.

The present study is among the first to investigate religious coping among a Danish Christian minority group, and it yields relevant insights into the experiences and expressions of religious coping among a group of Danish Pentecostals. It also calls for further investigations on religious coping of Christian minority groups in secularized societies, in particular for the purpose of improving or integrating religious and spiritual dimensions into psychotherapy with Christian minority groups.

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References


Lüchau, P. (2005). Danskernes gudstro siden 1940'erne [Religious beliefs of Danes since the 1940s]. In M. T. Højsgaard & H. R. Iversen (Eds.), Gudstro i Danmark [Religious Beliefs in Denmark]. København: ANIS.


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Title:

Religious transformation among Danish Pentecostals following personal crisis and group psychotherapy: A qualitative study

Abstract

The aim was to explore transformations of religiosity experienced by Danish Pentecostals following a crisis and religiously integrated group psychotherapy. The study included semi-structured interviews with 18 participants. The qualitative method of interpretative phenomenological analysis was applied for generating and analyzing the data-material.

The findings suggested that all participants encountered a secondary religious transformation following the personal crisis or religiously integrated group psychotherapy. From a religious development perspective however, the transformations following the crisis could not all be considered mentally healthy although the religious transformations facilitated by the group therapy were mentally healthy from both developmental and meaning system perspectives.

Keywords: religious transformation; psychotherapy; crisis; Pentecostalism; theology of the cross; interpretative phenomenological analysis
Introduction

Religion has received increased attention in health research and appears to be mostly associated with quality of life and improved health (Cobb, Puchalski, & Rumbold, 2012; Koenig, King, & Carson, 2012). The role of religiosity in physical and mental health have been addressed in medical, psychiatric, psychological and behavioral medicine journals and evidence suggests links between improved health and religiosity (Sperry & Shafranske, 2005). Most of these studies assess religion by using global indices (e.g. congregational attendance, frequency of prayer, religious affiliation, self-rated religiousness) or stable patterns of religious attitudes and beliefs, where religion is understood as a trait-like phenomenon (e.g. measures of intrinsic, extrinsic, quest, and fundamentalist religious orientation, attachment to God, attitudes toward church). The way in which religious people experience and practice their religiosity in everyday life is a relatively neglected area of research (Koenig, King, & Carson, 2012). Religiosity may be both a part of the problem and the solution when religious people attend psychotherapy (Pargament, 2007), thus information regarding the personal experiences of “lived” religiosity is of particular relevance when undertaking psychotherapy with religious clients.

Several studies indicate that religious people benefit from religiously integrated psychotherapies (Cornish & Wade, 2010) and there is a substantive body of literature on how to integrate religiosity into psychotherapy (Coholic, 2005; Worthington, Kurusu, McCollough, & Sandage, 1996). Different therapeutic approaches with integration of religiosity (Pargament, 2007; Sperry & Shafranske, 2005) and psychotherapy within specific religious groups (Richards & Bergin, 1999) have been proposed. Until now however most empirical studies on religiously integrated psychotherapies have evaluated the effectiveness of the complete intervention and the specific religious factors in religiously integrated psychotherapies, which separate them from other types of psychotherapy without a religious element, are most often vaguely defined and described (Cornish & Wade, 2010). A recent systematic literature review on spiritually and religiously integrated group psychotherapy propounded that clear and delimited conceptualizations of the spiritual or religious factors would form the best basis for spiritually and religiously integrated group psychotherapies (Viftrup, Hvidt, & Buus, 2013).

Religious people facing a personal crisis will often turn to their religious faith while trying to interpret their situation in new ways (Pargament, 2002; Pargament, Koenig, & Perez, 2000; Park, 2005; Silberman, 2005). From a perspective of religious meaning making, the process of interpreting in new ways is set in motion when a person’s religious meaning system is under pressure due to negative life events. This can facilitate changes in religious beliefs, practices, or other manifestations of a person’s faith. This process can be conceptualized as a religious transformation, as religious transformation is a matter of constructing new forms of religious meaning (Paloutzian, 2005). In this study, we explored the participants’ experiences of religious transformations, because knowledge of religious transformations among religious clients is highly relevant for practitioners attempting to integrate religious factors, such as religious transformations, into psychotherapy with religious clients.
Conceptualization

Many of the authors cited in this article use the concept of spirituality instead of religiosity however in this article we will apply religiosity and use the term religious transformations to describe both major and minor changes in a person’s religious beliefs, practices, and understandings. Despite a comprehensive and ongoing conceptualization discussion within the psychology of religion (Paloutzian & Park, 2005), it has been suggested that religiosity and spirituality overlap but are not synonymous (Zinnbauer & Pargament, 2005). The participants of this particular study are self-identified as religious and therefore we expected significant overlaps between their religiosity and spirituality. Hence we applied the concept of religiosity and not spirituality in the present paper. In this article religious transformation is viewed from a meaning system perspective and a developmental perspective.

Religious transformations as changes in meaning making

Within an understanding of religion as a meaning system, the process of religious transformation is set in motion because of a discrepancy between the ought and the is of a person’s life (Hill, 2002). This discrepancy between what ought to have happened according to a person’s firmly held beliefs, and what actually did happen, is described as cognitive dissonance by social psychologist Leon Festinger (1957). The main hypothesis behind cognitive dissonance is that dissonance is psychologically uncomfortable and therefore will motivate a person to try to reduce the dissonance and achieve consonance. When dissonance is present, in addition to trying to reduce it, the person will also actively avoid situations and information which would likely increase the dissonance (Festinger, 1957). How religious people resolve the cognitive dissonance between their religious beliefs and what they experience, sets the stage for religious transformation. Paloutzian (2005) presents a social cognitive approach to the meaning system perspective that argues that religious transformations are a matter of new constructions of meaning due to the requirements that the personal crisis make on a person’s cognitive constructed meaning system. From a meaning system perspective religious transformations are therefore a natural and ongoing part of the religious person’s life.

Primary and secondary transformations

Paloutzian argues that when a meaning system is established it is relatively durable and does not change easily, and therefore it cannot be expected that the whole system will transform just because one element of a meaning system has been affected. He believes, stereotypes of dramatic transformations aside, most changes in a meaning system are partial and graded, not total and abrupt (Paloutzian, 2005). Pargament distinguishes between two types of religious transformations: Primary and secondary. Primary religious transformations concern changes in the place or character of the sacred as a goal, a destination, or an end that guide the individual’s life, whereas secondary religious transformation has to do with changes not in goals or ends but in the means or pathways people take to the sacred (Pargament, 2006). Pargament...
concludes: *Spiritual transformation refers primarily to fundamental change in the place of the sacred or the character of the sacred as an object of significance in life, and secondarily to a fundamental change in the pathways an individual takes to the sacred* (Pargament, 2006). By Pargament’s definition, religious transformation becomes part and parcel of “lived” religiosity. Based on the perspectives of Paloutzian and Pargament, the religious transformations of the participants of this study could be expected to only be partial (Paloutzian, 2005) and secondary (Pargament, 2006), as the participants still self-identified themselves as religious within Pentecostalism at the time of the interviews.

**Religious transformations as developmental changes**

The understanding of religion as a meaning system opposes the understanding of religious transformation from a developmental perspective, where religiosity over time changes towards more maturity and complexity (la Cour, 2014). The idea of religious maturity can be criticized from a theological viewpoint where it may seem problematic to “rank” the individual’s relationship with God. The idea of less or more mature and complex experiences of religiosity can be traced back to James’ differentiation of the “once-born” and “twice-born” characters (James, 1902/1982). Several studies within the psychology of religion have concluded that some religious beliefs and practices are more psychologically beneficial for the individual than others (Pargament, 2002) and therefore operate implicitly with an idea of religious development. For example Allport defined two types of religious orientation: Intrinsic and extrinsic, and several studies have measured these through the use of questionnaires. The results are, almost without exception, identical: Intrinsic orientation is connected with overly positive qualities, whereas extrinsic is connected with negative qualities (Kirkpatrick & Hood, 1990).

Allport and Ross (1967) define extrinsic and intrinsic religious orientations as:

> A person with an extrinsic religious orientation is using his religious views to provide security, comfort, status, or social support for himself – religion is not a value in its own right, it serves other needs, and it is a purely utilitarian formation, and intrinsic religious orientation as: Contrariwise, the intrinsic religious orientation is not an instrumental device. It is not a mere mode of conformity, nor a crutch, nor a tranquilizer, nor a bid for status. All needs are subordinated to an overarching commitment (p.441).

Pargament disagrees with Allport’s polarization of *means* and *ends* of religion that lies in the heart of the distinction between the extrinsic and intrinsic religious orientation (Pargament, 1997). He believes that all the religions of this world prescribe not only the ultimate *ends* of life but pathways (*means*) to these ends and that there is nothing inconsistent about both “living” and “using” religion. Instead, Pargament suggests that we ask how is religion used in living and to what ends? He suggests that the efficacy of religion may have less to do with specific religious beliefs and more to do with the degree to which religion is well integrated into the individuals’ lives (Pargament, 1997). Pargament views religious integration as multidimensional and propounds four criteria for well integrated religiosity: (1) the degree to which the religiosity of the individual is well integrated into a larger social context, (2) the degree to which the individual has integrated means appropriate to his or her religious ends, (3) the degree to which the individual selects religious appraisals and solutions that are well
integrated with the demands and challenges of the problem at hand, and (4) the degree to which the individual’s religious beliefs, practices, relationships, and motivations are integrated with each other (Pargament, 2002). Well integrated religiosity will obliviously be more developed and mature than a less integrated religiosity. Therefore, from a developmental perspective, it can be suggested that the aim of religious transformation is development towards more integrated religiosity.

The Danish cultural context

The Danish society has been described as tribal and almost communist in terms of economy, welfare, culture, and mentality. Denmark is one of the most egalitarian countries in the world and Danes are determined to maintain their welfare state alongside individual freedom in ethical, existential and religious matters (Iversen, 2006). Danish mentality can be characterized by a ‘collective oriented individualism’, which is also apparent in Danes’ approach to religiosity, where personal independence and being a part of a collective are equally important (Gundelach, Iversen, & Warburg, 2008). Danes do believe in some kind of God but prefer religion to be private, peaceful and passive. In general, the majority of Danes don’t like outspoken pious Christians, confessed atheists, fanatical spiritualists, or provocative pastors (Iversen, 2006). In Denmark several studies have indicated that religious beliefs and practices are intensified when Danes face a personal crisis (Ausker, La Cour, Busch, Nabe-Nielsen, & Mørk, 2008; La Cour, 2008; Pedersen, Pedersen, Pargament, & Zachariae, 2012; Pedersen, Pedersen, Pargament, & Zachariae, 2013). These studies however do not address religious transformations and they have been conducted among the broader Danish population who do not have recurrent religious beliefs and practices. More studies enhancing our understanding of how religious Danes experience religious transformation in their daily life when facing a personal crisis would be of relevance when undertaking psychotherapy with Danish religious clients.

In the present paper, we present a qualitative study among Pentecostal Danes on their experiences of religious transformations when facing personal crisis and entering religiously integrated group psychotherapy.

Pentecostalism in Denmark

In Denmark, the Pentecostal movement constitutes a minority of around 9000 members (when uniting the Pentecostal and Apostolic Church that largely have the same theology and worship). This study took place within the Apostolic Church that consists of approximately 3500 members in Denmark. In Denmark, the Apostolic Churches are highly internationalized, and particular inspired by America, in their Pentecostal theology and teaching (Bjerring-Nielsen, 2006). The Pentecostal movement is characterized by a high focus on experiencing God, where the emotional experience of the Christian faith is highly motivating for the individual. It is a relationship-based movement that is organized with a flat structure, where both laymen and religious professionals are active in executing the Christian practices (Anderson, 2010). It is characterized by emphasizing mission, both as evangelization and as social work and on the content of the Bible being relevant and obtainable for ordinary people, as the people
within the Pentecostal movement believe God has called all people to be involved in mission. Pentecostals proclaim a pragmatic gospel that addresses practical as well as spiritual needs (Kärkkäinen, 2010). Thus, much is known about their history and religious practice, yet, very little is known of how Pentecostal Danes experience religious transformation when facing a personal crisis.

**Aim**

The aim of this study was to explore the transformations of religiosity experienced by Pentecostals in Denmark following personal crisis and religiously integrated group psychotherapy.

**Methods**

The focus of this study was on the experiences of the participants, and therefore the method was designed as an interview study, as the qualitative interview seeks to obtain nuanced and detailed descriptions of individuals’ complex, subjective meanings, and experiences through a face-to-face interaction between researcher and participants (Creswell, 2013; Green & Thorogood, 2004).

**Study site**

Participants were recruited at The International Apostolic Bible College, located in Kolding in Denmark. Kolding is Denmark’s seventh largest city with 57,540 citizens. The International Apostolic Bible College belongs to the Apostolic Church of Denmark and has capacity of approximately one hundred students. The College offers various types of teaching, therapy, mentoring, and courses for the students. The Bible College is recognized as a ‘Danish Folk Public School’, and therefore the College and the students are guaranteed financial support from the Danish Society. A ‘Danish Public High School’ is a place for democratic education, and existential and community enlightenment, and not a part of the Scholastic system for obtaining a University degree.

**Participants**

A purposeful sample (Patton, 1990) of participants was recruited among approximately 35 students who had been offered to enter a Christian group therapy following a personal crisis. They fulfilled the inclusion and exclusion criteria. The inclusion criteria were:

- Ethnic Danish self-identified and practicing Pentecostals who lately have faced a personal crisis; they should speak Danish without language problems and have Denmark as a cultural and religious frame of reference (i.e. ethnic Danes who were born and raised in Denmark). The participants were allowed to define their personal crisis themselves.
And the exclusion criteria were:

Persons suffering from a distorted perception of reality, severe cognitive or memory problems, psychotic and schizophrenic people, as well as persons who recently (i.e. within the past 0-4 weeks) had been suicidal would be excluded from the study.

Eighteen students self-selected (Maxwell, 2005) and volunteered to participate in the study. The participants defined themselves as being in a personal crisis. The participants’ ages ranged from 19 to 54 years with an average age of 36.8 years. Six were male and twelve were female. The participants own descriptions were used for conceptualizing personal crisis for this study.

Personal crisis

In order to provide context for understanding each participants’ personal crisis, their own descriptions are shortly presented:

*Sienna* was +40 years old. She had grown up with intense feelings of rejection and a parent with psychiatric illness. She had been a victim of domestic violence and later a victim of power abuse, and she had suffered from postnatal depression. She now lived a steady family-life with a loving husband, but shortly before entering the Bible College, she had faced a personal crisis characterized by depression and emotional stress.

*Celeste* was +30 years old. She had lately divorced, but prior to divorcing, her husband had suffered a severe brain injury leaving him with a change in personality. Celeste now encountered a stress-related depression and was now on a long-term sick leave.

*Ellie* was +50 years old. Prior to entering the Bible College, she had submitted herself to a psychiatric hospital because of anxiety and psychotic episodes. She also had symptoms of stress and depression. She came to the Bible College as a part of her recovery process.

*Sharon* was +40 years old. She had suffered from manic-depression since her youth, and had developed an alcohol abuse, which she had been treated for several times. She had lately faced a personal crisis characterized by symptoms of stress and depression.

*Marty* was +20 years old. Following the break-up of a relationship, that he believed was sanctioned by God, he encountered a personal crisis. He characterized the crisis as depression, religious struggle, identity-issues, and a feeling of being “stuck” in life.

*Karen* was +30 years old. Because of her religious beliefs, she had married her boyfriend and stopped using birth control. The marriage collapsed two years later, and she faced a personal crisis characterized by depression, religious struggles, and stress.
Andy was +30 years old. Following a severe car accident 12 years prior, he had been paralyzed from the waist down. He was now in a wheel chair. His had recently encountered a personal crisis characterized by identity-issues.

Alex was +40 years old. He had had a substance abuse since his youth. He had recently faced severe anxiety and depression and had submitted himself to psychiatric hospital. He now attended the Bible College as a part of a recovery process.

Terry was +30 years old. He had grown up in an emotional insensitive environment. He had lately faced a work-related depression with symptoms of stress and anger towards his family background.

Charlotte was +30 years old. Three years prior she had lost a three-year-old son to meningitis. Charlotte characterized her crisis being concerned about “living with three children: two on earth and one in heaven.”

Chloe was in her late teen-years. Her self-identified crisis was concerned about identity-issues, such as making decision that her parents were against and questioning her religious beliefs.

Miguel was +20 years old. He had grown up with severe emotional neglect. He faced a personal crisis when his relationship with his girlfriend broke. He encountered depression and identity-issues.

Emma was +40 years old. She had suffered from psychotic episodes, OCD, anxiety, and depression since her late teenage years. She had come to the Bible College as a part of her recovery process.

Meryl was +30 years old. Her recent divorce had caused a personal crisis and she described symptoms of stress and depression.

Trina was +50 years old. She had lately separated due to marital abuse and infidelity. She now had symptoms of depression and emotional stress.

Charlie was +30 years old. He had recently been a victim of religious abuse of power, and now suffered from depression and religious struggles.

Cindy was +30 years old. Before entering the Bible College, she had encountered a stress-related depression.

Beth was +30 years old. She had recently faced a depression following severe physical illness.

The types of crisis of the participants diverged, but they were all facing a self-defined crisis at the time of the study. The age of the participants was significantly lower than has been found in studies among the majority Danes with a traditional God-image (Lüchau, 2005). The civil status and level of education represented the average Danes, but more of the participants were divorced/separated than could be expected among Christians, as religious people tend to have fewer divorces than the broader population (Koenig, King, & Carson, 2012).
**Group therapy**

Two groups were completed with sequences of therapy sessions with fifteen hours of therapy in total divided into five sessions of three hours each. The groups ran in two different weeks with the same psychologist, me as a participant observer, and with different students in each group: 10 students in the first group, and 8 students in the second group. The group psychologist organized the group sessions with three therapeutic elements: (1) experience-oriented exercise for the entire group (e.g. individual dancing in the group), (2) a form of theologically informed psychoeducation for the entire group involving the theology of the cross as well as other aspects, and (3) individual intervention taking place in the group sessions, where one participant had the focus and the rest of the group functioned as active observers. The psychologist applied similar structures for both groups.

The group psychologist possessed theoretical as well as therapeutic experience in integrating the Christian faith into group psychotherapy. His therapeutic approach was embedded in the psychodynamic tradition and involving experience and bodily-oriented techniques. He was affiliated with Catholicism, and the two topics, he mainly addressed in the religiously integrated group psychotherapy, were anchored in a largely Catholic theology of the cross (McDermott, 1990)

The theology of the cross, or *theologia crucis*, refer to the belief that the cross is the only source of spiritual knowledge concerning who God is and how God saves. Cross theology is contrasted with the theology of glory, or *theologia gloriae*, which places greater emphasis on human abilities and human reason. Through the cross, Jesus identifies and unites himself with the trials and sufferings of fallen humanity and in the same way the believers and sufferers in particular are invited to unite themselves with the suffering Christ. As believers unite their suffering to his suffering, gloriously, and mystically, they participate in the redemption that his suffering merited (McDermott, 1990). Cross theology differ significantly from Pentecostal theology, which may come to closer resemblance with aspects of the theology of glory.

**Data generation**

An interpretative phenomenological analytical (IPA) approach (Smith, Flowers, & Larkin, 2009) was used for generating and analyzing the data material. IPA is a qualitative research approach committed to the examination of how people make sense of their major life experiences (Smith, Flowers, & Larkin, 2009). IPA is a suitable approach when trying to explore how individuals perceive the particular situations they are facing or trying to understand the content and complexity of the meanings, which the individuals use for making sense in their personal and social world (Smith & Osborn, 2003; Smith & Osborn, 2008). The method of IPA does not call for methods of control groups or analysis involving inter-rated processes, because in these more quantitative inspired qualitative methods context is usually not considered or highly constrained, limiting the richness of the summary data produced (Guest, MacQueen, & Namey, 2012), whereas the idiographic approach of IPA aim to unfold this richness.

Data were generated during March and April 2009. The study included semi-structured interviews two weeks after the group psychotherapy sessions. The research intention was to enhance knowledge about the participants’ experiences of their
religious transformations. The intention was not to ‘measure’ the effect of the group therapy, but to explore the experiences of the participants hence a qualitative interview-study of process was designed. The individual interviews were conducted two weeks after the group therapy had ended, as the four authors had estimated that to be enough time for the participants to distance themselves from the group therapy, but not to much time for them to forget important details and experiences. The International Apostolic Bible College provided an undisturbed and comfortable setting for conducting the interviews. The length of each interview ranged from one and a half hour to two and a half hours (mean length: 104 minutes). The interview-guide was centered on the participants’ experiences of their religious beliefs, personal crisis, and the group psychotherapy. The importance of the participants’ own descriptions in the semi-structured interviews was emphasized, and the interview-guide introduced less sensitive questions first and subsequently more sensitive questions in order to facilitate disclosure of the informant’s spiritual experiences. The first author conducted the interviews while being supervised by three senior researchers.

Many of the participants knew the interviewer beforehand as a psychology teacher at the College. They also knew she was a psychologist by profession and was conducting a study on religiosity and personal crisis. The interviewer started each interview by clarifying her role as a researcher and interviewer, the interview not being a therapy-session, and that quotes of the participants would be presented anonymously in possible publications. However, all eighteen participants responded that they did not want to be anonymous as they believed them sharing their religious faith would be beneficial for other people. The researcher’s effect on the research process was apparent in all facets of the study, which demanded a conscious attention to researcher reflexivity and issues of reliability during the interviews, and the subsequent analysis (Kvale & Brinkmann, 2009). The four qualitative criteria by validity presented by Yardley (2000) are widely used in and recommended for IPA studies. These are: Sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance. These criteria were addressed throughout all facets of the study as suggested by Yardley (2000), and the awareness of the researcher’s own perspective were pursued through reflections on personal motivations, interests and goals for conducting the study, personal beliefs and values, and theoretical preconceptions and preferences. These were written in memos following the different facets of the study.

The software program NVIVO 8.0 was used to handle and structure the data material.

**Ethical considerations**

In line with Danish legislation, the Danish Data Protection Agency was notified, and the study was approved. Data were stored in accordance with Agency’s rules, and written consent was obtained and the confidentiality of the participants was protected.

**Data analysis**

There is not a single, definitive way to do IPA (Smith, Flowers, & Larkin, 2009). The four stages of the analysis process presented by Smith and Osborn (2003)
were used as a working-model for the analysis of this study. The approach applied is described in table 1.

/Insert Table 1/

Findings and discussion

When analyzing the data material, it became clear that religious transformations were experienced as facilitated by one of two events: the personal crisis and/or the group psychotherapy. All eighteen participants had experienced a religious transformation following at least one of these events. The themes related to the personal crisis as the facilitator for religious transformation included: (1) Transformation of understanding of God and (2) Transformation of religious practices. The themes that emerged in relation to the group psychotherapy as the facilitator for religious transformation included: (3) The theology of the cross and (4) God and anger.

Personal crisis as the facilitator for religious transformation

All the participants stated that the personal crisis had changed how they perceived God or practiced their religiosity. Interestingly, most of the participants described the transformation as taking place in a moment of change or a specific situation, and not as a changing process where change gradually takes place in the life of the individual (Paloutzian, 2005), which is described in other studies on the process of spiritual and religious growth (de Castella & Simmonds, 2013).

Theme 1: Transformation of understanding of God

Several participants described the specific situation or experience where the transformation of their understanding of God had taken place. For example Marty described how a specific religious experience and his interpretation of it, had transformed his perception of God:

“I prayed about this situation [about a girl he was in love with] and I experienced God gave me this scripture from the bible saying she was the girl for me. I believed it with full conviction. I would say I was as sure about it as I am sitting here now. [...] She found someone else, and I realized that this scripture was not true. Something in my faith crumbled that day. [...] I believed God punished me. [...] The situation showed me God’s character. God punished to educate his people. And when God chooses to take over a situation, he also guarantees my recovery from it. And I do not have the responsibility for how I feel and how I handle life anymore”. (Marty)

Marty’s religious beliefs were transformed following this specific incident. Until then he had trusted God, but when what he believed ought to happen, according to his
religiosity of meaning, did not take place, his perception of God changed. He became convinced that when God punishes and takes over a situation he also takes the full responsibility, leaving Marty with a religious belief without any responsibility for his own life and recovery from the personal crisis. From a meaning system perspective, Marty reduced his dissonance and constructed a new meaning. It cannot however be said that Marty’s transformed understanding of God developed towards a more integrated religiosity, as the selected religious solutions and appraisal were not well integrated with the demands and challenges at hand (Pargament, 2002).

However, Cindy experienced a religious transformation following her personal crisis where her understanding of God became more integrated:

“I believed God had abandoned me and left me in my depression. [...] Then I had this intense religious experience of God’s love for me and that he was with me in the valley of darkness. And I could lift my eyes towards him instead of looking at how bad I felt. [...] I had this new conviction that God is with us through the dark times. I had never before been conscious of that. I used to think that people should pull themselves together and get on with their lives”.

(Cindy)

Cindy’s understanding of God was transformed following this religious experience where she became convinced that God had not abandoned her but was also present in the dark times in life. Cindy’s selected religious solutions and appraisal were well integrated with the demands and challenges at hand and she had appropriate means for religious ends; two criteria for well integrated religiosity presented by Pargament (2002).

Celeste’s understanding of God also transformed into a more integrated religiosity:

“God does not favor divorce. The Bible is still clear about that being wrong. God still hates divorces. God is just more dynamic than that, because he loves us. [...] I had prayed and shouted to God for eight months (after her husband had returned home from hospital after his brain injury), and the morning God showed me this scripture about Jesus saying that David and his soldiers ate the bread of sacrifice in the temple because they had to. God’s mercy is more important than sacrifices, laws, and regulations. Then Jesus says in the end, that the son of man is Lord of the Sabbath and therefore he can revoke it. In the same way, God is Lord of marriage because he has instituted it. I experienced God who said, that it was ok to leave my husband.” (Celeste)

While reading this scripture Celeste experienced that God was above the biblical scripture about marriage and therefore could allow her to divorce her husband. By this religious transformation in Celeste’s understanding of God, she can be said to display an extrinsic religiosity, as her changed religious views served her needs for leaving her husband (Allport & Ross, 1967). Through this religious transformation however, Celeste selected religious solutions and appraisals that were well integrated with the demands and challenges at hand, which indicates a religious transformation where Celeste’s religiosity developed towards more integration. This could support Pargament’s statement about there being no inconsistency about both “using” and
“living” religion at the same time and that most religious people are both extrinsically and intrinsically religiously oriented (Pargament, 1997).

As illustrated by the above quotes, the religious transformation of the participants’ understandings of God were mostly closely connected to their concrete problems at hand and this criterion indicates well integrated religiosity (Pargament, 2002). A religiosity where all needs are subordinated to an overarching commitment, as the intrinsic religious orientation presented by Allport and Ross (1967), was not displayed by any of the participants. Furthermore, none of these transformations were total but all abruptly followed a religious experience, indicating that the participants only encountered secondary transformations of their religious means (Pargament, 1997). The abruptness of the participant’s religious experiences may be partially explained by their Pentecostal affiliation that emphasize the emotional experience of religiosity (Anderson, 2010).

Theme 2: Transformation of religious practices

Many of the participants described how their personal crisis had caused them to change their religious practices. When Charlotte’s son died and when Miguel lost his girlfriend their religious practices and beliefs were transformed to a recurrent and more intense religiosity. Hood, Spilka, Hunsberger and Gorsuch (1996) name this type of religious transformation intensification in their book’s chapter on conversion, referring to childhood religiosity that gains a new depth and meaning for the individual. Charlotte and Miguel explain:

“During the course of the disease up till the death of my son, I experienced the God I could never find before was present in a completely new way. I had always prayed and it came naturally to me, but it was like in that situation God was near, and I did not have to do anything. I could just be with my son. I felt such a peace that I didn’t know where it came from. [...] I know now that God is present. He is in us and he speaks to us. [...] We (Charlotte and her husband) started to pray together and go to church together. We changed a lot of things. My relationship with God has become personal and close and my prayers are so much more personal than they used to be”. (Charlotte)

“I wanted to have a relationship with God, but I couldn’t because I had a girlfriend and we had so many problems. It was like my identity was in the relationship with her, but after the break-up I had to find a new identity and I returned to the bible. And I found my identity in God. I know it may sound weird, but I find so much meaning in being a Christian. [...] I read the Bible every day and I evangelize now”. (Miguel)

For both Charlotte and Miguel, their personal crisis facilitated a transformation from a childhood religiosity to intensified religious beliefs and practices. From a meaning system perspective, they had both faced a discrepancy between their childhood religiosity and what actually happened to them and they had tried to reduce the discrepancy and achieve new religious meaning through an intensification of religious beliefs and practices. From a developmental perspective, their religiosity transformed from childlike to more mature and complex (La Cour, 2014), and their religiosity developed towards a higher degree of integration: They had integrated means
appropriate to their religious ends and their religious beliefs, practices, motivations, and for Jeanette also her marital relationship, became well integrated with each other; two criteria for well integrated religiosity presented by Pargament (2002).

Not every participant experienced their religiosity intensified following the personal crisis however, following her personal crisis Karen found going to church difficult:

“I became divorced but I could not figure it out, if it was right or wrong. I had so many thoughts, also because I attended church. Actually, it was bad for me to go to church, because I always heard something that confused me even more. [...] In church they put up all these rules, and you can only divorce your husband if he has committed adultery. [...] I do go to church. I just move to another church when it starts to get complicated.” (Karen)

According to a meaning system perspective, Karen tried to construct a new meaning due to the requirements that her personal crisis had made on her religious meaning system (i.e. religious confusion concerning divorce). She did that by naming the Church’s preaching against divorces ‘rules’, and changed her religious practice to a religiosity without continuous affiliation. From Pargament’s developmental perspective on religious integration, it can be said that Karen’s religious appraisal and solution were well integrated with the problem at hand and from a perspective of religious meaning systems, Karen’s transformations of religious practice could be considered mentally healthy. The three other criteria for well integrated religiosity presented by Pargament were however not developed for Karen, on the contrary these had developed towards less religious integration. Indicating that construction of new meaning may not necessarily provide mentally healthy religious transformations from a religious development perspective. Furthermore, the concept of well integrated religiosity should be understood from a religious developmental perspective on mental health where the four criteria should develop alongside each other and where none have precedence over the others.

Most of the participants’ transformations of religious practice following a personal crisis were facilitated by a discrepancy in their religious meaning system. From a meaning system perspective they all retrieved new meaning (Paloutzian & Park, 2005), but from a developmental perspective only the participants where the religious transformations had been an intensification had developed towards increased religious integration as presented by Pargament (2002). This leads to a discussion about the “mentally healthy religiosity” presented in the two perspectives: From a meaning system perspective, obtaining a new religious meaning that meets the new requirements of the meaning system caused by the crisis can be considered mentally healthy, whereas the developmental perspective “ranks” the most mature religiosity as the most mentally healthy. The religious transformations facilitated by the personal crisis of the participants took place in ways that, from a meaning system perspective could be considered mentally healthy, but from a developmental perspective only sometimes were mentally healthy.
Group psychotherapy as the facilitator for religious transformation

In this study, we explored the participants’ experiences of religious transformations, because religious factors, such as religious transformations, could be relevant to integrate into psychotherapy with religious clients. It was therefore interesting to explore the participants’ experiences of religious transformations facilitated by the group therapy. The group psychologist had addressed two specific topics that had particularly facilitated religious transformation: 1) The theology of the cross, and 2) anger in relation to God.

Theme 3: Theology of the Cross

Prior to the group psychotherapy, the participants had been informed that the group psychologist was a Catholic Christian but none of them mentioned that they had expected his Catholic faith would affect the group psychotherapy when asked about their expectations before entering group psychotherapy. In fact this “meeting” between two theologies, Pentecostalism and Catholicism’s theology of the cross, facilitated a religious transformation among several of the participants:

“In the group therapy it became so real to me. I had never thought before, about the suffering and the cross. It meant a lot to me, when he [the group psychologist] explained how Christ suffered, and that he knows all our pain and suffering. He has been through the same. So he knows and helps us and comforts us. It is like he has walked before me, and if he could handle it, so can I.” (Beth)

“Maybe it was because he [the group psychologist] is Catholic that he focused so much more on the suffering Christ. During the group sessions, I pictured these inner images of Jesus on the cross. He could identify with the pain I, and other people, experience as human beings. The suffering Jesus became more present for my faith.” (Cindy)

“For me it was life-changing when he [the group psychologist] compared my pain to the crucifixion. At first, it seemed a bit strange and I did not understand completely, but then I felt all the pain I’ve been through, I understood. [...] I have something in common with Jesus. He has been tested in all things in life, and he knows how I feel. I really get it now.” (Celeste)

“To suffer together with Christ is not a sacrifice. It is about coming close to Christ through our pain and suffering. We can make a choice about suffering together with Christ. I thought about my own situation, problems with my hips and legs, physical pain, and not being able to walk for 12 years. Not having normal sex for 12 years. That is also suffering. I chose to thank Jesus for the opportunity to suffer together with him. I have never thought about it like this before.” (Andy)

These religious transformations did not follow a religious experience, as most of the religious transformations facilitated by the personal crisis. Instead, they had the character of a new cognitive construction of meaning.
The participants were encouraged to re-experience the pain of their personal crisis in the group and then the group psychologist presented them with the theology of the cross. It functioned as a means of resolving the discrepancy between what ought to have happened according to their religious meaning system and what actually happened, and several of the participants experienced a religious transformation in relation to the theology of the cross. The participants’ religious orientation did not become more intrinsic, quite the contrary in fact, this religious transformation provided more comfort, which extrinsic religiosity is characterized by (Allport & Ross, 1967). The degree of all four criteria for well integrated religiosity propounded by Pargament were however increased (Pargament, 2002), supporting Pargament’s view that the differentiation between intrinsic and extrinsic religiosity not necessarily being an indication of mentally healthy religiosity.

Theme 4: God and anger

Another topic that dominated the therapeutic approach of the group psychologist was anger: to accept anger as a genuine feeling; to re-experience feelings of anger; and to let Christ into the pain causing the anger. This theme should be seen as an under-theme to “theology of the Cross”, as the group psychologist’s theoretical approach to anger was also anchored in the theology of the cross. Some of the participants experienced a religious transformation from believing in a God who could not contain their anger to a God who could:

“For me, it was so lovely to talk about being angry in the group therapy. It allowed me to be angry and also to be angry with God and that he also takes interest in my anger. It was a completely new understanding for me.” (Emma)

“I understand more now, that God allows us to be angry. He can contain anger, also when we say bad things.” (Sienna)

“It was so good to come in contact with my anger and to be able to freely breathe as a human being. I have had a hard time coming to terms with my anger, because I thought I should be this good and nice Christian who had forgiven everything. I am so grateful to God, that it is ok.” (Alex)

None of these religious transformations were caused by a religious experience. They were all directly caused by the therapeutic integration of religiosity, and would probably not have taken place if the participants had not entered group psychotherapy. These participants also increased all four criteria for well integrated religiosity propounded by Pargament through these religious transformations.

The findings from the group therapies suggest that the religious transformations facilitated by the group therapy constructed new religious meanings that met the requirements caused by the personal crisis of the participants at the same time as being mentally healthy from a perspective of religious development and well-integrated religiosity.
Limitations

This study is one of the first to explore religious transformation among religious Danes, and particularly Danish Pentecostals. Therefore a qualitative approach aiming for a credible analysis and generating hypothesis was used. A number of limitations should however be noted. First, the recruitment strategy was self-selection and may have been biased towards attracting participants who used the interviews as a platform for “evangelizing” and could be expected to express a more extreme religious belief than the average Pentecostal Dane. Second, the participants self-defined personal crisis and thereby a broad crisis-definition emerged with participants encountering diverse difficulties. This could have caused diverse religious transformations among the participants. Third, the themes identified reflecting the authors’ interpretation and aspects of the participant’s experiences could have been omitted. The themes were however repeatedly checked against data to ensure their grounding in the empirical material, and the criteria of validity and reliability of IPA were assessed throughout the interview-process and analysis. The first author conducted the analysis, while being supervised by the three other authors who read large parts of the interview-transcriptions and discussed the interpretation with the first author, as well as discussing which extracts from transcripts should be used to illustrate the themes. Fourth, we applied a phenomenological analysis of the participants’ articulated reflections about the group therapy. Other aspects and effects of the therapy may therefore not have been accounted for in this type of analysis.

Summary and conclusion

In the present paper, we have presented a qualitative study among Pentecostal Danes on their experiences of religious transformations when following a personal crisis and entering religiously integrated group psychotherapy. The most salient themes in relation to religious transformation were on the personal crisis as the facilitator for religious transformation: Understanding of God, and religious practices; and on the group psychotherapy as the facilitator for religious transformation: the theology of the cross, and God and anger. These themes were detailed through different quotes of the participants and analyzed with developmental and meaning system perspectives on religious transformation.

The current findings were consistent with research on religion as a meaning system: When a person’s religious meaning system is under pressure he or she will attempt to construct new religious meaning (Paloutzian, 2005; Spilka, Hood, Hunsberger, & Gorsuch, 2003; Spilka, Shaver, & Kirkpatrick, 1985). All the participants experienced a religious transformation following their personal crisis or the group psychotherapy. The personal crisis took place prior to the group psychotherapy. Several of the participants stated that the way they understood God or their religious practices had changed following the crisis but before entering the group psychotherapy, however these religious transformations were less mentally healthy from a developmental perspective than the religious transformation following the group psychotherapy.
The religious transformations following both the personal crisis and the group psychotherapy were partial (Paloutzian, 2005) and secondary (Pargament, 1997). None of the participants experienced any dramatic or total religious transformations. Contrary to studies on religious meaning systems and religious growth (de Castella & Simmonds, 2013; Paloutzian, 2005; Spilka, Hood, Hunsberger, & Gorsuch, 2003), most of the participants’ religious transformations following the personal crisis and prior to the group psychotherapy took place in a changing moment following an emotional, religious experience. The “emotional” character of the religious transformations may be explained by the participants’ Pentecostal affiliation which proclaim a pragmatic gospel that addresses both practical and spiritual needs (Kärkkäinen, 2010), and has a high focus on the emotional religious experience (Anderson, 2010). Interestingly, none of these transformations were total but they abruptly followed a religious experience. This may question the assumption of partial religious transformations mostly taking place gradually (Paloutzian, 2005). From a meaning system perspective, the religious transformations following the personal crisis and prior to the group therapy, functioned well for constructing new meaning (Paloutzian, 2005). From a developmental perspective, a progress from extrinsic to intrinsic religiosity was not displayed by any of the participants (Allport & Ross, 1967), but the religious transformation of some of the participants was transformed towards a higher degree of religious integration (Pargament, 2002).

In the group psychotherapy the participants were introduced to the theology of the cross by the group psychologist with a Catholic affiliation. The religious transformations following the group sessions did not abruptly follow a religious experience but were characterized as a new, gradual cognitive meaning construction (Paloutzian, 2005). Some of the participants experienced a religious transformation through an understanding of the theology of the cross and they all increased the four criteria for well integrated religiosity (Pargament, 2002). This could indicate, that to therapeutically address the Theology of the Cross to Danish Pentecostals facing a personal crisis could function as a religious factor aiming to increase integration of religiosity in the lives of the individual. It would seem that a group psychologist with theological knowledge benefitted this integration. We cannot however conclude that the theology of the cross is a more religiously integrated approach, but it could seem that to introduce Cross Theology to Pentecostals who tend to emphasize the theology of glory can facilitate a more integrated religiosity. Therefore, we suggest that a theologically informed psychologist should have a broad theological understanding.

None of the participants’ religiosities were transformed towards an intrinsic religious orientation. On the contrary most of their religiosity transformed towards an extrinsic religious orientation where it served their needs, which could indicate that the “lived” religiosity of the participants involved both religious means and ends, supporting the critique of Allport’s polarization of extrinsic and intrinsic religious orientation propounded by Pargament (1997).

From a meaning system perspective, the religious transformations functioned well for constructing new meaning. In particular it seemed introducing Cross Theology served well for cognitively constructing new religious meaning. It could however be discussed as to whether constructing new religious meaning can be considered mentally healthy in itself. From a developmental perspective on integrated religiosity, it may be concluded that religious transformation only facilitate a more mentally healthy religiosity (defined by being well integrated) some of the time. It seemed that to
specifically address theology of the cross for Pentecostal Danes in group therapy encouraged well integrated religiosity, as well as new constructions of religious meaning that met the requirements caused by the personal crisis.

Based on the findings of this minor qualitative study about religious transformations among a religious minority group in Denmark, it can by hypothesized that to specifically address religious transformations in psychotherapy can enhance mental health from both a perspective of religious development and meaning system.
References


Lüchau, P. (2005). Danskernes gudstro siden 1940’erne [Religious beliefs of Danes since the 1940s]. In M. T. Højsgaard & H. R. Iversen (Eds.), Gudstro i Danmark [Religious Beliefs in Denmark]. København: ANIS.


### Table 1: Four stages of Analysis

<table>
<thead>
<tr>
<th>Stages</th>
<th>Researcher role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Transcripts were read and reread in order to become familiar with the dataset. The researcher wrote comments attempting to summarize or paraphrase, make associations or connections, and make preliminary interpretations.</td>
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<tr>
<td>2.</td>
<td>The researcher returned to the beginning of each transcript. Initial notes were gradually transformed into concise phrases and could evoke more religious and psychological terminology. Initial notes for each manuscript of the first stage were transformed into overall themes across all the transcripts.</td>
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<tr>
<td>3.</td>
<td>The emergent themes were listed and connections and clusters between them were explored to obtain an analytical or theoretical ordering of the connections between the themes that emerged in stage two.</td>
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<tr>
<td>4.</td>
<td>The clusters of themes which emerged in stage three were given names and a structure of the participants’ concerns on this particular topic became emergent. Themes without rich evidence within the transcript or themes that did not fit well in the emergent structure were omitted. The researcher prioritized and reduced the themes in order to decide which themes to focus upon. Four themes were produced. The themes identified reflected the authors’ interpretation and were repeatedly checked against data to ensure their grounding in the empirical material</td>
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