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A qualitative analysis of sacred moments in religiously integrated group therapy

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ABSTRACT
The aim of this study was to qualitatively explore sacred moments in religiously integrated group therapy for Danish Pentecostals who were experiencing a personal crisis (n = 18). This was a follow-up study based on data from 2009 and 2018. An interpretative phenomenological analytical approach was used to generate and analyze the data material. Three themes emerged: 1) Relationship with God, 2) Relationship with therapist, and 3) Relationship with group members. The participants’ experiences of sacred moments in these relationships were primarily facilitated by a strong therapeutic alliance, trust in the therapist, and therapeutic exercises. The study indicates that trust may be a prerequisite to clients’ experience of spiritual qualities in therapy. The interrelationships in group settings can facilitate sacred moments if led by a spiritually legitimated and trustful therapist. Our findings emphasise the value of working therapeutically with sacred relational aspects in psychotherapy in highly secularised countries as Denmark.

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KEYWORDS
Sacred moments; group therapy; spirituality; religiosity; Denmark

Introduction
International studies have found that when religious people face a crisis, they often benefit from religiously integrated psychotherapies. However, most research on attending to peoples’ religiosity in therapy has focused on individual counselling, with scarce knowledge on how best to address people’s religious faith in group settings (Cornish & Wade, 2010). This paucity of studies on religiously integrated group interventions is surprising because religion is a group phenomenon, one of the earliest forms of a large group (Schermer, 2006). Most often spirituality has been studied and understood as an individual dimension but it can also be understood, expressed, and experienced relationally (Mahoney, 2013). The largest part of the variance in treatment outcomes is attributable to relational aspects of therapy (Horvath et al., 2011) and the curative quality of
the relationships of the therapeutic interactions has been emphasised (Butler & Fuhriman, 1983). Group therapy might be more effective than individual therapy in certain instances; in particular, the cohesion and acceptance of other group members can induce feelings of belonging and facilitate a conductive atmosphere where patients are highly receptive for change (Guttmacher & Birk, 1971). Yalom (1985) describes cohesiveness as the primary curative factor in group therapy, and the importance of group cohesiveness has been empirically supported in numerous studies and described as the group counterpart to the “therapeutic alliance” of individual psychotherapy (Budman et al., 1989; Budman et al., 1993; Marmarosh et al., 2005; Marziali et al., 1997; Yalom, 1985). Meta-analyses of spiritually integrated therapy indicate that these treatments are at least as effective as standard approaches to reducing psychological distress and more effective in fostering greater spiritual well-being (Captari et al., 2018; Hook et al., 2010). A systematic literature review on spiritually and religiously integrated group psychotherapies also found beneficial outcomes; however, all studies lacked clear identification of the spiritual and religious factors of the group therapy and their relation to outcomes (Viftrup et al., 2013). Hence, attention to relational factors in group therapy including religion as a relational experience is warranted.

There is a paucity of studies on religiously integrated psychotherapy in highly secularised countries like Denmark and other Scandinavian countries. In addition, religion and spirituality in Denmark tends to be more privately expressed and less integrated into the vernacular compared to more religious societies (Viftrup et al., 2017). In a study from 2009 with 18 religious Danes attending group psychotherapy, we found positive religious transformations had occurred (Viftrup et al., 2016), and we became interested in studying the relational factors facilitating therapeutic change in religiously integrated group therapy.

Pargament and colleagues (2014) have propounded a “language” for studying and describing transformative, spiritual relational encounters with the notion of sacred moments (Pargament et al., 2014; Pargament et al., 2017). They undertook the first empirical study of sacred moments in the therapist-client relationship as a potentially important ingredient of therapeutic change. Clients who experienced some tension and unease in their lives, who had a trusting relationship with their therapist, or who were religious or spiritual were more likely to attribute sacred qualities to their important moments in therapy. Sacred moments were beneficial in terms of the therapeutic relationship, for the mental health provider, and for the mental health and well-being of the client. The findings of the study also suggest that sacred moments may be transformational, life-generative experiences that may act as vital ingredients for people in the process of healing (Pargament et al., 2014). However, sacred moments studies so far have focused on non-theistic sacred moments and there is a paucity of studies involving theistic perceptions where God is manifest during sacred moments. Studying how religious people experience sacred moments in group therapy seems highly relevant, as experiences of shared religiousness, group cohesiveness, and sacred moments may be interacting factors that could affect therapeutic change.

This study is based on data from a study from 2009 with 18 religious Danes (Viftrup et al., 2016; Viftrup et al., 2017) and followed up in 2018 where 13 participants were interviewed. In this study, we are interested in understanding more about the relational factors of a religiously integrated group therapy. These analyses may be helpful to practitioners addressing religiosity in group psychotherapy.
Definitions

Religiously and spiritually integrated therapy refers to psychological treatment or counselling that addresses spirituality and religion in ways that are ethical, competent, sensitive, and evidence-based. Furthermore, spiritually integrated therapy attends to both spiritual resources and spiritual problems as they affect the mental health of clients (Pargament, 2007; Richards, in press).

For this study, we define spirituality and religion from a relational perspective and in relation to the notion of the sacred. The definition for spirituality for this study is inspired by Mahoney (2013, p. 238): “Situations in group therapy in which the search for the sacred is united with the search for relationships within the group setting”. The definition for religion is propounded by Pargament (2007, p. 32): “The search for significance in ways related to the sacred”. Pargament and Mahoney (2002, p. 61) 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”. It is however, important to note that the term “sacred” is applied in a psychological and not a theological sense, and even though the sacred is understood as the centre of religion and spirituality, the perception of sacredness is also experienced by people who may not endorse theistic or spiritual worldviews.

There are two layers to 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 (Pargament, 2007). This process of imbuing phenomena with spiritual significance has been conceptualised as sanctification (Pargament & Mahoney, 2005). Sanctification takes place when a person perceives an encounter, event, object, or relationship as a manifestation of God (i.e., theistic sanctification) or imbues these with sacred qualities (i.e., non-theistic sanctification). Several studies have demonstrated robust linkages between sanctification and human flourishing (Pargament & Mahoney, 2005; Wong & Pargament, 2017).

Sacred moments fit under the umbrella category of religious, spiritual, and mystical experiences (RSMEs), which are distinguished by their noetic quality, or “realness” (Yaden et al., 2017). Sacred moments are distinct from other RSMEs due to their grounding in sanctification theory and potential function as a spiritual resource (Wong, 2021). For example, mystical experiences (Hood et al., 2001) and sacred moments may both contain qualities of awe, ultimacy (i.e., the noetic), and boundlessness. However, sacred moments are conceptually less mind-binding, more concrete, and more relational in comparison to mystical experiences (Wong, 2021). Sacred moments refer to brief periods of time in which people experience spiritual qualities of transcendence, ultimacy, boundlessness, interconnectedness, and spiritual emotions (Pargament et al., 2014; Pargament et al., 2017). Transcendence involves experiences perceived to be set apart from the ordinary, the immediate, and the everyday. Ultimacy refers to perceptions of deep truth; those things that are perceived to be carriers of absolute truth and reality. Boundlessness has to do with perceptions that go beyond the limits of ordinary time and space. When an experience is perceived as boundless, the person shifts from a quantitative experience of time and space (i.e., chronos) to a qualitative (i.e., cairos). Interconnectedness involves experiences of deep mutual understanding and caring; they involve a sense of profound...
“I-thou” connectedness (as the opposite of an I-it relationship) (Scott et al., 2009). Buber explains how every individual bears within an inherent “Thou” that can only be a “Thou” through the relationship with another human being (an I) (Buber, 1937/2013). Of note, Buber described that by becoming a Thou, the human being addresses the Ultimate Thou. God is the Ultimate Thou. Thus, deep interconnectedness with God can be experienced in sacred moments. Spiritual emotions refer to feelings of uplift, humility, mystery, gratitude, joy, peace, and serenity. Otto (1923/1950) presented the concept of the numinous for describing religious emotions. The numinous (Latin numen, “spirit”) in which the Other (i.e., the transcendent) appears as a mysterium tremendum et fascinans—that is, a mystery before which humanity both trembles and is fascinated, is both frightened and attracted. Thus, God can appear both as wrathful or awe-inspiring, on the one hand, and as gracious and lovable, on the other (Otto, 1923/1950).

**Method**

An interpretative phenomenological analytical (IPA) approach (Smith et al., 2009; Smith & Osborn, 2003) was used to generate and analyze the data material. IPA aims to account for both important generic themes in an analysis, as well as the experience of the particular participant. It operates at a level that is solidly grounded in the text and also moves beyond the text to a more interpretative and theorising level. Data were generated in March-April 2009 and May-July 2018. Besides audio-recording and observational notes of the group therapy sessions, we interviewed participants twice, two weeks and nine years, respectively, following the group therapy.

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

**Participants**

The inclusion criteria were: Danish practicing Pentecostal Christians who have faced a personal crisis within the past six months; were born and raised in Denmark, fluent in Danish, and have Denmark as a cultural and religious frame of reference. The exclusion criteria were: Persons suffering from a distorted perception of reality, severe cognitive or memory problems, psychosis, schizophrenia, or people who recently (i.e., within the past 0–4 weeks) had been suicidal. The participants came from a Christian minority group affiliated with the Apostolic Church in Denmark, where the members are Pentecostal. The Apostolic Church of Denmark has 2,854 members (> 18 years) and 31 congregations in Denmark (Wikipedia, 2020). The Pentecostal movement is characterised by a high focus on the emotional experience of God, emphasising mission, and by claiming that the content of the Bible is relevant and obtainable for ordinary people. Pentecostals often proclaim a pragmatic gospel that addresses practical as well as spiritual needs (Anderson, 2010; Kärkkäinen, 2010). The religiously integrated group psychotherapy was offered as a special college course for Danish students facing some form of personal crisis. The participants self-defined their personal crisis, which varied significantly in nature. Such crises included depression, stress, divorces, abuse, loss of a child, and severe accidents. A total of 18 students fulfilled the inclusion and exclusion criteria, self-selected (Maxwell,
and volunteered to be a part of the study. The participants’ ages ranged from 19 to 54 years, with an average age of 36.8 years at the time of the group sessions in 2009; six were male, and 12 were female. As noted above, for the nine-year follow-up interviews in 2018, 13 participants (four males, nine females) participated Table 1.

**Group psychotherapy**

Two therapy groups were completed, each with fifteen hours of therapy in total, divided into five sessions of three hours. The groups ran for two weeks with the same psychologist, the first

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Civil status</th>
<th>Level of education</th>
<th>Description of crisis</th>
<th>Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meryl</td>
<td>&lt;30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>Social educator BA level</td>
<td>Divorce followed by stress and depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Andy</td>
<td>&lt;30</td>
<td>Male</td>
<td>Divorced</td>
<td>High School</td>
<td>Paralyzed from the waist down in a car accident followed by identity-issues.</td>
<td>2009</td>
</tr>
<tr>
<td>Miguel</td>
<td>&lt;20</td>
<td>Male</td>
<td>Single</td>
<td>High School</td>
<td>A broken relationship followed by depression and identity-issues.</td>
<td>2009</td>
</tr>
<tr>
<td>Karen</td>
<td>&lt;30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>Social and health care assistant</td>
<td>Divorce followed by stress, depression, and religious struggles.</td>
<td>2009</td>
</tr>
<tr>
<td>Beth</td>
<td>&lt;30</td>
<td>Female</td>
<td>Married + two children</td>
<td>Social educator BA level</td>
<td>Severe physical illness followed by depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Terry</td>
<td>&lt;30</td>
<td>Male</td>
<td>Married + two children</td>
<td>MSc in music and physics</td>
<td>Work-related depression with symptoms of stress and severe anger.</td>
<td>2009</td>
</tr>
<tr>
<td>Trina</td>
<td>&lt;50</td>
<td>Female</td>
<td>Separated + three grown up children</td>
<td>Nurse BA level</td>
<td>Separation after marital abuse followed by depression and emotional stress.</td>
<td>2009</td>
</tr>
<tr>
<td>Celeste</td>
<td>&lt;30</td>
<td>Female</td>
<td>Divorced + two children</td>
<td>School Teacher BA level</td>
<td>Lived with a husband who suffered a brain injury. Divorce followed by stress and depression</td>
<td>2009</td>
</tr>
<tr>
<td>Sharon</td>
<td>&lt;40</td>
<td>Female</td>
<td>Single</td>
<td>None</td>
<td>Manic depression, substance-abuse, and stress.</td>
<td>2009</td>
</tr>
<tr>
<td>Emma</td>
<td>&lt;40</td>
<td>Female</td>
<td>Single</td>
<td>Social educator BA level</td>
<td>Psychotic episodes, OCD, anxiety, and depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Alex</td>
<td>&lt;40</td>
<td>Male</td>
<td>Single</td>
<td>None</td>
<td>Substance-abuse followed by anxiety and depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Charlie</td>
<td>&lt;30</td>
<td>Male</td>
<td>Single</td>
<td>None</td>
<td>Victim of religious abuse of power followed by depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Charlotte</td>
<td>&lt;30</td>
<td>Female</td>
<td>Married + two children</td>
<td>Social and health care assistant</td>
<td>Loss of a child followed by a crisis of how to live with a death child.</td>
<td>2009</td>
</tr>
<tr>
<td>Chloe</td>
<td>&gt;20</td>
<td>Female</td>
<td>Single</td>
<td>None</td>
<td>Age-related identity-issues.</td>
<td>2009</td>
</tr>
<tr>
<td>Cindy</td>
<td>&lt;30</td>
<td>Female</td>
<td>Married + two children</td>
<td>Social educator, art teacher BA level</td>
<td>Stress, depression</td>
<td>2009</td>
</tr>
<tr>
<td>Ellie</td>
<td>&lt;50</td>
<td>Female</td>
<td>Divorced + one child</td>
<td>Social and health care assistant</td>
<td>Anxiety and psychotic episodes. Symptoms of stress and depression.</td>
<td>2009</td>
</tr>
<tr>
<td>Sienna</td>
<td>&lt;40</td>
<td>Female</td>
<td>Married + four children</td>
<td>Health care assistant</td>
<td>Victim of domestic violence and power abuse. Depression and emotional stress.</td>
<td>2009</td>
</tr>
</tbody>
</table>
author as an observer, and with different participants in each group: 10 clients in the first group, and eight clients in the second group. The group psychologist possessed 30 years of theoretical as well as therapeutic experience in integrating the Christian faith into group psychotherapy. The group psychologist organised the group sessions with three therapeutic elements: 1. experience-oriented techniques 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, 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 structure of a session usually consisted of an experience-oriented technique for the entire group followed by psychoeducation, and thereafter the session would alternate between individual intervention and psychoeducation.

Ethics becomes highly relevant in the asymmetric relationship between client and therapist, and particularly if the clients sanctify the therapist. The Danish philosopher and theologian K.E. Løgstrup emphasises trust as a basic human condition in the relational encounter and how ethics always are situated in the interpersonal interaction between people (Løgstrup, 1997). The notion of trust described by Løgstrup is central for ethical thinking in Denmark and is foundational to the “Ethical Principles for Nordic Psychologists”. These principles aim to provide ethical guidance and promote ethical reflection for psychologists in the Scandinavian Countries (“Ethiske principper for nordiske psykologer,”, 2013).

Data generation
The observations and recording of the group sessions as well as the interviews in 2009 were conducted in a bible college. The nine-year follow-up interviews were conducted in the homes of each participant. For the follow-up interviews, the first author contacted the participants through social media, and if they responded, she recruited them by phone. She was able to contact thirteen of the eighteen participants, and they all volunteered. The length of each interview ranged from one and a half hours to two and a half hours (mean length: 113.4 min). Each interview was transcribed verbatim. The questions of the interview-guide from 2009 derive from a study on personal faith, crisis, and religiously integrated group therapy (Viftrup et al., 2016; Viftrup et al., 2017). Relational spirituality and sacred moments were not the focus of these interviews from 2009. The interview protocol for 2018 aimed at illuminating the findings of this study on transformations of religious beliefs and practices from the perspective of sacred moments. However, in order to avoid shaping participants’ responses and focus during the interviews, the wording of “sacred moments” were not applied; instead the participants were asked if they remembered any important moments from the group sessions, and then we asked them to describe these important moments to assess whether they experienced sacred qualities. In this way we tried to remain true to the participants’ experience of their participation in group therapy nine years earlier. We also asked them whether and how they believed these recalled moments had affected their crisis and general psychological health (Table 2).

Researcher reflexivity
The first author conducted 18 interviews in 2009 and 13 interviews in 2018 while being supervised by the last author. Many of the participants knew the interviewer beforehand
as a psychologist by profession. The interviewer started 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 reliability during the group sessions, interviews, and the subsequent analysis (Kvale & Brinkmann, 2009). For example, the first author was an observer in the group sessions; therefore, she was also embedded within the relationships of the group therapy. Her relationships with the other participants of the group may have affected the sessions and subsequent interviews. Particularly, her perspectives on sacred moments may have affected the interviews of 2018. At the same time, participating in these relationships also granted the researcher direct access to the sacred moments of the group sessions and the other participants’ trust. The analysis of the themes identified reflected the authors’ interpretation. However, they were repeatedly checked against data to ensure their grounding in the empirical material. Attempts were made to ensure validity and reliability of themes by following the four stages of analysis, ongoing discussions between authors, and obtaining the participants’ approval of themes.

**Table 2. Examples from the two interview-guides.**

<table>
<thead>
<tr>
<th></th>
<th>Interview-guide 1 Questions</th>
<th>Interview-guide 2 Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus: The experience of the group therapy</td>
<td>How did you experience the group therapy sessions?</td>
<td>Focus: The experienced importance of the group therapy</td>
</tr>
<tr>
<td></td>
<td>Were the sessions helpful for you? (in what way?)</td>
<td>Focus: Specific moments of change during the group sessions</td>
</tr>
<tr>
<td>Focus: Integrated faith into therapy</td>
<td>How was your religious faith addressed during the sessions?</td>
<td>What do you remember about the group therapy sessions?</td>
</tr>
<tr>
<td></td>
<td>Why (and how) is your religious faith important to you (in your current crisis)?</td>
<td></td>
</tr>
</tbody>
</table>

**Data analysis**

There is not a single, definitive way to do IPA (Smith et al., 2009). The four stages of the analysis process presented by Smith and Osborn (2008) were used as a working model for the analysis of this study: *In the first stage of the analysis*, transcripts from both 2009 and 2018 were read and reread in order to become familiar with the dataset. For this initial analysis, the first and last authors wrote comments attempting to summarise or paraphrase, make associations or connections, and make preliminary interpretations of topics potentially related to sacred moments. Particularly, the connections between descriptions of moments during group sessions in 2009 and how the participants recalled these in 2018 were explored. *In the second stage*, the researchers returned to the beginning of each transcript. Initial notes were gradually transformed into concise phrases. 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 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.
with a focus on participants’ experiences of the relational factors and the therapeutic change of the group therapy sessions. In the fourth stage, the clusters of themes which emerged in stage three were given names, and a structure of the clients’ experiences on relational factors of the group therapy became emergent. Three themes were produced. Themes without rich evidence within the transcript or themes that did not fit well in the emergent structure were omitted. The researchers prioritised and reduced the themes in order to decide which themes to focus upon. This challenging process included different factors, such as prevalence within the data, the richness of a particular passage that highlights a theme, and how the theme helped illuminate other aspects of an account (Smith & Osborn, 2003).

Results

The participants described important moments and relationships that they imbued with sacred qualities. When analysing data, three themes emerged in the data material describing the participants’ experiences of relational factors: 1) Relationship with God, 2) Relationship with therapist, and 3) Relationship with group members. The analysis of the themes will be presented below.

Theme 1: relationship with god

The first theme concerns how the participants experience of their relationships with God were transformed during moments in the group therapy sessions. It seemed that these transformations facilitated new aspects of the participants’ relationship with God, aspects that helped them handle their crisis. One female participant said:

I have experienced so much pain, but until now nobody taught me what to do with the pain. He (the group psychologist) has taught me the towel technique and about being angry but without sinning […] I beat the ground with the towel and shouted my pain to God … There was such deliverance in doing that. It is completely new to me that God is in my suffering and pain. Such deliverance.

This participant described in 2009 what defines a sacred moment in her relationship with God when she threw the towel (a therapeutic technique introduced by the group psychologist). Evident in her descriptions were the sacred qualities of transcendence, ultimacy, and divine interconnectedness (I—Ultimate Thou), which were recurrent themes across the cases. Due to her crisis, the participant experienced pain and anger, but she struggled to handle these emotions in a way that did not conflict with her Christian faith and relationship with God. During the described moment, she felt a deep connection with God and a new truth about God caring for her pain and anger.

When asking the 13 participants in the follow-up interviews in 2018 about important moments they had encountered in the group therapeutic setting in 2009, the majority said they remembered these therapeutic moments quite clearly, and they described them as still important and psychologically relevant for them. This points to the boundless quality of the sacred moment, as these cairos moments are deeply etched into memory. A male participant said:
I remembered we sat in a circle and told our life-stories and we addressed anger in the therapy. I think it was very powerful […] to passively listen to the life-stories of others affected me in a painful way, but at the same time it seemed effective and was really good in a psychological sense … I think […] through those stories told in the group … it was clear to me, that God was present with us … he was with us in the pain.

In the 2018 interviews, all participants explained that the group therapy sessions had been important for their relationship with God and for handling their crisis. When asked about important moments in the sessions, most of the participants mentioned specific therapeutic exercises facilitated by the group psychologist (e.g., the towel exercise or telling life-stories in the group) where they had experienced what can be defined as divine interconnectedness. It seems that these sacred moments had the capacity to positively affect participants’ religious life and psychological functioning.

**Theme 2: relationship with therapist**

The second theme concerns the experience of how the group psychologist facilitated sacred moments between the individual and God through a positive client-therapist relationship and therapeutic exercises. It seemed that the therapist became a manifestation of God for the majority of participants. They experienced interconnectedness and spiritual emotions in relation to the group psychologist when describing transformational moments. A male participant said in 2009:

> It was when I talked with him (the group psychologist) afterwards … we talked about suffering with Christ and that stuff […] and when he talked with me, it all of a sudden made so much sense […] what used to feel so meaningless and useless and whatever […] what used to be so disgusting to me all of a sudden became elevated … and almost beautiful

The participant described spiritual qualities of interconnectedness and several spiritual emotions: uplift, awe, mystery, gratitude, and serenity. The participant’s experience of illumination also reflects a realisation of something ultimately true (the quality of ultimacy). Another participant described a sacred moment when the group psychologist hugged him:

> He was an honest brother. You could see it in his eyes […] he was utmost trustworthy […] he smiled at me … in an incredibly honest way … and then he hugged me … I was a little surprised by that, but … when we let go of each other, I just felt this incredible gratefulness […] it made me feel that I also want to be such an honest brother, who dares … dares to look at others with the eyes of love …

This participant was interviewed in 2009, and he experienced spiritual emotions of gratitude and interconnectedness where the therapist was seen as a manifestation of God in being *an honest brother*. He referred to the Christian term of being brothers in Christ. In the 2018 interviews, several participants would again sanctify the group psychologist when describing the sacred moments. The participant above said in 2018:

> I remember it (the sacred moment) well … yes … yes … yes, he (the group psychologist) was such a good man. He was very Christ like … I haven’t seen him since … but I remember him well […] he was really very full of the Spirit

In this example, the participant emphasised the Christ-like qualities of the group psychologist. He represented a carrier of the sacred for the participants and sacred moments
seemed to flow from his spiritual character. In the 2018 interviews, the participants were asked if they remembered the group psychologist. Even though they were not asked directly about his spiritual qualities, 11 of them noted spiritual qualities within him. However, a few of the participants interviewed in 2018 could not recall any important moments from the group sessions from 2009. Despite this, they still described the group psychologist as a manifestation of God and viewing him as a Christ-like figure was psychologically beneficial for them. For example, a participant said in 2018:

> I cannot remember anything specific … from any of the sessions […] but I trusted him (the psychologist) fully … you could just feel that he was close to God …

### Theme 3: relationship with group members

The third theme was about the participants describing experiences of what was defined as sacred moments in relation to other group members. These moments took place during different exercises introduced by the group psychologist. To illustrate, we present a transcript of observational notes from a group therapy session in which what we define as a sacred moment took place through a therapeutic greeting exercise:

> In this exercise the group members shall greet each other non-verbally. They can only use eye contact, body language, and senses to establish positive contact with each other. The clients get up from their chairs and walk over to each other, and they look into each other’s eyes without saying anything. The group psychologist says the point is to be “seen” and to “see” and “meet” the other persons without being interfered by words. After the exercise the group members react in emotional ways: Some cry, some express happiness, and some hold hands with each other, or give each other a hug. Several of the clients express how, through the exercise, they felt both: “seen and felt a love for each other.” Other group members explain that they: “experienced God in the group, in the others, and in themselves.”

Different participants described how this exercise led to what we define as deep interconnectedness between group members. The spiritual qualities of transcendence, ultimacy, boundlessness, interconnectedness (both as I—Ultimate Thou and I-Thou), and powerful spiritual emotions were palpable within the relational encounters. When asked about the group sessions in the 2018 interviews, the participants mentioned this particular greeting exercise as generating an important moment. For example, a female participant said:

> The way we started by greeting each other without words was so exciting … often when you meet people it can be difficult […] it was so liberating just to be … no demands or acting in a certain way … just tune in to the other person. I could really just be myself.

The participant remembered the exercise as an important moment, and she experienced the exercise as psychologically beneficial. However, none of the participants sanctified other group members when interviewed in 2018. Rather, the presence of other group members seemed to facilitate a sacred space. An example of this was a female participant (P) who, when interviewed in 2009, had described what could be defined as a sacred moment in a group session. We present the transcript of observational notes for this particular moment:

> P talks for a while and then the psychologist asks her how she feels in the group. She signs that she has heard the question, but she does not answer it verbally. The psychologist
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. The other group members look at P with compassion and non-judgment. She looks up hesitantly. When she sees the eyes of the other group members, 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 from the chair and down on the floor. She lies down on the floor. Some of the other group members cry quietly, 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 they agree on his actions and what he says. P cries intensively for about ten minutes, while the psychologist sits next to her.

The interconnectedness between P and the group psychologist as well as the other members were important for eliciting this sacred moment. When interviewing P in 2018, she still recalled this moment as sacred to her:

Of course, I remember that moment … lying on the floor crying […] It was a very important moment for me. It was the first time in my life, where I really felt accepted … I mean accepted in my pain […] He (the group psychologist) was really amazing … a good and holy man […] Jesus changed something inside me that day …

The sacred moment altered P with a deeper sense of acceptance of self, which was still important for her life in 2018. She experienced spiritual qualities of transcendence, ultimatecy, boundlessness, interconnectedness, and spiritual emotions during that moment. In the 2018 interview, P also sanctified the group therapist and recalled the interconnectedness as important for eliciting the sacred moment. However, she did not talk about the other group members when recalling the moment. This was recurrent across the cases: It seems that group members did not sanctify each other, but their presence and engagement with one another can elicit sacred moments. In the interviews from both 2009 and 2018, the majority of participants experienced qualities of deep interconnectedness in relation to the therapist. It may be that with his theological training, the group therapist was seen as a legitimate representative or emissary of God, the divine, or Jesus in a way that the other group members were not. This notion may be relevant for psychological practice with religious groups in general.

Discussion

Relationship with god

It seemed that the participants experienced transformative sacred moments that were characterised by perceptions of manifestations of God. We found expressions of qualities of transcendence and divine interconnectedness (I—Ultimate Thou) in the participants’ descriptions. They felt that they had truly encountered God and they seemed to directly experience their sacred core (i.e., the divine) (Pargament & Mahoney, 2005) in these moments. The participants did not emphasise qualities of spiritual emotions explicitly in relation to these moments, even though the moments were highly emotional. The concept of the numinous might better describe the religious emotions the participants experienced but did not verbally express; They experienced the mysterium tremendum et fascinans (Otto, 1923/1950). This resonates with the participants encountering the Ultimate Thou (Buber, 1937/2013). The participants experienced theistic perceptions where God is manifest during sacred moments, and in the presence of the Ultimate Thou, the
participants felt a realisation of something ultimately true about God and their relationship with him (the spiritual quality of ultimacy). When interviewed in 2018, the participants particularly emphasised how their realisation of an ultimate truth (e.g., God is with me in my pain and anger) elicited a transformation of their relationship with God and positive psychological changes. The sacred moments involving participants’ relationship with God (theistic sanctifications) were beneficial in nature. However, when processing clients’ relationship with God, therapists are “touching” the clients’ sacred core (Pargament & Mahoney, 2005), and an underqualified psychologist could also have harmed the clients.

**Relationship with therapist**

The group psychologist facilitated sacred moments through a positive therapeutic alliance (Budman et al., 1989) and therapeutic exercises. For the majority of participants, the therapist also became a manifestation of God. He thereby became situated in the sacred ring (Pargament & Mahoney, 2005) of the participants. The participants expressed experiencing profound “I-thou” connectedness (Buber, 1937/2013; Scott et al., 2009) and trust in the therapist. In Løgstrup’s (1997) understanding, trust manifests itself as a surrender into the relationship and the individuals surrendering are altered (transformed) by the relationship. The study indicates that trust may be a prerequisite for clients’ experience of spiritual qualities and sacred moments in group therapy.

We found that clients surrendered themselves both religiously and relationally in the therapeutic encounter, and the quality of deep interconnectedness may be elicited by experiencing the therapist as manifestation of God and therefore trusting him to a high degree. Spiritual emotions and interconnectedness were the most commonly perceived spiritual qualities in relation to the therapist, to an extent where participants described universally human qualities in religious terms (e.g., describing the kindness of the therapist as him being Christ like). Theistic sanctification seems to be a relevant process in religiously integrated group psychotherapy, and religious clients may often experience sacred moments in relation to their personal faith. In psychotherapy in general, it is well known that the client idealises the therapist. This is a relational phenomenon that calls for constant ethical reflection. The theistic sanctification of the therapist can be considered a form of religious idealisation. This idealisation was facilitated by a Christian context and a theologically trained therapist. This type of idealisation of the therapist is not addressed in “Ethical Principles for Nordic Psychologist” (2013) but the psychologist’s relational responsibility for the client’s dependence and trust is highly emphasised. When integrating religiosity into therapy, the effect of theistic sanctifications on therapist-client relationships calls for further ethical reflections.

**Relationship with group members**

The group cohesiveness (Marmarosh et al., 2005) seemed important for the participants’ experience of therapeutic change. However, in contrast with the group therapist, other members were not in the sacred ring (Pargament & Mahoney, 2005). The participants’ experiences of sacred moments were primarily facilitated by the group cohesiveness and religiously integrated therapeutic exercises with other group members, but the
relationships with other group members were not sanctified as was the case with the theistic sanctification of the therapist-client relationships. It seemed that shared religiousness, group cohesiveness, and sacred moments may be interacting factors that can affect therapeutic change, but the interrelationships in group settings seemed to primarily facilitate sacred moments if led by a spiritually legitimated and trustworthy therapist.

**Danish context and ethics**

“Ethical Principles for Nordic Psychologist” emphasis on the psychologist’s relational responsibility is based on Løgstrup’s (1997) understanding of the spiritual and transformative power of trust in relationships. Therefore, trust might to an even greater extent be a prerequisite for sacred moments and therapeutic change in Nordic societies. At the same time, Danes tend to view religious beliefs and practices as private and not something that is talked about with others (Viftrup et al., 2017). In Denmark, where trust is considered highly relational and religiosity, conversely, hardly relational at all, it was interesting to find that participants experienced and lived their religiosity relationally to a large extent. Our findings emphasise the value and possibility of working therapeutically with sacred relational aspects in psychotherapy with religious Danish clients as well as Danes who experience religious thoughts and struggles. It also calls for further reflection for ethical implications for practice.

**Implications for practice**

This study also indicates that religious people benefit from religiously integrated psychotherapies (Cornish & Wade, 2010). However, whether religiously group therapy is more effective than individual therapy (Guttmacher & Birk, 1971) and group cohesiveness is the primarily curative factor (Yalom, 1985) remains unclear as relationships with God and therapist seemed to elicit theistic sanctification to a greater extent than relationships with other group members. The group cohesiveness might facilitate sacred moments significant for therapeutic change if the group is led by a spiritually legitimated and trustworthy therapist. For this study, it seemed that the group psychologist facilitated group cohesiveness as well as the sacred moments in clients’ relationship with God. This study indicates religious clients experiencing sacred moments in group therapy may lead to highly asymmetric relationships. A common factor in all psychotherapy is the asymmetric relationship between the client and the therapist (Richards & Bergin, 1999). However, this study points to theistic sanctification of the therapist in religiously integrated therapy may enhance the relational responsibility of the therapist. Gonsiorek and colleagues (2009) emphasise that when psychologists include the religious or spiritual dimensions of clients’ lives in therapy, they should maintain the identity, traditions, standards, and values of psychology. They particularly focus on the psychologist’s competences and bias (both positive and negative), and that it should be possible for psychologists to acquire spiritual and religious competencies regardless of their personal faith (Gonsiorek et al., 2009). As illustrated in this study, it is important that the group therapist demonstrates competence in spiritual and religious issues. Only a spiritually and religiously competent therapist could manifest trust with and between these religious clients. It is necessary for therapists working with religious and spiritual clients (as well
as privately religious Danes) to enhance their competence and confidence in including the religious or spiritual dimensions of clients’ lives. The Spiritual Competency Training in Mental Health (SCT-MH) fosters basic religious and spiritual competencies (Pearce et al., 2019; Vieten et al., 2013). The SCT-MH programme was designed to develop basic competency in 16 empirically derived religious and spiritual competencies for mental health. These competencies address the attitudes, knowledge, and skills of the mental health provider. In Denmark, formal training programmes for religious and spiritual competencies in mental health providers do not currently exist. However, developing research-based courses for attending to patients’ spiritual needs in the different health care institutions is a growing field in Denmark (Hvidt et al., 2020). We believe the areas of mental health are in need of the same.

**Limitations**

This qualitative study was based on a small sample of Danish Pentecostals and may not be representative of other religious Danes attending group therapy. Additionally, the qualitative approach of IPA was used. Although IPA is foremost an inductive qualitative method, we moved beyond the text to provide psychological interpretations that were informed by theory. However, themes were repeatedly checked against data to ensure their grounding in the empirical material. In addition, participants were interviewed shortly upon completion of a 2-week group programme, and then again 9 years later. The follow-up period was very long for an experience that was very limited in time. Furthermore, the second interviews could have been influenced by the researchers’ interpretation of the data material at the first interviews. This combination could lead to a high risk of shaping participants’ responses and focus. However, as described in the data generation section, we tried to remain true to the participants’ experience of their participation in group therapy 9 years earlier by minimising shaping participants’ focus during the interviews in 2018. Our findings are also subject to selection bias because the involved participants self-selected. It was not possible to apply an alternative sampling strategy. Moreover, the group therapist in this study was theologically grounded and already had expertise in spiritual and religious issues. Future studies may clarify the psychological impact of religiously and spiritually integrated therapy for Danes by including facilitators with diverse world-views and clinical training. Quantifying participants’ experiences in religiously integrated group therapy by using formal measures of sanctification and sacred moment qualities could also be illuminating.

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**Disclosure statement**

No potential conflict of interest was reported by the author(s).
Ethical approval statement

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

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