

THE NEW AGE OF CHRISTIAN HEALING MINISTRY AND SPIRITUALITY:
A META-SYNTHESIS EXPLORING THE EFFICACY OF CHRISTIAN-ADAPTED
COMPLEMENTARY THERAPIES FOR ADULT SURVIVORS OF FAMILIAL TRAUMA

by

Amanda Lynne Brees

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2021

ABSTRACT

Adult survivors of familial trauma present with many seemingly unrelated psychiatric and relational issues well into adulthood. Developmental and familial trauma is emerging in the research as a subset of complex posttraumatic stress disorder (C-PTSD). This specific type of trauma is rooted in attachment and family systems theory. Issues such as divorce, parental substance abuse, mental illness, enmeshment, parentification, abandonment, and abuse get passed down intergenerationally in vicious cycles until someone finds the courage to heal. Pastoral counselors are uniquely equipped to lead the third wave of cognitive-behavioral therapies proving effective in treating complex trauma includes mindfulness and complementary therapies (CTs) given advances in understanding contemplative neuroscience and neurotheology. Trauma necessitates a top-down (talk therapy) and bottom-up (somatic therapy) approach to healing. These complexities pose important theological questions for pastors regarding the appropriateness of CTs for evangelical Christians. Furthermore, a dichotomy exists between the medical and ministry worlds. CTs exist in the spiritual tension between medicine and ministry. Moreover, CT practitioners fall into the same legal scope of practice categories as Christian lay ministers. A grounded theory of Christian-adaptable CTs for ministering to family trauma would streamline treatment approaches. It would also make empirical training accessible to clients, congregants, and pastoral counselors and CT practitioners. The study utilized meta-synthesis to survey journal articles ($N = 500$) using Boolean operators to identify an intersection between three topics: Christian ministry and pastoral counseling, complex relational and family trauma, and complementary and alternative medicine. Thirty-five studies ($N = 35$) were the subject of a meta-synthesis. Meta-synthesis attempts to develop a new theory by thematic analysis.

Keywords: familial trauma, complementary therapies, pastoral counseling, attachment trauma, transpersonal psychology, Christian spirituality, contemplative neuroscience

Copyright

©

Amanda Lynne Brees

2021

All Rights Reserved

Dedication

To Alexander and Adalyn

Thank you for being such precious gifts from God.

Acknowledgements

To my dissertation committee: Thank you for all your hard work and dedication. Thank you for believing in this project, and seeing it through to completion.

To my faith/spiritual community and church staff teammates: Thank you for your support and eternal patience with me as I completed this program and processed what it means to live out my faith as an evangelical in this unique Mount Shasta spiritual climate.

To my professors, pastors, counselors, and spiritual mentors: Thank you for your valuable direction and guidance that remained a stable source of direction through this unfolding process of nearly 20 years.

To my family: Thank you for everything as I am first and foremost a student of the family systems who have graciously allowed me to be learn how I show up in relationship. Through the good times and hard, my faith has been made strong in the container of these various attachment systems.

To God: Thank you that your power is made perfect in my weakness.

Table of Contents

ABSTRACT.....	2
Copyright	3
Dedication.....	4
Acknowledgements.....	5
List of Tables	11
List of Figures.....	12
List of Acronyms Used in This Paper.....	13
CHAPTER ONE: INTRODUCTION.....	14
Introduction.....	14
Background.....	14
Spiritual Healing Ministry for Family Trauma.....	14
Pastoral Counseling and Lay Ministry.....	16
Complementary Therapies	16
Christian Adaptability of Complementary Therapies.....	17
Christian Spirituality.....	18
The Controversy of Complementary Therapies.....	20
Problem Statement.....	25
Purpose Statement.....	27
Significance of the Study	28
Research Questions.....	29
Definitions.....	31
Summary.....	32
CHAPTER TWO: LITERATURE REVIEW.....	33

Overview..... 33

Introduction..... 33

 Description of the Literature Review..... 35

 Literature Review Search Strategy 36

Theoretical Framework..... 37

 Origination and Major Theorists..... 37

Research Gaps..... 46

Related Literature..... 48

 Synthesis 48

 Existing and Developing Literature 50

Research Gap 81

Conclusion 82

CHAPTER THREE: METHODS..... 83

Design 83

 Chosen Research Method 83

Research Question 84

 Are Complementary Therapies Appropriate in Christian Healing Ministry
 Contexts?..... 85

 Are Complementary Therapies Clinically Effective in Treating Trauma?..... 85

 Is Christian Lay-Ministry Effective in Supporting Mental Health? 85

 Are Complementary Therapies Indicated When Ministering to Adult
 Survivors of Family Trauma? 86

 Relationship Between Research Questions and Research Design..... 86

Procedures..... 87

 Meta-Method..... 87

Meta-Data Analysis	87
Meta-Theory	87
Meta-Synthesis.....	88
Researcher’s Role and Bias	93
Data Collection	93
Inclusion Criteria	94
Exclusion Criteria	94
Data Analysis	95
Literature Review and Meta-Theory Survey	95
Meta-Synthesis.....	96
Trustworthiness.....	97
Credibility	97
Dependability and Confirmability	98
Transferability.....	98
Ethical Considerations	99
Summary.....	99
CHAPTER FOUR: FINDINGS.....	101
Overview.....	101
Theme Development.....	101
Mechanism of Action.....	103
Efficacy.....	105
Transpersonal Neurotheology.....	108
God-Attachment in Contemplative Neuroscience	115
God and Family Attachment.....	117
Family Systems Theory and Spirituality.....	119

Familial Trauma, Attachment, and Healing.....	123
Intergenerational Trauma, Attachment, and Spiritual Healing.....	127
New Age Movement, Christian Adaptability, and Complementary Therapies..	130
Christian Yoga Opposition	132
CAM Pros and Cons	133
Christian Yoga Support.....	134
Christian Meditation	137
CHAPTER FIVE: CONCLUSION	145
Summary of Findings.....	145
Discussion.....	153
God’s Attachment to Humanity	153
Christian Adaptability.....	157
New Age of Christian Spirituality	162
CAM Is Indicated and Appropriate With Adaption.....	165
Christian Enlightenment	166
Pro and Anti Yoga and Mindfulness Positions.....	166
Missions and Outreach.....	168
Letting Go and Surrender.....	169
Implications.....	171
Christian Contemplative Behavioral Therapy	171
Christian Contemplative Healing Association.....	172
Christian Worldview.....	173
Prophecy, Faith Healers, and Shamans.....	175
Astrology, Solstices, and New Moons.....	179
Crystals, Gemstones, and Precious Stones	180

Incense, Herbalism, and Anointing Oil.....	181
Meditation and Mindfulness	182
Laying on of Hands, Healing Touch, and Reiki	182
Christian Adaption	184
Delimitations and Limitations.....	187
Limitations	187
Delimitations.....	189
Recommendations for Future Research.....	189
Contemplative Christian Healer (CCH) Practitioner and Teacher School of Ministry.....	190
Summary.....	194
Conclusion	195
REFERENCES	197

List of Tables

Table		Page
1	Meta-Synthesis: Articles for Inclusion.....	92
2	Quotes on Mechanism of Action and Efficacy.....	111
3	Quotes on Union and Attachment With God.....	121
4	Familial Trauma and Attachment Quotes.....	129
5	Quotations on the Christian Adaptability of CTs.....	140
6	Summary of Study Findings.....	147
7	New Age Biblical References.....	185

List of Figures

Figure		Page
1	Meta-Synthesis: Data Search Algorithm.....	91
2	Mechanism of Action, Efficacy, and Neurotheology (Sankey Diagram).....	103
3	Union, Presence, Attachment, and Image of God in Contemplative Neuroscience (Sankey Diagram).....	117
4	Familial Trauma, Attachment, and Healing (Sankey Diagram).....	125
5	New Age Movement, Christian Adaptability, and Complementary Therapies (Sankey Diagram).....	132
6	Code Co-Occurrence Spreadsheet.....	151
7	Code Frequency Bar Graph.....	152
8	Article and Code Relationship (Sankey Diagram).....	153
9	Flowchart of Findings Overview.....	194

List of Acronyms Used in This Paper

- Autonomic Nervous System (ANS)
- Betrayal Trauma (BT)
- Borderline Personality Disorder (BPD)
- Complementary and Alternative Medicine (CAM)
- Complementary Therapies (CTs)
- Complex Post-Traumatic Stress Disorder (C-PTSD)
- Default Mode Network (DMN)
- Developmental Trauma Disorder (DTD)
- Emotional Overinvolvement (EOI)
- Excessive Reassurance Seeking (ESR)
- Family Scapegoating Abuse (FSA)
- Family Systems Theory (FST)
- Hypothalamic-Pituitary-Adrenal (HPA)
- Kriya Yoga (KY)
- Post-Traumatic Stress Disorder (PTSD)
- Marriage and Family Therapy (MFT)
- Neuro-Affective Relational Model (NARM)
- Substance Use Disorder (SUD)
- Veteran's Administration (VA)

CHAPTER ONE: INTRODUCTION

Introduction

The study surveyed a large body of research on three topics: (a) Christian ministry and pastoral counseling, (b) complex relational and family trauma, and (c) complementary and alternative medicine. The topic of this study is—The new age of Christian healing and spirituality: A meta-synthesis exploring the efficacy of complementary therapies for adult survivors of familial trauma. It is rooted in Bowen’s Family Systems Theory (FST), which describes the natural order of a family system. FST mirrors the biblical mandate in Genesis 2:24, “This explains why a man leaves his father and mother and is joined to his wife, and the two are united into one” (New Living Translation; Mitchel & Anderson, 1981). Attachment theory describes the maladaptive intimacy patterns that arise from these initial bonds with one’s parents and live on through an adult survivor’s marriage and parenting (Lowyck et al., 2008).

Background

Spiritual Healing Ministry for Family Trauma

Isobel et al. (2019) stressed the clinical utility of defining familial trauma to include psychological trauma that happens in the context of meaningful relationships. They suggested interpersonal, relational, betrayal, attachment, developmental, complex, cumulative, and intergenerational trauma all under the umbrella of familial trauma. Isobel et al. asserted that trauma that occurs in familial relationships of attachment has a more profound and complex impact than single incident non-personal trauma. Failure to acknowledge the complicated overlap of terms could lead to a lack of clarity in practice and diffusion of the evidence base. The consequences of familial trauma include lifelong changes in neurobiology, comorbid conditions, revictimization, relationship struggles, and pathological views of self and others. Adult survivors

experience shame for both the trauma they have endured and what they have become as a result (Isobel et al., 2019).

According to Hann-Morrison (2012), healthy marriages and families result from adherence to this process of moving from one's birth family to family-of-choice. Conversely, family trauma happens when this natural order gets disrupted due to parental substance abuse, enmeshment, parentification, abuse, mental illness, divorce, abandonment, and attachment failures. When emotional intimacy gets hindered in the initial stages of infant attachment, the repercussions can last long into adulthood. The mother's job is to help the infant learn the appropriate balance between closeness and distance to the birth family. Each dyad in a family system needs to balance and harmonize with the rest of the system to have appropriate emotional balance (Hann-Morrison, 2012).

The overarching narrative of the Bible is essentially the story of God's attachment with humankind and humanity's failure to reciprocate God's love and intimacy (Knabb & Emerson, 2013). Jaebong and Kwajik (2016) liken the family dysfunction of Jacob in the Bible with Bowen's family systems theory. They found Jacob to be experiencing low levels of differentiation. Differentiation is the ability to emotionally separate from one's family-of-origin. He was also the subject of intergenerational trauma and triangulation. Jacob experienced emotional reactivity and high levels of family related anxiety. This biblical understanding of the correlation between family systems theory and the families of the Bible can help church families understand their dysfunction through the lens of family systems theory (Jaebong & Kwajik, 2016).

Pastoral Counseling and Lay Ministry

Dayringer (2012) described pastoral counseling as an integration of faith and psychology where the pastoral counselor's goal is to engage in a ministry of healing with the distressed. This discipline is a recent movement rooted in the spiritual care the church has provided since its inception. Pastoral counselors obtain a myriad of certifications and get included in the referral context of a medical team. The bond between a parent and child will mold the child's relationship with God as well. Pastoral counselors are tasked with helping congregants reconcile a correct understanding of what it means that humans are made in the image of God. Their role stands in stark contrast to Freud's attempts to pathologize religion (Dayringer, 2012). McClure (2010) found the exploration of feelings within the context of families, self, and interpersonal relationships to be the current primary focus for pastoral practitioners.

The fall represents the initial attachment failure remedied through the resurrection of Jesus (Genesis 1-3). The Bible accounts for stories of family trauma in people such as King David, Joseph, and Abraham. David was ignored by his birth family and later persecuted by his father-in-law Saul (1 Samuel 19:2-3). He struggled with relationships and behavior issues as an adult survivor (2 Samuel 11:1-27). Joseph was betrayed by his jealous brothers and sold into slavery (Genesis 37:28). His position as his father's favorite could have constituted an inappropriate emotional closeness barring on enmeshment. Abraham tried to take the trauma of infertility into his own hands through the birth of Ishmael, which created a divided family with Hagar (Genesis 16:8).

Complementary Therapies

Complementary therapies encompass an array of non-verbal or non-traditional interventions. Schouten et al. (2015) found the non-verbal alternative of art therapy in trauma

treatment resulted in a significant decrease in trauma symptoms across multiple treatment groups. Carr and Hancock (2017) advocated for the effectiveness of art therapy, specifically in developmental trauma. Church et al. (2013) found the emotional freedom technique (EFT), a somatic and cognitive PTSD intervention, helpful in reducing PTSD with long-term effects. Sebastian and Nelms (2017), likewise, found EFT to be an efficacious treatment with PTSD without adverse effects. Finally, Halberstein et al. (2007) found flower essences to potentially reduce high-situational anxiety.

Christian Adaptability of Complementary Therapies

There are many questions regarding both the efficacy and mechanism of action present in complementary therapies (CTs). Berkley and Straus (2002) stressed the importance of including CTs in the family therapy treatment process (2002). Varambally and Gangadhar (2020) described regulation of the hypothalamic-pituitary-adrenal (HPA) axis, enhancement of GABA neuro-transmitters balance of the autonomous nervous system, and neuroendocrine balancing as the methods of action that cause yoga to be healing for trauma. Cabral et al. (2011) conducted a meta-analysis that concluded that yoga therapy is an effective adjunct intervention for PTSD. Furthermore, they found that yoga therapy could relieve symptoms that failed to respond to psychotherapy and psychopharmacology. Goyal et al. (2014) conducted another meta-analysis that could not find substantial results of meditation in treating trauma symptoms. Vancampfort et al. (2012) found yoga therapy to be a helpful add-on treatment for reducing psychopathology as a whole. Such findings prove vital for the discerning pastoral counselor when deciding whether to endorse CTs in the context of Christian ministry.

Mechanism of Action

A common question facing pastors today involves the mechanism of action responsible for the success of these eastern practices. Gerritsen and Band (2018) explained the mechanism of action that makes mindfulness and meditation healing. The vagus nerve is a central part of the autonomic nervous system that gets toned during contemplative practices. This balance of the autonomic nervous system is what catalyzes trauma healing and mental health benefits. The use of controlled breathing and guided attention are the underlying reasons for the success of these practices (Gerritsen & Band, 2018). Boyd et al. (2018) found that mindfulness-based treatments for PTSD restore connectivity between brain networks within those who have PTSD. In this regard, it appears that pastors have no spiritual qualms regarding the roots of the practice. Instead, the mechanism of action should withstand judgment from the discerning Christian.

Christian Spirituality

Complementary therapies hold to this concept that a universal life force exists in all sentient beings. This biofield itself is neither Christian nor non-Christian but seems to be a common subject at the core of mystic spirituality. Meditation, yoga, and Reiki attempt to heal the spirit of the person. In this regard, the spirit of humans is unable to be owned by a single religious tradition. The field of transpersonal psychology delves into this concept of non-religious spirituality in great depth, yet pastoral counselors have historically avoided this psychology of spirituality almost entirely (Bidwell, 1999).

What seems interesting to Christians is that the elusive nature of Buddhism and Hinduism are fundamentally different in their approach to religion. In a sense, their innate spirituality creates a dynamic that lends itself to adoption by more systematic and well-formed religious doctrines. In a way, it seems as if religion evolved from the works-based God of the Old

Testament Judaism, to the works-based karma and reincarnation of Hinduism, to the no-self and enlightenment approach to Buddhism, to the grace-based and mercy system of Christianity. Only Christ offers sufficient grace to overcome the totality of the sin, or Maya, of the human condition. So, if one defines something to be decidedly Christian by something being related to Christ, is it possible that most practices could point toward or away from Christ? Is the nature of the spiritual practice or the practitioner's direction that makes something Christian? Can yoga be Christian any more than Christmas became Christian through appropriating pagan practices?

Mental-health providers can discourage the use of CTs because they get thought to be dangerous or a waste of money despite an abundance of empirical data suggesting otherwise (Gulden & Jennings, 2016; Hull et al., 2015; Mohi-Ud-Din & Pandey, 2018; Pence et al., 2014; Sears & Chard, 2016; Uhernik, 2017). There is often little recourse for less authority on the topics that disagree with these authority figures (Jain, 2014). Patients and practitioners of CTs often struggle with little recourse against conservative pastors, theologians, and allopathic physicians who control processes like ordination and medical boards licensing who deem CTs quackery or demonic.

Although these opinions are valid and often well-meaning, the purpose of this study is to eliminate the use of *individual authority* as the determining factor of whether consumers and congregants should utilize CTs or not. This study attempts to remove the traditional gatekeepers who decide that CTs are demonic, fads, or quackery. Instead, the goal is to provide consumers and congregants direct access to the contents of the empirical research data to make informed decisions regarding the medical and theological place of CTs in their familial healing journeys based on the data. For this reason, human participants were not recruited for this study.

The Controversy of Complementary Therapies

There appears to be three emerging positions for the Christian use of CAM in the context of healing family trauma:

1. One position suggests that all Christians should avoid it because that it is apostasy based in other religions. This position uses appeal to authority to condemn the practices. It begins with the premise that CAM practices are all fundamentally Hindu or Buddhist. They are frequently religious and medical experts who appoint themselves to label and denounce heretics and quacks based on the dissenter's lack of academic or church authority. This same power differential existed between Martin Luther and the Catholic Church. They often view those who practice CAM as second-class Christians who have given into faddism. This position assumes these practices are innately Hindu and Buddhist and therefore unredeemable.
2. The second position advocates for the Christian adaptability of CAM due to the mechanism of action being religiously neutral and therefore adaptable like fasting. Fasting is spiritually advantageous to many religions without being the intellectual property of one. It is presumed to be the property of the public domain. The proponents are often Christian mystics and spiritualists interested in the spiritual and emotional healing benefits of CAM. These types of Christians historically have adapted Christmas and Easter to make them point toward Christ. They promote the practices as more beneficial than not practicing them based on the proven benefits of the methods. They avoid defining the approach as fundamentally Christian or non-Christian. They tend to use terms that reflect this adaption, such as Christian yoga instead of Kundalini yoga. This position advocates for the adaptation of the

incompatible Hindu and Buddhist aspects of CAM as essential because we might be receiving Hindu and Buddhist-adapted CAM

3. The final position suggests that Christians can and should practice CAM without accommodation. These practitioners self-identify as equally Christian and Buddhist or Hindu. They advocate for the practice of religious multiplicity regardless of the evident intellectual contradictions involved in this type of post-modern thinking. These thinkers are more common in transpersonal psychology and liberal Christianity than conservative circles. They tend to see those who concern themselves with the rigid theological dogmas of Christianity and other religions as close-minded or unenlightened. This position advocates that Christians can practice post-modern religious pluralism and therefore do not see the Hindu and Buddhist adaptations inherent in modern CAM as a problem for Christians

The future of this new age of American spirituality rests on the ability for all parties to enter the conversation with an ability to get to the bottom of the issue of Christian-suitability of CAM practices without further accusations of heresy, faddism, or appropriation. Instead, the CAM mechanism of action ought to get critiqued without further attempts to use the argument of authority to silence dissenters of the church. Likewise, perennial thinkers must let go of the illogical fallacy that all truths can be equally valid. Murder cannot be okay for some people and not for others. Given the intersection of psychology and religion, it is instead time to embrace a conversation that involves a firm commitment to critical thinking. Furthermore, evangelical and conservative voices are needed in the conversation to engage those who disagree with them from a place of humility while still holding to sound doctrine as the basis for rejecting the illogical fallacy of religious multiplicity.

Arguments For and Against Christian Complementary Therapies

It appears that perhaps the very nature of yoga's complexity is designed to challenge the fundamental religiosity of any world religion by its elusive nature. Yoga as a system seems to elude traditional systematic theology, which seeks to protect discerning Christians from potential theological errors. Van Ness (1999) placed yoga's roots in ancient India before the Vedic era more than 2000 years ago. He stated that it had informed some Hindu and Buddhist institutions. Yoga gets defined as a disciplined practice that can be spiritual or secular. He contended that it does not have to be devotional (Van Ness, 1999).

CAM: Is It a Fad or Heresy? Klassen (2005) reported a growing trend of liberal Christians who borrow Asian healing-related practices such as yoga, Buddhist meditation, and Reiki. These Christian pastors and practitioners often use such methods in a web of Christian rituals. These types of Christians get criticized for their syncretism. Other Christians tend to charge them with heresy. She asserted that colonialism and Christian missionaries had paved the way for religious borrowing and appropriation. Opponents of Christian Asian-adapted practices often have xenophobia and the need for an "other" to oppose. They refuse to acknowledge how Christianity was shaped by culture and mysticisms from other cultures (Klassen, 2005).

Most who judge CAM do so on the moral precept that pluralistic healing is a fad or heresy. Critics attempt to devalue spiritual seekers as shallow consumerists rather than as legitimate practitioners. In this regard, some Hindu-nationalist condemn the Christian adaption of CAM due to the religion's past of predatory imperialism and appropriation. Those who police perceived heretics usually have a power imbalance in which they falsely assume to be higher-appointed guardians of the doctrines and truth of their religion (Jain, 2013). Often, the heart of this argument is between liberal and conservative Christians (Klassen, 2005). *Prana* is spirit,

which makes sense that these practices are, therefore, spiritual. Our spirit, or the breath of life, is innate to all beings regardless of religious affiliation.

Yoga Is Simply Exercise. Some Christians contend that yoga is simply breathing and stretching. Still, Smith et al. (2011) conducted a study that found that yoga practiced in an integrated spiritual form produced more benefits than yoga practice for exercise. They discovered that yoga created benefits beyond a control group. They recommend further research into the crossroads of a Judeo-Christian worldview with the tenets of yoga. They encouraged the use of bhakti passages in meditation instead of Eastern concepts to enhance spirituality for westerners in alignment with their worldviews (Smith et al., 2011).

Christian Yoga. Corigliano (2017) placed Christian yoga within the realm of devotional or bhakti yoga. This type of yoga focused on the development of a personal relationship with God. She encouraged Christian yoga to emphasize a dialectical relationship between technique and religious affiliation prevalent in Hindu approaches to yoga. Corigliano (2017) asserted that Christians have long been appropriating Hindu practices. She defines Christian yoga as a spirituality that blends some yoga philosophy with the ideals of Christianity with a distinct focus on Jesus as the hope of salvation.

Corigliano (2017) breaks Christian yoga into three categories:

- The first is the people who combine yoga with Christianity without much concern for orthodoxy and tradition. They usually create a new type of religious community.
- The second are those that attempt to adopt Christian ideas into Hindu religious values in Yoganada's kriya yoga vein. This approach is more of an attempt to view Jesus through the lens of yoga.

- The third is a movement of Christians who use yoga to enrich their Christian faith with respect toward orthodoxy. They use yoga as a tool to deepen their spiritual life in hopes of attaining communion with God.

Some argue that Christians can do yoga based on the premise that the elements of yoga have been present in Christian contemplative traditions all along. These practitioners identify lifeforce as the Holy Spirit. They view meditation as a means of bringing more awareness to the Holy Spirit. They also believe that yoga is primarily a philosophical system used as a supplement to other spiritual practices. They acknowledge meditation as the primary goal of yoga (Corigliano, 2017).

Corigliano (2017) further pointed out that the divination of humanity is a biblical concept as humans are made in the image of God and can, therefore, experience the likeness of God as the sons of the Son. Yoga, in this sense, is a transformation of consciousness to understand what it means to be sons of God in a subservient way to God. Generally, Christian practitioners of yoga agree that yoga is used regardless of religious boundaries as they all define yoga as a union with God. This idea contrasts with Hindu practitioners of yoga who tolerate other religions yet view Hinduism as *Santana* dharma, or the most superior path to God. In essence, Hinduism views its various gods as a reflection of the one God. The ultimate truth is that we are that God (Corigliano, 2017).

Furthermore, Corigliano (2017) stated Christian practitioners tend to believe that householders should practice yoga instead of just in ashrams. These are people who have jobs and families. Therefore, yoga can and should start as an attempt to refine the body and mind. The spiritual or religious parts of yoga only come into play during later aspects of the practice. This

freedom from religious dogma makes adhering to yoga practices for devotion ambitious for non-Hindu practitioners (Corigliano, 2017).

Problem Statement

The problem is that there appears to be a lack of consensus in the literature regarding the suitability of complementary therapies in the context of Christian healing ministry. There also appears to be two unrelated emerging themes in the literature to date. The first is the growing body of empirical evidence regarding the clinical utility of incorporating complementary therapies into complex and familial trauma treatment. This entire realm of psychology fails to adequately accept and address the complex implications of the spirituality and religion innate in these modalities. The third and fourth waves of psychology are arriving at a growing acceptance of the role of spirituality within the context of mental and emotional healing. In addition, there are genuine considerations regarding the legalities of the scope of practice laws that also give rise to academic and professional integrity.

The second emerging problem is the intersection of psychology and religion in the form of spirituality. Psychology formerly avoided religion and now wants to reclaim spirituality as an essential catalyst for emotional healing. Likewise, faith is borrowing from psychology to address the needs of hurting individuals. Both camps have had different claims to owning the right to facilitate healing. The tension becomes evident in the scope of practice laws that seek to protect vulnerable people from predators that seek to bestow harm. Currently, they are running out of bandwidth to denounce or ignore one another. The fields of transpersonal psychology and pastoral counseling would be wise to set aside their theological differences for the shared purpose of bringing their voices to the conversation regarding the evolution of Western spirituality.

Wright (2006) described an interfaith concept termed the *law of prayer* which supports the assertion that intercessory prayer can be effective regardless of which religion a person claims to follow. This process includes prayer as a catalyst for contemplation and meditation which results in union between the person and God that parallels the Buddhist concept of no-self or enlightenment. The intercessor submits their will to God's will, and is thereby transformed. It also correlates to the subjective awareness process known as consciousness. It appears that this law of prayer is available to all humanity as a form of common grace that can either be adhered to or not.

It appears that salvation is Christ's payment for the karmic cost of sin present in the human condition, available to those who accept this payment through a reconciliation of the misuse of humanity's freewill. Whereas, enlightenment, or union with God, appears to be a process of reuniting with God by overcoming the illusion of separateness between us and God. In a Christian worldview, one comes to realize their identify as children of God alongside the implications of being made in his image. This contrasts a Hindu belief that one is God, or a Buddhist belief that there is no God. Regardless of religion, a reconciliation through enlightenment appears to be available to all through these tools of contemplation and meditation.

Furthermore, Pentecostal lay-healing ministers and new-age spiritual practitioners share more in common than either party care to admit, as evidenced by their shared historical development over the past 100 years in America. Both groups become disillusioned with medicine and religion in different ways. However, their ability to have the hard conversations regarding Christian spirituality could have monumental implications, especially for conservative evangelical pastors hoping to maintain a voice in this needed conversation. Moreover,

fundamentalists must stop appealing to the argument of their authority in the church to defame Christian practitioners of CAM as heretics as a means to avoid the hard conversations.

From this place of open-hearted and academically sound dialogue, a new wave of Christian spirituality can emerge. This group will balance an unwavering commitment to academic, scientific, and theological integrity with an open mind toward the mystical realities of complementary therapies. Suppose pastoral counselors can Christian-adapt CAM the same way Christmas and Easter have been historically Christian-adapted. In that case, pastoral counselors could be at the forefront of a new wave of emotional and spiritual healing. Furthermore, the church could have a much more powerful family and inner healing reach if it accepted the emerging reality that the clinical benefits of CAM modalities are indeed far outweighing the theological concerns of fundamentalists. It is now time for the fields of transpersonal psychology and pastoral counseling to engage one another for the shared purpose of catalyzing individual and family healing through spiritual means with all the complexities involved in that process.

Purpose Statement

The purpose of this study is to develop a working theory of Christian-adaptable complementary therapies for familial trauma. The goal is to both refute extremist viewpoints regarding CTs by addressing the mechanism of action, and support the emerging need for Christian-adaptation of CTs. I also explored what the research says about Christians practicing alternative medicine as a core part of the study. Although ministry could include clinical counseling, a big part of the gap I have identified is the lack of intersection between trauma, complementary therapies, and Christian ministry. An abundance of research exists on the efficacy of complementary therapies on trauma. I also noted some conversation regarding the issues of Christians practicing alternative medicine. The gap exists regarding where Christian

ministry intersects with complementary therapies for trauma. I have also identified Christian ministry as a type of complementary therapy. Moreover, Pentecostal inner healing prayer would be considered alternative medicine, and Christian lay-ministers practice under the same legal scope of practice umbrella as yoga teachers, massage therapists, and Reiki practitioners.

Significance of the Study

This study seeks to address the problem of whether or not it is appropriate for Christians to adapt CTs by clarifying a basic understanding of what the existing research says is suspect. Although it was not exhaustive, the goal was to provide insights regarding how Christian practitioners might better engage the sensitive topics of Christian CTs for familial trauma. This study provided researchers needed direction regarding how to better address the theological and clinical complexity of whether and how Christians can adopt CTs into the third wave of behavioral therapy. Specifically, this study hopes to address the oxymoron of Christian-mindfulness by focusing on the mechanism of action in meditation. If this can be determined, researchers will be equipped with better insights regarding how and what theologically is and is not appropriate for integration by Christian practitioners. These insights can be applied to a wide range of biofield and meditation-based CTs aimed toward healing. It also provided needed consensus regarding what needs to be adapted, what cannot be adapted, and why it should or should not be adapted by Christians. Finally, although there will continue to be complex debates regarding the appropriateness of CAM for Christians, this helped discern whether the theological risks are worth the clinical effectiveness when it comes to treating familial trauma.

The student author proposes that CTs (including Christian lay-ministry) will emerge as effective treatments for healing familial and relational trauma. The student author also suggests that lay-ministers, CT practitioners, and clients will significantly benefit from having direct

access to CT's research findings that appeal to a logic higher than appeal to authority. Finally, an increased understanding of the impact of family trauma in healing ministry will streamline treatment efforts and reduce the cost of highly specialized mental-health training.

The study's objective was to discover what the research says about the place of CTs in the role of family healing ministry. The attempted to create a working theory of Christian-adaptable CTs for family healing ministry grounded in the research. Furthermore, the findings will help Christians sort through alternative medicine's cultural and religious baggage to clarifying the underlying mechanism of action. The goal is to help Christians understand what needs adapting while promoting evidence-based methods of alternative healing methods. Another goal is to help lay ministers clarify their role in ministry to help families in pain.

This study addressed Christian-based complementary therapies in lieu of Buddhist-inspired mindfulness practices. This is because a large majority of Americans are Christian, and Buddhist-Christianity is an oxymoron like Christian-atheism. K. Ford and Garzon (2017) explained that the majority of third-wave therapies currently being studied are based on Buddhist-inspired mindfulness. Knabb, Johnson, et al. (2020) further described the need to identify a completely different purpose for Christian meditation. They recommend Christian sensitive versions of meditation in lieu of simply adapting mindfulness for Christians. This is a large gap in the research I hope to address by focusing on the Christian component of complementary therapies.

Research Questions

The primary research question (RQ) is: *Are complementary therapies Christian adaptable and indicated when ministering to adult survivors of familial trauma?*

This question has four sub-questions contained within the larger question:

- **RQ1:** What is the mechanism of action that underlies CTs?
- **RQ2:** Do the theological risks of CTs outweigh the perceived benefits in ministering to adult survivors of familial trauma?
- **RQ3:** How are CTs implicated in supporting mental health and trauma when used in Christian ministry?
- **RQ4:** How do CTs need to be adapted for Christian use?

The student author further proposes that CTs emerge as Christian-adaptable, with the benefits outweighing theological concerns for use in lay ministry. Furthermore, the student author suggests to embrace CTs with certain Christian caveats could prove vital to catalyzing a new age of Christian spirituality through refined consciousness, mind-body awareness, and increased attunement to the Holy Spirit. This study hopes to identify a definite gap in the literature without quantifying direct cause and effect. A meta-synthesis would most appropriately explore a large body of research to narrow down this specific gap. This working theory would emerge as a result of science instead of the personal opinions of a particular author. In addition, it alleviates the element of proof-texting biblical passages to construe the Bible into supporting a single pastor's theological position. It also eliminates the power dynamic of a professor or pastor using their knowledge of the Bible or position of authority as grounds to build an argument. Likewise, it pulls the argument out of the realm of clinical mental health. Although mental health is considered, the pastor's role is integrated into the spiritual realm of CTs as a central part of the conversation. This shift moves the argument out of its current standstill of opinion based on any one pastor's knowledge of the Bible or academic clout and into the hands of the research. I included a discussion of pertinent biblical passages, but the argument was mediated by

something higher than the moderating of the pastors of modern American evangelicalism. This argument is *appeal to authority* in critical thinking, and it is an invalid argument in this case.

Definitions

- *Familial Trauma*—A broad range of complex trauma occurs in family systems and includes betrayal, attachment, complex, developmental, and intergenerational trauma (Isobel et al., 2019).
- *Family Systems Theory*—A range of family theories rooted primarily in Bowenian and Minuchian marriage and family therapy theory (Tan, 2011).
- *Christian Spirituality*—An evolving Christian spirituality emphasizes complementary therapies and contemplative sciences as a central part of one's union with God (Bidwell, 2001).
- *Christian Adaptable*—A term used to delineate Christian-appropriate alternative medicine and mindfulness practices (Garzon & Ford, 2016).
- *Transpersonal Psychology*—The fourth wave of psychology theory embraces spirituality as a central part of the human healing process (Siegel, 2018).
- *Perennialism*—A “new age” philosophy proposes that many truths can be morally relevant to individual facts and that spiritual experience can happen outside of organized religion (Hartelius, 2017).
- *Complementary Therapies*—The third wave of western psychology embraces mindfulness and alternative therapies as an integral portion of the healing process (Vazquez & Jensen, 2020).

- *Lay Healing Ministry*—Unregulated, non-clinical, Christian lay-practitioners use various spiritual and healing techniques to heal people outside clinical psychotherapy (Garzon & Tilley, 2009).
- *Universal Life Force*—A non-religious spiritual biofield that supposedly animates all living beings and can be manipulated and healed via alternative medicine practices (Bidwell, 1999).
- *Complementary and Alternative Medicine*—An emerging field of non-traditional healing practices such as yoga, chiropractic, acupuncture, meditation, and homeopathy (Brown, 2013).

Summary

In conclusion, this research design was built upon the existing conversation regarding developmental trauma, C-PTSD, family systems theory, attachment dysfunction, and betrayal trauma. This focus likewise lifted the argument out of the medical model's authority and into the hands of the research. It appears that the medical world of allopathic mental-health care has historically moderated non-clinical voices in the conversation as invalid. This dynamic has been to protect the patient in a similar way that evangelical pastors have attempted to protect the flock. Unfortunately, this has left the issues in the hands of authoritative theologians and doctors who do not often enjoy having their authority questioned. Those who dissent from these professional opinions face real repercussions. Furthermore, this model has created a large void between ministry and medicine. CTs seems to exist between the two. Meta-synthesis would deconstruct the appeal to authority in the theological and medical arenas. Although experts' opinions were weighed, the results were no longer based on this illogical fallacy regarding authority.

CHAPTER TWO: LITERATURE REVIEW

Overview

Familial trauma theory is rooted in attachment theory. Attachment theory is the most well-researched theory of human development (Hughes, 2017). Dysfunctions of attachment lend themselves to a myriad of family systems chaos. Ainsworth and Bowlby (1991) were the founders of attachment theory. Different attachment styles stem from an infant's initial bonds to their parents. Although they can change throughout the lifespan, these bonds can be either secure or insecure. Insecure attachment can be anxious or avoidant. Securely attached individuals learn healthy intimacy and trust that life and love are essentially good (Ainsworth & Bowlby, 1991). Lange-Altman et al. (2017) described that those individuals with an avoidant attachment bond to a substance as a primary attachment that leads to addiction, leading to long-term sobriety failures. Wei et al. (2005) advocated for meeting underlying unmet psychological needs instead of modifying existing attachment orientations in therapy.

Introduction

This literature review surveys the complexities and nuances of pastoral counseling, healing ministry, familial trauma, and spirituality. Pastors who offer counseling live at the intersection between the worlds of mental health and spirituality. Cartledge (2013) described a clear connection between religion, health, and healing, mainly in Pentecostal settings. He advocated for the importance of lay-persons in the religious therapeutic process. Njus and Okerstrom (2016) describe a phenomenon where insecure attachment individuals live out their attachment style in their attachment to God. For some, God can serve as a secure base similar to a mother or father. Individual attachment styles can remain the same across a myriad of relationships, including with God. They advocate for an understanding of religion from an

attachment perspective (Njus & Okerstrom, 2016). Baldwin et al. (2016) found healing Christian prayer effective in treating childhood and interpersonal trauma as an alternative treatment. Means (1997) described the evolution of pastoral counseling in America in response to the development of the managed care mental-health system. He encouraged pastoral counselors and advocated for a fork in the road for pastoral counselors to stay faithful to their theological callings in light of our intersection with mental health (Means, 1997).

The field of neurotheology and transpersonal psychology offer new insights regarding the role of pastoral counselors in the context of healing trauma. Integrative treatments for healing trauma of all sorts utilize allopathic clinical psychotherapy in conjunction with non-traditional healing methods. Complementary therapies (CTs) are complementary and alternative medicine (CAM) techniques that fall outside of the world of allopathy. According to Sears and Chard (2016), the third wave of cognitive-behavioral therapies implement CTs such as mindfulness into the therapeutic process. They assert that psychotherapy as a standalone intervention can be ineffective in treating trauma symptoms. The complexity is due to the top-down and bottom-up methods needed to address healing trauma fully.

Conversely, meditation without psychotherapy can cause potential harm in the context of trauma in some instances, such as dissociation. Mindfulness-based cognitive therapy (MBCT) integrates mindfulness into the trauma treatment process (Sears & Chard, 2016). This phenomenon is happening in civilian and military treatment centers. Hull et al. (2015) explained a movement is happening within the Veteran's Administration (VA) to embrace CTs. These findings provide support for the notion that the integration of CTs into allopathic treatment is potentially superior to CTs as a standalone treatment (Macy et al., 2018). Although the adoption of CTs are exciting, they are fraught with concerns for evangelical Christians due to the

allegations that the practices are rooted in Hinduism and Buddhism. Perspectives vary greatly regarding whether or not CTs are suitable and adaptable for conservative Christians.

In this regard, complementary therapies are becoming vital to the process of healing trauma. Furthermore, neuroplasticity is lending itself to further confirmations regarding the efficacy of contemplative practices in the third and fourth waves of healing. In the context of familial trauma, the trauma was often complex due to the interpersonal nature of betrayal. This type of trauma is emerging as complex post-traumatic stress disorder (C-PTSD). According to Gulden and Jennings (2016), yoga therapy is especially effective in addressing complex trauma. Yoga helps regulate the autonomic nervous system (ANS). Their study found that yoga helped survivors better engage with life, and it helped reduce their symptoms. This healing existed regardless of the type of yoga the participants used (Gulden & Jennings, 2016). Pence et al. (2014) also found yoga nidra meditation effective in sexual trauma. So, although CTs are helpful, are they indicated for Christian adult survivors of familial trauma given their Buddhist and Hindu associations? This is the focus of this literature review.

Description of the Literature Review

This review addressed origins and major theories, with special attention paid to attachment theory and family systems theory. The review focused on the evolving theory of familial trauma which appears to be a subset of complex betrayal trauma. Furthermore, special attention was paid to whether or not CTs are effective and indicated in helping adult survivors of familial trauma. The debate regarding the roots of CTs and CAM in America were given considerable attention in the context of third and fourth wave behavioral therapies. The goal was to identify the complexities and nuances of the arguments from differing perspectives. Although there was no way to answer the argument in its entirety, this was an attempt to isolate

the mechanism of action that underlies CTs effectiveness in both healing and spirituality. Given the implications found, the theological pros and cons were weighed against the effectiveness in an attempt to catalyze greater understanding of what and how needs adapting if the practices are indeed adaptable.

Literature Review Search Strategy

A large number of articles and books ($N = 500$) were collected over the course of 3 years of doctoral study at Liberty University; the number 500 was selected for practical reasons (i.e., a number manageable by one researcher). Journal articles were selected due to their peer-reviewed status. Books were only included if they were written by a mental-health practitioner with at least a graduate degree in mental health. Books were given second priority to peer-reviewed journal articles. The journal articles were stored in a data collection software. They were sifted for dissertations and duplicates. They were then narrowed down to the top 200 articles that were most recent or specific to the study topics: Healing/ministry, familial/trauma, and complementary therapies. Seminal and specialty articles were given priority. Articles that addressed two of three topics were also given higher priority. Articles that lacked scientific rigor and book reviews were excluded. Again, a maximum of 200 articles was selected for practical reasons. These 200 articles were printed, put into binders, and organized by topic. The abstracts, implications, and findings sections were the primary source of information used in the literature review. During the reading of the literature, 20 articles/books were removed for lack of specificity, irrelevance, or age. A total of 180 ($N = 180$) books and journal articles were included in the final literature review and study for this dissertation.

Theoretical Framework

Origination and Major Theorists

Attachment Theory

Attachment-Related Relationship Issues. Peng et al. (2021), explained that attachment issues exist on a spectrum from mild to severe. In severe cases, insecure attachment symptomology can become consistent with a diagnosis of borderline personality disorder (BPD). They also found mediating solid pathways between maladaptive emotional regulation and insecure attachment styles rooted in childhood trauma (Peng et al., 2021). Unfortunately, one of the most significant impacts of childhood trauma lives out in the symptomology of these often-stigmatized adult survivors and their marriages. The impact of childhood trauma is far-reaching. This cycle propagates a negative intergenerational attachment pattern as traumatized parents struggle in their marriages and parenting from one generation to the next.

Insecure Attachment and Personality Disorders. Wei et al. (2005) correlated anxiously-avoidant attachment as indicators of relationship struggles. Perfection protects people from inadequate attachment bonding by giving them needed autonomy, competence, and the ability to relate. Attachment disorders lend themselves to devaluing one's needs because they are taught that they are incompetent by caregivers and that their needs are part of what makes them unlovable (Wei et al., 2005). Jowett et al. (2019) tied borderline personality disorder (BPD) to an insecure attachment style. This pattern leads to emotional dysregulation, promiscuity, and substance abuse. These persons are prone to crisis and behave in self-destructive patterns. The impact of complex trauma can disturb their personality due to the impact of trauma over time. Eng et al. (2001) explained that anxiously attached individuals experience more depression and less life satisfaction. Social anxiety mediates their connection between attachment and

depression. Avoidant individuals avoid their needs for attachment by perceiving others as untrustworthy. Anxious individuals tend to experience excessive fears of being abandoned, jealousy, and hypervigilance. The connection between social anxiety, negative affect, anxious attachment, and lack of romantic success in relationships is tied to the negative spiral of anxious individuals to create negative social dynamics that propagate feelings of depression (Eng et al., 2001).

Whiffen et al. (2001) found clear evidence that insecure attachment propagates negative working models of self and others, leading to increased depression in relationships. They correlated depression with higher conflict in marriage and their support systems. Anxious individuals tend to view themselves as unlovable and others as untrustworthy. Their parental patterns continue from childhood into their adult romantic relationships. According to Whiffen et al. (2001), these individuals with negative working relationship expectations project negativity onto their social situations and propagate relational-related depression. Individuals with insecure attachment struggle to value achievement and autonomy to feel good about themselves. This tendency increases their risk of depression. Relational attachment issues can also focus on current relationship interactions associated with depression, as their self-perfection and other perceptions get skewed. These marriages cause high levels of distress. Conflicts in these marriages get viewed as feeling unlovable. The spouse can become disillusioned living with a self-absorbed and hostile partner. Depressed women tend to demonstrate autonomy in marriage, leading to increased conflicts, which further exacerbates attachment-related depression. Whiffen et al. (2001) described a negative feedback loop created in marriages creating an attachment-based depression.

Öztürk and Mutlu (2010) found a direct correlation between social anxiety and insecure attachment, especially in the context of romantic relationships. Lowyck et al. (2008) described attachment injuries happen when one partner is unavailable to support and meet the needs of the other in times of distress. The implications for their findings involve clinicians intervening to assist insecure partners in creating a more secure relationship. Lowyck et al. (2008) described an increase in attachment satisfaction among securely attached individuals. Self-critical and dependent persons struggle more with forming attachments and individuating in the process of relationship. Secure, avoidant, and anxious-avoidant represent the three categories of attachment with subsections of fearful-avoidant and dismissive. Personality development has a significant impact on attachment development (Lowyck et al., 2008). This dynamic mirrors the initial attachment origin theories rooted in the security base of the mother. Novak et al. (2017) found the need to focus on emotional availability, responsiveness, and engagement of both partners to decreased attachment-related depression in couples with insecure attachment patterns. These patterns of chaos unconsciously partner survivors with those who seem to help them recreate the family home life they were raised in (Love & Shulkin, 2001).

Excessive Reassurance Seeking. Adult survivors suffering from developmental trauma suffer from self-created patterns of isolation rooted in attachment. Shaver et al. (2005) explored a phenomenon formally termed excessive reassurance-seeking (ERS). ERS is rooted in an anxious attachment style. Dysphoric people doubt their worth and, therefore, seek too much reassurance from their romantic partners. They perpetuate a system of rejection through this self-fulfilling prophecy. The syndrome is rooted in inconsistent early childhood attachment figures. In an effort to reduce attachment anxiety, they tend to criticize their partners, keep their options open, as well as maintain distance between themselves and their partners. Anxious attachment tends to

increase the anxious partner's depression. Avoidant attachment tends to increase both partner's depression (Shaver et al., 2005).

Attachment-Rooted Familial Substance Use Disorder. Substance use disorder (SUD) is a primary culprit of familial trauma often rooted in attachment dysfunction. Rasmussen et al. (2018) found that prevention of childhood trauma can reduce SUD. Conversely, SUD clients should also get screened for childhood trauma and then treated with proper attachment-rooted interventions to increase recovery rates. Fletcher et al. (2015) asserted that substance abuse had become a public health crisis with very high costs to society. They further asserted the failure of current treatment models to address the problem at its root cause adequately. Family chaos ensues when the addicted partner has a primary attachment bond with a substance instead of their spouse. Healing can be expedited through a 12-step program which can act as a transitional attachment figure in recovery. Stephens and Arpicio (2017) described the strife and trauma of the marginalized of society who suffer from foster care and familial SUD intergenerational patterns. They advocate for the use of faith-based communities as part of a more extensive policy reform that addresses the underlying attachment needs of these mothers.

Lange-Altman et al. (2017) described the co-occurrence of SUD and PTSD as standard. They advocate for the integration of 12-step models with evidence-based interventions. Schindler (2019) described SUD as an attempt to compensate for lacking attachment security and suggested that continued substance use impedes one's ability to form meaningful relationships. Often, users present with very insecure attachment patterns. Belmontes (2018) discussed the role family systems play in the recovery process. Family systems can impede recovery efforts due to the fact they have revolved their rules around the addict. Alternatively, the system may have an alcoholic culture that prohibits them from realizing there is a problem. Therefore, the family

system must be engaged in the process of recovery (Belmontes, 2018). Ulaş and Ekşi (2019) described a lack of research regarding family systems' roles in recovery. Their findings suggested that family systems therapy helped decrease the drug use. They suggested family therapy be the preferred treatment intervention for SUD. O'Farrel et al. (2010) also asserted that family involvement improves treatment outcomes for addiction recovery.

Family Systems Theory

Tan (2011) described Murray Bowen as one of the modern forerunners of marriage and family therapy (MFT). MFT began in the 1940s and is considered the fourth force of therapy. Counseling as a ministry was informally acknowledged since the 1700s. Family therapies utilize techniques such as boundary setting, reframing, and genograms as therapeutic tools. Murray Bowen was a Tennessee native who became a psychiatrist. His work with patients diagnosed with schizophrenia and their mothers resulted in his work on the differentiated self. It included the study of the autonomy of an individual in the context of a family system. Key concepts are differentiation of self, triangulation, and multigenerational transmission (Tan, 2011). Bowen's most well-known work is *Theory in the Practice of Psychotherapy* (Bowen, 1976). Salvador Minuchin (1974) was another pioneer of family systems theory who also contributed to the field.

Tan (2011) stated that Bowen believed family members live connected to their more extensive system and are, therefore, susceptible to emotional fusion due to their reaction to the unit's struggles. Differentiation of self has to do with a person's ability to separate from their system. Triangulation happens when one person brings a third person into a conflict; for example, a married couple might pull in their teenage daughter to create a two-against-one effect instead of dealing with their marital issues. Often, the third party may act out in protest. Low levels of differentiation can be passed down through generations, especially in marriage. MFT

avoids scapegoating or placing all the issues of the family onto an individual member (Tan, 2011).

Triangulation. Willis et al. (2020) reiterated the tendency for marital couples experiencing tension to pull in a child to align against their partner. The child may be asked to carry messages or take sides. These children grow up internalizing problems. They also suffer from increased anxiety and depression. This is based on Bowen's theory that the triangulated child served to ease parental anxiety resulting from their lack of differentiation in the system (Willis et al., 2020).

Differentiation. A key concept of family systems theory (FST) is the issue of differentiation. Willis et al. (2020) defined differentiation similarly to Bowen by calling it the dance of intimacy and autonomy in relationships. Inadequate levels of differentiation lead to higher levels of stress, anxiety, physical health problems, and marital stress. Triangles make up the basics of an emotional system in a group or family system. Willis et al. failed to support Bowen's theoretical argument regarding stress as a moderator between differentiation and outcomes of interpersonal issues. Their findings found that stress is the predictor of differentiation and anxiety (Willis et al., 2020).

Emotional Overinvolvement and Enmeshment. A related concept to differentiation and triangulation is emotional overinvolvement. Khafi et al. (2015) defined emotional overinvolvement (EOI) as excessive parental worry, concern, praise, or self-sacrifice that constitutes an enmeshed parent-child dyad. Enmeshment or EOI occurs when the boundaries between parent-child subsystems become too diffuse to the point the parent uses the child to meet their psychological needs (Kafi & Yates, 2015). Coe et al. (2018) pointed to maternal relationship instability as a significant risk factor for children's developmental success. Minuchin

(1974) addressed the role of boundaries in FST that exist on a continuum from enmeshment to cohesion. Cohesion exists when members of a family or group system are allowed ample autonomy, whereas enmeshment exists when a lack of warmth, empathy, and emotional support exists when a member demonstrates autonomy. Minuchin (1974) described enmeshed families as those who become emotionally entangled with each other.

Parentification. Love and Robertson (1991) described the emotional bond of infant-mother as very strong, therefore needing considerable offset to keep it within reasonable boundaries. It is the mother's job to provide a secure attachment base for the child. Hann-Morrison (2012) described disengagement or estrangement from one's family-of-origin as an equally destructive emotional reality. Love and Shukin (2001) drew out theories such as the emotional incest theory, where children become parentified by parents when they get forced to assume partnered roles in the parental dyad due to familial traumas. They described the shared unconscious drive of individuals to recreate the maladaptive love they were attuned to as a child in their adult relationships regardless of how destructive it might have been. Coe et al. (2018) stated that traditionally, individuals are given adequate psychological support to differentiate from their birth family with ease. Enmeshed family systems discourage this natural differentiation process as a narcissistic parenting tactic that punishes efforts to differentiate.

Minuchin (1974) was a key founder of the idea of a parentified child. Earley and Cushway (2002) describe the phenomenon as a child taking on the role of a parent in the family system. This dynamic is a role reversal where the child acts as a parent to the parent. These children will often act as a codependent enabler or scapegoat in a substance-using system. Family systems theory (FST) states that children are at risk from parental schizophrenia, divorce, poverty maternal mental illness, sexual abuse, and intrusive parenting styles. The key struggles

these survivors have as adults involve their ability to handle being rejected and their role in relationships. These children are often prone to shame due to their inability to meet parental expectations. They also use splitting as a defense mechanism during interpersonal conflict and tend to adopt caretaking syndrome as adults. These adult survivors struggle with personality issues, interpersonal relationship chaos, and the stress of parenting (Earley & Cushway, 2002).

Hooper (2007) defined parentification as the intersection between attachment theory and FST. FST clarifies the context where the parentification takes place. Attachment theory clarifies the process of parentification in the context of the parental attachment bond. Adult survivors of parentification struggle with relationship instability, attachment difficulty, and poor differentiation from the birth family. Risk factors for children include parental psychopathology, substance abuse, marital discord, and mental illness. These issues make it impossible for a parent to provide a secure base for a child. The author advocates for integrating attachment and family systems theories to best help adult survivors of parentification (Hooper, 2007). Haxhe (2016) described Boszormenyi-Nagy's description of the scapegoated parentified child, perfect child, and caregiving child. Parentification includes an emotional component different than simply delegating essential chores to a child.

Rejection Sensitivity. Goldner et al. (2019) described rejection sensitivity as a phenomenon rooted in insecure attachment wounds that lend themselves toward increased awareness of rejection in the face of relationships. It is a defense mechanism that undermines the ability to have intimate relationships. This sensitivity can be born in the context of parentification and enmeshment.

Codependency. Prest et al. (1998) advocated for Bowen's FST as the appropriate container for understanding the development of codependency. Differentiation issues in

childhood lend themselves to difficulty establishing marital relationships. The patterns of the birth family are maladaptive in the face of chronic alcoholism. In FST, codependency coexists with fusion, enmeshment, low individuation, and triangulation among members in a quest to resolve common issues of identity and intimacy in the system. Codependence can be seen as a method for coping with an alcoholic family system (Prest et al., 1998).

Family Scapegoating Abuse. According to Mandeville (2021), toxic family systems can bully a single member as a way to scapegoat their problems. She terms this family scapegoating abuse (FSA). She proposed this theory to be an evolution based on Bowen's Theory. This role involves the most vital member who can bear the burden of the family system in alignment with Leviticus 16:8-10. The family can go so far as to side with an ex-spouse in a divorce. The family creates smear campaigns against a single member to project their unconscious emotional dynamics. This issue often happens with parents diagnosed with bipolar or borderline personality disorder who split siblings and pit them against one another in alliances. The scapegoat gets painted as unlovable and worthy of the emotional abuse from the family system (Mandeville, 2021). This type of abuse is often not recognized by family courts. The system fails to recognize or acknowledge one's professional accomplishments outside the system. They simply write the survivor off as having tricked or manipulated others instead of having profound accomplishments. Survivors suffer from disenfranchised grief that cannot be openly shared with others and adequately mourned. Survivors often end up codependent with addicts. The dyad with most power in the family system will label them crazy and inform anyone who will listen that they are the victims of a defective child or child-in-law. Survivors may fawn in the face of conflict. They will struggle to create conflict and often tell others what they want to hear (Mandeville, 2021).

Research Gaps

A variety of seminal and emerging primary theorists and diagnostic classifications broadly encompass the multifaceted aspects of delineating the phenomenon of family trauma. Children who experience family trauma have less self-esteem and social competence (Forough & Muller, 2014). This study seeks to identify this subset of familial trauma further to hopefully advance understanding of the implications of this specific type of trauma.

This study would serve a few academic needs. First, it would offer clients and congregants direct access to the research findings of a vast body of research. This access would eliminate the appeal to authority dynamic and allow each Christian a chance to make informed decisions for themselves regarding the presence or the absence of CTs in their lives. It would eliminate the physician and pastor as gatekeepers for individuals and lay-ministers deciding whether or not CTs are appropriate based on research and science in a container of faith.

It would also streamline assistance to many hurting families. Adult survivors of familial trauma would profoundly benefit from being highlighted in the research. Although it would be vital to help hurting families, adult survivors would also get better included in ministering to families. These individuals might get treated for multiple psychiatric conditions as adults. They might struggle with relationship issues that seem resistant to traditional treatments. With access to lay ministers, help becomes more accessible. Needed barriers are overcome as more people have faster access to grounded theories and proper training.

Furthermore, the church would benefit from better being able to serve both hurting families and adult survivors. These adult survivors of familial trauma might be suffering from predictable symptoms of their developmental trauma. The enmeshment, parentification, and attainment failures they experienced as children can live on in their adult failures to create

families. These survivors suffer from betrayal trauma in their families, and their response to trauma gets labeled as pathological. Not only is the survivor wounded by the trauma, but the fundamentalist view of marriage further shames these individuals into feeling like bad Christians.

This dynamic perpetuates a vicious cycle for adult survivors. It also fails to help the church reach its goal of supporting healthy families from a biblical standpoint. In today's culture, a biblical approach to family life is needed more than ever. Perhaps pastors would be more effective in helping families find true healing if they stopped alienating these adult survivors and instead ministered to their broken hearts. This approach to healing families could help adult survivors stop the relational chaos that lives on inside them and form the biblical family God intended for them all along.

This study would practically inform trauma-focused Christian yoga, meditation, and Reiki practitioners as well. It would also inform Christian counselors and clinical counselors integrating CTs into their practice. The church could more effectively help hurting families through a streamlined theory of Christian-adaptable CTs for family ministry. Once this theory becomes grounded, it could effectively position lay-ministers and pastoral counselors in a strategic place between medical and church authorities and politics unrelated to CTs' efficacy for family ministry. Identifying the need for religious accommodation strengthens the faith of believers who otherwise might feel alienated from faith communities. Those interested in CTs might overcome blocks to faith through shared values. The issue can effectively be removed from the authorities, and into the hands of the people. From there, they can marry the contents of the research with the voice of God alongside wise counsel in their own lives to arrive at biblical

conclusions on the subject. This approach removes the intermediary of a medical or pastoral authority figure between the people and God regarding whether CTs are appropriate.

Related Literature

An abundance of literature exists regarding the use of CTs for healing trauma (Gulden & Jennings, 2016; Hull et al., 2015; Mohi-Ud-Din & Pandey, 2018; Pence et al., 2014; Sears & Chard, 2016). There is an explicit conversation regarding the theological suitability of CTs for Christians (Brown, 2018; Garzon & Ford, 2016; Jain, 2012, 2014, 2017). There is a straightforward conversation regarding family trauma as a subset of C-PTSD (Hann-Morison, 2012). The literature appears to be lacking almost any conversation regarding Christian-adaptable complementary therapies for healing family trauma (Coe et al., 2018; Foroughe & Muller, 2014; Goldner et al., 2019; Shevlin et al., 2017; Stephens & Aparicio, 2017). The Christian church is in dire need of a clear consensus regarding the role of CTs in the context of family trauma.

Synthesis

Familial trauma's roots begin in attachment theory founded by Ainsworth and Bowlby (1991). This theory suggests that individuals remain on a developmental pathway that impacts personality development based on the security of the initial bonds formed with primary caregivers. This ties in to the unfolding of that system over the child's lifetime. This family-of-origin dysfunction carries into the overarching field of marriage and family therapy (MFT; Tan, 2011). This theory suggests that dysfunctional and traumatized families project their unconscious pain onto other members in predictable triangulation patterns, parentification, scapegoating, and enmeshment. When families maladaptively move through FST, developmental trauma disorder (DTD) can ensue (Willis et al., 2020).

DTD is an emerging diagnostic category promoted primarily by Van der Kolk (2005). DTD is a proposed diagnosis that extends beyond family systems and attachment theories to address a cluster of seemingly unrelated psychopathology rooted in chronic childhood trauma (Van der Kolk & Courtois, 2005). It is a more defined subset of complex post-traumatic stress disorder (C-PTSD). Glück et al. (2016) further differentiate this subset of C-PTSD within the context of childhood trauma. C-PTSD is a forming diagnosis that differentiates the symptomology of trauma that emerges in interpersonal relationships (Herman, 2012). Finally, betrayal trauma is a further emerging subset of family trauma with roots in attachment and relationship betrayals (Gomez et al., 2016). Betrayal trauma and C-PTSD symptoms are common in adult survivors of familial trauma who often go undetected until relational and marital chaos bring them to therapy as adults (Mandeville, 2021). The trauma of their upbringing often lives on in their parenting and marriages in the form of relational instability, affect regulation issues, and insecure attachment patterns (Heller & LaPiere, 2012). Survivors are often misdiagnosed with a myriad of seemingly unrelated personality disorders when the issue of family trauma goes overlooked (Heller & LaPiere, 2012).

Trauma formed in the context of a relationship, specifically in one's initial attachment bonds, must therefore be healed in the context of the relationship (Gingrich, 2013). Furthermore, recovery often gets impeded by a failure to acknowledge the interrelatedness symptoms, which often escalate under the emotional abuse still ensuing from the family of origin (J. D. Ford et al., 2018; Herman, 2012). Integration of somatic and complementary therapies (CT) such as yoga, meditation, and mindfulness into the treatment process proves superior to talk-only interventions (Fay & Germer, 2017; Malchiodi, 2012). This phenomenon is represented by the third wave of

cognitive-behavioral therapies, which integrate mindfulness and meditation into the treatment process (Tan, 2011).

This integration poses serious theological questions to Christians due to the allegations of Buddhist and Hindu origins of the practices (Brown, 2013, 2018). Pastors are faced with the issue of helping these hurting families and survivors in a biblically sound manner (Rosales & Tan, 2016, 2017; Wang & Tan, 2016). Pastoral counseling and lay-ministry are a much-needed integration as a CT modality itself (Tan, 2016). More than ever, pastoral counselors are needed to expand the bandwidth of healing families by making lay counseling ministries more accessible (Tan, 2016). In recent studies, Christian-adapting CTs and lay counseling have been proven effective (Garzon & Ford, 2016). In a world fraught with emotional pain rooted in one's family-of-origin, pastoral and lay-ministry counselors need to lead as forerunners in the arena of developing Christian-adapted CTs for familial trauma (Stone, 1994). The emerging field of neuroscience provides insight into a quickly evolving intersection of Christian spirituality and pastoral counseling (Bingaman, 2013).

Existing and Developing Literature

Neurobiology of Trauma

Uhernik (2017) is a leading advocate for the use of CTs in treating the neurobiology of trauma. She contended for the extensive use of CTs as a central part of the trauma healing process including bioenergetic healing, yoga therapy, mindfulness, meditation, neurofeedback, and creative expression as non-verbal methods of healing. Uhernik (2017) proposed that these methods are superior to talk-only therapies, which fail to address the nervous system dysregulation common in trauma survivors. Healing a wounded brain happens through interpersonal relationships. Mother-child attachment disruptions are indicated in brain

development setbacks. Clients suffering from trauma are often stuck in fight or flight and need help calming the amygdala. She advocated for the screening of attachment trauma. Bottom-up approaches to healing trauma can better help calm the nervous system (Uhernik, 2017).

According to Briere and Scott (2015), trauma is defined as a highly upsetting event that overwhelms a person's ability to cope and produces maladaptive psychological responses. Around fifty percent of Americans will experience trauma at some point in their lives. Trauma can include child abuse, mass violence, natural disasters, fires, accidents, rape, assault, domestic violence, human trafficking, torture, and war. Traumas such as natural disasters, fires, or accidents are considered impersonal, whereas traumas such as assault, child abuse, and domestic violence are considered interpersonal. Collective traumas create an additional set of symptoms that increase the risk of revictimization in survivors. Adult survivors of complex trauma might have symptoms that last well into adulthood (Briere & Scott, 2015).

Briere and Scott (2015) described a hyperreactive nervous system as a result of trauma. It perpetuates dysfunction in the hypothalamic-pituitary-adrenal (HPA) axis. Emotions such as anger, shame, and guilt are common in trauma survivors. They also focus on a particular type of trauma that is interpersonal, such as childhood abuse and neglect. These survivors experience usual symptoms like mood issues, cognitive distortions, and post-traumatic stress disorder (PTSD). Due to the additional insult of the interpersonal nature of the events, they also often experience the effects of parent-child attachment ruptures. Symptoms include affecting regulation issues, identity issues, and reduced capacity for interpersonal relations, and victimization, which lends itself toward more personality-disorder-like difficulties in survivors (Briere & Scott, 2015).

Furthermore, Briere and Scott (2015) link dissociative symptoms to childhood neglect and insecure attachment bonds between parent and child. Insecure attachment can be a sign of developmental neglect and abuse. Somatization is a common symptom in childhood abuse survivors. This dynamic is a phenomenon where they experience physical pains not linked to apparent medical concerns. A term used for this type of compounding stress which occurs over time is complex post-traumatic stress. This dynamic arises from intense, long-term, interpersonal trauma that often begins in early development (Briere & Scott, 2015). This trauma classification also creates symptoms such as trouble with boundaries, interpersonal struggles, and affect dysregulation. These adult survivors often find themselves in chaotic and maladaptive relationships. These struggles are attributed to attachment issues in childhood. In severe cases, this can morph into borderline personality disorder (BPD). BPD are thought to arise in enmeshed maternal bonding issues. This diagnosis often receives substantial stigma in the medical community instead of compassion for its etymology (Briere & Scott, 2015).

Briere and Scott (2015) recommend meditation and mindfulness in some instances of trauma recovery in conjunction with psychotherapy. In some instances, pharmacology is indicated. Mindfulness can provide additional therapeutic relief that differs from the impact of psychotherapy. In some instances, mindfulness is contraindicated, such as when the survivor struggles with psychosis, dissociation, or destabilization. Briere and Scott (2015) described the emerging waves of behavioral therapy. The first and second waves focused on remedying cognitive distortions. The third and fourth focus on the integration of spirituality and mindfulness into the therapy process. The integration of cognitive-behavioral therapies (CBT) and mindfulness mark the third wave of dialectic behavioral therapy (DBT). This modality is

especially useful in working with BPD clients. Although mindfulness is indicated for many trauma survivors, it is by no means a replacement for psychotherapy (Briere & Scott, 2015).

Furthermore, Brier and Scott (2015) stated there is mindfulness training in therapists and how to teach the modality to survivors best. Often, meditation teachers have been practicing for many years. Thus, therapists who have mindfulness training might incorporate essential aspects into the therapy relationship. Of primary importance is the scope of meditation and psychotherapy practitioners (Briere & Scott, 2015).

Complex Trauma

According to Cloitre et al. (2010), complex post-traumatic stress disorder (C-PTSD) is an emerging subset of post-traumatic stress disorder (PTSD) which includes additional features such as issues of self-organization, affective dysregulation, negative self-concept, and interpersonal problems. It is associated with more significant with greater impairment than PTSD. They correlated childhood trauma with a distinctive C-PTSD diagnosis. Glück et al. (2016) found the specificity of childhood trauma in the PTSD diagnosis to reduce common comorbidities. Becker-Weidman and Hughes (2008) reported that children who experience complex trauma are at increased risk for developing psychopathic personality disorders, social rejection, anxiety, SUD, and antisocial personality disorder. They require treatment that addresses self-regulation, interpersonal skills, attachment, somatization, regulation, dissociation, behavior control, attention, executive function, and self-concept issues (Becker-Weidman & Hughes, 2008). Herman (2012) likewise advocated for the inclusion of C-PTSD as a distinctive diagnostic category. The distinction is both theoretically and clinically vital. Herman outlined the specificity of symptoms that often presents as unrelated psychiatric complaints. When left improperly diagnosed, treatment becomes cumbersome and ineffective.

Courtois (2004) defines complex trauma as a specific subset that occurs cumulatively in a relational context. Complex trauma rooted in family abuse tends to be especially pervasive. Dorahy et al. (2013) described C-PTSD as a relational disorder with roots in relational trauma that creates relational disconnects. Shame and dissociation are primary contributors to relational chaos. C-PTSD can lead to an inability to form and maintain family and social ties. These individuals redirect relational conflict inward toward the self (Dorahy et al., 2013). Van Nieuwenhove and Meganck (2019) explained feelings of mistrust and suspicion of others familiar to those with C-PTSD. These individuals feel more worthy of abuse and pan and tend toward beliefs that one is worthless and unlovable. They found a specific subset of C-PTSD that occurs during development and attachment. This dynamic causes abuse-related schemas, translating into interpersonal function issues related to intimacy, trust, and communication (Van Nieuwenhove & Meganck, 2019).

Christian Counseling on C-PTSD. Gingrich (2013) described complex PTSD (C-PTSD) as symptoms rooted in interpersonal trauma such as affect dysregulation, dissociation, self and perpetrator distortions, relationship chaos, physical complaints, and systems of meaning struggles. The three phases of treatment indicated include safety and stabilization, trauma processing, and consolidation and resolution. Clients need help learning safety in relationships. They need to build skills in understanding who is safe and who is unsafe. Gingrich (2013) discussed dissociative identity disorder (DID), in which clients struggle with multiple personalities. She addressed important considerations for Christian counselors when working with such individuals, additional sensitivity to Christian concern, and the role of God in the trauma.

Betrayal Trauma

A further subset of C-PTSD is betrayal trauma. Freyd et al. (2007) described betrayal trauma as a phenomenon of attachment failure. A child must create maladaptive survival strategies to survive abusive caregiving by a primary attachment figure. These coping mechanisms continue well into adulthood. These adult survivors who have experienced much betrayal can lose the ability to detect future incidences of betrayal. These can lead to a tendency in survivors to get revictimized through seemingly unrelated traumas (Freyd et al., 2007). Gomez et al. (2016) described relational trauma as trauma that happens in the context of a powerful bond. Betrayal trauma comes about as a result of a violation of trust between two people. This type of trauma tends to overwhelm the attachment system. It interferes with a deep-rooted connection with another person. Emotional support and self-care are indicated for healing this type of trauma. Journaling, dance, nature, and spirituality can help connect these individuals with who they are. A sense of self is broken instead of a bone. The medical model places the pathology into the betrayed person instead of getting placed into the betrayer (Gomez et al., 2016).

Birrel and Freyd (2006) emphasized the impact of significant human bond violations and loss of relationships in the context of betrayal trauma. They advocated for a relational model of healing that acknowledges the more significant impact of relational traumas. Gobin and Freyd (2014) proposed that betrayal trauma inhibits a survivor's ability to make sound choices regarding whom they can trust. Platt and Freyd (2015) proposed a continuum of betrayal from low to high. They suggest that betrayal itself is a crucial dimension of trauma that may be a factor contributing to PTSD. Hocking et al. (2016) correlated child maltreatment and adult interpersonal trauma. Traumas higher in betrayal, such as parental betrayal, have a more

significant impact on adult survivors. The results of their study indicated that child abuse is associated with adult betrayal trauma, with the anxious attachment being the partial mediator of this phenomenon (Hocking et al., 2016).

Developmental Trauma

According to Hughes (2017), familial and relational trauma can result in developmental trauma disorder (DTD). Disruptions of attachment play out well into adulthood. These adult survivors often go underserved or undetected. Their symptoms play out especially in the context of one's primary attachment, leading to affect dysregulation, relationship struggles, and behavioral problems. Survivors get left with feelings of shame, rage, and dissociation. Regardless of whether survivors leave their original family chaos, the trauma lives on in their hearts and marital relationships as adults. Attachment is the most researched area of human development, and human functioning is at its best in the context of a supportive primary attachment (Hughes, 2017).

Van der Kolk (2005) is a primary advocate of a new diagnostic category of developmental trauma, which accounts for the complexities of complex trauma in family systems. He cited nearly one million cases of confirmed child abuse in the U.S. each year. Van der Kolk proposed that this places childhood trauma as a leading preventable health concern in America. He detailed the impact of trauma and its response to bottom-up approaches to healing trauma in the form of CTs (Van der Kolk, 2005). Rahim (2014) examined the relationship between poor attachment relationships and DTD. J. D. Ford et al. (2018) define DTD as the biopsychosocial sequelae of early trauma and attachment wounds. These children have interpersonal victimization and attachment wounds that lend themselves to symptoms such as negative emotions, blame, self-harm, and reckless behaviors (J. D. Ford et al., 2018).

Siverns and Morgan (2019) found that parents with a trauma history struggled with child-rearing themselves. Specifically, mothers with a history of sexual abuse veered on the side of emotional enmeshment with their children. Sheinbaum et al. (2015) found positive correlations between role reversal, insecure attachment, and schizophrenia. In addition, schizophrenia is a biological condition that cannot be created by the environment itself. It can, however, be exacerbated by stress and experiences. Bradfield (2013) further identified intergenerational trauma as a subset of developmental trauma. Spinazzola et al. (2018) reported the significant debate in the trauma field regarding the lack of DTD's inclusion in the most recent *Diagnostic and Statistical Manual* (DSM; APA, 2013). Van der Kolk and Courtois (2005) further advocate for a specific term called complex DTD (2005). Schimmenti (2012) highlighted the impact of pathological shame in DTD. In severe cases, these individuals cannot form relationships due to their belief that they are inherently defective. Busuito et al. (2014) also correlated attachment rooted in childhood trauma with increased PTSD.

Levers (2012) described sexual violence as one of the most distressful types of traumas due to the intimate nature is a common type of trauma experienced in dysfunctional family systems. Early childhood is defined as the first 8 years of life. Around 50% of children exposed to domestic violence are under this age. The brain develops rapidly between birth and age 2; therefore, attachment issues with caregivers have a severe impact on the developing brain of a young child. Levers cited the work of Bowlby (1982), who founded the idea of attachment theory. This theory is based on the idea that children need a secure base to help them learn affect regulation, security, communication, and expression of feelings. Four phases of attachment happen from birth to 18 months. The infant develops a pattern of attachment in response to the caregiver's interactions. If the caregiver is attentive and responsive, the attachment pattern is

healthy. The infant can develop anxious, avoidant, or disorganized attachment when the primary caregiver rejects the infant's attempts to attach. These patterns can play out into adult relationships in maladaptive ways (Levers, 2012).

According to Levers (2012), child maltreatment includes assault, sexual abuse, emotional abuse, neglect, and abandonment by the caregiver to the child. The child struggles to reconcile with the caregiver as both harmful and comforting. Domestic violence is another form of attachment trauma. Infants can experience symptoms of hyperarousal that usually correlate to the level of the mother's distress. Ongoing trauma that extends into adolescence can result in developmental trauma. This dynamic is where trauma inhibits the adolescent or child's ability to achieve everyday developmental tasks. Strong faith and the involvement of parents can help protect against developmental trauma. Being that violence often happens in a family setting, adolescents are also susceptible to family related traumas. Stressors include the break-up of families, relocation, conflict in families, poverty, unemployment, substance abuse, and mental illness (Levers, 2012).

Levers (2012) explained that these symptoms that might have started in early attachment trauma extend into the lives of adult survivors. Survivors might have a complex type of PTSD due to developmental and attachment trauma from the same perpetrator. Often, this perpetrator is a primary caregiver. They might struggle with trust and sleep issues, somatization, depression, affect dysregulation, shame, and relationship struggles. They often present with substance abuse issues, eating disorders, and depression. Therefore, clinicians must screen survivors for attachment issues. These survivors need the attachment healing involved in a stable therapeutic relationship with a competent clinician. Unfortunately, they might often struggle with issues of trust unstable relationships, which make it difficult for them to bond to the therapist. The trust

and kindness experienced by the therapist might just be outside of the realm of their lived experiences. They often have unbalanced lives, and therefore need long-term treatment. The therapist can help them modulate hyper and hypo arousal symptoms. These clients benefit from somatic therapies that help them reconnect to their bodies. The therapeutic relationship is the attachment relationship that might bring up all of their attachment issues (Levers, 2012).

Levers (2012) pointed out that these adult survivors often experience co-morbid conditions formerly called Axis I and II disorders. They might struggle with BPD, schizotypal disorder, dissociative identity disorder (DID), bipolar disorder, and substance use disorder. The neurobiology of these children can be significantly impaired. They might benefit from expressive arts therapy to non-verbally process their traumas. The therapeutic alliance can support needed stability to move into the processing stages of trauma. It provides an alternative narrative to the lack of safety survivors usually feel in relationships. They might transfer feelings of betrayal onto the therapist from their lived experiences. These clients can also benefit from yoga, meditation, DBT, eye movement desensitization reprocessing (EMDR), and art therapy (Levers, 2012).

Complementary Therapies and Developmental Trauma. Heller and LaPierre (2012) presented the neuroaffective relational model (NARM) to heal complex developmental trauma. NARM seeks to help clients bring forward an increased sense of connection. They describe symptoms such as reduced eye contact, limited range of affect, fibromyalgia, irritable bowel syndrome as seemingly unrelated symptoms of developmental trauma. NARM uses five types of connection survival styles to identify ways clients learned to adapt to trauma. Issues include disconnection to self, difficulty relating to others, difficulty knowing what one needs, feeling one's needs are unworthy to be met, feeling unable to depend on anyone, feeling like one always

has to remain in control, feeling burdened, difficulty saying no, difficulty connection heart and sex, and self-esteem based on looks and performance. Heller and LaPierre (2012) recommend the use of somatic mindfulness to address the disruption of core life force lost during trauma. These adults end up caught in sympathetic activation. Shame-based identification includes shame at existing, feeling like a burden, feeling like one does not belong, shame at being unable to feel, feeling undeserving, and feeling unlovable. Pride-based counter identifications include disdain for humans, pride in not needing help, pride in being a loner, pride in being rational, being needy, and feeling intellectually or spiritually superior to others (Heller & LaPierre, 2012).

Primary Caregivers With Attachment Disorders. According to Roth and Friedman (2003), the impact of being raised by a caregiver with an untreated or acknowledge personality disorder can be devastating. Often, survivors struggle to be treated well because they know that betrayal will usually follow. Survivors might cry when they see proper nurturing of children due to their pain of not receiving proper childhood love and nurturing. Survivors serve as the recipient of distortions, projections, and anger from their parents. This dynamic makes it hard for survivors to know their identity. Furthermore, their attachment system may keep them returning to the parent for love and acceptance, again and again, only to be faced with more of the same. The healing process involves letting go of the delusion that these children will ever be able to get their needs met by their parents (Roth & Friedman, 2003).

According to Roth and Friedman (2003), unlike other disorders, those with borderline personality disorder (BPD) are often difficult to leave despite their apparent chaos and destructive tendencies. This dynamic is because BPD is essentially a malfunction of the attachment process transmitted from one generation to the next. Issues like trauma, addiction, abuse, neglect, and shame prohibit caretakers from adequately attaching to their children. This

dynamic creates a void in the children that cannot be avoided in their adult relationships, parenting, and marriages. This vicious cycle relentlessly destroys family systems when left untreated. These survivors feel like they are never good enough or achieve enough. Healing requires fully validating and acknowledging what happened in the past without blaming or wallowing in it (Roth & Friedman, 2003).

According to Roth and Friedman (2003), BPD behaviors include frantic attempts to avoid abandonment and rejection, intense and unstable relationships, impulsive and reckless behaviors and addictions, repeat suicide attempts or threats, mood swings, and anger problems. Cognitive distortions are common. These parents might perceive themselves as helpful and caring when in reality, they are negligent. They often try to escape reality. They struggle with impossible relationship expectations and idealize or demonize people. These parents often drink or abuse substances as a priority over parenting responsibilities. They struggle with both boundary violations and enmeshment. These parents act like children and invalidate their experiences. These people are confusing for outsiders who see them as totally usual and loveable. This dynamic further invalidates the survivor's experience (Roth & Friedman, 2003).

According to Roth and Friedman (2003), survivors try to be perfect, but they often struggle with a deep sense of shame. They feel like something is inherently wrong with them. Survivors often experience increased depression, social anxiety, suicide, self-esteem issues, and intimacy disorders. These issues prevail regardless of what the survivor goes on to achieve. Children often love and idealize their BPD parent and play familiar roles within their family system. People with BPD tend toward black-and-white thinking and splitting. Survivors often grieve their lost childhood, their parent's trauma, and the pain of the parent having the condition. These BPD parents split siblings into good or bad. Survivors often wonder if they have BPD, but

these children need more likely just need additional skills to compensate for learning deficits in childhood. Survivors also need help managing anger and guilt. The authors suggest viewing the situation from a place of conflicting needs. The BPD parent tends to project onto the child. The child needs a stable and sane life. The authors encourage forgiveness, boundary setting, and communication training. It is vital to move forward without dwelling in the past indefinitely. Forgiveness allows the survivor to acknowledge their own mistakes and flaws (Roth & Friedman, 2003).

Emotional Incest Syndrome. The book, *The Emotional Incest Syndrome: What to Do When a Parent's Love Rules Your Life* (Love & Robinson, 1991), is a comprehensive description of family enmeshment with subsequent tools for recovery. Love described this emerging syndrome in great depth, offering various case illustrations and examples from her therapy practice and personal life. This syndrome is becoming recognized with the advent of single-parent homes, but fairy tales have long described such a dynamic. When a violation of the family subsystems happens, the entire family becomes unbalanced. For example, a mother with untreated mental illness may not be a suitable marriage partner, but instead of seeking a divorce, the father may turn to his oldest daughter to fill that emotional void. Often, no sexual boundaries get crossed, but the child is treated more like a mistress than a daughter. There is a reversal of the parent-child roles that wreaks havoc on the child in a similar way sexual incest does. The child may have many mental health and relationship issues as an adult (Love & Robinson, 1991).

Love and Robinson (1991) offered a clear description of the problem, alongside a clear path to recovery. They pointed out that it is often futile to chase relationship issues around without addressing the root cause in the family system. For example, a person's relationship with their parents and sibling creates a blueprint that impacts their relationships. So, it is vital to

address the current relationship with the alive or deceased parents when individuals come into therapy. The goal of her intervention is to help clients avoid enmeshment or estrangement with their parents. Setting boundaries with parents without alienation or avoiding them realigns the client's blueprint for all relationships. This process is the single most transformative process a survivor of emotional incest must embark upon to heal (Love & Robinson, 1991).

Love and Robinson (1991) stated that often, these children would grow up and leave a wake of multiple marriages behind them. They were treated as either a *chosen* or *left-out child*. This dynamic created unrealistic emotional highs that only appear in the initial phases of romance and during an affair. Therefore, as they age, these adult children act in socially inappropriate ways. They are unconsciously recreating the emotional specialness they experienced during their childhood. These children also struggle with work relationships and grandiosity. They compulsively achieve and struggle to know their thoughts and feelings about issues. Parents often undermine their attempts to separate or marry and create families of their own. These children often compartmentalize success to their professional lives. They take up an inordinate amount of emotional space in marriage and struggle to balance closeness and intimacy (Love & Robinson, 1991).

Love and Robinson (1991) detail Love's own relationship with her alcoholic mother. She came from a system of alcoholics. She implored those reading the book to consider the impact parentification might have had on their own lives and marriages. Love explained that this syndrome often goes unnoticed because no sexual lines are crossed. She described clients who unconsciously get drawn to older married men. This dynamic is an attempt to deal with the inappropriate father intimacy. Likewise, male clients may compulsively marry women who act just like their smothering mothers. They often struggle with a push-pull dynamic with women.

These adult children often suffer from in-law trouble if the chosen child is still playing that role as an adult. Rather than rebel, avoid, or condone such behavior, Love offers guidance on how to heal said dysfunction and move on with life. Everyone is designed with needs that can only get met in loving family life. She offered specific steps to stop the intergenerational chaos and heal (Love & Robinson, 1991).

Complementary Therapies for Trauma. Webster et al. (2020) advocated for the integration of Reiki within psychotherapy treatment sessions given its symptom reduction benefits. They use the term psychotherapeutic Reiki (PR) to describe this type of Reiki. Reiki was proven especially effective in adults suffering from oversensitivity to social stressors (Webster et al., 2020). Telles et al. (2012) provided some evidence for the effectiveness of yoga and meditation in trauma-related depression, anxiety, and PTSD. Marotta-Walters et al. (2018) described eye-movement desensitization reprocessing (EMDR) as another potentially effective alternative for treating trauma. Macy et al. (2018) reviewed 185 studies of yoga for trauma. They focused on mindfulness as a critical component lending itself to the utility of yoga. They isolated the meditative parts of yoga as most helpful in treating depression. They recommended that those who wish to offer yoga in clinical practice become certified yoga teachers or therapists. They found evidence that yoga has preliminary evidence as an adjunct treatment for treating trauma, but the studies lacked enough academic rigor to be conclusive (Macy et al., 2018). Although complementary therapies are still gaining needed empirical support, they are beginning to present enough evidence for consideration in the healing ministry of pastoral counselors and lay ministers.

Trauma-Sensitive Yoga Therapy. Chanler (2017) advocated for the use of mindfulness as a tool to heal enmeshed interpersonal and family relationships. She used somatic awareness to

help disentangled specifically from mother-daughter enmeshment. Ong (2021) and Ong et al. (2019) described trauma-sensitive yoga (TSY). This somatic healing method is specifically geared toward C-PTSD by increasing awareness, self-regulation, and healthy relationship with the body (Ong, 2021; Ong et al., 2019). Stockham-Ronollo and Poulsen (2012) found that integrating Reiki into couple's therapy improved couple's success rate and brought greater intimacy to the relationship. West et al. (2017) stressed the common failure of traditional PTSD treatments to address the complex presentation of developmental trauma, which includes somatic complaints; they found TSY helpful, especially in this client group.

Creative Arts. According to Malchiodi (2012), trauma survivors can benefit from non-verbal approaches to healing trauma via creative arts. They can utilize dance, music, art, and drama to process and integrate experiences that are too much for words. Women who experience domestic violence significantly benefit from decreasing symptoms of hyperarousal through art therapies. Non-verbal interventions such as these can be constructive in self-soothing during episodes of dissociating. Art has been a healing modality for humans for centuries. Current initiatives are prioritizing the integration of the arts into psychotherapy. The expressive arts use multimodal approaches to access a variety of healing methods. Natalie Rogers was one of the foremost pioneers of expressive therapies. Her work was greatly influenced by her father Carl Rogers (Malchiodi, 2012).

Reiki and Biofield Therapies. Mangione et al. (2017) described the growing body of research verifying the safety and promise of biofield therapies in treating mental health. These are mind-body modalities such as healing touch and Reiki. Reiki, with roots in 3000-year-old Buddhist teachings, helps balance the parasympathetic nervous system. This study analyzed more than 30 studies on biofield therapies. The results showed that biofield therapies might help

decrease stress and anxiety while increasing wellness and positive moods (Mangione et al., 2017). Davis et al. (2016) found mindfulness a significant moderator in reducing the negative impact of insecure attachment style on well-being.

Pastoral Counseling. According to Hook and Worthington (2009), differences exist between professional Christian counseling, pastoral counseling, and lay-ministry counseling. They explored the differences in outcomes between these three different types of counseling, and advised not lumping them all in the same category as Christian counseling (Hook & Worthington, 2009). Pan et al. (2013) found that dual relationships are encouraged in pastoral counseling settings. The goal of pastoral counseling is similar to clinical counseling in healing trauma, helping families, and overcoming problems. The disciplines differ in regard to the foundations upon which they are built. Pastoral counseling hopes to bring the client closer to God through Scripture and focus on faith. Furthermore, a relationship with God is viewed as healing in and of itself. This dynamic differs from clinical counseling's focus on developing the self and personality as an end in itself (Pan et al., 2013).

According to Stone (1994), the role of the pastoral counselor is not to solve the world's problems but rather to help the individual begin to solve some problems and stay faithful to the call of God. There needs to be a solvable problem that addresses the reason they decided to initiate therapy. The goal is to change the congregants view of their problems to help them realize they can be part of the solution. The role of a pastoral counselor does not involve lengthy sessions developing rapport or taking a long history (Stone, 1994). Agreements regarding the goals of therapy must be reached before beginning counseling. In family systems, the identified patient will emerge that presents with the symptoms of the entire symptom. The system will continue to function in ways that support the need for this identified patient. Often, a psychiatrist

will warn that pastors simply are not equipped to help people with any emotional problems. This approach is incorrect. Although pastors should not function as untrained psychiatrists, they are well-equipped to help people with problems. The message from the mental-health community is that pastors are only capable of referring. This referral should only happen if the person is psychotic, suicidal, or homicidal; furthermore, if the person needs additional medical or legal help or long-term management of psychopathology (Stone, 1994).

Harris et al. (2008) explained that trauma impacts one's belief in God, power, control, safety, and the self. Their studies found that some find God to be an essential source of strength in healing from trauma. They felt comfortable going to their faith community for additional support for healing their trauma. Others felt alienated by God, experience fear and guilt, or wondered if God was punishing them through their trauma. They might feel like God and their church has abandoned them (Harris et al., 2008). Historically, Freud and Jung have questioned the role of religion in mental health. A better question would be which parts of religion have positive or negative impacts on the mental health field. They recommend referrals to pastors, chaplains, and pastoral counselors for clients with high levels of religious strain. Their findings noted a profile of various relationships between Christianity and trauma coping (Harris et al., 2008). Reinert et al. (2016) found spirituality and religion to effectively improve mental health for survivors of childhood trauma among a diverse population sample.

Lay-Ministry. Garzon and Tilley (2009) explained that paraprofessional counseling has some proven benefits, but no clear evidence exists regarding the effectiveness of lay-ministry. This issue is any ministry that happens in church settings without credentialing and training in mental health. This definition includes ministries such as *Freedom in Christ* by Neil Anderson. Other lay ministries include small groups, prayer teams, and friendships within the church

community (Garzon & Tilley, 2009). Carter (1999) explained that Christians are often suspect of secular therapists because they believe they will be irrelevant to the issues they face. Most Christians counselors have a balanced training of psychology and theology. It is emerging as a legitimate specialty. Garzon and Poloma (2005) described a rapidly evolving inner healing movement sweeping evangelical Christianity, especially in the Midwest. They found that lay-ministers were helping severely hurting people far beyond their training or credentialing. Moreover, they were needed given the state of mental health care today. The church is a needed place of ministry to those suffering who cannot obtain professional care. Complex disorders included alcoholism, dissociative identity disorder, and sex addiction (Garzon & Poloma, 2005).

Spiritual Direction. May (1974) described the modern phenomenon of pastoral counselors now losing a lot of their spiritual identity as they enter into the world of mental health. He found that many have become concerned that a pastor who begins clinical counseling training often makes steps toward leaving the ministry. May described the LSD and hippy movement that sought more profound mystical experiences, followed by the human potential movement. This movement led society to find spiritual experiences in the context of interpersonal relationships. He then chronicled the influx of a new age of modern spirituality that included yoga, meditation, faith healing, astrology, biofeedback, the Jesus people movement, and reincarnation. All these concepts pointed in the same direction of moving away from Aristotelian ways of thinking and invites us into letting down some of our religious defense mechanisms regarding authentic experiences of spirituality (May, 1974).

Fay and Gerner (2017) advocate for the integration of yogic psychology into the healing process. The default mode network (DMN), of the brain, is on constant alert to protect one from danger. Yoga and meditation can help deactivate this network to allow relaxation. Many people

attempt to ascend away from their problems. Meditation and yoga can be powerful vehicles to bring up trauma for review. However, psychotherapy is a needed component to descend into emotional work. They define yoga as a sacred relationship with the self. In yoga psychology, the journey is about unwinding the knots of consciousness impacted by the pains of life. Attachment is the root of the practices in the rest of the book (Fay & Gerner, 2017). Rambo (2010) portrays trauma in the context of faith through the story of the hemorrhaging woman in the Bible. She noted that Jesus claimed that her faith healed her; he did not say that he healed her, although he had been healing many people. This dynamic contrasts with those who assert that one must only have faith to heal.

Bidwell (2009) described spiritual direction as a part of depth psychology with a different focus. In the spiritual direction, the goal is liberation from attachments and surrender to the discerned power of God's will. Although spiritual direction is related to psychology, it is less primarily considered with one's emotional blocks. Bidwell encouraged a more humanistic approach to spiritual direction, so the congregant can better discern the voice of God for themselves. Bidwell encouraged the theologically marginalized to speak up against the current dominant theological discourses found in depth psychology. Although an understanding of human relational dynamics is essential to a director, the director should avoid embracing a medical model in which they retain the power to pathologize the congregant with their inside and superior knowledge of the psychological phenomenon. Again, Bidwell (2009) noted the influence of transpersonal psychology on spiritual direction, focusing on making the unconscious conscious. He touched on the impact of family systems theory and the process of differentiation on pastoral care.

Christian Counseling and Family Incest. According to Langberg (2003), relational difficulties arise from sexual abuse, such as relational instability or a strong need to perform and be perfect. Often, girls get abused within their own families. The church is a vast resource for the survivor. They can help the survivor identify her gifts and recreate the needed social and family relationships lost during abuse. The church community is an important place for the survivor to observe healthy family dynamics and parenting skills. It is a place for her to build bonds with individuals and married couples. Survivors will often either idealize or devalue relationships due to their past hurts. Langberg (2003) explained survivors need help building a solid support network, growing in their relationship with God, and supporting their marriage. The survivor often finds herself in multiple short-term chaotic relationships that mirror the emotional climate of her upbringing. She may be prone to revictimization and believe she may not make mistakes. She needs to learn a whole new set of relational skills within the context of therapy. Everything she learned was probably rooted in abuse. The church will be the primary grounds for her to build her new skills with safe people. In family systems, incest often occurs when the marriage is weak due to addictions or mental illness. The older children are expected to perform adult roles and raise themselves and their younger siblings. The trauma occurred in the context of the relationship, and therefore must be healed in the context of the relationship (Langberg, 2003).

Christian Spirituality and Complementary Therapies

Eastern and Western Attachment Theories. Bidwell (2001) compared and contrasted pastoral understandings of the self-verse transpersonal and Buddhist concepts of the self. This dynamic seems to be an underlying conversation few theologians are willing to tackle. Nevertheless, this is paramount to understanding whether or not Christians should integrate Eastern-originating practices and concepts into conservative faith. Pastoral counselors are faced

with non-Western spiritual theories in regard to healing trauma and attachment. Sahdra et al. (2010) correlated the Buddhist concept of nonattachment with Western attachment theory. They found that nonattachment correlated with reduction of suffering, higher functioning, and healthy maturity. They found that non-Buddhist religious activities that promote introspective inquiry to release negative mental fixations also helped develop nonattachment (Sahdra et al., 2010).

Complementary Therapies in Christian Ministry. This dynamic begs the question of Christian adaptability and compatibility of such practices if they prove beneficial to mental wellness. Snyder et al. (2012) found mindfulness effective in increasing emotional regulation and decreasing stress in parents. They correlated these findings with fostering secure attachments between children and parents. They found that mindfulness promotes healthy relating. Charkhandeh et al. (2016) tested cognitive behavioral therapy and Reiki on depression and found both compelling, with CBT being more effective than Reiki. Gulden and Jennings (2016) found yoga helpful in fostering spiritual growth and regaining mental health after interpersonal trauma. McManus (2017) explained that Reiki activates the parasympathetic nervous system to heal the body and mind and reasonably supports that Reiki is more effective than a placebo. Jain et al. (2015) found evidence for the effectiveness of biofield therapies in treating PTSD. Given this intersection between spirituality and healing, how can pastoral counselors afford to continue to evade the issue of complementary therapies in healing ministry?

Not all pastors are excited about the emerging healing benefits of CTs. Metropolitan Maximos Aghiorgoussis (Maximos, 1999), a bishop of the Greek Orthodox Church, detailed orthodox positions regarding the influx of new age practices arriving in the West. He encouraged orthodox Christians to adhere to the church's authority to denounce all such practices as heresy and blasphemy. To Maximos, all pagan branches of Hinduism and Buddhism are rooted in the

false belief that humans are gods. Therefore, there is absolutely no theological room for Christians to embrace any practices of Eastern origin regardless of perceived health benefits. Furthermore, he denounces the *Toronto Airport Blessings Revivals* and all charismatic renewals as unacceptable to the discerning Christian (Maximos, 1999).

Vazquez and Jensen (2020) touched on the ongoing debate regarding the suitability of CTs for evangelicals. They cited building empirical support for Christian contemplation practices in contrast to Buddhist meditation. A primary concern of evangelicals is the goal of the Jesus prayer is to unite with Christ. This process is not intended to become a god in a pantheistic way, but rather to become entirely given to Christ in heart and fully abiding in him. The Jesus prayer was a practice of the desert fathers, only to be used under the direction of a spiritual teacher. This process was to help the practitioner as they became increasingly aware of their dark corners. Vazquez and Jensen (2020) noted the differing intentions between Christian contemplative traditions and Buddhist meditations. Buddhist meditations primarily focus on the goal of nonattachment, whereas Christian contemplative traditions focus on increasing intimacy with God regardless of suffering. They contrasted Christian-adapted mindfulness that involved awareness of God instead of the breath with this biblically conventional approach with building support. Finally, they pointed to the APA's encouragement to integrate multicultural spiritual and religious interventions into clinical settings (Vazquez & Jensen, 2020).

Liu et al. (2018) described integrative body-mind-spirit interventions (i-BMS) as another form of CTs; they found acupuncture, yoga, and meditation as high-quality CTs to treat PTSD. Nguyen-Feng et al. (2019) found trauma-sensitive yoga incredibly impactful for women who had experienced family trauma. It also proved to catalyze spiritual healing. Jindani and Khalsa (2015) confirmed yoga as therapy for PTSD, along with a catalyst for spiritual healing. These

findings point to the reality that the spiritual component of CTs is indeed a central theological issue for discerning Christians hoping to integrate the practices. The benefits are gaining support at a rate theology must keep up with to stay relevant.

Transpersonal Psychology. One field that pays close attention to wisdom and mystical, spiritual traditions is transpersonal psychology. Transpersonal psychology (TP) is somewhat of a sister science to pastoral counseling. Siegel (2018) described transpersonal psychology as the fourth force of psychology. TP expands the existing range of psychology to include concepts like profound religious, mystical experiences, and non-ordinary consciousness states (Siegel, 2018). Transpersonal psychotherapy takes TP a step further than simply healing trauma. Instead, the goal is to awaken the client's highest potential. TP mixes Western psychology with spiritual and wisdom traditions. The theory was initially founded by William James around 1950 and has since included thought leaders like Ken Wilber, Stan Grof, Ram Dass, and Carl Jung. Psychosynthesis is under the umbrella of TP. The field focuses on the spiritual integration of Eastern concepts such as mindfulness, meditation, and awakening. TP is contraindicated for highly dissociated or psychotic clients (Siegel, 2018).

Universal Life Force. Bidwell (1999) voiced pastoral critique for the emerging field of transpersonal psychology. He noted the general trend of pastors completely ignoring the field despite its prominent spiritual intersections with pastoral care and counseling. Bidwell described the field of TP as the first to attempt to synthesis psychology and spirituality. He pointed out that TP attempts to address the contemplative sciences of meditation and prayer as central to a non-religious approach to God. A transpersonal therapist draws from Eastern and Western concepts of the divine in integrative psychology. A TP therapist might note that a client with borderline personality disorder may be further destabilized by spiritual practices that attempt to destabilize

ego strength. A common claim of TP is that the church has made an error to place beliefs about God above the experience of God. TP does not place Christ in a central place, yet TP's transpersonal experiences appear in well-documented writings of the Christian mystics. Mainly, TP has led the advancement of meditative and contemplative disciplines as effective modalities in counseling work (Bidwell, 1999).

Bidwell (2000) noted that Jung was a pastor's son disillusioned with Christianity through his father's pastoring experience. However, Jung and TP as a whole continue to posit themselves as the psychology of religion. Jung believed in the transcendence of God and the shadow sides of the human psyche. Bidwell advocated for pastoral theology, pastoral psychology, and TP to expand on Jung's work. He urged the field of pastoral counseling to begin taking TP seriously (Bidwell, 2000).

New Age Spirituality and Perennialism. Hartelius (2017) described the transpersonal concept that spiritual experiences could occur outside the context of organized religion. He noted the modern phenomenon regarding the dominance of science over spirituality. Many spiritual teachers now work in psychology, but he warned of the danger of over spiritualizing the science of psychology. His rationale is that metaphysics are by very nature untestable, and therefore unable to be submitted to the boundaries of psychology via the scientific method. This issue is especially pertinent to practitioners of transpersonal psychology who sometimes offer speculation as an explanation of psychological experience. Perennialism asserts that there is a single source of spiritual truth and that all religions with different views are wrong to the extent they differ from this correct view. Hartelius (2017) cited a definition of the new age religion as a universal spirituality full of appropriation that includes a blurring of psychology and spirituality based on subjectivity, mysticism, and the goal of a new age of human development. He warned

of the danger of mixing religion and psychology by hiding new age spirituality under the guise of perennial academic thought. Instead, it would be better for perennials to act as a vehicle for the psychology of spirituality in protecting the field of transpersonal psychology (Hartelius, 2017).

Pentecostal Faith Healing and Complementary Therapies. Brown (2014) has been following the charismatic and Pentecostal revivals sweeping North America for more than 10 years. During this time, she has noted an overlap between CTs and charismatics. Often, these conservative believers get disillusioned with modern medicine. Brown noted that Pentecostals tend to view spiritual healing in a more complementary way. Previously, all Eastern, new age, and complementary and alternative medicine (CAM) practices were rejected as idolatrous. Today, many Christians are falling for the idea that CAM can be spiritual but not religious, and therefore aid in Christian devotion. She noted the existence of a universal life force that permeates most CAM practices, including chiropractic, acupuncture, homeopathy, yoga, Reiki, meditation, and martial arts. Brown (2014) asserted that adherents often believe that the activity of the Holy Spirit found in charismatic outpourings is comparable to sensations experienced during a Reiki session. These dynamic leads adherents to attribute the Holy Spirit to both movements. Prayer for healing often focuses on touch, and the healing comes through the Holy Spirit in Jesus' name instead of manipulating the human energy field through impersonal spiritual energy (Brown, 2014).

Christian Adaptability. Pastors, lay-ministers, and parachurch ministries traditionally offer counseling and healing services to the hurting and broken. Under the scope of practice laws, ministers have legal protections to help to hurt individuals, couples, and families in ministry outside of clinical mental-health counseling (Stone, 1990). Therefore, these ministers and modalities of inner healing and deliverance prayer minis fall into complementary therapies'

legal context. So, on the one hand, pastoral counselors and lay-ministers can legally offer essential services. On the other hand, they are faced with this influx of eastern healing practices that are increasingly taking root in the context of healing individuals and families. Certain conservative evangelical Christian-thought leaders advocate for the Christian adaptability of these mindfulness offerings in the context of lay-ministry (Garzon & Ford, 2016). In the same way, Christians adapt practices like Christmas. These authors contend for CTs to be used by Christians with specific parameters. Other conservative evangelical Christian thought leaders vehemently oppose the use of CTs by Christians (Brown, 2018).

Positions of Christian Complementary Therapies

Christians Should Not Practice CAM. Brown (2014) noted that there is no Protestant equivalent of the formal Catholic warning about the dangers of CAM for Christians. Nevertheless, religion and spirituality share common assumptions and should not be used by Christians to avoid the reality of practicing non-Christian modalities. Brown, therefore, defines spirituality as another religion. She also noted the American historical phenomenon of disillusionment with the medical and religious community that birthed both the charismatic-renewal and holistic-health movements unhappy with pastors and doctors. She disagrees with the ability to Christian-adapt CAM due to the scientific efficacy. She disagrees with the container-contents idea that presents CAM as a neutral container filled with Christian or non-Christian content. She disagrees that one's intent can impact the suitability of such practices for Christians (Brown, 2014).

CAM Is Not Religious. Jain (2012) provided an in-depth history regarding the roots of these concerns. She explained the pre-colonial roots of yoga as a system of consciousness-refinement through meditation and mastery of the mind-body connection. This system pre-dated

Hinduism. The introduction of physical postures came into existence recently. These postures were intended to help practitioners prepare to sit in extended meditation. Hindus make unfounded claims that yoga belongs to their religion. Evangelical pastors such as Mark Driscoll, John MacArthur, and Pat Robinson openly highlight this connection to Hinduism. Most forms of modern yoga claim to fit within the context of any religion. Anusara yoga is a brand that claims to have religious roots in tantra. Holy yoga is a form of Christian yoga not rooted in any religion. Instead, it helps strengthen the practitioner's connection to Christ outside of the realm of religion. In summary, the system itself lies outside the context of any world religion (Jain, 2012).

Postural yoga is a means to the end goal of meditation, and meditation appears to be at the root of the controversy of Christian appropriateness. Meditation was mentioned in Psalm 104:34, "May my meditation be pleasing to him" (New International Version). Although that is a far cry from a full biblical doctrinal statement, it is nevertheless listed as a clear biblical concept. One could argue it is even mandated. Still, that fails to adequately deal with the myriad of cultural and religious overtones that have been placed upon most complementary therapies. Practices such as Reiki, meditation, and yoga appear to be effective in treating trauma, but do the benefits outweigh the theological risk for evangelicals? Is the mystical non-religious element of meditation questionable due to the ambiguity of the practice? Or is it acceptable for Christians to adopt the practices with specific Christian accommodations?

CAM is Apostasy. Brown (2013, 2015) is one researcher attempting to have the hard conversations regarding Christian opposition to CTs. She takes this a step further when she discussed the phenomenon of CTs and Pentecostal healing. Brown noted Bethel Church in Redding, California, in her quest to obtain medical documentation for the healings coming from one of the largest charismatic churches with a global reach. She stated that CTs, including Reiki,

have done a much better job attempting to validate their findings empirically. Furthermore, Christian prayer has more empirical support than CTs, but CTs are gaining much quicker acceptance into the biomedicine world due to their willingness to abide by the codes of the scientific method. Brown cited the incident of Heidi Baker's claims to have been healed of a deadly case of MRSA by Jesus. Indeed, the results of her medical records validated the claims by providing additional information to outsiders. Brown (2013, 2015) cited Christian spiritual healing (CSH) as a term used to describe these non-CT-based spiritual healing phenomena prevalent in today's charismatic and Pentecostal worlds, and research identified this term, CSH, for the emerging overlap between CTs and lay-Christian healing ministry.

Yoga Is Devotional. Some assert that yoga is simply a tool like fasting. It can therefore be adopted by any religion and used to promote spirituality. Others agree with the notion that yoga is decidedly Hindu. Neumann (2019) described Yoganada's theology in depth. First, Yogananda asserts that the purpose of meditation is a pathway to the divine and know God. His kriya yoga (KY) system aims at attaining a direct, personal experience of God. Yogananda was notorious for his indifference toward postural yoga. He aligned with the bhakti tradition of devotional yoga. He considers yoga to be the science of religion. His teacher was Sri Yuktesawar, who taught an esoteric variation on modern yoga. The goal is to be liberated and to escape the illusions of this lifetime (Neumann, 2019). Yoga poses itself as a science because it seeks to obtain a particular way of knowing God through direct experience. It seems that Sri Yukteswar used the language of modern evangelicalism without adopting the theology of it to explain Hindu lore. The goal is also to destroy attachments to this world and overcome samskara. KY attempted to use the ministry of yoga as a means of God realization. Nevertheless, KY found a home in Southern California among a wave of Pentecostal healing practices and *new thought*.

This season was a time in human history when yoga was lumped into a category of suspicion with astrology and hypnotism (Neumann, 2019).

American Yogic Roots and Philosophy

Neumann (2019) further described a phenomenon where health-seekers were often mixed spirituality into their health practices. When Yogananda lived in Los Angeles, it was home to a mixture of faith healers, healers, astro-therapists, and unorthodox medical practitioners, all tinged with spirituality. Ironically, Yogananda seemed to mirror Aimee Semper McPherson's movement of healing through Christ's power. He seemed to be modeling his movement after Pentecostal evangelical revival pastors. In some ways, he was capitalizing on divine yoga by using distance education to enroll followers into the fellowship. In yogic philosophy, reality consists of five koshas, or sheaths, essential stages of evolution that all matter passed through to become free (Neumann, 2019). Creation is a delusion, and the human experiences are based on endless cycles of reincarnation that result from karma, or the law of cause and effect. KY included elements of tantra yoga and kundalini. At the core, KY promoted the goal that the devotee, meditation, and God become one. Therefore, yogic philosophy aims to surrender to God through a deep, emotional relationship with God. Furthermore, the goal is to release from cycles of birth and death. KY is an essential counterpoint to the dominant narrative that yoga was safely secularized in modern yoga (Neumann, 2019).

Religious Borrowing and Appropriation. Some practitioners claim it is indeed possible to practice multiple spiritual identities. Bidwell (2015) described makes claims to the religious multiplicity of a Buddhist-Christian. He noted that his Buddhist identity lends itself to a works-based tendency, whereas his Christian identity lends itself to grace, radical love, and intimacy. Unity in diversity is a claim Bidwell adheres to as a vipassana practitioner and Presbyterian

minister. He asserted that Christian spiritualists are at the forefront of a movement that allows the practice of the spiritual self in an interreligious world (Bidwell, 2015). Zwissler (2011) explained that Christians have long been adopting practices such as Christmas and Easter. Some go so far as to label this long-held process appropriation based on White privilege and sometimes xenophobia. She asserted that Christian borrowing practices have often attempted to scapegoat paganism. This issue is all happening as conservative North American evangelicals attempt to build a new orthodox Christianity plagued with explicitly anti-feminist rhetoric (Zwissler, 2011). Bidwell (2015) made a salient point regarding this complex dance of addressing public issues for the benefit of many without falling into the tendency to perpetuate White and Christian privilege or minimize other religions' impact.

Ellison et al. (2012) found that people who identify themselves as spiritual or religious are more likely to use religious forms of CAM like prayer, meditation, and spiritual healing. Spiritual non-religious people were found to use mind-body therapies instead. Zeugin (2017) noted that CAM had become part of Switzerland's medical field. She critiques Brown's limitations of assessing the CAM field through written accounts. Instead, she proposes that we should not categorize entire medical and religious systems as a single unit. There is often a complicated intersection of medicine and religion that must be adequately accounted for when deciding whether CAM is entirely religious (Zeugin, 2017). Pedersen et al. (2013) advocated for clarity between this complicated distinction between faith and God and faith in a higher power.

Klassen (2005) described a baptized Christian who was turned away from being initiated into enlightenment by ordination as a Buddhist monk because he was a Christian. This man, who is now a Christian pastor, explained that the theology of energy is universally accessible whether people are aware of it. Translation into Christian terms is not misappropriation or heresy. It is an

embrace of an evolving Christian spirituality. This dynamic is in stark contrast to those who oppose CAM. These hostile reactions to inter-religious energies be based on inadequate understanding and xenophobic historicizing. They are unusually suspect of all non-Western attempts at wisdom in a biomedically dominant society. This phenomenon is rooted in a religious past of Christianity that idealizes missionary triumphalism and pathologizes religious others (Klassen, 2005). These liberal Christians suggest that CAM practices can transform the new evolution of Christian contemplation and healing practices. They encouraged Christians to include crosses instead of Hindu deities, practice in a church, or use a Christian sacrament of laying on their hands or using a Christian prayer instead of a Hindu mantra. They encourage the Christian adaptability of CAM. These Christians hope to move beyond the White, Western, Christian limitations of their worldview while still holding onto the meaningfulness of this identity (Klassen, 2005).

Research Gap

This study would also help further amplify familial trauma as the primary goal of ministry. This study would build upon somewhat older family systems and attachment trauma theory in the research. It would also help clarify this specific subset of C-PTSD that seems to appear as multiple psychiatric diagnoses at times. Hopefully, identifying this specific type of trauma will expedite and streamline both lay and clinical attempts to heal complex trauma rooted in family systems. Clinicians, practitioners, clients, congregants, and ministers could all benefit from greater insight into the theory of Christian-adaptable CTs for familial trauma. The synthesis would help connected seemingly unrelated topics. Hopefully, this would also help reduce the somewhat overwhelming amount of training needed to help survivors of familial trauma effectively. This process could be done by identifying the roots of their symptoms alongside the

most effective treatment options. CTs are now emerging as a vital missing piece of this equation. Finally, integrating the issue of the ministry component would better help distribute these healing resources outside the world of mental health. Pastoral counselors have ready access to couples, families, and individuals in need of healing. They also offer needed oversight regarding how to pastor evangelicals through the proper use of such modalities for Christians.

Conclusion

Familial trauma is a subset of C-PTSD. It is a type of relational trauma that exists in family systems with roots in attachment theory. Betrayal trauma is a component of family trauma that involves the unhealthy dynamics of family who struggle with traumas such as substance abuse, mental illness, and enmeshment. Complex trauma presents a unique set of symptoms unique from acute trauma. These symptoms respond best to an integrative approach to healing which involves a top-down and bottom-up approach. Top-down approaches include modalities like talk therapy. Bottom-up approaches include modalities like yoga-therapy. The goal is to regulate the unbalanced nervous system and address the parts of the brain that have developed maladaptive responses to relational chaos. Pastoral counselors are uniquely equipped to help pastors and counselors address the issue of Christian-adaptability for healing complex trauma rooted in attachment dynamics.

CHAPTER THREE: METHODS

The study surveyed a large body of research on three topics: Christian ministry and pastoral counseling, complex relational and family trauma, and complementary and alternative medicine. The study used a qualitative approach to analyzing what the research has to say regarding the suitability of CTs for ministering to adult survivors of family trauma. In order to gain the most comprehensive perspective, the initial research covered a wide variety of related topics in this area. Then, the research narrowed in on particular aspects of the integration among the topics. The goal is to produce a grounded theory of Christian-adapted complementary therapies for healing familial trauma. I included limited descriptive statistics in the study due to the qualitative nature of the design. Additionally, *Atlas.ti* software was used to code thematic data in the $N = 35$ studies. The software is capable of producing rudimentary statistical information regarding information such as the frequency of categories. It can also produce Sankey diagrams and use Boolean operators to visually identify overlaps and themes. Furthermore, no additional descriptive statistics or statistical software was used in the data analysis.

Design

Chosen Research Method

History

According to Paterson et al. (2001), meta-study is a newer research process that uses qualitative research to synthesize insights into an evolved way of thinking about a matter. This method is rooted in the social sciences field from the tendency of scholars to synthesize differing theories into grand theories.

Definition

Paterson et al. (2001) described meta-analysis as using *quantitative* data from various sources. Meta-study involves the gathering of *qualitative* meta-data to analyze and later synthesize. Then, meta-theory is evaluated, similar to the findings in the literature review. Finally, those data sets are synthesized to uproot a new truth from the existing data. In meta-study, many researchers caution against the use of meta-synthesis because they do not understand the value it (Paterson et al., 2001).

This study was conducted via meta-synthesis because the study is attempting to capture a qualitative concept for other grounded theory. This study is also attempting to overcome the common argumentative fallacy of *appeal to authority* regarding the topic of Christian CTs (Brown, 2018; Garzon & Ford, 2016; Jain, 2014). This common argument stems from the authority of theologians, pastors, physicians, and psychologists who dissuade consumers from utilizing CTs for fear they are demonic, dangerous, or ineffective. Jain (2014) explained that they act as gatekeepers between consumers and God on this topic and alienate those who choose to incorporate CAM into their evangelical faith lives as heretics. Often, they fail to acknowledge the complexity of this argument and condemn or alienate dissenters with their God-given authority when differing opinions are presented (Jain, 2014).

Research Question

The research question (RQ) is: *Are complementary therapies Christian adaptable and indicated when ministering to adult survivors of familial trauma?* This question has four sub-questions contained within the larger question:

- **RQ1:** What is the mechanism of action that underlies CTs?

- **RQ2:** Do the theological risks of CTs outweigh the perceived benefits in ministering to adult survivors of familial trauma?
- **RQ3:** How are CTs implicated in supporting mental health and trauma when used in Christian ministry?
- **RQ4:** How do CTs need to be adapted for Christian use?

Are Complementary Therapies Appropriate in Christian Healing Ministry Contexts?

This aspect of the question seeks to understand whether the theological risks of Eastern practices for Christians outweigh the practical mental-health benefits. Although there is some basic conversation in the literature regarding the appropriateness of CTs for Christians, the research gaps this study is identifying is whether the concerns outweigh these potential theological risks or not. This question seeks to outline the theological debate currently happening in the literature grounded in an academic conversation. The goal was to identify the mechanism of action in the context of Christian Spirituality.

Are Complementary Therapies Clinically Effective in Treating Trauma?

This aspect of the question seeks to understand whether CTs are indeed empirically supported interventions for trauma.

Is Christian Lay-Ministry Effective in Supporting Mental Health?

This sub-question seeks to understand the scope of practice concerns regarding CTs. Ministry can include clinical and non-clinical counseling interventions. The focus of this study is pastoral non-clinical counseling and lay-ministry settings. The study assumes that interventions proven to support mental health, in general, will also support trauma healing.

Are Complementary Therapies Indicated When Ministering to Adult Survivors of Family Trauma?

The study seeks to identify the research gap of Christian ministry as the intervention for trauma instead of solely clinical counseling. Most of the research currently seems to be having one of two conversations that have yet to touch. One conversation is whether Christians can practice CTs. The other question is whether CTs are effective in treating trauma.

Relationship Between Research Questions and Research Design

This study is attempting to synthesis varying existing theories into a new unified kernel of truth. It makes no claims to direct cause and effect. Whether yoga is effective is beyond the scope of this study. This study is identifying a critical gap in theory. This distinction is vital to the advancement of lay pastoral counseling theory and Christian spirituality. Therefore, meta-synthesis is the most appropriate method for examining a substantial body of research to connect currently disconnected theories.

This study attempts to connect these two issues into one unified process of pastoral counseling and lay ministry. Christian spirituality is, therefore, an integral part of the conversation, as pastors are being faced with providing direction on this sensitive intersection. Finally, these variables are all impacting the independent variable of adult survivors of familial trauma. Although the impact of these modalities and contexts are being studied, the ultimate aim of the study is the context of family trauma. The study assumed that practices that support mental health issues such as anxiety, depression, mood disorders, or trauma will generally support healing family trauma. The focus was on the research gap of familial trauma. This newly emerging section of complex trauma was the core of the study.

Procedures

Meta-Method

According to Paterson et al. (2001), a meta-synthesis begins by quantifying data before synthesis in a process referred to as meta-study. The goal is to extend the meaning of the data beyond the individual contents of each data set. The theory involves a process of accounting for a myriad of diverse perspectives, angles, and theories to come closer to the inherent reality or essential nature of a thing. Meta-study is a more complete and comprehensive understanding of the literature (Paterson et al., 2001).

Meta-Data Analysis

According to Paterson et al. (2001), the data set is obtained from texts of existing research articles. The process involves reading each text in its entirety to decipher themes, categories, or patterns in the research reports. The study is, therefore, subject to the researcher's filter of what they deem credible as research. It might be helpful to code emerging themes from each data set for later synthesis. Present the emerging relationships in schematic diagrams (Paterson et al., 2001).

Meta-Theory

Paterson et al. (2001) used meta-theory to examine the existing theories in the research to develop a new theory through meta-synthesis. Similar to the examination of theory in the literature review, this step requires an understanding of the theoretical traditions that underlie the research. Initially, the researcher must read the existing primary research and perspectives. Then, they should decide which other theories have had an impact on the emerging theory. Emerging terms in the research should be identified. It is vital to examine the history of the theory in-depth (Paterson et al., 2001).

Meta-Synthesis

Purpose

Paterson et al. (2001) described the final step of the meta-study process as the meta-synthesis itself. Now, the researcher moves beyond the initial steps of reporting the similarities within the field on a specific topic or reducing the findings to the lowest common denominator. Also, the researcher must dig below the findings and analysis to find a kernel of entirely new truth. This distinction helps the field look beyond what is to imagine a more complex and exciting scholarship. The goal is to develop more accurate and coherent explanations of phenomena (Paterson et al., 2001).

Paterson et al. (2001) advised the researcher to combine the previous efforts to produce a new theory. In this regard, there are no specific steps for the researcher to abide by during the process. Instead, the researcher gets advised to move through an iterative process of thought, creativity, theory, reflection, and creation. The researcher can now draw on the insights found in the meta-data collection process. It is the process of interpreting a body of knowledge through its evolution (Paterson et al., 2001).

Lachal et al. (2017) explained six steps in meta-synthesis: (a) define research questions and inclusion parameters, (b) choose the studies, (c) assess the quality of each study, (d) extract and present findings and meta-data, (e) analyze the results, and (f) share the synthesis. The aim of a qualitative research design is to include all the nuances, complexities, and subtleties of a phenomenon. It is a category of qualitative synthesis. It involves a third order process of finding additional meanings beyond summarizing the existing findings. The goal is for a new theory to emerge. It is vital to avoid simply reporting findings, but rather to let oneself be guided by impressions the text create in the researcher. The questions need to be broad enough to have

enough interest, but small enough to be manageable. It also must have enough previous literature and study. Use of Boolean algorithms is common in this method. A consensus lacks regarding whether quality criteria must be applied to qualitative research. The research must be presented in a way that allows the reader to form their own opinion about what the study results imply (Lachal et al., 2017).

Lachal et al. (2017) continued by explaining that data analysis is the most subjective part of the meta-synthesis process. It is highly influenced by the researcher's background. The researcher must be highly knowledgeable about what they are looking for. The researcher's personal knowledge and background is a key part of the study. The term used for this concept is *bricolage*. This means that this synthesis will be only one possible synthesis of the data due to its reliance on the researcher's insights and judgement. This is not simply a coding process, but rather it is the researcher's ability to assemble the data into a working whole (Lachal et al., 2017).

Lachal et al. (2017) mentioned the steps in meta-synthesis. The first is carefully reading and re-reading the data set. The second step is coding the data. The third step groups and categorizes coding. This step involves contrasting emerging themes across articles. Lastly, the researcher subjectively generates themes based on their insights. The goal is to go beyond the original content of each article to obtain a higher level of synthesis beyond description. Meta-synthesis provides the framework for discussion of the topics at hand (Lachal et al., 2017). The steps that were followed in this meta-synthesis are shown in Figure 1. In addition, the articles that met the search criteria are presented in Table 1.

Figure 1

Meta-Synthesis: Data Search Algorithm

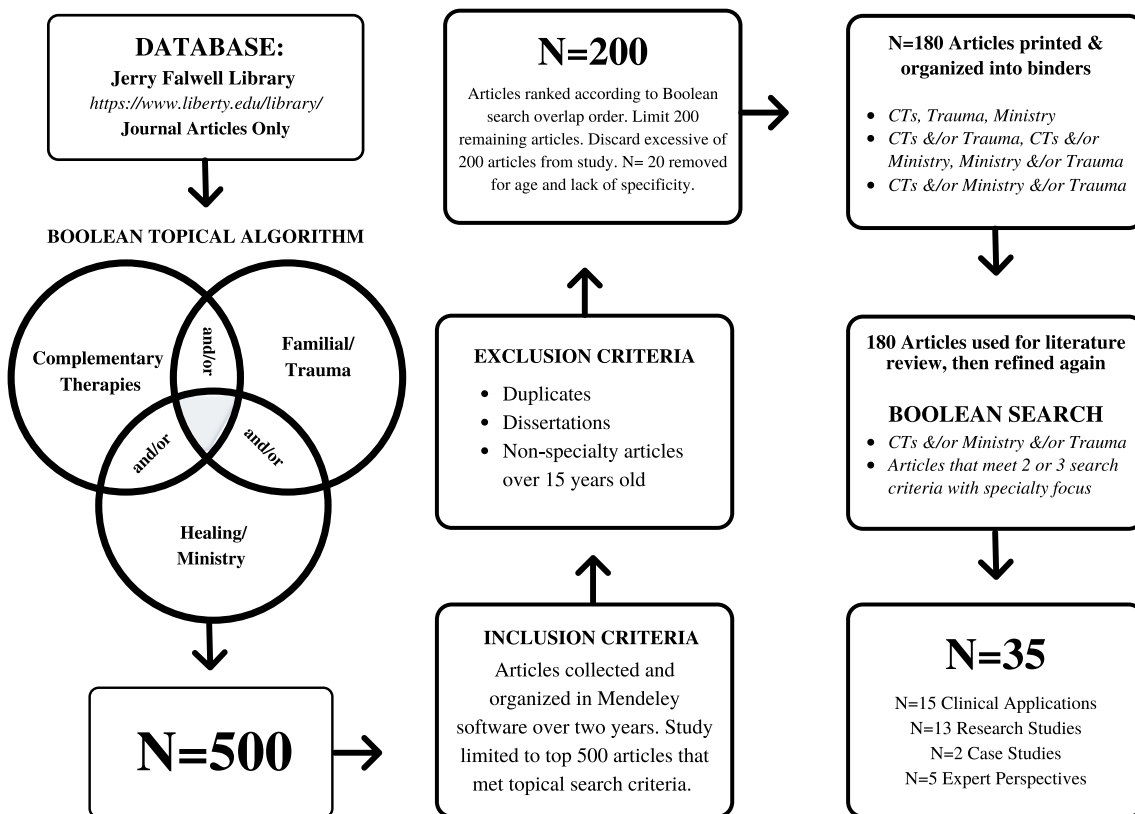


Table 1*Meta-Synthesis: Articles for Inclusion*

Authors	Inclusion Topical Criteria	Type of Article	Theme
Bingaman (2011)	All three topical criteria met	Clinical Applications	Pastoral Counseling & CTs
Bingaman (2013)	All three topical criteria met	Clinical Applications	Pastoral Counseling & CTs
Bingaman (2015)	All three topical criteria met	Clinical Applications	Third Wave Pastoral Counseling
Blanton (2011)	All three topical criteria met	Clinical Applications	Pastoral Counseling & CTs
Brown (2018)	Healing Ministry & CTs (Seminal/Specialty)	Expert Perspective	Christian Yoga
Brown (2019)	Healing Ministry & CTs (Seminal/Specialty)	Expert Perspective	Christian Yoga & Healing
Delker et al. (2018)	Familial Trauma & Healing (Seminal/Specialty)	Research Study	Family Betrayal (FB) & Healing
Doehring (2019)	All three topical criteria met	Case Study	Pastoral Counseling
Doucet & Rovers (2010)	All three topical criteria met	Clinical Applications	Spirituality in Trauma Healing
Ford & Garzon (2017)	All three topical criteria met	Research Study	Christian Accommodative CTs
Frederick & White (2015)	All three topical criteria met	Research Study	Christian CTs & Trauma
Garzon & Ford (2016)	All three topical criteria met	Research Study	Pastoral Counseling & CTs
Glenn (2014)	All three topical criteria met	Clinical Applications	Pastoral Counseling
Hathaway & Tan (2009)	All three topical criteria met	Clinical Applications	Religious MBCT
Heiden-Rootes et al. (2010)	All Three Topical Criteria Met	Research Study	Spiritual Seeking and FST
Hoover (2018)	All three topical criteria met	Clinical Applications	Christian-adapted CTs
Jain (2012)	Healing Ministry & CTs (Seminal/Specialty)	Expert Perspective	Christian Yoga

Authors	Inclusion Topical Criteria	Type of Article	Theme
Jain (2014)	Healing Ministry & CTs (Seminal/Specialty)	Expert Perspective	Christian Yoga
Jain (2017)	Healing Ministry & CTs (Seminal/Specialty)	Expert Perspective	Christian Yoga
Johnson et al. (2020)	All three topical criteria met	Research Study	Christian Indigenous Practices
Jones et al. (2021)	All three topical criteria met	Research Study	Christian Accommodative CTs
Kanegan & Worley (2018)	CTs and Familial Trauma (Seminal/Specialty)	Clinical Applications	SUD and CAM
Knabb (2012)	All three topical criteria met	Research Study	Pastoral Counseling & CTs
Knabb & Bates (2020)	All three topical criteria met	Clinical Applications	Christian CTs & Trauma
Knabb & Emerson (2013)	All three topical criteria met	Clinical Applications	Scripture & Attachment Theory
Knabb, Johnson, et al. (2020)	All three topical criteria met	Research Study	Pastoral Counseling & CTs
Knabb, Vazquez, et al. (2020)	All three topical criteria met	Research Study	Christian Meditation for Healing
Knabb et al. (2019)	All three topical criteria met	Research Study	Christian CTs & Trauma
Knabb et al. (2021)	All three topical criteria met	Research Study	Christian Meditation for Trauma
Lombard (2017)	All three topical criteria met	Case Study	Christian Fourth Wave
Mitchell & Anderson (1981)	All three topical criteria met	Clinical Applications	Pastoral Counseling
Rosales & Tan (2017)	All three topical criteria met	Clinical Applications	Christian MBCT
Rubinart et al. (2017)	All three topical criteria met	Research Study	Pastoral Counseling & CTs
Wang & Tan (2016)	All three topical criteria met	Clinical Applications	Christian Approach to DBT
Warren (2018)	All three topical criteria met	Clinical Applications	Pastoral Counseling & CTs

Note. Meta-synthesis study ($N = 35$).

Researcher's Role and Bias

I was the human filter through which the data was synthesized. Although I remained objective, the element of humanity is a part of the qualitative research process. My lens impacted how I saw the articles. Nevertheless, the meta-data will be available for review to come to their conclusions regarding my synthesis.

I addressed the role of research bias by briefly reporting my bias at the end of the study. I disclosed to the reader that I have done my best to remain objective, yet I have researched through my personal lens. I vaguely informed the reader that I am an adult survivor of familial trauma. I am also a yoga teacher, Reiki master teacher, and biblical scholar. I have been a volunteer staff member at an Assemblies of God church periodically since 2017. I have personally used Christian-adapted CTs in my healing journey. Although I remained succinct in this report, I attempted to disclose that bias to the reader to address my personal bias.

Data Collection

The data were gathered from the Jerry Falwell Library database online: <https://www.liberty.edu/library/>. The specific databases that was searched included: Springer, Routledge, APA Psych Articles, MEDLINE, Free E-Journals, JSTOR, Academic Search Ultimate and Alumni, Scholarly Journals ProQuest and Sage Journals. A Google scholar search was also conducted, but yielded no additional results. No human participants were used in this study. The previous diagram (Figure 1) illustrates the data collection process used in this study.

Inclusion Criteria

I have managed these references in *Mendeley Reference Manager*. I have written most of my discussion posts and papers on my topic as advised at the beginning of the program. I came in knowing my dissertation topic after having written capstone papers on the same topic in undergraduate and graduate school. I have been interested in this topic for nearly 20 years. I have organized these assignments on my website blog until I finished all of my required coursework. Searching this way provided a basic database to survey the larger research conversation while narrowing down the data set to a reasonable size for one researcher. Yet, a limitation of this study is that I cannot address all possible articles

Any recent articles that fit broadly within these topics was be included in the initial scouring of the research. Articles written in the last 10 to 15 years were given precedence. Older articles were included if they address seminal or specialty topics not satisfactorily covered in more current research. This process, therefore, encapsulated a large amount of data with comprehensive initial search criteria.

Exclusion Criteria

This database was then be refined substantially. First, 500 articles were searched to eliminate duplicates and dissertations. From there, articles that address familial trauma were given the first round of precedence. These articles included related search terms such as familial trauma, C-PTSD, PTSD, attachment theory, betrayal trauma, enmeshment, insecure attachment, substance abuse, mental illness, addiction, divorce, abandonment, neglect, developmental trauma, complex developmental trauma disorder, child abuse, and parentification. Then, articles addressing the following search topics (not terms) were given the subsequent precedence: Christian ministry and/or familial trauma and/or complementary therapies. I then limited these

search results to a database of no more than 200 articles for practical purposes. Articles that failed to be included in either the first or second rounds of sorting were then eliminated from the study entirely.

Data Analysis

Literature Review and Meta-Theory Survey

The literature review was conducted using fewer than 200 articles in the evolving database. All remaining articles were printed and organized into binders in seven categories: (a) familial trauma, (b) ministry, (c) CTs, (d) CTs and ministry, (e) CTs and familial trauma, (f) ministry and familial trauma, and (g) CTs and familial trauma and ministry. The first three binders (familial trauma, ministry, and CTs) were used to conduct the literature review. Then, they were excluded from the meta-synthesis study because the sample was still too large to assess. The goal was to continue refining these results to get to the smaller sample size that addresses 2 of 3 and 3 of 3 of the research criteria search terms.

The literature review was focused on the issue of familial trauma as a central theme, with the Christian-adaptability of CTs for trauma as the secondary theme. The issue of Christian-adaptable CTs (in relationship to families and trauma) was the primary focus of the meta-synthesis, with the assumption that any remaining articles that address trauma or counseling could be applied to ministering to hurting families regardless of whether that article is focused explicitly on familial trauma or not.

Furthermore, the findings in the literature were needed in the meta-theory portion of the meta-study. Although meta-synthesis is more than a library of facts or a very robust literature review, it included portions of these findings in the meta-theory section of the study. In this way, the literature review was an integral first step in the overall meta-synthesis study implementation.

It refined the existing data set, and establish the primary data set for the meta-theory section of the study.

Sankey diagrams are unique in that they provide the reader with detailed visual information about complex issues and themes. The width of the sections represent the volume of the reference actually used in the study. For example, a section with a small width represents a small section of data whereas a section with a large width represents a large volume of data. In the first diagram mechanism of action was coded very often, and pastoral counseling was coded seldom. Furthermore, the diagram is unique in using color and direction to show the reader the relationship of each code to the other codes in the study. This volume is also depicted by the width of the lines to the corresponding sections. It is not a quantitative cause and effect diagram, but instead a qualitative overview based on the codes I manually assigned to the study.

Meta-Synthesis

Finally, the last four binders (CTs and ministry, CTs and familial trauma, ministry and familial trauma, and CTs and familial trauma and ministry) were be sorted one last time according to ranked significance using the original Boolean search algorithm. The only articles that were included in the study were the ones that either meet specialty topics on 2 of 3 search terms or articles that meet 3 of 3 search terms. The remaining studies underwent a complete meta-synthesis process to identify bits of meta-data to analyze and later synthesize. I created graphs, diagrams, and tables to pull forward emerging trends based on an in-depth reading of these articles. The goal was to broadly isolate the overlaps in theories that can be included in a working theory of Christian-adaptable CTs for family trauma. I estimated 35 articles remaining in this search process. This will by no means be an extensive process but rather a synthesis of these articles searching for replicable findings. These articles were then used to identify

emerging themes. Then, the meta-data was synthesized using very detailed quantifiers to identify intricate trends and subtleties supporting the broader research findings. Finally, the meta-data and meta-theory was synthesized to produce a new theory of Christian-adaptable CTs for healing family trauma.

Trustworthiness

I attempted to address the issue of quality by purposely including multiple perspectives in regard to the argument about Christian-adaptable CTs. I included (a) those who believe CTs do not need Christian-adapting, (b) those who believe CTs only need Christian-adapting, and (c) those who believe CTs are inappropriate for Christians. This way, the reader will have access to each perspective. However, I approached the data critically and address the fallacies I see via critical thinking. I attempted to use mostly scholarly articles and books that are readily accessible to those in the academic community that would like to access the sources for themselves quickly. I attempted to organize the themes systematically. I also attempted to make the study as replicable as possible.

Credibility

Moon et al. (2016) defined credibility as the ability of the research to convey the truth accurately. A method to improve credibility includes triangulation. This method involves using multiples sources to confirm the truth. Ideally, more sources help support credibility (Moon et al., 2016). I implemented triangulation and the inclusion of many sources to increase the credibility of my research. Moreover, I improved the rigor of my study by carefully abiding by my listed inclusion and exclusion criteria. I used textbooks as secondary priority to published journal articles.

Dependability and Confirmability

Moon et al. (2016) describe dependability and confirmability as the ability to replicate the findings by other researchers. This confirmation can happen by clearly defining the research method in detail. Furthermore, the researcher can implement self-assessment to increase transparency and reduce bias. Confirmability has to do with the study's implications toward moving the field forward (Moon et al., 2016). Therefore, I implemented self-assessment and layout the process I used to research to increase the ability of others to come to similar conclusions. I also included meta-data tables, charts, and diagrams to help expedite the ability of others to assess the conclusions I draw from the meta-synthesis.

In addition, I documented and summarized the meta-theory in tables, diagrams, and charts to help others conclude the data set. Paterson et al. (2001) encouraged the researcher to embrace the qualitative nature of meta-synthesis by not over-sanitizing the process. They encouraged the researcher to start with clearly identifiable meta-data and meta-theory. Then, allow themselves to dig deeper to unearth the new kernel of truth based on their filter and understanding of the data. This distinction allows some level of creativity and humanity into the research process while still maintain high levels of dependability (Paterson et al., 2001).

Transferability

Moon et al. (2016) explain that transferability does not apply to qualitative data the way it does to quantitative data. In quantitative data, one needs to articulate how the findings can be applied to other contexts. This distinction is essential since the data are used to create new policies and procedures. In qualitative data, transferability is more related to clarifying ambiguous phenomena (Moon et al., 2016). That was the case in this study. The goal was to clarify the phenomena of Christian-adapted CTs for family trauma.

Ethical Considerations

It is ethically important to consider what impact these findings could have on practice and theory. All the data are available in open-source databases that do not require privacy considerations. The only concern I have is the ability for others to replicate a study that took me nearly 3 years to conduct. Although it is possible in theory, meta-synthesis is much harder to replicate for these reasons. Furthermore, I am a unique filter for this data set as an adult survivor of family trauma with 12 years of higher education in CTs, the Bible, transpersonal psychology, and pastoral counseling.

Nevertheless, I trust that meta-synthesis is the proper outlet for synthesizing the essence of an 18-year journey as an evangelical Christian practicing alternative medicine to heal family trauma. I have been both a client and practitioner of the theory. Therefore, I did my best to be as transparent as possible with my data sets to accommodate this filter. I was also particular to include the opposing views in my argument and do my best to avoid simply supporting my experience with literature. Instead, I discerned what the data had to say about the topic and let it be the authority on the matter.

Summary

This study aimed to isolate overlapping gaps in the literature to build on the existing grounded theory on familial trauma. Although CTs have garnered ample empirical support for healing trauma, familial trauma needs to be better identified in the literature to streamline treatment efforts. Although CTs prove to be effective, they have been the source of considerable controversy for evangelical Christian adopters. Therefore, the goal is to appeal to the research instead of authority to decide whether the benefits of CTs outweigh the theological concerns for

Christians. Furthermore, the study hopes to disseminate these findings to consumers, congregants, and lay-ministers to make Christian CTs more accessible.

CHAPTER FOUR: FINDINGS

Overview

The intention of this chapter is to present the results of the data analysis. The purpose of this study is to examine how Christian-adapted complementary therapies might be utilized in the ministry of familial trauma to adult survivors. The following sections include a narrative description of the emerging themes with corresponding charts, graphs, and tables. One goal is to present the reader with some raw data to draw their own conclusions. For this reason, tables with quotations offer the reader direct access to the most pertinent and relevant parts of the data. Direct access to the data set seeks to decrease the subjectivity of the researcher's findings, and instead allow the reader additional access to interpret the findings for themselves. This might be the most potent use of a metasynthesis: to increase the availability of the data set for consumption by the end user.

Theme Development

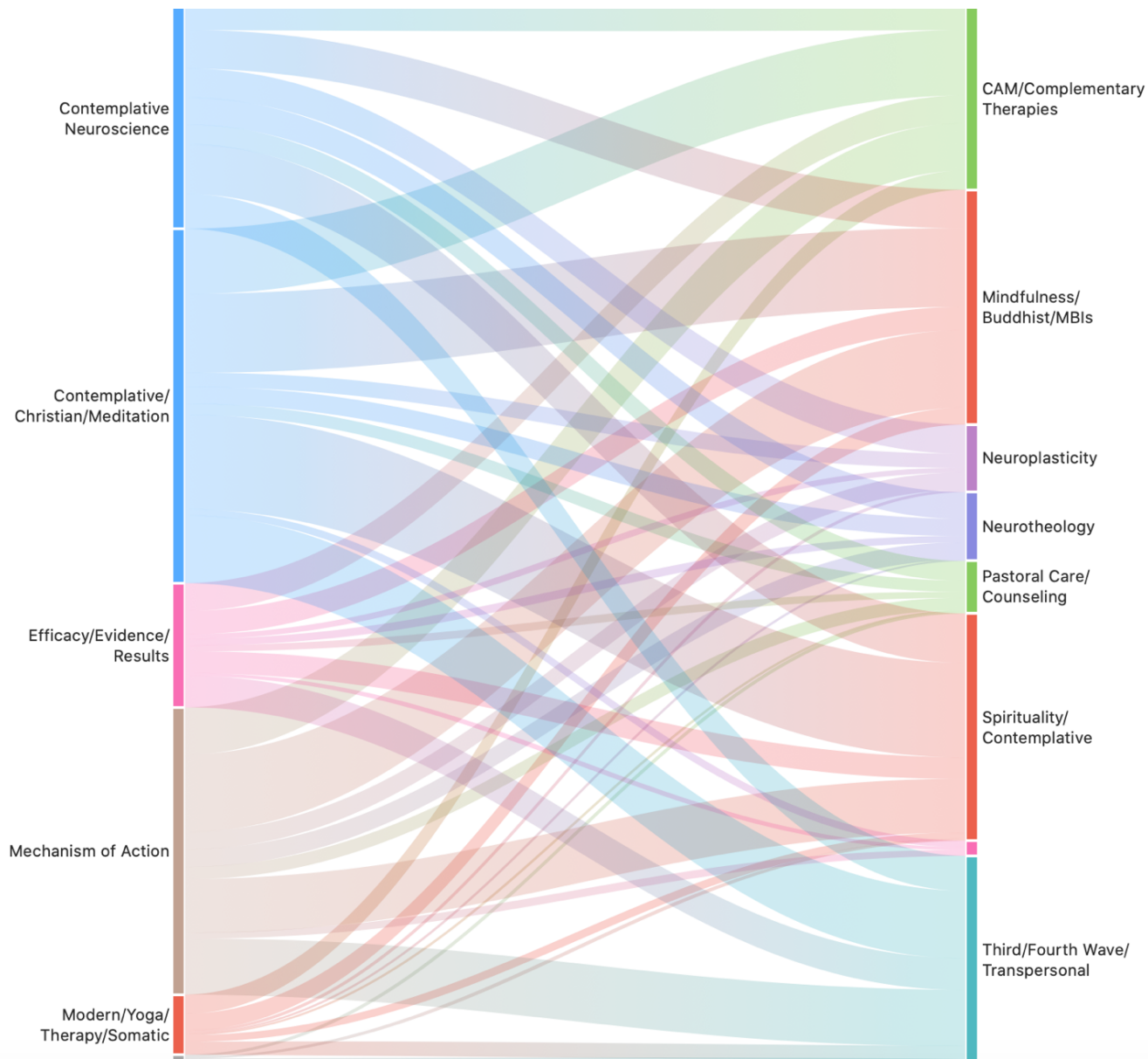
Mechanism of Action, Efficacy, and Transpersonal Neurotheology

Research Question 1—*What is the mechanism of action that underlies CTs?*

Figure 2 presents a Sankey diagram correlating the frequency and co-occurrence of the pertinent codes related to the first research question.

Figure 2

Mechanism of Action, Efficacy, and Neurotheology (Sankey Diagram)



Mechanism of Action

Bingaman (2015) explored the mechanism of action that underlies the effectiveness of embodied mindfulness practices from a pastoral counseling vantage point. The third wave utilizes acceptance, distress tolerance, commitment, and presence to facilitate healing. MBCT and Acceptance and Commitment Therapy (ACT) both focus on reducing experiential avoidance. This reduces the stress regions of the brain by calming the amygdala in contemplative -meditative practice. There are quite a few biblical references and psychotherapeutic frames that promote non-judgment. The less we resist and control anxiety, the more it can be used adaptively. Calming limbic circuitry is of upmost importance to a neuro-contemplative practitioner. ACT is proving effective in addressing trauma and mental-health symptomology. The hallmark of the contemplative sciences is the use of a non-judgmental third party to simply observe unfolding reality. Letting things go is a mechanism of action which can allow neurobiology to shift and is more than simple navel gazing. It is about being fully awake and alive to life's experiences. The goal of contemplative practice is to shift our relationship with our thoughts, feelings, and sensations. This differs from self-absorption, and instead allows one to become more aware of how one shows up in relationship to others and God. It also avoids leaving changeable situations unchanged.

Bingaman (2015) posed a shift from the previous waves of behavioral therapy. Instead of slowly working one's way through attachment issues, these issues can be changed quicker by addressing the faulty neuropathways that need rewiring. Decoupling automaticity, awakening the mind, and increasing social and emotional intelligence are natural byproducts of sustained daily contemplative practice. Creating intimacy with the present moment and God mirrors Jesus' command to be less anxious about tomorrow. One can stop attempting to think their way out of

problems. These insights allow freedom for pastoral counselors to shift their perspective from doing mode to being mode.

Bingaman (2011) asserted that Christian spirituality begins with experience and practice instead of belief and doctrine. This is a shift from strict attention to doctrine only. Although credal accuracy is important, it is a means to the end of having a direct experience of God. Neuroplasticity is the term used to describe the brain's ability to heal itself through a shift in the neuron's connections and responsibilities. Failure to address chronic hyperactivity of the brain can result in a system designed to protect a person becoming a threat. The implications for pastoral theology could not be more profound. Neuroimaging reveals that contemplative and mindfulness practices catalyzed the development of a new neural creation. These practices heal our relationship with ourself and God.

Bingaman (2011) described mindfulness meditation as therefore no longer the only optional interventions for pastoral practitioners. It has become the essence of the spiritual life in light of the emerging neuroscientific findings. It impacts our relationships with others and God in positive ways. Overwhelming and conclusive evidence points to the need for a daily contemplative spiritual practice to transform the brain. Neuroimaging scans reveal improvement to the limbic center in Centering prayer. This reduces the damage of a hyper-stimulated lifestyle. It brings us into the presence of God by reducing the alarm system of the brain. Practices such as yoga also aide in the cultivation of mindfulness. Why are these findings not more central in pastoral counseling then? The process involves becoming aware of awareness. Contemplative and mindfulness practices should make up the building blocks of contemporary Christian spirituality. Human relationships experience positive benefits in the context of marriage and family life by helping the brain overcome the negativity bias. Mindfulness helps one swim

against the ancient current of the nervous system toward the path of awakening. It helps us overcome the idea that something is inherently wrong with us that needs fixing. Although Buddhism appears to offer an ideal approach to mindfulness, a variety of other religions leverage mindfulness. Practices such as yoga, tai chi, and contemplative prayer all catalyze our ability to increase metacognition. Christianity has a long history of contemplative practices. Centering prayer is the modality that most resembles mindfulness. Brain scans revealed similarity in brain structures among Buddhist and Christian mindfulness practitioners. These discoveries call into question the entire future and direction of pastoral care and direction.

Efficacy

According to Kanegan and Worley (2018), evidence suggests that CAM can improve symptoms associated with SUD. The focus of CAM in treating SUD centers around restoring balance to biofields described as chakras and meridians. Treatment with allopathy involves a 40% to 60% relapse rate. SUD poses a unique challenge due to the co-morbidity of mental-health disorders. Healing energy refers to the process of rebalancing the body's subtle energy. Meridians are the lines the energy flows through the body from one energy center to the next. Acupuncture involves the manipulation of these energy fields with small needles. The idea of chakras originated in India and are considered centers of the human spirit that can be interacted to catalyze healing.

Hoover (2018), Jones et al. (2021), Knabb (2012), Knabb and Bates (2020), Knabb and Emerson (2013), Knabb et al. (2019), and Rosales and Tan (2017) presented a consensus that surrender to God's will and restored relationship through an enlightened recognition of our identity as being made in the image of God are primary mechanisms of actions present in meditation that catalyze healing. Furthermore, the rewiring of the brain through neuroplasticity is

the hallmark of contemplative Christian and Christian-adapted mindfulness practices. It is clinically advised that Christian-adapted complementary practices be incorporated into third-wave treatments due to the growing body of empirical efficacy. Furthermore, religiously accommodating the practices do seem to allow the benefits of the practice to outweigh potential theological risks. That said, the literature on incorporating Christian-adapted CTs into third-wave therapies is in its infancy. Although there is enough evidence available to suggest efficacy, additional quantitative studies specifically focused on Christian-sensitive treatments are indicated. Furthermore, care still needs to be taken to delineate what and how to adapt these embodied mindfulness practices with Christian integrity.

Blanton (2011) explored the efficacy of integrating Centering Prayer into the psychotherapeutic process. Mindfulness practices have been an integral part of Buddhism, Christianity, Hinduism, Islam, Judaism, and Taoism for thousands of years in various forms including mindfulness, yoga, tai chi, qui quong, and Centering Prayer. MBSR is the most cited mindfulness program empirically studied in the past decade. MBCT focused on integrated MBSR into therapy as a third-wave integration. These third-wave practices show efficacy in treating depression, anxiety, personality disorders, substance abuse, and eating disorders. Centering Prayer is a synthesis of a variety of Christian contemplative practices developed in the 1970s during a movement of Eastern religions that came to the West which focused on meditation. Noticing the breath is a primary goal of Centering Prayer.

Blanton (2011) defined *ruach* (Hebrew) and *pneuma* (Greek) as spirit which refers to the breath. Centering Prayer differs in intention with Buddhist mindfulness because the goal is to develop one's bond with God. This stands in contrast to humanity's condition of separation from God as a remedy to this disease. One practices silence to open to the image of God awakened in

us as a reflection of God's divine presence. We come to better know ourselves through the eyes of the one who loves us perfectly. Meditating is therefore likened to lifting weights. One must cultivate a daily practice to strengthen muscles of mindfulness through hatha yoga, body scan, and sitting meditation. The goal is to become mindful the other 23 hours a day one does not spend in meditation. This also activates one's ability to sense God in the ordinary experiences of daily life. Centering Prayer aims to help one focus on one's union with God and overcome obstacles to waking up to the reality of God's presence. In a therapeutic context, one now includes the transcendent as a prominent part of the healing process. Yet, those who struggle with dissociation, grandiosity, or delusion, along with those prone to fragmentation and repressed memories, should avoid long periods of Centering Prayer. In couple's therapy, Centering Prayer can help the couple stop reactivity and focus on their respective boundaries and attachments to God outside the relationship chaos.

Per Rubinart et al. (2017), science and spirituality are embarking on a long-awaited dialogue. They advised the implementation of a daily contemplative spiritual practice to rewire neural pathways of high reactivity and dysfunction. Most studies have focused on Buddhist mindfulness, but a meta-analysis found stronger effects in healing from different forms of meditation. Mindfulness was most efficacious in healing personality disorders whereas transcendental meditation was helpful in reducing neuroticism. Again, Centering Prayer is based on the teachings of the Desert Fathers and has been practiced for centuries. This prayer offers healing for one's personality through the art and science of the Jesus Prayer. The Jesus Prayer presented preliminary support for healing mental health symptomology. This quantitative study found supporting data that praying the Jesus Prayer for 25 minutes a day may deeply help reduce mental health concerns. This was different than the impact of petitionary prayer. Decrease in

parasympathetic activity promoted relaxation. The Jesus Prayer showed promising effects regulating the autonomic nervous system. Qualitative data in this study found participants reporting increased feelings of connection with God.

Rubinart et al. (2017) found an increase in interpersonal relationship skills by developing mindfulness through meditational practices that superseded simply trusting in God. The prefrontal regions of the brain impact interpersonal neurobiology in relationship to one's mechanisms of attachment. Thus, a correlation was noted between mindfulness practice and increasing a sense of secure attachment patterns in healing the middle prefrontal cortex responsible for self-regulatory emotional balancing and interpersonal attunement. Mindfulness trained intrapersonal attunement as well which helped support conscious development of better interpersonal relationship interactions. The Jesus Prayer provided something different for participants than Zen Buddhism meditation. There was a feeling of being protected and deeply comforted which was unique to theistic meditation techniques. Both techniques engage similar brain regions, but attunement with God may merit further study.

Transpersonal Neurotheology

Lombard (2017) implored pastoral psychologists to consider the use of psychosynthesis in the counseling process. Psychosynthesis is a transpersonal psychology approach to therapy that includes the client's relationship with the divine. The year of 1976 marked the initial call for science and religion to begin uniting through the process of psychosynthesis. It was developed by Robert Assagioli who was a contemporary of Freud, Jung, and Maslow. The process involves cultivation of a mystical state which goes beyond Jung's understanding of the Self. The goal is connection with an ultimate transcendent reality accessible by all people. Spiritual psychosynthesis moves beyond personal aims into integration material from the higher

unconscious realm into the personality. A primary goal of transpersonal work involves the establishment of a fully realized sense of connection with all of life. By working on the I-Self connection, the client will overcome earlier attachment wounds through also healing one's relationship with God and others. Jesus is an exemplification of the I-Self connection actualized in humanity as a totally realized embodiment of being fully human and fully divine. Finally, she emphasized that in a Christian worldview, the transpersonal concept of the I-Self can be understood as one's relationship with God. The self is made in the image of God.

The study also pointed to an overarching lack of voice from evangelical pastors and pastoral counselors within the transpersonal psychology field. Yet, Christian spirituality does appear to be relevant to a large portion of Americans. Furthermore, neither side seems to fully embrace the complexity of how evangelicals fit into the fourth wave of behavioral therapy. Transpersonal psychology does seem to have respect and appreciation for Christian spirituality, although its tenants do not appear readily translatable for evangelicals due to different understandings between the self and God. It appears that the research might have an emerging place for Christian spiritualist thought leaders such as Knabb and Bingaman within the fourth wave conversation regarding spiritual psychology. It appears that transpersonal psychology and pastoral counseling might benefit from a shared conversation regarding the place of Christian spirituality in the fourth wave healing methods. The following tables will be presented with highlighted portions that seek to demonstrate the data set's findings in a more objective fashion. Transpersonal psychology seems uniquely equipped for pastoral counseling. Table 2 presents quotes for the reader's review.

Table 2*Quotes on Mechanism of Action and Efficacy*

No.	Quotes on Mechanism of Action and Efficacy
1	“In summary, in this section, we have learned more about Centering Prayer by comparing it with mindfulness, a well-researched mindful practice. First, we notice that both types of contemplation have a similar goal; that is, helping practitioners wake-up to who they are” (Blanton, 2011, p. 140).
2	“Mindfulness and Centering Prayer both share the goal of obtaining a special connection. The emphasis in mindfulness is upon connecting with the present moment. Accomplishing this goal through mindfulness opens great possibilities for the practitioner. In contrast, Centering Prayer draws attention to a person’s union with God. Having made this distinction, both Centering Prayer and mindfulness highlight the present moment. Mindfulness teaches that we only have the present experience, while the practice of Centering recognizes that God resides in the current moment” (Blanton, 2011, p. 140).
3	“Additional practices have been developed in the Church since then, but with much the same differentiating purpose, like lectio Divina (sacred reading), meditation of various kinds (some based on discursive content, some not, and some a combination), prayer of various kinds (mental, affective, conversational, contemplative, imaginal, liturgical, and centering), recollection, detachment, purgation, illumination, union, mortification, vivification, renunciation, resignation, surrender, self-denial, transparency, watchfulness, the praise of God, gratitude to God, and communion with God” (Johnson et al., 2020, p. 81).
4	““Neuroscientific studies clearly demonstrate that a focus on contemplative spiritual practice and mindfulness meditation has the capacity to increase our non-anxious awareness and therefore significantly lower our stress than does a focus on “right belief” or correct doctrine. As such, not only do these findings have important implications for pastoral counselors and psychotherapists, they perhaps will even necessitate a paradigm shift in the way that clergy approach the general pastoral care of souls” (Bingaman, 2013, p. 552).
5	“The paradigmatic turn, however, toward neurotheology and the revolutionary discovery of neuroplasticity will necessitate a reordering of pastoral and clinical priorities, for it reveals rather precisely that through the daily spiritual practice of contemplative prayer and mindfulness meditation we can begin to literally ‘resculpt’ the neural pathways of the brain” (Bingaman, 2013, p. 554).
6	“Enduring high levels of suffering may be another important factor in adherence to the Jesus Prayer. P1 found that the Jesus Prayer provided her with something that her Zen meditation

No.	Quotes on Mechanism of Action and Efficacy
-----	--

- practice did not: feeling a presence that protected her and deeply comforted her. A theistically oriented meditative practice like the Jesus Prayer is designed to foster not only intrapersonal attunement but also interpersonal attunement with a divine entity. Although both forms of attunement are experienced at subjective levels and . . . both engage the same brain regions, attunement with the Divine may involve other qualities worthy of further in-depth exploration” (Rubinart et al., 2017, p. 501).
- 7 “This concurrence suggests that the improvement in Phobic Anxiety and Interpersonal Sensitivity could have been due to the Jesus Prayer’s strong mindfulness component rather than to merely trusting a higher power. Studies have shown that developing mindfulness skills through meditation practices involves the activation and further development of prefrontal regions of the brain . . . Relatedly . . . interpersonal neurobiology to study attachment mechanisms to explain the benefits of mindfulness practices. This author has noted that both secure attachment and mindfulness involve the development of integrative regions in the middle prefrontal cortex that are responsible for self-regulation and emotional balance” (Rubinart et al., 2017, p. 500).
- 8 “However, prior to the Centering Prayer, an ancient meditative prayer also based on the teachings of the Desert Fathers had been developed and practiced for centuries. This prayer, known as the Jesus Prayer or the Prayer of the Heart . . . consists of unceasingly invoking Jesus Christ’s presence with great attention and sincerity, from one’s heart, and asking Him for mercy . . . Thought of as the very means to become united with the Divine, the Jesus Prayer is also described as being of great help for purifying one’s heart . . . which, in psychological terms, can be explained as a means for transforming and healing one’s personality. The art and science of the Jesus Prayer and the spiritual teachings around this prayer have been developed and preserved by the Hesychasm, an ancient Christian mystical tradition that was later absorbed by the Orthodox Christian Church . . . Deeply devotional, highly spiritual” (Rubinart et al., 2017, p. 489).
- 9 “A meta-analysis on different forms of meditation pointed to the fact that there were no such differences but, rather, that each form of meditation yielded stronger effects within different domains. Mindfulness meditation proved to be superior for treating personality disorders, reducing stress, and improving attention, whereas transcendental meditation was superior for reducing negative emotions, trait anxiety, and neuroticism, as well as for strengthening learning and memory . . . Therefore, more research addressing the spiritual component of each form of meditation needs to be conducted” (Rubinart, et al., 2017, p. 488).
- 10 “This monitoring of awareness and intention is at the heart of all mindfulness practices, from yoga to insight meditation, whether the focus is on posture and movement, the breath, a candle flame, or any of the myriad other targets found in the world’s cultures . . . A fundamental

No.

Quotes on Mechanism of Action and Efficacy

- purpose of all meditational practices, whatever the particular faith tradition, is to anchor and stabilize our awareness in order to decouple automaticity and reactivity in the mind, which in turn will foster neuroplasticity in the brain” (Bingaman, 2013, p. 556).
- 11 “Ignatius suggests and/or to engage in mindfulness breathing meditation has the capacity over time to change the brain by developing a ‘stabilized awareness of the mind to achieve mental equilibrium’ . . . This is the promise of neuroplasticity” (Bingaman, 2013, p. 556).
- 12 “The twin discoveries of neuroplasticity and the fact that it can to some extent be self-directed through contemplative spiritual practice and mindfulness meditation now gives clearer insight and direction to pastoral practitioners wanting to make more informed and effective interventions. This is not at all to suggest that a focus on religious beliefs and doctrines” (Bingaman, 2013, p. 555).
- 13 “First, centering prayer is a way to get in touch with the center of being so as to experience intimate union with God: ‘In centering prayer we are going beyond thought and image, beyond the senses and the rational mind, to that center of our being where God is working a wonderful work’” (Knabb, 2012, p. 914).
- 14 “The results of this study indicate that surrender, a key component of centering prayer, provides an empirical link for incorporating the benefits of mindfulness for Christians” (Frederick & White, 2015, p. 850).
- 15 “Recent empirical findings suggest nonattachment mediates the link between mindfulness and a range of psychological outcomes, including well-being, depression, anxiety, and stress . . . as well as life satisfaction” (Knabb, Vazquez, et al., 2020, p. 35).
- 16 “As Christians turn from inner and outer preoccupations to humbly reaching out to God, they may be able to effectively detach from daily worries and concerns, including an overemphasis on the self. In other words, humble detachment may allow Christians to successfully pivot from an anxious, distracted inner focus to surrendering to God, moment-by-moment. In utilizing both kataphatic (scriptural) and apophatic (contemplative) forms of Christian mediation, these practices may help individuals to separate themselves from the ruminations and worries of this world by repeatedly shifting from the ‘self’ to the ‘Other.’” (Knabb, Vazquez, et al., 2020, p. 47).
- 17 “Compared the effectiveness of a traditional CBT protocol with a Christian CBT protocol, finding that while both were effective in reducing symptoms of depression, the accommodated CBT resulted in greater improvements on measures of spiritual well-being in a religious sample” (K. Ford & Garzon, 2017, p. 92).

-
- | No. | Quotes on Mechanism of Action and Efficacy |
|-----|--|
| 18 | “Above and beyond developing a deeper awareness of the present moment, mindfulness meditation is more fundamentally a form of healthy relationship with oneself” (Bingaman, 2011, p. 480). |
| 19 | “Reflection on the nature of one’s own mental processes is a form of metacognition, thinking about thinking in the broadest sense; when we have meta-awareness this indicates awareness of awareness. Whether we are engaging in yoga or Centering Prayer, sitting and sensing our breathing in the morning, or doing tai chi at night, each mindful awareness practice develops this capacity to be aware of awareness” (Bingaman, 2011, p. 482). |
| 20 | “While the Buddhist practice of mindfulness meditation would seem to be the perfect fit for neuroscientists interested in how to modify the brain for the better, other contemplative spiritual practices from a variety of religious traditions have a similar capacity to build up new neural structure . . . whether we are engaging in Eastern forms of spiritual practice, such as yoga or tai chi, or in Western forms of contemplative prayer, or in practices common to both, namely meditation, we are immersing ourselves in any number of mindful awareness practices that have the capacity to help us become more metacognitively aware of our own awareness” (Bingaman, 2011, p. 487). |
| 21 | “This ruminative style is problematic because when dysthymic moods are activated and the problem is understood to be within the self-and potentially unsolvable-depression is more likely to take hold” (Rosales & Tan, 2017, p. 77). |
| 22 | “In truth, the ability to lovingly guide one’s attention may be the foundation of all mindfulness practices, whether eastern or western, ancient or contemporary, religious or irreligious. Scripture repeatedly emphasizes the importance of focus and indicates the potential destructive nature of distraction” (Hoover, 2018, p. 249). |
| 23 | “Jesus, knowing she was emotionally fragmented by stress and concern, graciously tried to redirect her focus. But the Lord said to her, ‘My dear Martha, you are worried and upset over all these details! There is only one thing worth being concerned about. Mary has discovered it, and it will not be taken away from her’ (Luke 10:41-42, New Living Translation). Here, Jesus indicates that distraction can cause both anxiety and emotional reactivity and that Mary’s focus shows an appreciation for what is most important within the present. This fits well with the characterization of mindfulness as switching modes from ‘doing’ to ‘being’” (Hoover, 2018, p. 249). |
| 24 | “At the deepest level, mindfulness is about freedom: freedom from reflexive patterns, freedom from reactivity, and ultimately, freedom from suffering . . . From a neurological standpoint, |
-

No.

Quotes on Mechanism of Action and Efficacy

- the mindful approach helps reduce the limbic dominance that exists in individuals who might otherwise be reactive and given to neurotic interpretation of events” (Hoover, 2018, p. 252).
- 25 “The problem with cathartically working through residual feelings and attachments and/or engaging in disputation with irrational thoughts and attitudes is that in either case it is keeping unwanted thoughts and feelings active in the brain, far longer than they need to be” (Bingaman, 2015).
- 26 “In the context of mindfulness- and acceptance-based therapies, clients are encouraged to accept rather than resist or challenge their anxious thoughts and feelings, which correlates positively with a reduction in fearful limbic activity . . . neurobiological studies of meditation, a central feature of MBCT treatment that helps a client practice acceptance both inside and outside of the therapy session, have demonstrated that regular meditation practice literally reshapes one’s brain, leading to long-lasting changes in neural function . . . For pastoral and spiritual caregivers, the integration of mindfulness- and acceptance-based frames of reference with regular contemplative-meditational practice has the capacity to help clients and congregants reshape their mind and brain” (Bingaman, 2015, p. 578).
- 27 “The polyvagal theory . . . elaborates the neurophysiology of trauma responses and how trauma survivors using body-aware practices are able to access an evolved somatic capacity to be relationally connected when they re-experience life-threatening danger . . . The polyvagal theory legitimates the study of age-old collective and religious practices such as communal chanting, various breathing techniques, and other methods that cause shifts in autonomic states . . . Mindfulness meditation and yoga, for example, have proven to help trauma survivors identify and anticipate triggers and learn to ride out the emotional waves that accompany post-traumatic stress” (Doehring, 2019, p. 242).
- 28 “Embedded within a variety of contemporary treatment approaches, mindfulness-based interventions seek to ameliorate a wide range of trauma-related symptoms (e.g., hyperarousal, ruminative thoughts, intrusive memories) by helping practitioners cultivate awareness and attention, noticing their symptoms with non-judgment, then shifting their focus from symptom preoccupation and the ‘whys’ and ‘what ifs’ of trauma-related experiences to the breath and senses” (Knabb et al., 2019, p. 386).
- 29 “This deals with negation as a process of communing with God. We can call this a relational or communal distinction” (Knabb & Bates, 2020, p. 28).
- 30 “Although additional research is necessary, these initial studies suggest apophatic contemplative practice holds promise as a clinical intervention for several cognitive vulnerabilities” (Knabb & Bates, 2020, p. 36).

No.

Quotes on Mechanism of Action and Efficacy

-
- 31 “This meditation, entitled ‘The Wisdom of Accepted Tenderness,’ supports the development of self-acceptance and self-compassion by focusing on God’s grace. In our work with clients, we find that cultivating this self-compassion is often the starting point that leads to the development of compassion for others later. Over the course of therapy, adapted meditations can weave both self-compassion and compassion for others themes together, but we chose Johnston's tenderness meditation for this article because of the foundational initial importance of self-compassion” (Garzon & Ford, 2016, p. 265).
- 32 “The extraordinary advances in neuroscience in recent years have begun to influence the study of religion, theology, and spirituality. Indeed, the emerging fields of neurotheology and spiritual neuroscience reflect a growing interest in what neuroscientific studies reveal about what is most fundamental to religious faith and the spiritual life . . . focused on important neuroscientific findings regarding the plasticity and malleability of the human brain to make the case for greater use of contemplative and mindfulness meditation practices in pastoral care and counseling” (Bingaman, 2013, p. 549).
- 33 “This article continues the author’s exploration of the significance of recent neuroscientific research for pastoral care and counseling Bingaman . . . by focusing on the plasticity and malleability of the human brain. It makes the case for mindfulness meditation (e.g., Centering Prayer) as a means to lower activity in the amygdala and thereby calm the stress region of the brain. In light of evidence that such mindfulness practices are more effective in reducing anxiety than is a focus on right belief or correct doctrine the case is made for a paradigmatic turn . . . toward neurotheology, which seeks to understand the relationship between the brain and theology” (Bingaman, 2013, 549).
- 34 “The ‘promise of neuroplasticity’ has been articulated by such notable neuroscientists . . . the emerging field of neurotheology that focuses on the neuroscientific study of religious and spiritual experiences . . . helps us to see the possibilities for cultivating wellness and neural integration in daily life . . . ‘by harnessing the power of awareness to strategically stimulate the brain’s firing, mindsight enables us to voluntarily change a firing pattern that was laid down involuntarily’” (Bingaman, 2013, p. 550).
-

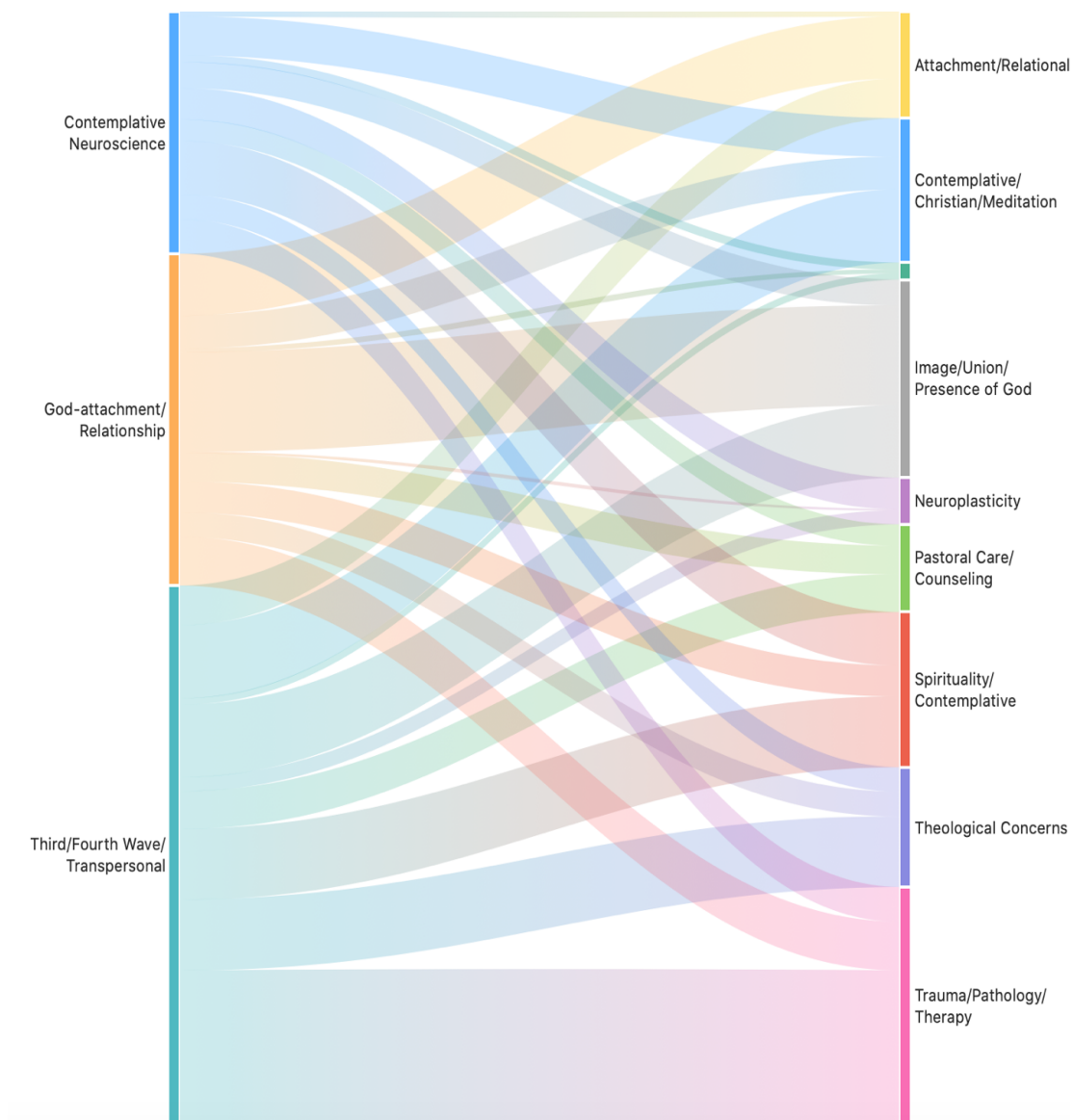
God-Attachment in Contemplative Neuroscience

Research Question 2—*Do the theological risks of CTs outweigh the perceived benefits in ministering to adult survivors of familial trauma?* Figure 3 is a Sankey diagram correlating the frequency and co-occurrence of the pertinent codes related to the second research question.

Figure 3

Union, Presence, Attachment, and Image of God in Contemplative Neuroscience

(Sankey Diagram)



God and Family Attachment

Knabb and Emerson (2013) explained the emerging theme of attachment in the psychology of religion. This fourth wave seeks to establish God as a member of the family system. God serves as a secure base for human connection. They assert that the metanarrative of Scripture involves a circle of attachment between God and his people remedying in the life and death of Jesus. The fall represents humanity's break in attachment to one another and God. The atonement represents Jesus' sacrifice to repair said attachment rupture. A shift of enlightenment happens when one moves away from the illusion of self-reliance to the truth of being made in the image of God as one of God's children. This union and intimacy with God provide relational restoration for all human relationships. A primary understanding of what it means to be made in the image of God involves the idea that humans are relational like God.

According to Knabb and Emerson (2013), emotions such as shame, estrangement, and separation are overcome through Jesus' work on the cross. Israel is God's family which continually abandons him. They continue to be exiled in various forms throughout the metanarrative of Scripture. This distinguishes Christian spirituality from some new age beliefs in the sense that there is a distinctive need for salvation through Jesus' atonement. A better understanding of what one needs saving from comes through an attachment lens of broken relationship with God. Christian clients should be encouraged to turn to God as the ultimate secure attachment figure especially when faced with insecure attachment patterns. One third of children exhibit an insecure attachment, and therefore might present to pastoral counseling with chaotic relationships as adults. Furthermore, understanding a client's attachment style will be telling in how they attach to God. The pastoral counselor can also become a secure attachment relationship for the congregant.

Knabb and Emerson (2013) reported that this concept is a very confusing one for Christians, but it appears that the end goal of mindfulness practices is union with God. This dynamic is different than mindfulness's end goal of realization of the no-self. Yet, an awakening to one's being made in the image of God on an experiential level is absolutely in alignment with Christian mystical tenants and sound theology. Again, the primary focus of Christian meditation is growing in identity of one being created in the image of God. This could be considered Christian enlightenment.

Per Hoover (2018), Jones et al. (2021), Knabb (2012), and Knabb et al. (2019), the effects of Centering Prayer include knowing God better, releasing the false self, letting go of loneliness, and reducing tension. Although God is already present, Centering Prayer allows one to know God better. It is not to be used to reap benefits for the self, or propagate more self-help based on existential shame. Instead, the experience of knowing God serves to glorify God. Knabb (2019) noted two other studies that sought to establish the efficacy of Christian-sensitive practice on the amelioration of psychiatric distress. Therefore, the research provides weak evidence for the use of contemplative prayer as in integrative therapy intervention. MBCT and Centering Prayer have considerable overlap in intention and practice with Centering Prayer providing a needed Christian alternative for Christians.

Knabb and Bates (2020) and Rosales and Tan (2017) likewise expand upon this understanding of contemplative Christian practices for use in healing mental-health symptoms. Buddhist meditation is an insight meditation used to understand impermanence, suffering, and no-self. Christian meditation is focused on developing an increased relationship with God. The goal is to increase our trust in God by simply resting at the feet of Jesus without agenda.

Surrender is a key element in redeeming a fallen will. They noted promise for modalities such as the Cloud of Unknowing in fostering resilience and healing.

Family Systems Theory and Spirituality

According to Heiden-Rootes et al. (2010) there is an emerging body of literature regarding the integration of FST and spirituality which involves a central focus of God as member of the family system. Bowen (1976) described the use of triangulation by poorly differentiated family systems as a means to deal with the system's anxiety. Interpersonal capacity in these systems deals with one's emotional reactivity among members of that system.

Differentiation involves balancing an emotional sense of togetherness and separateness in search of optimal relational functioning. Triangulation is a potentially dangerous emotional dynamic that involves the use of a third person to manage the relational anxiety of a dyad. Parents often triangulate a child to form emotional alliances against one another to handle the conflict of the marriage. Therapeutic intervention would involve helping survivors learn how to de-triangulate themselves from emotional conflicts. Survivors must also learn how anxiety motivates and drives their relationships. Survivors need to learn other means of soothing their anxiety in the face of relationship chaos to respond from a place of intentionality. Moreover, God can serve as a triangulated member of the family system to help couples manage anxiety. Survivors struggle with existential uncertainty, and perpetual doubting of unknowable truth.

Heiden-Rootes et al. (2010) noted that spiritual seeking has been growing as a movement since the 1950s. Seeking is actually a mature form of differentiating from the family of origin. However, there is a form of spiritual seeking that is driven by relational anxiety and emotional reactivity. A healthy birth family allows for healthy exploration of a unique spirituality with healthy boundaries. This study found that spiritual seeking might be a means of garnering

additional space in an adult survivor's birth family in an attempt to achieve a preferred sense of self which is distinct yet connected to the birth family. Anxiety driven seeking is not inherently pathological, and can lead to growth. Emerging adulthood is normally characterized by differing seasons of being closer and farther apart from one's family of origin. Spiritual seeking may actually be a necessary developmental task toward maturity and health for an adult survivor.

Table 3 presents the reader with direct access to the most pertinent parts of the data set to draw their own conclusions regarding how to apply the findings.

Table 3

Quotes on Union and Attachment With God

No.	Quotes on Attachment and God
1	<p>“The biblical story begins with Genesis 2, when God creates everything. The peak of Creation is humankind, made on the sixth day after everything else has been made, and most importantly made in God's image. Much ink has been spilled over what the term image of God means, but it is apparent that a fundamental aspect of being made in the image of God is the quality of being relational” (Knabb & Emerson, 2013, p. 833).</p>
2	<p>“Thus, they attempt to become their own secure base and safe haven and turn away from the God-given design of relational interdependence. The result of their behavior, as seen in the curses of Genesis 3, is separation. Interestingly . . . due to the fall, humankind continuously experiences the emotion of shame as a reminder of this estrangement and separation from God” (Knabb & Emerson, 2013, p. 834).</p>
3	<p>“God is no longer their safe haven. The original design of interdependence is broken due to Adam and Even believing that they could be like God . . . rather than dependent on God for safety, sustenance, and protection. This pattern of separation from God, one another, and the rest of creation is seen not only in Genesis 3 with Adam and Eve, but through the entirety of Israel's history. The story of Israel is a story of exile usually due to turning away from God and promised future restoration. The book of Judges, for instance, tells the story of Israel after the Israelites entered the Promised Land under Joshua, and it is a story of Israel continually turning away from and disobeying YHWH. Instead of exploring in proximity to their secure base, following YHWHs commands, worshiping only YHWH, and returning to YHWH as a safe haven” (Knabb & Emerson, 2013, p. 835).</p>

No.

Quotes on Attachment and God

- 4 “The ultimate exilic event and one that mirrors Judges, Genesis 3, and a number of other foreshadowing events in Israel’s history is the Assyrian/Babylonian exile (2 Kings 17:25). From Joshua through 2 Kings, Israel’s history has been marked with disobedience and idolatry. For example, in the book of Judges, YHWH sometimes punishes Israel for their sin, but they are never sent out of the land or totally destroyed. This reality changes in 2 Kings 17:25 due to their ongoing idolatry and disobedience, YHWH exiles them from the land, first using Assyria to conquer the Northern Kingdom of Israel, then using Babylon to conquer the Southern Kingdom of Judah. By 587 B.C., Israel no longer exists as an independent nation. They are scattered throughout Assyria and Persia, settling primarily in Babylon. In fact, they are disinherited from the land and disassociated from their kin,⁶ both signs that they are separated from YHWH. The ultimate sign of this separation is the destruction of the Temple by King” (Knabb & Emerson, 2013, p. 835).
- 5 “The hope of Lamentations, that God will one day restore God’s relationship with God’s people, is the hope of the entire Bible and the hope of its narrative” (Knabb & Emerson, 2013, p. 835).
- 6 “The ultimate benefit of salvation that is affirmed over and over in the biblical narrative is that it brings humanity back into harmonious relationship with God, with one another (their brothers and sisters in Christ), and with the rest of creation. Salvation is essentially reunification, or re-attachment, returning to God in the center of the Garden as a secure base and safe haven, continuously maintaining proximity to God (e.g., seeking God’s will, following God’s commands) and signaling to God (e.g., reaching out, crying out) in times of need” (Knabb & Emerson, 2013, p. 836).
- 7 “Jesus accomplishes re-attaching those who believe in Jesus with God through Jesus’ own death and resurrection, where Jesus pays the penalty for sin on the cross by defeating death, Hell, and the grave and gives new life through his resurrection” (Knabb & Emerson, 2013, p. 837).
- 8 “Ultimately, this picture of re-attachment is seen in Revelation 21 and 22, where believing humanity dwells together in God’s new heavens and new earth with God. Believing humans are reunited with one another, with the restored creation, and with God, returning to the circle of attachment that is needed for physical, psychological, and spiritual survival. The refrain of the Old Testament is repeated once more in Revelation 21:3: And, I heard a loud voice from the throne saying, Behold, the dwelling place of God is with man. He will dwell with them, and they will be his people, and God himself will be with them as their God. The biblical story, then, tells us that humankind was originally made to dwell with God, their secure base, and to explore God’s world through cultivating and keeping the Garden while staying within proximity of God’s word (i.e., commands) and returning to God as a safe haven in times of need” (Knabb & Emerson, 2013, p. 838).

No.	Quotes on Attachment and God
9	“In this final section, we argue that therapists and pastoral counselors can significantly improve their interventions by integrating the attachment theory empirical base with God’s story for the restoration of relational unity. Thus, we offer three suggestions for therapists and pastoral counselors in their work with Christian clients, including (a) an integrative assessment strategy, (b) helping Christian clients to narrate their God attachment story, and (c) utilizing the therapist-client relationship as a corrective secure base and safe haven so as to deepen client’s attachment to God as the perfect attachment figure” (Knabb & Emerson, 2013, p. 838).
10	“Background of the clients most important relationships, dating back to childhood. Included in this exploration will be an account of the client’s relationship with his or her parents, as well as a review of his or her relationships with important caregivers and mentors throughout childhood” (Knabb & Emerson, 2013, p. 838).
11	“Regarding the four styles of attachment, a secure attachment pattern involves a positive view of self and other, with the client possessing healthy self-esteem and believing that other people are dependable, trustworthy, and supportive . . . A preoccupied pattern indicates that the individual has a positive view of others, seeing them as inherently dependable and trustworthy, but a negative view of self, such that the individual doubts that others will be available due to his or her lack of self-worth . . . third category, the fearful attachment style, illuminates a negative view of both self and other, to where the individual doubts the value of him or herself and doubts that others are dependable, trustworthy, and safe. Finally, the dismissing style reveals someone who has considerable self-esteem but doubts that others are trustworthy and safe” (Knabb & Emerson, 2013, p. 839).
12	“As an example, a Christian client with a preoccupied style may have trouble believing that he or she is valuable in the eyes of God and, thus, question why God would pursue an intimate relationship with him or her. To be sure, a common theme among Christians with a preoccupied attachment style might be a feeling of inadequacy and shame. In turn, such Christians may struggle to accept God as a safe haven, believing that God might somehow turn away or reject them. Moreover, if they don’t feel that their need for intimacy is met, that is, if they don’t feel God’s closeness, they might experience a high degree of distress” (Knabb & Emerson, 2013, p. 839).
13	“As another example, the fearful attachment style may reveal that the Christian client doubts both his or her self-worth and God’s availability and dependability as a secure base and safe haven. If this is the case, the Christian might struggle to feel deeply connected to God, experiencing feelings of inadequacy and shame and, ultimately, doubt that God is trustworthy. Certainly, the fearful Christian might avoid intimacy with God altogether so as to avoid the

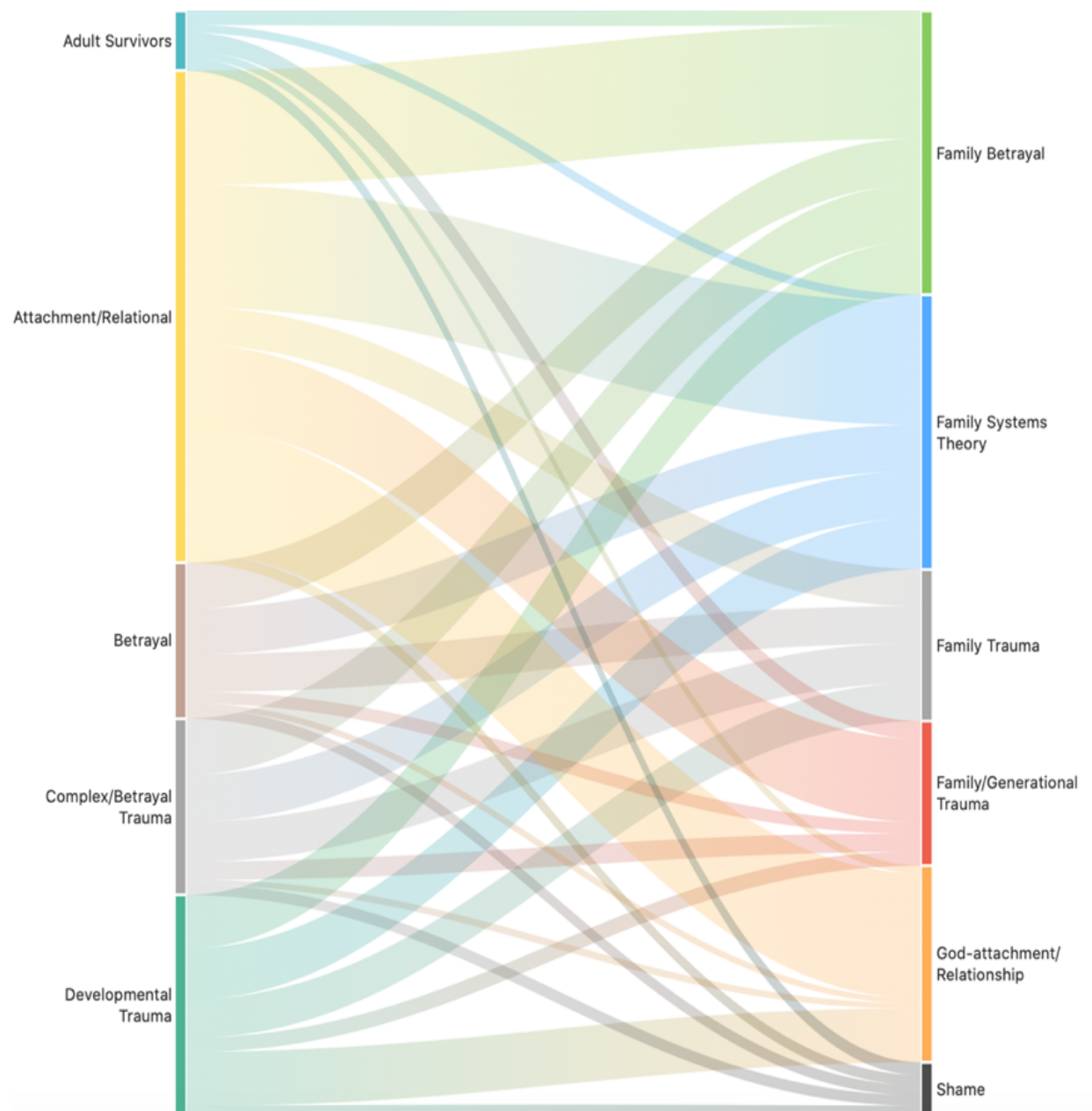
No.	Quotes on Attachment and God
	psychological pain attached to perceived distance or rejection from God” (Knabb & Emerson, 2013, p. 839).
14	“Exemplified in the perfect intimacy found in Jesus Christ” (Knabb & Emerson, 2013, p. 840).
15	“Pastoral psychologists can understand the Self as God’s consciousness and will and the BI as the full human being that we all called to become in baptism. The idea that the Self is both universal and individual can be equated to the Christian understanding that we are all created in the image of God; that is, we all reflect the universal higher qualities of God through our unique individual identities. Spiritual psychosynthesis is the journey towards strengthening the I-Self relationship or, in Christian terms, our relationship to God. Relationship is one of the keys to all psychosynthesis work and is further discussed in the next section” (Lombard, 2017, p. 467).

Familial Trauma, Attachment, and Healing

Research Question 3: *How are CTs implicated in supporting mental health and trauma when used in Christian ministry?* Figure 4 presents a Sankey diagram correlating the frequency and co-occurrence of the pertinent codes related to the third research question.

Figure 4

Familial Trauma, Attachment, and Healing (Sankey Diagram)



Examined by Glenn (2014), the importance of pastoral counselors in assisting adult survivors of family betrayal navigate complex issues associated with familial trauma and spirituality. In this space, survivors can explore safe relationships and overcome shame by shedding new light on their identity as children of God made in his image. It is common for this group to embark upon spiritual seeking as emerging adults. Unlike Christian or secular clinical counseling, pastoral counseling offers a unique perspective on attachment restoration between both God and humans. God-attachment seems to play an integral role in the healing of insecure attachment patterns with avoidant caregivers. Family systems included God as a member of the family system in certain cases and worldviews.

Family Betrayal

Delker et al. (2018) examined the emerging term family betrayal (FB). This term is used to identify a very specific subset of betrayal trauma associated with the betrayal of the family-of-origin in enabling abuse. This can happen through propagating abuse itself, or by failing to believe or defend the abused in the face of admitting the abuse. This abuse can be especially painful in the context of attachment failures. Lack of support, failure to believe the confession of abuse, or blaming the victim for the abuse could potentially hurt worse than the abuse itself. Often, survivors rely on their abusers for necessities of life and are, therefore, subject to betrayal blindness. They began to lose the ability to identify unsafe people, and suffer from chronic relationship chaos. Each incident of family betrayal in childhood greatly increased a survivor's odds of developing PTSD rooted in family trauma.

Family Systems Theory

Mitchel and Anderson (1981) made a unique correlation between family systems theory and pastoral counseling. They assert that the emotional process of leaving and cleaving is

biblically mandated, and a central prerequisite to marriage often overlooked by pastoral counselors. They recommend the pastoral counselor help the engaged couple navigate the emotional crisis of leaving home. It can take years to emotionally leave home due to the intensity of the emotional bonds people form to their family of origin. This process of leaving the mother and father is the primary task of marriage. Their theory is based on the precept that the family system as a whole is greater than the parts. Per FST, each member maintains a role in the system to maintain its balance. Healthy families can navigate leaving home without much fanfare, but unhealthy systems will protest any attempts to emotionally leave home.

Continued by Mitchel and Anderson (1981), pastoral counselors are encouraged to assist the couple in making sure adequate emotional distance exists around the marriage to ensure the development of a unique identity as a couple. The pastoral counselor must also help the couple understand how they operated in triangulated systems in their birth family. Often, one spouse will emotionally join the other family, and the new spouse will be considered an outsider to the new family system. The role of a scapegoat should also be identified along with other roles family systems use to avoid their emotional work. Often, the ways one is emotionally attached to the family of origin remains unconscious. The differentiation process is important regardless of whether one marries. An example of leaving home might mean continuing to have a close relationship with the birth family without playing one's assigned role in the system anymore. Yet, leaving home is vital if one wishes to form a primary attachment bond with a spouse. In-laws who are upset that the child is leaving home tend to project their anger onto the perceived problem: their new in-law. This new daughter or son-in-law is responsible for the separation in their eyes.

Intergenerational Trauma, Attachment, and Spiritual Healing

Addressed by Doucet and Rovers (2010), the phenomenon of generational trauma in the context of attachment transmission. Trauma of this magnitude impacts a survivor's ability for relational capacity. Survivors also end up with perpetually high levels of arousal and limbic activation that disrupt their ability to function. Generational trauma is the transmission of trauma from parents to children. Parental attachment disorders are the primary culprit of generational trauma. A renewed sense of agency is vital for the recovery of adult survivors. Spiritual interventions prove efficacious to this end. Religious interventions can aid in resiliency and protective factors. Children attached to an avoidant mother showed increased religiosity in adult life because the role of God was compensating for a suitable attachment figure in childhood. It is common for those who lacked adequate attachment bonds as children to seek God and faith community for help meeting their emotional and security needs. Adult survivors can rely on a benevolent theistic deity to restore a sense of personal identity and innate trust. For this reason, the role of pastoral counselor is unique in the ability to aide survivors in relying on God to meet unmet attachment needs. Table 4 presents pertinent quotes of the data set for the reader to make their own judgements regarding interpretation of the data findings.

Table 4*Familial Trauma and Attachment Quotes*

No.	Quotes on Familial Trauma and Adult Survivors
1	“Spiritual meaning-making influences survivor resilience . . . This work begins with a reflection on the influence of sacred text interpretations and proceeds to address contextual considerations for pastoral counseling with emerging adult childhood trauma survivors” (Glenn, 2014, p. 37).
2	“Growing up is hard. This is especially the case for persons who experience childhood trauma through an act of abuse or neglect” (Glenn, 2014, p. 37).
3	“For survivors of childhood trauma, resilience appears in the fragile spaces between healing and devastation” (Glenn, 2014, p. 37).
4	“Pastoral counseling offers a sacred space that facilitates therapeutic healing and reparative relationships. In pastoral counseling, survivors who struggle to see the goodness in themselves can reclaim their splendor as a divinely created being, created in the Imago Dei (Image of God)” (Glenn, 2014, p. 38).
5	“Religious experimentation during this stage is expected as well as the wide-ranging rejection of previously held beliefs . . . For these reasons, it is important to explore emerging adult spirituality from a personal perspective” (Glenn, 2014, p. 44).
6	“A better characterization of college students would be ‘spiritual seekers’ who dismantle and reconstruct spiritual realities during early adulthood without the rigid boundaries of denominational religion. Studying emerging adult spirituality gives insight into their understanding of connectedness with a greater other and how the formation of that sense of connectedness influenced the protective frameworks they developed following trauma” (Glenn, 2014, p. 44).
7	“The discipline of pastoral counseling specializes in exploring the internal processes of connectedness between individuals and the divine. One guiding belief of pastoral counseling suggests that optimized engagement with one's true self radiates from one's reception to being enduringly connected with other humans and with the divine. In therapy, having a deeper awareness of being divinely connected to all others may serve as an entry point into a sense of belongingness for individuals who feel isolated due to the traumatic effects of childhood abuse or neglect” (Glenn, 2014, p. 48).

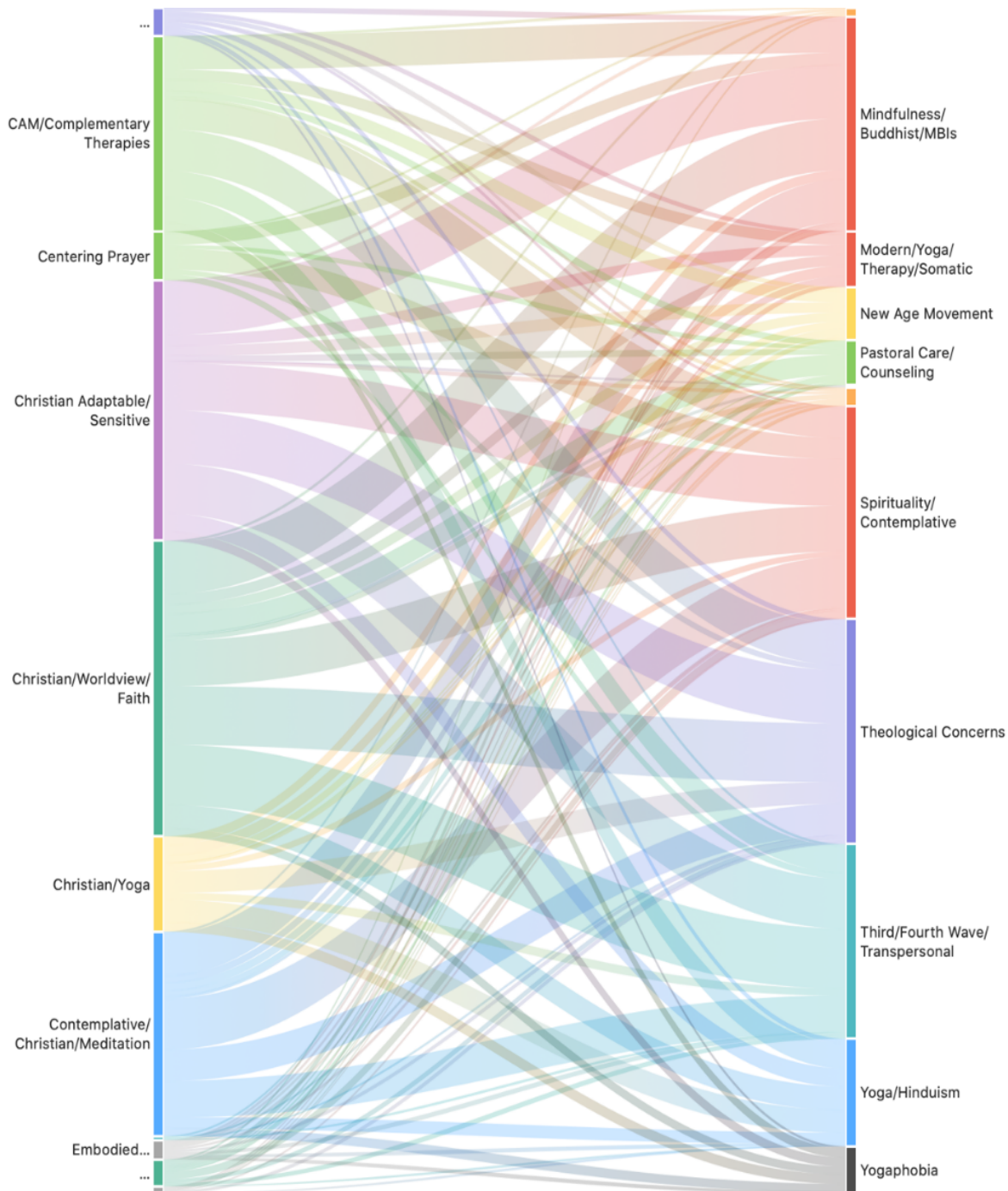
No.

Quotes on Familial Trauma and Adult Survivors

- 8 “Research on institutional betrayal has found that institutional wrongdoing that fails to prevent or respond supportively to victims of abuse adds to the burden of trauma. In this two-study investigation with young adult university students, we demonstrated parallels between institutional betrayal and ways that families can fail to prevent or respond supportively to child abuse perpetrated by a trusted other, a phenomenon we call family betrayal (FB)” (Delker et al., 2018, p. 720).
- 9 “Survivors of child abuse have described unsupportive family reactions to abuse as ‘worse than the abuse itself’” (Delker et al., 2018, p. 721).
- 10 “In this study, informed by betrayal trauma theory...we propose a parallel phenomenon: family betrayal. We consider why and under what conditions family betrayal can occur, and test hypotheses about its potential long-term negative consequences” (Delker et al., 2018, p. 721).
- 11 “Trust and dependence are fundamental features of many close relationships that help explain why it can be particularly difficult for victims to acknowledge harm within these relationships . . . victims of abuse remaining largely unaware of their abuse” (Delker et al., 2018, p. 721).
- 12 “When victims trust and depend upon their perpetrators for caregiving or other resources—as a child trusts and depends on a parent, coach, or religious figure—confront-or-withdraw responses may jeopardize the needed relationship. In this case, diminished awareness of abuse, or ‘betrayal blindness,’ can be adaptive in that it decreases the likelihood that victims will alienate the perpetrator” (Delker et al., 2018, p. 721).
- 13 “With every one act of family betrayal by the family of origin, the young adults in this sample were 1.21 times more likely to exceed clinically significant levels of posttraumatic stress on the PCL-5, $B = 0.19$, Wald (1) = 12.15, $p < .001$, 95% CI for eB [1.09, 1.34]. Put another way, young adults who reported experiencing the sample mean number of acts/forms of family betrayal, 2.79 ($SD = 4.00$), were almost three and a half times as likely to report clinically significant levels of posttraumatic stress than young adults with no histories of family betrayal” (Delker et al., 2018, p. 736).
- 14 “Given the frequency with which family betrayal accompanied abuse by someone close to the victim (and therefore, likely close to the family), this finding in particular may help to explain the enduring effects of child abuse. In particular, beyond the exposure to family betrayal at the time of abuse (or when abuse is first disclosed), family systems theory suggests that the family itself may re-organize in an attempt to maintain homeostasis when exposed to a potentially disruptive force such as abuse” (Delker et al., 2018, p. 738).

Figure 5

New Age Movement, Christian Adaptability, and Complementary Therapies (Sankey Diagram)



The argument regarding Christian yoga appears to draw more specific and heated debate regarding whether or not CAM should be utilized by Christians.

Christian Yoga Opposition

Explained by Brown (2018), evangelicals have a long history of adapting cultural issues to Christianity with debate regarding whether or not the item being adapted is inherently adaptable or not. She asserted that Americans spent \$16 billion on yoga in 2016. An argument exists regarding the ability of a practice such as yoga to be a neutral container or tool. Proponents of yoga claim that it does not offer ways to believe God, but rather ways to know God on a path of self-realization. The end goal of Ashtanga yoga is samadhi defined as becoming one with God. Yoga falls under a category of embodied mindfulness practices. Brown (2018) explained that few people still believe that yoga is purely a spiritual practice. Rather, the debate that exists centers around whether it is a complementary or antagonistic practice to faith. She pointed out an argument that one cannot have Christian Ouija boards or astrology, and therefore one cannot have Christian yoga. Brown highlighted the common argument that yoga is Hindu, and therefore not available to Christians to adapt or repurpose.

Brown (2018) also argued that most American Christians lack understanding of yoga's roots. Some contend that if something is dedicated to Jesus, it is therefore a Christian practice. This is a traditional evangelical argument stopper. Holy Yoga is a popular form of Christian yoga. She mentioned a void in Christian spirituality that sometimes gets filled by attending a yoga class or enrolling in a school of supernatural ministry to learn prophecy, healing, and raising the dead. Furthermore, the yoga centers are filling up as the churches seem to be emptying. She shared her journey of serving as an expert witness regarding the introduction of yoga into public school curriculum in Encinitas, California. This has historically been the home

of Yoganada's Self-Realization fellowship. She was surprised at the lack of protest from evangelicals regarding both yoga and meditation given their associations with Buddhism and Hinduism. She brought up the accusation of being called yogaphobic in response to these concerns. She advised the introduction of more education for evangelicals to catch them up to speed with their fundamentalist predecessors regarding yoga culture wars.

Furthermore, Brown (2019) explained a generic spirituality common in CAM practices. Practices like yoga and meditation are framed as nonreligious despite their alleged roots in Eastern practices. She has a long history researching CAM and Christian spiritual healing. She pointed out that embodied mindfulness practices are marketed as secular or universal despite ties to Buddhism and Hinduism. Yet, those who claim to use the practices for non-religious reasons often report spiritual experiences. She shared the story of a man who recovered from a terminal diagnosis after seeing Kathryn Kuhlman. Pentecostals tend to view healing in more complementary fashion, and thus might be more open to CAM.

CAM Pros and Cons

Warren (2018) also noticed the growing popularization of CAM in America. Pre-literate societies failed to distinguish between religion, medicine and magic and therefore priests would provide medical care for the most part. The two categories of CAM include mind-body practices and natural products. Homeopathy and naturopathy arose in the 19th century in response to the toxic practices of that day. She noted Reiki's roots in non-Christian practices, along with the potential for harm to be done when CAM is misused. She noted how opponents of CAM often also denounce Pentecostal faith healing. Yet, she thinks Brown is being too restrictive in denouncing all of CAM. She admonished us to stay humble being that modern medicine does not have all the answers. Christians range in acceptance of CAM as completely fine to completely

evil. She noted a phenomenon of criticism toward the Pentecostal movement for generalizing the energy of the Holy Spirit's healing power into something that's easily translated into a metaphysical concept of the divine.

According to Warren (2018), new age spirituality's common beliefs that there is no such thing as evil. Furthermore, the system focuses on a belief in life force, prana, or chi. She noted Brown's observation that Christian appropriations of non-Christian holidays like Easter lose their religious connection over time unlike appropriating yoga. Non-personal life force that permeates most of CAM is considered demonic by some. Yet, many CAM practitioners are not practicing the spiritual roots the practices originated from. Furthermore, it may not be wise to simply baptize all of CAM as Christian without discernment. It would also be unfortunate to provide evangelicals with a list of rights and wrongs. The Holy Spirit will guide us in our exploration of CAM. Rather, she advised the implementation of more education for evangelicals regarding CAM. She also advised the implementation of more Christian spirituality into evangelical Christianity. She advocated for Christian contemplative practices, and more charismatic engagement with the Holy Spirit. She does not advise pastoral counselors to tell people whether or not they should see a chiropractor. Instead, it is advised that pastors teach congregants how and what to adapt or reject in CAM and think critically for themselves about the secular market.

Christian Yoga Support

Jain (2012) contended that people have been attaching different meanings to the term yoga for more than 3,000 years. She highlighted both the Hindu-roots and yogaphobic positions regarding opposition of modern yoga. Resistance exists on both the Hindu and evangelical sides due to the alleged Hindu roots of yoga. Popular dissenters include Mark Driscoll, John MacArthur, Pat Robertson, Albert Mohler, and the Catholic Church. Hindu opponents of

Christian yoga alleged that yoga is the victim of intellectual property theft. These allegations are based on the idea that yoga came from the Hindu ur-system in precolonial times. This definition of yoga involved systematic techniques for control of the mind-body system.

Furthermore, Jain (2012) identified the term yoga, meaning to yoke, appeared in the Rig Veda Sahita 15th century B.C.E. in reference to a yoke used on a war chariot. Later, the term arose in the Bhagavad Gita in the Mahabharata dialogue to describe yoga as path of liberation and devotion to Krishna. Eventually, Patanjali's created his commentary on the Yoga Sutras. This was known as the classical text which offered an eight-fold path to enlightenment. This path focused on meditation as the tool for becoming liberated from bodily experience. Next, Haribhadra melded this thought with Jain religion. In the 10th and 11th centuries, hatha yoga came to the surface. This system views the body as a microcosm of the universe, and focused on the practitioner's direction of the flow of subtle energy. This was a change from prior yogic thought in that it was non-dualist. The goal of this process was to achieve God-consciousness in human form.

Described by Jain (2012), modern yoga is a recent phenomenon based primarily in British colonial thought. Vivekananda was one such proponent who proselytized modern yoga in America. He focused on meditation and psychological aspects of yoga within the context of holistic health. He interpreted the Yoga Sutras, Hindu non-dualism, and new-thought to form the basis of modern yoga. Equating postural yoga with the ancient ur-system fails to account for the evolution of yoga across religions. Postural yoga emerged out of British military calisthenics, medicine, gymnasts, body-builders, and contortionists. Krishnamacharya and Saraswati were the first major teachers of postural yoga. Their students included Iyengar, Jois, Desikachar, and Vishnudevanada. These founders were the instigators of mass-marketing the phenomenon of

modern postural yoga present in America today. Each of these brands of modern yoga focused on mindful embodied practices that linked the breath with a series of postures. Each of the modern brands claim their practices are suitable for persons of any religions background. Anusara yoga is an exception in that it is inspired by tantra. Finally, Brooke Boon established Holy Yoga in 2003 as a brand of Christian yoga. It claims that yoga is not a religion, but a universal set of tools than can bused in service of strengthening one's faith.

Jain (2017) purported that there is nothing essentially Hindu about yoga. Historically, yoga has both required and not required devotion to God as central to the practice. It has never belonged to a single religion. Yoga fails to have a solid theology from which to judge it as compatible with Christianity. The debate is rather regarding what exactly is it about yoga evangelicals contend betrays their faith? Jain (2014) noted a phenomenon where protestors of Christians yoga expect adherents to choose between yoga and their faith. This stance alleges that irreconcilable differences exist between faith and yoga. The Hindu and Christian arguments against Christian yoga represent religious fundamentalism. She defined yogaphobia as a social anxiety characterized by suspicion and fear of modern yoga. She noted examples of those who have committed suicide as a result of persecution of their yoga practice by Christians in their day. She noted that modern yoga became popular in the 1960s, but the fear of it did not go away. She conveyed Christian thoughts that yoga will tempt one with the lie that they will become God.

Noted by Jain (2017), John MacArthur and Mark Driscoll as primary opponents of yoga. They specifically are concerned about adopting the meditative techniques associated with yoga. Non-Christian forms of meditation are supposedly dangerous or faddist. Mohler likens yoga to Gnosticism, and warns that yoga serves as a gateway drug into the new age. Mohler expressed

deep concern regarding the growth of the new age in America. She alleged that modern yoga should be judged on its own merits rather than valorized as an extension of an ancient Hindu-practice. She noted that the real struggle the church in America faces is American consumerism. In this culture, Americans are allowed to decide whether or not to attend a yoga class, the same way they are allowed to choose whether or not to attend Mars Hill Church. Choice is a fact of contemporary American culture. Yoga has a long history of being adopted by Hindu, Jain, Buddhist, Christian, and new age adherents. Hence, the symbols and practice vary widely across the United States. There are no original ideas and practice, or unchanging essence of yoga.

Christian Meditation

Knabb (2012) and Knabb et al. (2021) observed the phenomenon of utilizing mindfulness practices in psychotherapy to treat mental illness. Yet, these practices are rooted in Buddhism, and he therefore advised the use of Christian-sensitive practices instead. Approximately 78.4% of adults claim to be Christian in America, and therefore might prefer to use Christian meditative practices to alleviate their suffering. He described the evolution of secular Mindfulness Based Stress Reduction (MBSR) from Jon Kabat-Zinn's into Mindfulness Based Cognitive Therapy (MBCT). 400 million people are Buddhist, and this religion is 2,500 years old. It focuses on an eight-fold path to enlightenment which involves the realization of the concept of no-self. There is therefore no god in Buddhism. It is based in karma, or the cycles of action and reaction. It uses meditation as a tool to look within instead of to God as in Christian meditation. Christian mysticism is an alternative to mindfulness and includes Theresa of Avila, John of the Cross, Julian of Norwich and Thomas Merton. There has been a recent revival of these classic Christian practices including *lectio Divina*. This is a practice of contemplative and meditative reading of scripture. The *Cloud of Unknowing* described the cloud of glory Moses experienced as a means

of unknowing what one knows in order to experience more intimacy with God. Centering Prayer is a combination of these practices.

Garzon and Ford (2016; K. Ford & Garson, 2017) and Wang and Tan (2016) also noted the hesitation of evangelicals to adopt mindfulness due to its Buddhist roots. They offer a variety of examples of how and what Christians need to adapt. One tenant is the idea that God is present and relational. Another accommodation is a focus on God's grace. They describe different Bible verses that support Christian meditation. They also advise the use of Christian-sensitive methods in lieu of mindfulness. Rosales and Tan (2016) and Tan (2011) explained that the roots of the third wave of incorporating mindfulness into behavioral therapy began through attempting to overcome the system's limitations. They assert a deep level of compatibility between mindfulness and faith. Hathaway and Tan (2009) agree that discernment is needed in continuing to navigate the nuances of adapting these elements to biblical truth. Caution should be taken even when encouraging use of desert father contemplative practices for conservatives. These models may however prove useful as they have focused on the sacrament of the present moment for centuries. Centering Prayer focuses on mindfulness.

Knabb, Johnson, et al. (2020) and Knabb et al. (2019) observed that meditation has become a common daily practice for Westerners. Approximately 14% of people report meditating on a daily basis. Mantra, mindfulness, MBSR, and MBCT practices were used by 2.4% of adults. Mindfulness has become a billion-dollar industry. Christian meditation and contemplation have been practiced for centuries, but has only recently been studied in the psychology literature. Frederick and White (2015) noted surrender as a key component of Centering Prayer used as the mechanism of action for catalyzing healing for evangelicals concerned with mindfulness.

Table 5 presents additional quotations for the reader to make draw their own conclusions about the interpretation of the data set.

Table 5

Quotations on the Christian Adaptability of CTs

No.	Quotes on Christian Adaptability of CTs
1	“Furthermore, the interreligious and intercultural exchanges--primarily between Hindu, Buddhist, and Jain traditions--throughout the history of yoga in South Asia problematize the identification of yoga as Hindu” (Jain, 2014, p. 451).
2	“Yoga has a long history whereby adherents of numerous religions, including Hindu, Jain, Buddhist, Christian, and New Age traditions, have constructed, deconstructed, and reconstructed it anew. Symbols, practices and ideas vary across yoga studios and ashrams within the United States alone, thus illustrating that the quest for the essence of yoga is an impossible task” (Jain, 2014, p. 459).
3	“Yet, as converts to Christianity eventually (hopefully) learn, the mere knowledge of God, abstracted from the life and love of God, is inert, and it can eventually become destructive of the Christian life (which the archetypal figure of the Pharisee in the gospels is intended to convey). Ultimately, Christian healing originates in, and is sustained by, the love of the triune God that is offered to everyone, but can be appropriated only by those who willingly seek it and receive it or ‘take it in’ (Mt. 7:7-8; Jn. 1:12-13; Eph. 2:8-10)” (Johnson et al., 2020, p. 82).
4	“Centering prayer may hold promise as an alternative intervention for ameliorating chronic depression in Christian adults” (Knabb, 2012, p. 909).
5	“Given the psychological benefits of mindfulness and its connection to spirituality, it is not surprising that both therapists and Christian clients are attempting to incorporate it into counselling. Centering prayer, which is a form of Christian Devotion Meditation, provides an accommodative approach to managing worry for Christian clients” (Frederick & White, 2015, p. 850).
6	“CAM is becoming increasingly popular among contemporary North Americans, and it is therefore important for pastoral care providers to be somewhat knowledgeable about it. However, there are many areas of confusion and misunderstanding surrounding CAM. There are concerns about its efficacy, scientific basis, and spiritual roots. There are also economic, political, and ideological agendas associated with it. Consequently, CAM requires careful evaluation from both scientific and spiritual/religious perspectives. Furthermore, understanding

-
- | No. | Quotes on Christian Adaptability of CTs |
|-----|---|
| 14 | “At this point, then, the literature on the psychology of Christian practices is still in its infancy” (Knabb & Bates, 2020, p. 37). |
| 15 | “Though hatha yoga is traditionally believed to be the ur-system of modern postural yoga, equating them does not account for the historical sources. Posture only became prominent in modern yoga in the early twentieth century as the result of the dialogical exchanges between Indian reformers and Americans and Europeans interested in health and fitness. Postural yoga’s sources include British military calisthenics, modern medicine, and the physical culture of European gymnasts, body builders, martial experts, and contortionists” (Jain, 2012, p. 7). |
| 16 | “Proponents of Christian Yoga argue that yoga itself is not a religion, but a universal set of techniques that can be used to strengthen a Christian's relationship with Christ” (Jain, 2012, p. 6). |
| 17 | “Meanwhile, medical structures do afford space to certain religious traditions and practices: first, generic spirituality that purports to encompass all spiritual traditions though excluding particular theological claims about the nature of God, the self, and salvation; and second, Eastern religious practices such as yoga or mindfulness meditation that are framed as nonreligious despite roots in and ongoing ties to religion” (Brown, 2019, p. 141). |
| 18 | “One population that often has trepidations about mindfulness is conservative Christians. The Buddhist roots of mindfulness give them pause. Societal associations of the New Age movement with mindfulness sometimes leave them wondering if they are experiencing a form of ‘proselytizing’ in therapy as well. One way to respond to these concerns is for therapists to adapt these strategies to be more culturally sensitive to the client's faith. A small Christian literature adapting mindfulness to Christian concerns is emerging . . . However, few resources exist showing clinicians how to specifically modify mindfulness meditations in a practical sense to incorporate a Christian worldview. Such adaptations likely would reduce the Buddhist and New Age associations for the meditations, make them consistent with a Christian worldview, and enhance their acceptability to the conservative Christian client” (Garzon & Ford, 2016, p. 263). |
| 19 | “For some conservative Christians, even Christian-adapted mindfulness may be too concerning because of cautiousness with any form of meditation. The Bible has many passages specifically encouraging meditation (See Psalm 1, Psalm 119, and Joshua 1, for example) so highlighting these Scriptures for such a client may be useful. Over the centuries, the Christian tradition has developed many ways to meditate on Scripture and commune with God . . . Clarifying this rich contemplative history and, when necessary, starting with these clearly identifiable Christian meditation forms may reduce general concerns about meditation and potential Eastern religious |
-

No.	Quotes on Christian Adaptability of CTs
-----	---

- influences . . . Once the client is more comfortable with meditation, she may be more open to adapted mindfulness strategies” (Garzon & Ford, 2016, p. 267).
- 20 “Our purpose in this article is not to attack empirically supported mindfulness, but rather to supply therapists with practical scripts and information on how to accommodate mindfulness to conservative Christian client concerns . . . Rather, we hope that our ideas will stimulate the creation of further adapted meditations and, equally important, research into the impact of such methods” (Garzon & Ford, 2016, p. 267).
- 21 “The phenomenon of Contemporary Christian Music (CCM) is the ‘offspring’ of an unlikely ‘mating’ of rock and roll youth culture with the Jesus Movement of the 1960s-1970s. Older Christians objected that rock music, and especially loud drums and electric guitars, are inherently evil. The founder of Sparrow Records, Billy Ray Hearn, notes a pattern: ‘When something new comes along, the church usually rejects it; then they tolerate it; then it becomes acceptable; and, finally, it becomes traditional.’ Churches initially viewed Christian fiction, Christian music, and Christian yoga with suspicion, and Christians who wanted to participate had to justify their choices. Over time, participation was normalized” (Brown, 2018, p. 663).
- 22 “Is Christian yoga comparable to Christian fiction, Christian music, and Christian aerobics? All of these movements are appealing for similar reasons: they invite experiential, physically engaged and/or emotionally rich encounters with God. They each reflect a belief-centered understanding of religion, which breeds confidence that meanings can be transformed by emptying and refilling neutral containers with Christian linguistic content, much like substituting ingredients in a recipe. This article contends that, despite these similarities, Christian yoga is more of a stretch theologically and culturally, myopic about the potential for practices to change beliefs, and prone to charges of cultural appropriation and cultural imperialism” (Brown, 2018, p. 664).
- 23 “Certain Hindu yoga proponents express an experiential view of religion based on metaphysical assumptions of how practices change beliefs. The Hindu American Foundation argues that “even when Yoga is practiced solely as exercise, it cannot be completely delinked from its Hindu roots” because āsanās, or postures, have ‘psycho-spiritual effects’” (Brown, 2018, p. 664).
- 24 “Doctrinal interpretations of religion notwithstanding, few Christian commentators argue that yoga is a purely physical practice. What they disagree over is whether yoga spirituality is antagonistic or complementary to Christianity” (Brown, 2018, p. 666).
- 25 “Evangelicals lack unified theological authority structures. Individuals who object to yoga cite at least one of two reasons. First, they worry about ‘idolatry’—prayer to or worship of gods

No.

Quotes on Christian Adaptability of CTs

- 32 “Strategies of manipulative body and healing energy practices focus on interacting with fields within the body that are thought to promote wellness, including meridians and chakras. Meridians are energy pathways that connect to the sympathetic and parasympathetic nervous system and regulate physiological function and balance” (Kanegan & Worely, 2018, p. 17).
- 33 “Yogic manipulation of subtle energy could function as a healing agent” (Jain, 2014, 442).
- 34 “Energy medicine: practices that rely on energy fields that are thought to surround the body as well as bio-electromagnetic-based therapies; for example, therapeutic touch, Reiki, tai chi, qi-gong” (Warren, 2018, p. 23).
- 35 “For a brief review, metaphysical religion can be defined as any religion that deemphasizes ‘personal conceptions of the divine,’ stresses the ‘correspondence between supernatural and natural realms,’ and underscores the ‘manipulability of spiritual power’ . . . New-age spirituality (actually not new, but a repackaging of eastern mysticism and occult practices) is a common example. Such religions claim that the divine is within us and evil is not real. They usually believe in a universal life force or vital/positive energy, and can be categorized as pantheistic, monistic or holistic—‘all is one,’ ‘the true you is the ocean.’ This contrasts with Christianity, which places a clear distinction between God and creation and emphasizes the Holy Spirit as a personal being, not an impersonal force” (Warren, 2018, p. 25).
-

CHAPTER FIVE: CONCLUSION

Summary of Findings

The study findings present preliminary support regarding the implementation of Christian-adapted complementary therapies for healing familial trauma. This support is by no means exhaustive. However, the evidence regarding the use of fourth wave treatment for trauma point toward promise for Christian-adapted mindfulness practices. Evidence suggests that additional quantitative data is needed to establish the validity of Christian sensitive approaches that do not merely apply minor adaptations to the empirically studied methods. It appears that no irreconcilable differences exist between the mechanism of action underlying CAM and Christianity. Specifically, tools such as meditation and yoga specifically are adaptable and not the intellectual property of any religion. Instead, they appear to be adapted by many religions over thousands of years. However, there does appear to be legitimate concern regarding the Buddhist-adapted and Hindu-adapted versions of these practice popular in modern American culture. The research points to a need for Christians need additional training and education regarding how and what needs adapting.

The primary underlying mechanism of action is effective in catalyzing healing of familial trauma is the surrender of human will. The modalities prove more powerful within the integration of allopathy than as stand-alone treatments. Furthermore, familial trauma does present unique challenges to adult survivors in need of spiritual answers to their unique relational problems. Another mechanism of action that is effective is the healing of attachment and relational capacity inherent in practices such as meditation. Pastoral counseling is uniquely equipped to navigate the neuroplasticity findings and contemplative neurotheology fields that necessitate a conversation of thought leaders regarding the evolution of the third and fourth

waves of behavioral therapy to include additional conversations regarding spirituality in the context of Juedo-Christian culture.

Table 6 provides the reader with a brief paraphrased summary of each study's findings alongside the study's CASP (critical appraisal skill program) score.

Table 6

Summary of Study Findings

Authors	No. ^a	Summary of Study Findings	CASP Score
Bingaman (2011)	23	Neurotheology recognizes contemplative Christian spiritual practices as catalytic for calming an overwhelmed amygdala.	C
Bingaman (2013)	13	Neurotheology urges pastoral counselors to integrate contemplative practices due to their ability to rewire the human brain.	D
Bingaman (2015)	32	Advances in neuroscience validate integration of meditation into pastoral care work to help heal trauma and stress.	B
Blanton (2011)	7	Mindfulness practices (yoga, meditation, centering prayer) have been practiced by many religions for thousands of years.	D
Brown (2018)	2	Yoga cannot be Christianized because it is a theological oxymoron like Christian-Hinduism.	D
Brown (2019)	36	Christian healing and spirituality are being influenced by yoga and mindfulness practices which are rooted in other religions.	D
Delker et al. (2018)	10	FB predicated clinically significant increases in traumatic stress in adults who experienced childhood trauma.	B
Doehring (2019)	34	Pastoral counselors can adopt third- and fourth-wave spiritual interventions without Christian adaption.	D

Authors	No. ^a	Summary of Study Findings	CASP Score
Doucet & Rovers (2010)	30	Spiritual and religious interventions used by pastoral practitioners can catalyze healing in trauma survivors.	B
Ford & Garzon (2017)	21	Christian-accommodated BT interventions can be as or more effective than secular, and useful in pastoral and lay-ministry.	A
Frederick & White (2015)	16	Surrender to God is the mechanism of action underlying Christian meditation which makes it distinct from mindfulness.	A
Garzon & Ford (2016)	1	The Bible encourages meditation, and research needs to address more information on how to adapted mindfulness for Christians.	B
Glenn (2014)	5	Pastoral counseling aids adult survivors of familial trauma integrate spirituality into the healing process.	B
Hathaway & Tan (2009)	6	Third-wave CBT practices can successfully be adapted to conservatively Christian clients creating increased effectiveness.	C
Heiden-Rootes et al. (2010)	18	Spiritual seeking can actually serve as a healthy way to differentiate from one's family system according to FST.	B
Hoover (2018)	28	No irreconcilable differences exist between mindfulness and Christianity, and therefore Christians can adapt CTs.	C
Jain (2012)	38	Yoga has been defined by divergent terms for 3,000 years, and has been adopted by many religions throughout time.	B
Jain (2014)	8	Modern yoga cannot be quantified as essentially Hindu in origin, and it is a product of modern culture.	C
Jain (2017)	25	It is impossible to essentially quantify yoga or Christianity due to the elusive history of yoga.	C
Johnson et al. (2020)	9	The Christian <i>purpose</i> of meditation is different—and more important—than whether it produces results.	C
Jones et al. (2021)	20	Preliminary evidence that mindfulness can be Christian-adapted for conservative evangelical Christians for trauma.	A

Authors	No. ^a	Summary of Study Findings	CASP Score
Kanegan & Worley (2018)	4	CTs have proven benefits which address symptoms of PTSD and help alleviate SUD struggles.	D
Knabb (2012)	15	Awakening the image of God is at the core of Christian contemplation, and suggest it shows basic effectiveness in trauma.	B
Knabb & Bates (2020)	37	Christians need to return to contemplative spiritual healing practices from their own lineage instead of utilizing mindfulness.	A
Knabb & Emerson (2013)	29	The grand narrative of Scripture illustrates an attachment relationship between God and his people exemplified in the fall.	B
Knabb, Johnson, et al. (2020)	3	The goal of Christian meditation is communion with God and others through union with Christ contrasting Buddhist mindfulness.	C
Knabb, Vazquez, et al. (2020)	19	Christian-sensitive alternatives to mindfulness allow Christians to access the benefits of meditation with theological integrity.	A
Knabb et al. (2019)	35	Christian meditation utilizes a similar mechanism of action as mindfulness; namely surrender and humble detachment.	A
Knabb et al. (2021)	22	Christian meditation is as, or more, effective than Buddhist and we can use Christian-sensitive or distinct practices.	B
Lombard (2017)	31	Psychosynthesis and transpersonal psychology fourth wave concepts can successfully be integrated into pastoral counseling.	B
Mitchell & Anderson (1981)	27	Pastoral counseling should address the Family Systems Theory of leaving and cleaving based on the biblical mandate to do so.	C
Rosales & Tan (2017)	24	Mindfulness in MBCT can be Christian-adapted by reinterpreting it to mean focusing on God's will.	D
Rubinart et al. (2017)	14	Christian spirituality helps heal interpersonal neurobiology and attachment to both others and God.	A

Authors	No. ^a	Summary of Study Findings	CASP Score
Wang & Tan (2016)	33	It is clinically advised that Christian-adaption and contemplative Christian practices be incorporated into third-wave treatments.	C
Warren (2018)	17	Pastors should be aware of CTs, and educate congregants about its efficacy, appropriateness and spiritual roots.	B

Note. Meta-synthesis study ($N = 35$). CTs = complementary therapies, MBCT = mindfulness based cognitive therapy, FST = family systems theory.

^a This number corresponds to the coding number assigned

Presented on the following pages, Figure 6 is a spreadsheet showing how the codes related to one another, and Figure 7 is a bar graph showing how often each code appeared in the study.

Figure 6

Code Co-Occurrence Spreadsheet

	Adult Survivors 44	Attachment/R... 138	Betrayal 39	Biofields/Life... 19	CAM/Comple... 221	Centering Pra... 59	Christian Ada... 264	ChristianWorl... 368	Christian/Yoga 78
Healing/Mini... 36	0	5	0	1	20	7	17	25	1
Holy Spirit/P... 11	0	0	0	1	5	0	1	6	1
Image/Union... 210	3	89	1	9	58	43	116	190	27
Jesus Prayer 8	0	1	0	0	3	2	6	6	0
Mechanism... 173	2	7	0	12	81	29	102	102	29
Mindfulness/... 246	6	10	2	12	103	40	169	165	29
Modern/Yog... 48	2	2	0	10	33	0	34	33	33
Neuroplastic... 49	2	4	0	0	12	13	11	11	2
Neurotheolo... 49	1	2	0	0	14	12	17	14	1
New Age Mo... 44	1	0	0	12	37	0	32	29	22
Pastoral Car... 98	8	44	1	0	18	11	16	65	1
Psychosynth... 11	0	3	0	0	0	0	1	6	1
Shame 20	10	8	8	0	0	0	2	3	0
Spiritual See... 29	5	1	3	6	8	0	7	15	8
SpiritualityC... 251	25	15	7	6	96	67	149	145	17
Surrender 19	0	1	0	0	3	6	13	14	0
Theological... 239	0	1	0	15	132	16	170	186	69
Third/Fourth... 287	18	63	8	7	84	19	159	192	22
Trauma/Path... 338	41	98	45	4	95	23	141	180	14
Yoga/Hindu... 112	0	0	0	14	81	0	58	75	72
Yogaphobia 32	0	0	0	7	29	0	29	25	30

	Complex/Betr... 47	Contemplativ... 95	Contemplativ... 200	Development... 93	DevotionalGr... 12	Efficacy/Evide... 98	Embodied Tra... 10	Family Betrayal 83	Family Syste... 105	Family Trauma 24	FamilyGener... 82	God-attachm... 146
Healing/Mini... 36	0	11	21	0	1	6	0	0	0	0	4	6
Holy Spirit/P... 11	0	0	3	0	0	2	0	0	0	0	0	1
Image/Union... 210	2	41	104	39	5	13	8	42	44	0	44	158
Jesus Prayer 8	0	3	6	0	0	3	0	0	0	0	0	2
Mechanism... 173	1	56	105	0	5	31	8	0	2	0	0	31
Mindfulness/... 246	2	66	135	2	5	40	7	0	3	1	7	40
Modern/Yog... 48	2	23	22	0	0	2	7	0	1	1	0	7
Neuroplastic... 49	2	50	24	0	0	8	0	0	0	0	1	2
Neurotheolo... 49	1	46	29	0	1	11	0	0	0	0	1	1
New Age Mo... 44	0	8	25	0	0	7	6	0	1	0	0	6
Pastoral Car... 98	1	34	19	44	0	10	0	0	3	0	1	45
Psychosynth... 11	0	0	0	0	0	0	0	0	0	0	0	6
Shame 20	8	2	0	8	1	1	1	7	7	0	7	3
Spiritual See... 29	1	7	7	5	0	1	6	1	15	0	10	10
SpiritualityC... 251	6	85	162	24	4	37	6	5	19	0	19	49
Surrender 19	0	0	11	0	3	5	0	0	0	0	0	11
Theological... 239	0	39	100	0	2	32	7	0	0	0	1	39
Third/Fourth... 287	15	60	116	45	2	54	9	13	27	2	24	91
Trauma/Path... 338	52	55	108	93	4	68	4	47	66	31	35	77
Yoga/Hindu... 112	0	20	34	0	0	5	7	0	0	0	0	7
Yogaphobia 32	0	19	25	0	0	0	7	0	0	0	0	7

Figure 7

Code Frequency Bar Graph

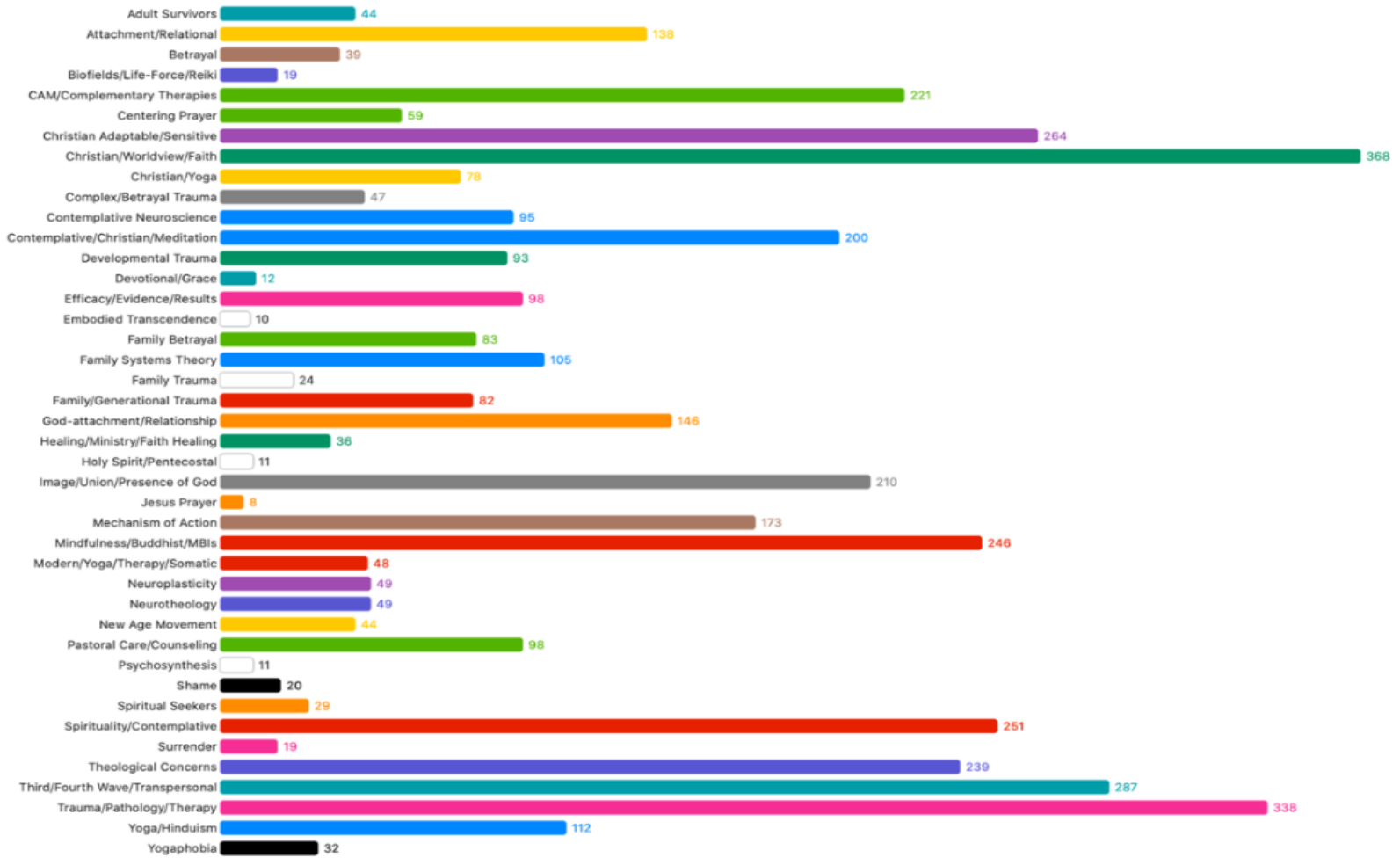
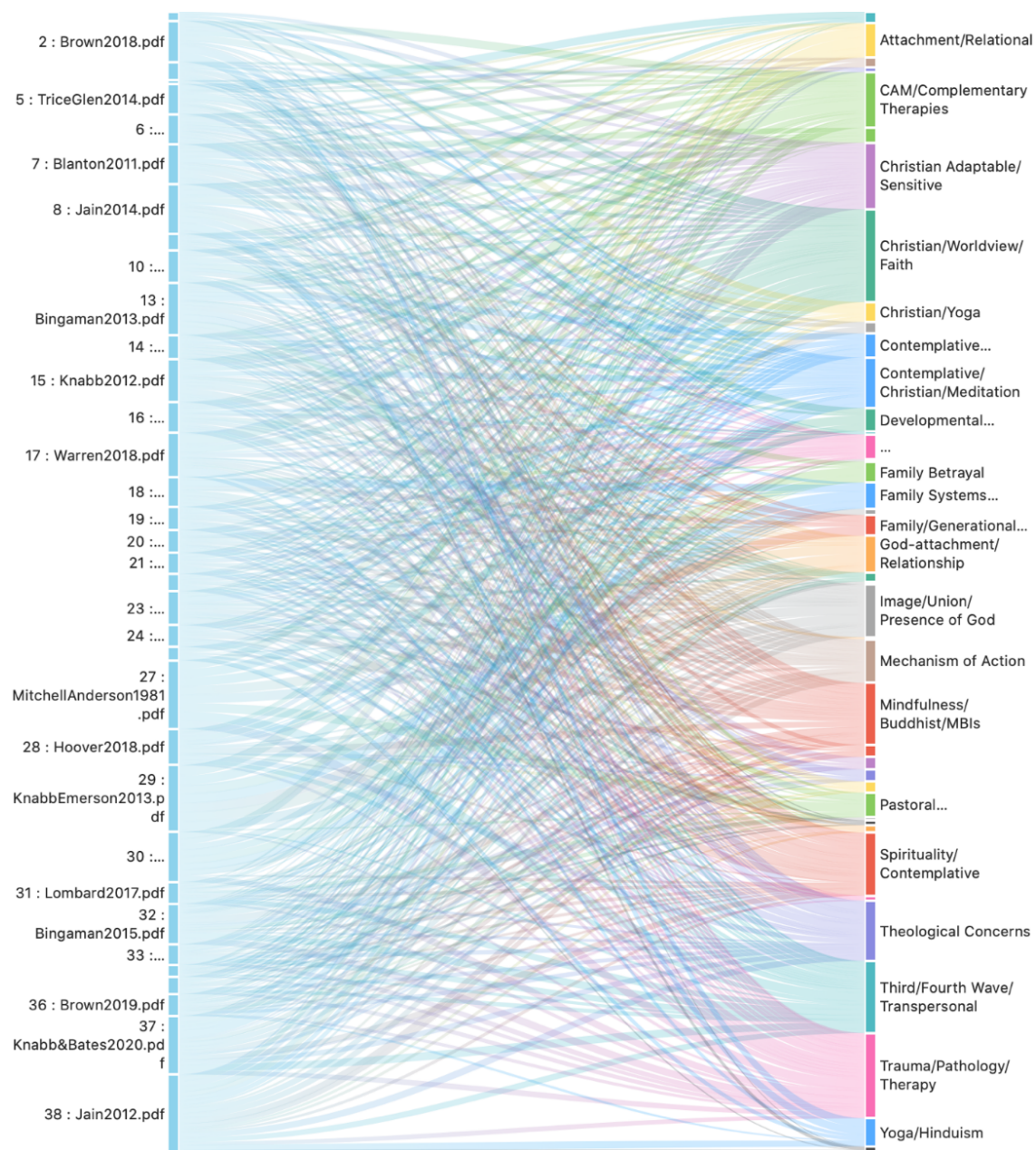


Figure 8 provides the reader with an overview of all the codes in the study in relationship with each article in the study.

Figure 8

Article and Code Relationship (Sankey Diagram)



Discussion

Overall, the data set did provide preliminary evidence in support of a theory of Christian-adapted complementary therapies for familial trauma. The study presented a clear description of the underlying mechanism of action, along with a general consensus regarding the need for pastors to provide more education regarding how and what needs Christian adapting. The study suggested that the efficacy for treating family trauma is existent, but certainly still in its infancy. Christian spirituality emerged as a viable solution for Christian-adapting CAM practices. The practices themselves most in question appear to be adaptable, and not inherently unredeemable. Union with God and surrender to God's will appeared to be primary themes that catalyzed healing. Contemplative neuroscience emerged as a credible field that might support better integration of Christian methods into the third and fourth waves of behavioral therapy. The findings report that pastoral counselors are uniquely equipped to assist in this development.

God's Attachment to Humanity

God's ultimate act of creation was the design of the family system as a reflection of the family unit of the triune God-head, "God spoke: "Let us make human beings in our image, make them reflecting our nature" (Genesis 1:26). God made Adam, but it was not good for a man to be alone. Instead, God created an initial attachment between himself and Adam (God-attachment) that was designed to function alongside his attachment to a human family system:

God said, "It's not good for the Man to be alone; I'll make him a helper, a companion"

. . . God put the Man into a deep sleep. As he slept, he removed one of his ribs and

replaced it with flesh. God then used the rib that he had taken from the Man to make

Woman and presented her to the Man. The Man said, "Finally! Bone of my bone, flesh of my flesh! Name her Woman for she was made from Man." Therefore, a man leaves his

father and mother and embraces his wife. They become one flesh. The two of them, the Man and his Wife, were naked, but they felt no shame” (Genesis 2:18 & 23-25).

Choice is a necessary byproduct of freewill. Without it, humanity would be existentially enslaved to the will of God. This lack of enslavement necessitates a redemption of the human will back into the image of God which appears to underly most contemplative practices. Love, by nature, involves a freedom to freely give or refuse it. Without the choice not to reciprocate God’s love, the love humanity gives God would be artificial. Love and will underlie the attachment of these familial attachment systems. The metanarrative of Scripture involves an avoidant attachment bond from humanity toward a securely loving God. This dynamic is exemplified in the chronic exiles of Israel—God’s chosen family who refuses to be faithful to Him. He is constantly reconciling them back to himself, yet humanity perpetually refuses God’s multitude of attempts to remain securely attached to Him. Yet, he never chooses to force them to follow the law, behave well, or love Him. Instead, the freedom of choice appears to be the very nature of the fall:

God said, “The Man has become like one of us, capable of knowing everything, ranging from good to evil. What if he now should reach out and take fruit from the Tree-of-Life and eat, and live forever? Never—this cannot happen!” So God expelled them from the Garden of Eden and sent them to work the ground, the same dirt out of which they’d been made. He threw them out of the garden and stationed angel-cherubim and a revolving sword of fire east of it, guarding the path to the Tree-of-Life” (Genesis 3:22-24).

Why is it that God allowed humanity freedom of choice? Is it because it is better to love and lose, than to never love and never lose? The metanarrative of Scripture ends up back in a metaphorical cycle at a garden in the book of Revelation. Here, humanity finds itself back where

it started, this time, living with a redeemed use of will in the presence of God when Jesus returns to earth to establish a new heaven and a new earth. Yet, God forces no one to live in this city. Instead, God allows humanity to make the choice to have their own way—an unredeemed will. In this reality, evil, sickness, and death reign as a result of the choices of humanity to stray from God's will. God's will is for heaven to reign on earth, "May your Kingdom come soon. May your will be done on earth, as it is in heaven" (Matthew 6:10, New Living Translation). Contrary to some theological persuasions, it appears that God's will for life on earth is how it was in heaven and in the Garden of Eden: without evil, sickness, or death. These sicknesses were a result of the fall. Hence, humanity is in desperate need of a savior. This stands in contrast to religious multiplicity and moral relativity's delusions regarding a lack of a need for redemption of the predicament of humanity.

This familial system found initial trauma in the story of Cain and Abel (Genesis 4:8). Herein lies the first fruits of the initial betrayal of the fall. Death is contrary to God's will. God desires for humanity to live in his presence in perfect love for eternity. Love, and attachment, was never meant to end. Death appears to be a mercy which allowed man not to live in eternal suffering. The story of Noah discussed God's first attempt to rid the earth of this evil and start fresh. Abraham was born of his descendants and God eventually gifted him Isaac. God chose to work through this family system to remedy the initial traumas of the human condition. Isaac had Jacob and Esau who perpetuated and were victims of cycles of betrayal both within and outside of their family system. Jacob's daughter Dinah was raped by a man named Shechem. Hurt and pain existed between Leah and Rachel, who bore Jacob's favorite son Joseph. Joseph appeared to be a golden child as exemplified by his brother's jealousy which resulted in them selling him off into slavery (Genesis 27:37). Joseph performed supernatural acts of dream interpretation for

Pharaoh while in captivity, and ultimately was reunited with his beloved father many years later (Genesis 46:29). The unfolding of Joseph's family systems is a clear picture of family systems theory applicable to pastoral counseling today.

Eventually, David became one of Israel's greatest kings (2 Samuel 5:4), but his life was not without familial trauma. David was the black sheep of his family (1 Samuel 16:1-13). His father-in-law Saul was deeply disturbed and perpetually tried to murder David (1 Samuel 19-24). David betrayed Bathsheba's husband by sleeping with his wife and then covering it up by taking his life (2 Samuel 11). Yet, he was also a prophetic foretelling of the reign of King Jesus and beloved by God as a man after God's own heart (1 Samuel 13:14). His betrayal with Bathsheba eventually produced their son King Solomon. Yet, Jesus would come from David's bloodline to bring redemption to the frailty of humanity's broken attachment system (Matthew 1:1-17).

This story of familial trauma is the story of Jesus' family system. Jesus was known as the son of David, the son of Abraham, and fulfillment of the promises (2 Corinthians 1:20). Jesus is scapegoated by his own people who essentially place their sins on him and cast them out of the Jewish family system by the Pharisees as King of the Jews (John 19:21). Yet, through all of the trauma, God remains faithful to his promises by sending his own son in the person of Jesus who is fully human and fully God (John 1:14, Colossians 2:9, John 1:1, John 10:30). As pastoral counselors, attachment theory is no longer simply an optional non-spiritual topic better left to the realm of the psychotherapist's office. Instead, the metanarrative of Scripture is inherently the attachment failure between God and his people remedied in the life, death, and resurrection of Jesus Christ.

Roman's road describes the evangelical understanding of how one obtains salvation.

A regeneration of will is necessary by giving one's will back to the authority and power of Jesus in the process of salvation as listed in Roman's road:

- “For everyone has sinned; we all fall short of God’s glorious standard” (Romans 3:23).
- “No one is righteous—not even one” (Romans 3:10).
- “When Adam sinned, sin entered the world. Adam’s sin brought death, so death spread to everyone, for everyone sinned” (Romans 5:12).
- “For the wages of sin is death, but the free gift of God is eternal life through Christ Jesus our Lord” (Romans 6:23).
- “But God showed his great love for us by sending Christ to die for us while we were still sinners” (Romans 5:8).
- “And that message is the very message about faith that we preach: If you confess with your mouth that Jesus is Lord and believe in your heart that God raised him from the dead, you will be saved. For it is by believing in your heart that you are made right with God, and it is by confessing with your mouth that you are saved” (Romans 10:9-10).
- “So now there is no condemnation for those who belong to Christ Jesus” (Romans 8:1).

Christian Adaptability

I found a surprising shift in the more recent literature regarding the issue of Christian adaptability. Knabb et al. (2021) have been the primary thought leaders in this regard. Originally, Garzon was a proponent of the adaptability of mindfulness for conservative Christians, but in their most recent article, they likened Christian mindfulness to Christian atheism. That said, they have established preliminary evidence for the efficacy of Christian adapted and Christian meditation techniques for clinical use.

On the one hand, that settles the issue presented in the research regarding the belief that demons are responsible for the healing present in Pentecostal and new age healing of life force. On the other hand, it does appear that meditation and CAM have scientifically based healing properties not attributed to any one religion. They seem to be neutral tools like fasting and prayer. They can be adapted for each religion's purposes the same way money can be used as a tool. Money itself is neither good nor evil on its own. It appears that the mechanism of action underlying these tools are used in the public domain instead of the intellectual property of any one's religion, contrary to the Hindu and Buddhist origins debates.

Jain and Brown might be oversimplifying. If yoga can be adapted for religious use (to get closer to God), one is therefore exposed to many secular, Buddhist, Hindu, and Christian-adapted yoga and meditations in the west. Yet, to argue that yoga is inherently Hindu and meditation is inherently Buddhist betrays their mechanism of action. Jain appears correct in that Christianity is a worldview of all tools, including CAM.

Legitimate Concerns

Brown brings legitimate awareness of the Hindu and Buddhist adapted CAM practices present in the west. This concern merits additional attention from pastors hoping to avoid religious multiplicity and moral relativity. A Christian worldview does indeed need proper adapting to be Christian-adapted in a Hindu and Buddhist-adapted culture. The study does suggest that legitimate controversy exists regarding which adaptations of meditation, yoga and CAM Christians are receiving in the West. More attention needs to be paid regarding the Christian use of Hindu-adapted and Buddhist-adapted CAM practices. However, the study suggests that the nature of these spiritual tools themselves are not inherently Buddhist or Hindu and therefore redeemable by Christians.

Logical Fallacy

The study suggests that it might be an oversimplification to classify all of CAM as either entirely right or wrong for Christian use. The yogaphobic position tends to classify all of Pentecostal and charismatic healing in the mix as a gateway “drug” to the opening oneself to CAM. This is an overreach likely more rooted in evangelical power struggles than critical thinking. This dynamic is similar to when the Pharisees accused Jesus of the healing with demonic spirits. Jesus asked them if a kingdom could stand divided (Matthew 12:22-32). Jesus healed using power for the woman hemorrhaging that drained from his body (Matthew 9:20-22). In Luke 4:28-30, the angry mob attempts to hurl Jesus off a cliff for claiming he was the son of God. This same pharisaical Spirit seems alive and well through church history, especially when faced with what the Church deems to be heretics. That said, Christians are advised to test the spirits and test everything (1 John 4:1-6, 1 Thessalonians 4:21). The line between necessary discernment through testing spirits and pharisaical jealousy can be delicate to discern, but the line involves the intention of one’s motives. The pharisees were often theologically correct, but Jesus was critical of the intentions of their heart (Matthew 15:8).

Pharisaical Spirit

Although it appears that legitimate concerns do exist regarding Christian use of CAM, there also appears to be another dynamic emerging whereby Christian adherents of CAM are expected to justify their choices to partake in CAM. Although this used to be the case, Martin Luther led initial protests when he nailed the 99 theses on the wall of the Catholic Church. This dynamic is similar to the desire for American culture to override the power and authority of the church to have direct access to God through this emerging wave of spiritual practices. Luther’s chief complaint was the Catholic Church attempting to keep the Bible out of the hands of the

people directly by not translating and distributing it. This dynamic led to protests, with a pendulum swing which veers on Bible worship.

People who disagreed with the Church historically ended up crusaded or excommunicated as did Luther. This Spirit of imperialism and colonization is being challenged in today's modern society, which no longer accepts the argument of authority as grounds to stop questioning practices and theologies that are hurtful or illogical. When it comes to Christian adaptability, those with the most Bible training have sometimes misused the argument of authority to police dissenters of charismatic Christianity and CAM. Christian yogaphobics would be an example of taking a truth (CAM does need better adapting and scrutiny in the West) and overreaching with it (CAM is heresy, and I will use my authority to police those who disagree with me). This argument might be an oversimplification, but it does prove a point: Those in theological and medical power need to give better theological answers to those who advocate for Christian use of CAM in today's consumer-driven society (Jain, 2012). Consumers are allowed choice—something not historically possible under the Church's reign historically. Some fundamentalist pastors take the kernel of truth inherent in practice discernment regarding the adaption of spiritual practices and take it one step further to assume that congregants cannot be trusted to read their Bible for themselves in regard to CAM practices. The study suggests a need for balance between policing other believer's convictions about CAM while upholding Christian doctrinal integrity.

Meditation as a Science

An oversimplification would protect Christians from CAM by only allowing Christian meditation, yoga, Reiki, and acupuncture. Unfortunately, Christian tradition has been lacking and somewhat underdeveloped in some of its understanding of CAM practices. It would be wise for

theologians to embrace the complexity of these nuances and subtleties in helping individuals learn how to think critically about CAM and identify areas of specific concern. Education from pastoral counselors in this regard appears to be a primary recommendation from the study.

This dynamic stands in contrast with the fundamentalist attempt to classify the entire system of CAM as satanic and demonic. With the development of contemplative neuroscience and neurotheology, it would behoove pastors to “allow” congregants access to yoga, Reiki, and meditation of all forms, similar to letting Christian children attend public school to walk out their faith. Yet, Christians need additional education regarding which adaptations of meditation or CAM they receive so they can make needed theological adjustments when necessary.

These Christians can become thought leaders in America instead of isolating themselves to already sanitized and Christianized practices. Still, the study suggests that there is room to disagree here. If conservative Christians preferred to practice already Christianized spiritual practices, it would behoove Christians to respect that choice the same way it is likewise to send children to a Christian school to foster faith values and Christian values. Regardless, it is the intention of the school that changes. Education itself is neither decidedly Christian nor non-Christian. The process of simply reading scripture and then thinking about it fails to acknowledge the complexity of the science of meditation that crosses cultures. It would be a disservice for Christians to lag in the complexities of the contemplative sciences, as the initial founders of Christian meditation were capable of adapting meditation for Christian use. Believers today appear to be capable of this same process according to the study.

It does appear that demons are not the mechanism of action that underly CAM practices per the advent of neuroimaging and neuroplasticity. CAM practices share a common interest in subtle energy and meditation that somewhat overlaps with Pentecostal spiritual healing

techniques which utilize the Holy Spirit as a mechanism of action to catalyze healing. The study seems to suggest that if Christians can embrace the science which is slowly validating the efficacy of CAM, they might be more credible in distinguishing their legitimate concerns regarding the adaptability of CAM. The argument that demonic forces underly the mechanism of action inherent in CAM is not support by the literature. Instead, it appears that the practitioner is what points a practice to or away from Christ. Meditation appears more like money in the sense that it lacks an inherent Christian distinction, yet can be utilized by Christians for a multitude of purposes and intentions. Furthermore, it would be wise for Christians to acknowledge the emerging evidence supporting the efficacy of CTs in healing as a means to better articulate their theological concerns regarding the use of the practices today. The study suggests that the argument that CAM is inherently evil fails to acknowledge the complexity of the evolution of CAM, the spiritual use of the practices in modern society, and the mechanism of action.

New Age of Christian Spirituality

The church appears to be faced with Jain's (2012) observation that Americans are allowed to make choices that were unavailable in the past. The power differential is shifting in what appears that the new age is more of a religious freedom movement set on protesting the dogmatic and fundamentalist Judeo-Christian culture of the Church to date. Brown (2013) and others may disregard this movement as faddism or apostasy, yet their concerns regarding the adaption of the practices need to be heard. This position appears to be a common fundamentalist perspective regarding spirituality.

This study suggest that this movement is simply a response to American culture's demand for more personal spirituality and more direct relationship with God. The Church, stuck in its authority, has failed to answer the request from Americans for a closer relationship with God.

Can the church blame congregants for wanting the more intimate experience of divine Union if the study suggests that can indeed happen with Christian theological integrity? And if so, it appears that the integration of spirituality into faith could actually be a God-ordained evolution of Christian faith. This stands in contrast to the former stance that CAM use by Christians should be treated with the same second-class spiritual citizen condemnation associated with other commonly denounced Christian societal issues such as homosexuality and divorce.

Moreover, with the advent of the internet, one can find interfaith resources of spiritual practices from various cultures and religious traditions void of dogma and misuse of authority. That said, this influx came with a steep learning curve regarding the compatibility of the practices for Christians. The 1960s and 1970s in America marked a movement away from the argument by authority in general. Although not without its flaws, perhaps it would behoove Christian pastoral counselors to aid pastors in rethinking this longstanding disdain toward this new age movement that historically were scapegoated or tolerated. Instead, pastoral counselors can lead the movement of educating pastors, congregants, and practitioners on the specifics of how to think critically about the practices. If more Christians were better educated regarding CAM, extremists could potentially feel alleviated of their need to police the entire landscape of Christian CAM for all Christians.

This study suggests three primary themes which emerged in this regard. The first was that pastoral counselors have a duty to educate discerning evangelicals about the mechanism of action and efficacy of CAM, the distinction of avoiding any practice that promotes worship of the self as God or moral relativity, and how to better listen to the Holy Spirit's guidance regarding the use of CAM. In this regard, Christians have needed theological bumpers to protect themselves from straying theologically into non-Christian terrain. Yet, it gives the power back to

the congregants as the priesthood of believers (1 Peter 2:5). In this regard, the role of the pastoral counselor shifts from an older version of power and authority based on fear and control, into an evolved form of spiritual authority based on trust and education. The pastoral counselors trust the congregant's ability to think critically, and understands how to use spiritual and academic authority in a less authoritarian way.

The study findings suggest it would behoove pastoral counselors to increase efforts to educate spiritual practitioners and lay ministers regarding the integration of Christian contemplative spiritual practices in the context of familial healing. The results do suggest that complex trauma that characterizes family systems trauma responds better to top-down and bottom-up practices and interventions. Pastoral counselors can educate practitioners by teaching them how to better critically think about CAM, and how to build their skills of listening to the voice of the Holy Spirit regarding the use of CAM in their practices. Tan (2011) is a primary example of how to more succinctly identify what needs Christian-adapting.

The immense frustration of fundamentalists seems to be deeper rooted in the questions as to why are congregants leaving the Church and embracing these practices in droves? Meditation and yoga have become a billion-dollar industry in America. As a result of the changing power balance, the Church is facing an identity crisis. But what if God is interested in shifting the balance of power within the church from one of power and control to trust and intimacy? What if this change is not something to be resisted, but rather a God-ordained change in how one handles disagreement, power, and authority? What if people having more access to God without having to go through the Church is the will of God?

It appears that the Church is due for and embracing another round of the reformation 500 years prior. It desires a direct experience of the divine in our daily lives, and it is willing to

pursue the social justice necessary to embrace that. When one embraces this movement as a cry for spiritual maturity instead of a threat to established power and control structures, one can potentially increase their ability to speak truth into the movement (i.e., teaching yoga in public schools) and increase credibility. Our evangelism can therefore become more effective in identifying the new age movement as a needed cultural group in desperate need of shepherding and direction.

CAM Is Indicated and Appropriate With Adaption

This theme seems to represent an emerging consensus that CAM is appropriate for Christians with adaption and superior to not practicing CAM. CAM provides additional healing support beyond psychopharmacology. The emerging field of neuroscience is validating the bottom-up approach to healing complex trauma. Brown (2013) argued that efficacy does not merit theological appropriateness. Yet, it appears that the previous warnings that yoga is from the devil are become replaced with scientific validity of its healing potential. In regard to Pentecostal healing, can demons heal (Matthew 12:22-32)? Can a kingdom stand divided? Does Bethel church and the charismatic renewal owe Brown and others empirical evidence for their worldwide ministry impact? The bigger question seems to be Jain's (2012) point, "Why do these consumers have to justify their power to choose?" Does it ultimately matter if these practices work, or if people are wasting their money on them? Brown (2013) requested informed consent, but consumers choose to pay out of pocket for CAM services. People are acting on their power to choose and make informed choices. The church does not have to support religious multiplicity to embrace the third and fourth waves of behavioral therapy. Instead, it appears that Brown is correct in advocated for informed consent regarding CAM for Christian clients. This study's findings support education as a paramount component to adapting a Christian use of CAM.

Christian Enlightenment

The study suggested that healthy spiritual seeking can be embraced as a natural part of differentiating in a family system. The Church can then stop placing external limits of control on congregants (you can only practice meditation if . . . X, Y, Z) or I feel convicted about X, so you are not allowed to practice X. Instead, the Church can teach congregants how to critically evaluate any tool (meditation, mindfulness, acupuncture, etc.) from a Christian worldview.

Moreover, the belief that the new age is simply a fad is contradicted by the study findings. Instead, these practices contain substantial biblical support and budding empirical efficacy. They are also backed by neuroscience and neurotheology as superior to abstaining from the practices. However, it would be an oversimplification to adopt all new age spiritual practices as suitable for Christian use without adaption. Instead, the study suggests a shift in how American culture is approaching spirituality as a society. Most of the time, conservative pastors are simply protecting their congregants from theological fallacies of traditional new age thinking. Yet, a healthy faith questions itself in the face of the challenges of navigating CAM and faith. This is the nature of healthy faith, in contrast to unquestioned faith in the face of corrupted power systems. It is a general human sin to control what one is unfamiliar with. It is therefore wise to challenge the power structures and injustices of a culture without throwing the theological baby out with the modern-day bath water.

Pro and Anti Yoga and Mindfulness Positions

A surprising insight emerged in the study regarding the yoga debate. It became evident that chakras, yoga, biofields, and meditation are interconnected through spiritual new age classification across the board. This connects with Knabb et al. (2021), who nuanced that meditation appears to work as the mechanism of action. Therefore, it is superior to not practicing

it so long as there are no contraindications such as psychosis or disassociation. Yet, they articulated this pro and anti-CAM dynamic succinctly in regard to the oxymoron of Christian-Buddhism. Jain (2012) pointed out that the roots of yoga are elusive. Therefore, the study results suggest it might be wise for this debate to shift the argument from, “Is Yoga Hindu and Meditation Buddhist” to “What needs adapting and how?” It appears that these implications regarding meditation can be applied to their connected components of chakras, biofields, and subtle energy healing. The study findings do not support the idea that yoga, astrology, energy healing, or meditation are the intellectual property of any one religion and, therefore, an unredeemable oxymoron like Christian-Hinduism. The study does not support religious multiplicity as a solution either. Instead, the study seems to present a consensus among the researchers regarding better education regarding how and what needs adapting. It appears to be an overreach to categorize all CAM practices in the same category as Ouija boards, seances, and witchcraft.

Viola and Barna (2012) asserted that most of our modern church practices are adapted from pagan culture contrary to the popular idea that they are modeled after the apostles. The use of a sermon was an adaption of the Socratic teaching method. Although evangelicals hope to protect Christian culture from non-Christian influences, there appears to be a slippery cultural slope regarding where to draw that line regarding what has been adapted in modern culture. Technically, a return to Jewish culture might be the closest theologically sound attempt to do so. Some Christians, wary of CAM pagan roots, have opted to return to Messianic Christian practices for this reason. This includes celebration of Jewish rituals and practices instead of celebration of pagan-rooted Easter and Christmas.

Missions and Outreach

In traditional Christian theological culture, missions and outreach are a primary focus when working with other religions. Matthew 28:19 stated, “Therefore go and make disciples of all nations” (New International Version). However, it appears that Christians have been negligent in adequately addressing this emerging ministry culture group present in the new age.

Specifically, the Church has failed to have adequate leadership in the fourth wave transpersonal psychology movement. It could behoove the Church at large to shift its stance from abstaining from all potentially Eastern-rooted practices to correctly understanding them in order to minister to the lost and broken. The study found that Christian-adapted contemplative methods are powerful tools for healing. Perhaps they could also serve as tools of evangelism that can be used in the service of outreach in an age and culture of religious multiplicity and moral relativity. They are also essential bridges into the conversation regarding this new age of spirituality in America. Perhaps more people would return to their Judeo-Christian roots once we as a community can better engage with this emerging spiritual demographic.

Therefore, it would be logical to apply the conclusions regarding the mechanism of action to Hindu-adapted yoga meditation and Buddhist-adapted mindfulness to other spiritual ambiguous practices rooted in meditation and energy healing such as and Reiki. All share a commitment to healing the human Spirit and biofield by bringing one back into Union with God. The study suggested that perhaps this process seems to be more of a phenomenon of common grace available to all creatures. Tan (2011) defined common grace as a theological term used to describe benefits that God has given all of humanity regardless of their salvation status. It does not mean the person is saved or unsaved in itself. It appears to be a rewiring of the neural pathways that brings some sort of spiritual enlightenment back to our original state of union with

God. Jesus is the exemplification of what that redeemed state might look and function like on earth.

This process stands in contrast to the Hindu goal of realizing that the self is God. Without succumbing to Hinduphobia, Christians can remain discerning regarding the different intention of Christian meditation. Neurotheology is proving that the benefits of Christian contemplation parallel the benefits of mindfulness. Additional education would be important for pastors. Pastoral counselors are uniquely equipped to provide education to pastors regarding the subtleties of Christian-adaptation of complementary therapies in light of the findings regarding efficacy. The study found emerging evidence for efficacy of Christian-adapted CTs, but much room still exists for gaining additional empirical support.

However, it appears that the majority of Christian thought leaders agree with the utility of meditation for Christians regardless of the clinical efficacy findings. The argument seems to be more regarding what and how to adapt CTs. The study suggested that meditation seems to be the most well-studied CAM approach in the clinical literature on integration, especially in BT's third and fourth waves. Reiki, yoga, and meditation share a joint emphasis on general, non-religious manipulation of life force and biofields. The efficacy of biofield therapies is emerging but not yet fully substantiated. Nonetheless, a cultural phenomenon exists regarding the integration of these methods.

Letting Go and Surrender

Surrender is the shared goal of Hindu and Christian yoga and meditation. Namaste roughly translates as: "The image of God in me honors the image of God in you." Modern Ashtanga yoga's final limb is surrender (limb 8). It appears that ancient yoga is more of an indigenous shamanic practice focused on meditation. This distinction might help pastors

understand the roots of yoga as a sort of shamanic spiritual practice of the ancient world which seems to parallel the supernatural power and abilities of the biblical prophets. Granted, most practitioners of modern yoga are still focused on meditation as the end goal of yoga, but the introduction of postures does not appear to merit worship of Hindu gods. Yet, discernment is needed. Certain Ayurvedic remedies and Hindu-adapted yoga practices are certainly present in western modern yoga. Lad (2009) classifies yoga as a sister science of astrology and Ayurveda. He described Ayurveda as the ancient healing system of Indian culture. It uses astrological remedies to mediate the impact of negative karmic imbalances. The use of physical asana postures is secondary. Ironically, organizations such as the International Association of Yoga Therapists (IAYT) does not fully seem to acknowledge the spiritual practices of yoga, and instead prefers to focus on the practice of modern asana for therapy. It appears that the IAYT promotes more of a physical or massage-therapy parallel than an ancient shamanic practice reflected in teachers such as Lad. This is consistent with the study's findings that a common objection of evangelicals is that sun salutations seek to bow to the Hindu solar deity in *Sri Namaskar*. This would be an example of a Hindu-adaption Hindus used in yoga practice that Christian should adapt and be aware of. Yet, the mechanism itself appears to be redeemable. According to the study, this specific set of sun salutations was modeled after British soldiers performing burpees. Yet, Yoga Alliance requires students to read Hindu texts such as Bhagavad Gita for certification. To say that Hindu-adaption of yoga is not present in American culture would be inaccurate. Instead, it appears that these governing bodies such as IAYT and Yoga Alliance are somewhat arbitrarily deciding which spiritual parts of yoga to keep and which parts to sanitize into a more postural and mechanical western model of healing.

Mindfulness is a central part of yoga teacher certification. Special focus is placed on Jon Kabat-Zinn's secular mindfulness-based stress reduction (MBSR) program. IAYT appears to be focusing on a need to legitimize itself as empirically based form of therapy which necessitates conversations regarding whether to license yoga therapists. It also introduces scope of practice issues between psychotherapists hoping to integrate yoga into therapy given its proving efficacy regarding healing trauma. The complication is that yoga training in America focuses on modern yoga with some Hindu and Buddhist-adaptation required for training. Ironically, Yoga Alliance does not currently certify Holy Yoga. This is a major hurdle for Christian evangelicals who find themselves left to navigate Yoga Alliance and IAYT's spiritual yoga and meditation domains.

Miller (2015) is a prominent thought leader in the yoga training field. He has worked with the VA to validate iRest yoga nidra for the treatment of PTSD. Miller and others advocate that these techniques are spiritual and compatible with any religion. The study findings suggest that evangelicals need a voice within these unfolding spiritual conversations about the development of mindfulness, meditation, and yoga trainings in the West. Given the number of Christians that exist in America, it seems pertinent for evangelicals to engage such organizations in the development and unfolding of the place Christian-adapted embodied mindfulness practices exists. Perhaps, Christians could create a clearer path for Christian yoga's presence in America culture.

Implications

Christian Contemplative Behavioral Therapy

First, I propose that current evangelical researchers, clinicians, and thought-leaders work as a team to formalize the third wave Christian healing method that mirrors itself after MBCT, ACT, and DBT methods and theory. I propose calling this modality something to the effect of

Christian contemplative behavioral therapy (CCBT). This method would be essentially a Christian-adapted and sensitive version of the existing transpersonal psychologies and third-wave behavioral interventions that follows the history and process of DBT as a template. Yet, it would be focused on the emerging field of familial trauma more than the predecessors that have come before. This change would involve considerable leadership from clinicians and researchers. Still, the payoff would be that Christian therapists could implement contemplative practices that align with their faith tradition.

Christian Contemplative Healing Association

Second, I propose these same evangelical professionals band together to develop and implement an evangelical Christian oversight board that models itself after organizations like the International Association of Yoga Therapy or Worldwide Community for Christian Meditation. I suggest that this executive board develop formal doctrinal statements and standards for Christian CT healing practitioners and offer ordination credentialing legally and spiritually ordained to Christians called to lay a professional healing ministry similar to the River Revival Network. They could provide pastoral oversight and guidance for Christian churches, pastors, and clinicians hoping to adapt CTs for use in therapeutic and ministry settings. I suggest that such a board would diverge from the first suggested group by engaging the transpersonal psychology fourth wave conversation regarding the integration of spirituality and healing. This group could advocate for distinctly evangelical theology alongside Christian contemplative healing therapies. This advisory board could be called something to the Christian Contemplative Healing Association (CCHA).

This organization could provide a ministerial home for evangelical CT providers to register their training in the same way yoga schools register their yoga teacher training programs

with Yoga Alliance. It could credential the training of lay-ministers and healers. It could act as a continuing education and research organization for Christian CTs for healing. It could provide protestant evangelical oversight to the certification process of distinctly Christian CT practitioners, clinicians, and pastors worldwide. This organization could also offer outreach and missional direction to those seeking to minister to the new age in their communities. This organization could act as a theological home to Christian healers. It could also serve as a missional sending organization to assist CCT practitioners in ministering to the new age community in their sphere of influence. Finally, of most importance to this dissertation would be the possibility of sponsoring and obtaining funding for research on the empirical efficacy and training in CCTs.

Christian Worldview

A thorough explanation of the Bible's perspective on healing ministry and new age practices is beyond the scope of this paper. That said, a pastoral counseling discussion on the indication of complementary healing therapies would be incomplete without a brief overview of what the Bible has to say on the topics at hand. Therefore, this section will offer one perspective on the complex topic of Christian-adapted CTs for healing. In the following section, an abundance of the biblical text is presented in hopes of allowing scripture to speak for itself. It should be noted that this section is simply addressing many new age practices. It does not imply that any new age practice is therefore also efficacious in treating trauma by association.

It might be easy for modern western readers of the Bible to overlook specific new age themes. Wise men and prophets often walked in parallel power and spiritual capabilities as the other spiritual practitioners of their day. Specifically, in Exodus 5:1-21, Pharaoh's magicians were able to replicate the initial miracles Moses performed. In these stories, Christians in

American sometimes overlook that the prophets were performing the same feats as the magicians of their day. This power and ability to operate in the supernatural was standard in biblical times and culminated in the myriad of miracles Jesus performed in his lifetime and ministry on earth. It seems that the issue is not whether or not it is possible to operate in the supernatural or spiritual realms in ways that might appear new age, but rather the Spirit that the practitioners use. It seems that the mechanism of action itself was not on trial but rather the source the wise men used to source their supernatural power and healing gifts.

In Genesis 41:1-57, Joseph interprets Pharaoh's dream. In 1 Kings 18:20-40, Elijah calls on the power of God to outperform the prophets of Baal. In 1 Samuel 28:15-20, Samuel returns from the dead to confront Saul about his actions. In 1 Kings 17:17-24, Elijah raised the widow's son. In 2 Kings 4:32-37, Elisha raised another person from the dead. In Ezekiel 1, Ezekiel has a vision of God's glory, and in Daniel 2:26-45, Daniel recounts and interprets King Nebuchadnezzar's dream. In 1 Kings 3:3-28,

God gave Solomon wisdom—the deepest of understanding and the largest of hearts.

There was nothing beyond him, nothing he couldn't handle. Solomon's wisdom outclassed the vaunted wisdom of wise men of the East, outshone the famous wisdom of Egypt.

According to Geisler (1992), there are nearly 250 supernatural miracles to this effect chronicled in the Bible. Contrary to cessationist views of the Bible, miracles, healing, and operating in the spiritual realm far surpass the life of Jesus and the apostles to legitimize Christianity initially. Instead, these themes have been woven throughout the entire canon of scripture.

Yet, so often, those who end up overly spiritual are deemed heretical at worst or ungrounded at best. There appears to be a lack of biblical evidence for the cessation of the

miracles that have been present long before and epitomized in the life of Jesus. Instead, he said, “The person who trusts me will not only do what I'm doing but even greater things, because I, on my way to the Father, am giving you the same work to do that I've been doing” (John 14:12, The Message). Although the new age presents a seemingly new set of spiritual and theological problems for pastors, many practices are pretty old. On some occasions, they even turn up in the Bible.

Prophecy, Faith Healers, and Shamans

Deuteronomy 18:10 stated, “Don’t practice divination, sorcery, fortunetelling, witchery, casting spells, holding seances, or channeling with the dead. People who do these things are an abomination to God.” Yet, in Genesis 30, divine inquiry is used. In Deuteronomy 33, Levi was advised to use the Thummim and Urim. In Numbers 27, Eleazar used the oracle Urim and Thummim to advise someone in the presence of God prayerfully. In 1 Samuel 14, Urim and Thummim are used to cast lots. In Joshua 18, they cast lots in the presence of God. In 1 Samuel 23, David uses the Ephod (with 12 crystals) to hear God speak. Moving in the prophetic and using biblical means of connecting with the spiritual realm itself seems permissible. Yet, discernment is needed to refrain from operating in the exaltation of the human will above God’s will. This misuse of our God-given innate abilities to walk in the supernatural seems to be a perversion of the tools God gave us.

In 1 Kings 22, it says, “But before you do anything, ask God for guidance.” Deuteronomy 28 stated, “If you listen obediently to the Voice of God, and heartily obey all his commandments that I have commanded you today, God, your God, will place you on high, high above all the nations of the world.” Deuteronomy 10:14 stated, “Look around you: Everything you see is God’s—the heavens above and beyond, the Earth, and everything in it.” Believers are

commanded to listen to God's voice about their lives. This command would be relevant to listening to God's direction about supernatural spiritual practices. Yet, God made everything in creation. Therefore, the tools that God made in creation can be redeemed for his glory and purposes. This distinction would include tools like meditation, crystals, herbs, astrology, and yoga.

God spoke through the prophets to humanity throughout the Old and New testaments and used them to channel the word of God through the Holy Spirit: "Going through a long line of prophets, God has been addressing our ancestors in different ways for centuries. Recently he spoke to us directly through his Son (Hebrews 1:1). In 2 Timothy 3:16 it said, "Every part of Scripture is God-breathed." The prophets parallel the wise men of the ancient world in their command and use of God-inspired giftings and power. These esoteric practices could easily be misconstrued as fortunetelling, which is strictly prohibited. Instead, there seems to be some line of distinction available for Christian mystical practices that fall outside of demonic and evil prohibitions in Leviticus 20. This section commands believers not to dabble in the occult, traffic mediums, practice divination, or utilize sorcery. It also commands them not to tattoo themselves, trim their beards, eat meat with blood in it, or wear mixed fabrics. Shamans historically attempt to control weather patterns. Ironically, navigating droughts as also a role of the prophets, "As surely as the Lord lives, no rain or dew will fall during the next few years unless I command it" (1 Kings 17:1, New Century Version).

Although laws of morality are eternal, whereas some of these practices were cultural, all new age practices have historically been lumped into this section and broadly interpreted to fit these categories. Yet, the following complementary therapies and common new age practices are not mentioned here: Meditation, astrology, new moons, crystals, yoga, herbs, essential oils,

Reiki, and shamanism. These modalities have biblical support and use in worship and may not use manipulation of the will to serve the self. This distinction clarifies the prohibited practices: these expressly prohibited spiritual practices attempt to worship the self without regard to God's will. This misuse of choice is the same problem Christians have with Hindu and Buddhist practices. The intention, or telos, of these practices is in service of the self.

A Christian worldview views the self as subservient to the will and image of God and in need of redemption through Jesus' work on the cross. This problem was exemplified during the fall in Eden when humans attempted to give in to this old temptation to become God or believe the self is God. Instead, the fall represents our need to awaken to our actual identity as sons and daughters of God in need of his grace and guidance to shape our broken will by eating from the tree of life. Without this free will, and the ability to choose right or wrong, we would be existential robots without a genuine ability to love God and one another through healthy attachment.

A phenomenon of the new age movement is a renewed interest in shamanic and indigenous healing practices. Faith healers and the Tree of life are also the subject of much new age interest. Wise men and prophets rely on spiritual insights and power similar to shamans and medicine men. Jesus' life is marked by operation in these supernatural insights and healings. Like today, these mystical and healing acts upset the pharisaical and religious leaders, "The Pharisees were left sputtering, "Hocus-pocus. It's nothing but hocus-pocus. He's probably made a pact with the Devil" (Matthew 9:34). This is a common accusation of evangelicals against all forms of non-traditional spiritual and mystical practices in the new age and Pentecostalism.

Like a shaman, Jesus casts demons out of the madmen in Mark 5. Jesus was also accused of practicing black magic when operating in the supernatural: "Jesus delivered a man from a

demon . . . But some from the crowd were cynical. ‘Black magic,’ they said. ‘Some devil trick he's pulled from his sleeve.’ Others were skeptical” (Luke 11:14-16). Jesus admonished this religious Spirit when he said, “You have your heads in your Bibles constantly because you think you'll find eternal life there. But you miss the forest for the trees. These Scriptures are all about me” (John 5:39-40). In John 8, Jesus said, “‘I am who I am long before Abraham was anything.’ That did it—pushed them over the edge. They picked up rocks to throw at him. But Jesus slipped away, getting out of the temple” (John 8:48-59). Jesus was capable of readings minds when he was once more accused of using black magic:

Jesus knew what they were thinking and said, “Any country in civil war for very long is wasted. A constantly squabbling family falls to pieces. If Satan cancels Satan, is there any Satan left? You accuse me of ganging up with the Devil, the prince of demons, to cast out demons, but if you’re slinging devil mud at me, calling me a devil who kicks out devils, doesn’t the same mud stick to your own exorcists? But if it’s God’s finger I’m pointing that sends the demons on their way, then God’s kingdom is here for sure.”

(Luke 11:17-20)

That same pharisaical Spirit present in today’s fundamentalist yogaphobic and anti-CAM culture had him turned over to the Romans for crucifixion (Matthew 27). It is essential to uphold sound biblical doctrine and avoid judging this religious Spirit. That said, Jesus was straightforward with this group, and the Church has a long history of crusades, witch hunts, and inquisitions. Christians must remain vigilant in avoiding religious multiplicity and moral pluralism. However, it is also crucial for the Church to find more productive ways to manage theological disagreements about the Spirit’s CAM and gifts. An example that comes to mind is the fundamentalist accusations that the Pentecostal movement uses black magic to produce

modern-day miracles and healings. This same Spirit often disapproves of all CAM due to its spiritual origins.

This supernatural power continued with the disciples, “Right and left they sent demons packing, they brought wellness to the sick, anointing their bodies, healing their spirits.” In Acts 8, Paul laid hands on a man, and he was healed. In Acts 16, a psychic fortune teller followed Paul around, telling everyone he was working for the most-high God and laying out the road to salvation. Eventually, Paul cast the Spirit out of her when she would not stop. Ironically, he was operating in similar power as she was. What appears different was from her was his source of healing and intention. Operating in the supernatural was outside his pharisaical background but ordinary in his ministry after his supernatural conversion experience on the road to Damascus (Acts 9:3-5). Stephen, who would eventually end up martyred, practiced the unmistakable signs and mystical workings (Acts 6).

Astrology, Solstices, and New Moons

Astrology, new moon, and solstice celebrations are suspect in evangelical circles for understandable reasons. However, they are another common topic of interest in the new age movement. Jung et al. (2018) was interested in astrology as a spiritual mechanism for understanding the unconscious. He considered it the summation of the entirety of the psychological knowledge in antiquity (Jung et al., 2018). Astrology is regarded as one of the sister sciences of yoga and Ayurveda. It can be viewed as another prophetic gift often used to listen to God. Although by no means a science, the Bible mentions a spiritual influence of the heavens on the earth in Job 38: 31-33:

Can you catch the eye of the beautiful Pleiades sisters, or distract Orion from his hunt?

Can you get Venus to look your way, or get the Great Bear and her cubs to come out and

play? Do you know the first thing about the sky's constellations and how they affect things on earth?

Likewise, the wise men used this study of the stars to locate Jesus after his birth (Matthew 2). Luke 21:25 stated, “There will be signs in the sun, moon and stars.” The new moon, a central part of astrology, is discussed and sometimes used as a central part of worship: “Also at times of celebration, at the appointed feasts and New Moon festivals, blow the bugles over your Whole-Burnt-Offerings and Peace-Offerings; they will keep your attention on God. I am your God” (Numbers 10:10).

The Bible seems less concerned with the possibility that the heavens might provide spiritual insights into our lives on earth. Instead, the Bible is abundantly clear that believers cannot adopt the pagan practices of worshiping the sky (Deuteronomy 4, 17, 2 Kings 21, 2 Kings 23, Jeremiah 8, Isaiah 47). Believers are further warned to rely on God for the final say in direction and guidance about their lives and futures; 2 Kings 21:11-15 stated,

He worshiped the cosmic powers, taking orders from the constellations. He built shrines to the cosmic powers . . . He burned his own son in a sacrificial offering. He practiced black magic and fortunetelling. He held séances and consulted spirits from the underworld.

Crystals, Gemstones, and Precious Stones

Crystals are a common phenomenon of spiritual and new age tourism destinations. Evangelicals often assume spiritual seekers are worshipping crystals, but often these are simply another spiritual tool created by God and therefore adaptable. Furthermore, they are mentioned in the Bible and used in worship: In Exodus 25, the Ephod is set with various crystals, anointing oil is used in worship, and incense is ritually used in worship. “Now make a(n) . . . Ephod . . .

Mount four rows of precious gemstones on it. First row: carnelian, topaz, emerald. Second row: ruby, sapphire, crystal. Third row: jacinth, agate, amethyst. Fourth row: beryl, onyx, jasper. "Set them in gold filigree. The twelve stones correspond to the names of the Israelites" (Exodus 28: 15-20). In Ezekiel 28:14-16, it says, "You were in Eden, God's garden. You were dressed in splendor, your robe studded with jewels: Carnelian, peridot, and moonstone, beryl, onyx, and jasper, sapphire, turquoise, and emerald, all in settings of engraved gold."

Incense, Herbalism, and Anointing Oil

The use of incense in spiritual practices is a typical new age practice. Likewise, the inclusion of various phytotherapy remedies and their more subtle derivatives is another shared interest of the new age. Naturopathy, homeopathy, and herbalism have experienced a CAM resurgence due to their spiritual and natural roots. Some of these modalities use biomedical approaches to health, while others rely on extraction and manipulation of the subtle energy field to promote healing. There are 146 references to incense, herbs, and essential oils in the Bible. In Exodus 30, 1 Chronicles 29, 2 Chronicles 16, and Ezra 6, anointing and oil and incense are used as integral parts of worship.

In 1 Chronicles 3, 2 Chronicles 9, 2 Chronicles 32, Ezekiel 1, Isaiah 54, Revelation 22, and Revelation 4, crystals are mentioned as integral parts of worship or spiritual experiences surrounding the throne of God. The Bible makes further mention of crystals, "The leaders brought onyx and other precious stones for setting in the Ephod and the Breast piece. They also brought spices and olive oil for lamp oil, anointing oil, and incense" (Exodus 35:27). "On coming to the house, they saw the child with his mother Mary, and they bowed down and worshiped him. Then they opened their treasures and presented him with gifts of gold, frankincense and myrrh" (Matthew 2:11).

Meditation and Mindfulness

CTs encompass a myriad of mindfulness practices, such as postural yoga with roots and intentions focused on meditation. Although the Bible does not speak to the modern phenomenon of postural yoga, it does speak to its end goal and roots of meditation. It appears that the practice of meditation itself is entirely biblical. Notable verses on meditation include the following: “Be still and know that I am God.” (Psalm 46:10), “May my meditation be pleasing to him, as I rejoice in the LORD” (Psalm 104:34, New International Version), “I will meditate on your precepts and fix my eyes on your ways” (Psalm 119:15, English Standard Version), “I will consider all your works and meditate on all your mighty deeds” (Psalm 77:12, NIV), “And Isaac went out to meditate in the field toward evening” (Genesis 24:63, ESV), “God deals out joy in the present, the now” (Ecclesiastes 5:20, MSG), Isaiah 43:19, “Be alert, be present,” and Matthew 6:6, “Find a quiet, secluded place so you won't be tempted to role-play before God. Just be there as simply and honestly as you can manage. The focus will shift from you to God, and you will begin to sense his grace.”

Other biblical perspectives on meditation include 1 Corinthians 14:13-17: “I should be spiritually free and expressive as I pray, but I should also be thoughtful and mindful as I pray. Mary and Martha are examples of contrasting the practices of being with Jesus versus doing” (Luke 10).

Laying on of Hands, Healing Touch, and Reiki

Reiki is a Japanese word that describes an Eastern interpretation of the laying on of hands practices that support spiritual and emotional healing. Healing Touch Spiritual Ministry is a Christian-adapted form of Reiki for Christians. It attempts to manipulate biofields and subtle energy like acupuncture without the needles. It operates on a more subtle realm than indigenous

shamanic practices. Meditation is a primary goal of Reiki as well. This CAM modality is often highly suspect in evangelical circles due to the eastern variations of the methods. In Mark 10, Jesus said, “Your faith has saved and healed you.” He healed those who need it (Luke 8). Yet, the practice of Laying on of Hands is also quite biblical and central to Jesus’ ministry:

She was thinking to herself, “If I can put a finger on his robe, I can get well.” The moment she did it, the flow of blood dried up. She could feel the change and knew her plague was over and done with. At the same moment, Jesus felt energy discharging from him. He turned around to the crowd and asked, “Who touched my robe?”

(Matthew 5:29-30)

This Greek word for energy is *dunamis* (δύναμις). It is used 120 times in the Bible (Strong, 1890). Strong defines it as a “force (literally or figuratively); especially, miraculous power (usually by implication, a miracle itself)” (p. 1411). This force, power, or energy appears to be the same biofield subtle energy at the heart of most CAM practices today. Jesus seemed to operate in the same capacity at his transfiguration in Matthew 17. This force emanates from Jesus in Luke 6:18-20, “Those disturbed by evil spirits were healed. Everyone was trying to touch him—so much energy surging from him, so many people healed!” (Luke 6:18-20).

Furthermore, “God formed Man out of dirt from the ground and blew into his nostrils the breath of life. The Man came alive—a living soul!” (Genesis 2:7). This breath of life appears to be consistent with the subtle life force energy that underlies the basis of most CAM practices. It appears to permeate the flesh, or dirt, man was formed out of and animate the human spirit. Although this is far from a direct correlation to life force, it does seem entirely biblical that humans have a spirit that leaves the body upon physical death. This breath of life, or subtle

energy body, is what differentiates a deceased human corpse from an animated living human being. This breath was given to humanity by God as a central portion of the creation narrative.

Table 7 shows pertinent biblical references to New Age and CAM principles.

Christian Adaption

Table 7

New Age Biblical References

Astrology	Crystals	Meditation	Reiki
<ul style="list-style-type: none"> • Ezekiel 26:1, 29:17 • Haggai 1:1 • Genesis 1:14 • Psalm 148:1-6 • Psalm 147:4-5 • Psalm 19 • 1 Peter 2:4-5 • 2 Chronicles 2:4 • Nehemiah 10:33 • Ezekiel 44:24, 45:17 • Luke 2:1-12 • Leviticus 23:1-2 • Leviticus 23:4 • Genesis 8:22 • Psalm 74:17 • Amos 8:5 • Nehemiah 10:31 • Numbers 10:10, 28:11-15 • 1 Chronicles 23:31 • 2 Chronicles 8:13, 31:3 • Ezra 3:5 • Ezekiel 46:1, 3, 6 • Colossians 2:16 • Acts 18:21; 27:9 • 1 Corinthians 5:7-8 	<ul style="list-style-type: none"> • Exodus 24:10, 25:7, 28:9, 17, 31:5, 35:9, 35:27, 39:10-13 • 2 Samuel 12:30 • 1 Kings 10:2 • 1 Kings 10:10 • 1 Kings 10:11 • 1 Chronicles 20:2 • 1 Chronicles 29:8 • 2 Chronicles 3:6 • 2 Chronicles 9:1 • 2 Chronicles 9:9 • 2 Chronicles 9:10 • 2 Chronicles 32:27 • Song of Solomon 5:14 • Isaiah 54:12 • Ezekiel 27:22 • Daniel 11:38 • Revelation 18:12 • Revelation 18:16 • Revelation 21:11, 18-20 	<ul style="list-style-type: none"> • Psalm 19:14 • Psalm 49:3 • Psalm 104:34 • Genesis 24:63 • Joshua 1:8 • Psalm 1:2 • Psalm 39:3 • Psalm 48:9 • Psalm 77:3 • Psalm 77:6 • Psalm 77:12 • Psalm 119:15 • Psalm 119:23 • Psalm 119:27 • Psalm 119:48 • Psalm 119:78 • Psalm 119:97 • Psalm 119:99 • Psalm 119:148 • Psalm 143:5 • Psalm 145:5 	<ul style="list-style-type: none"> • John 14-12 • Luke 4:40 • Matthew 8:14-15 • Mark 1:40-42 • Luke 5:12-13 • Matthew 20:29-34 • Mark 6 • Mark 8:22-25 • Mark 7:32-35 • Luke 7:12-15 • Luke 8:49-55 • Luke 9:1-2 • Mark 6:5-6 • Matthew 13:10-11 • Mark 4:10-12 & 34

Complementary therapies should not be wholesale accepted as already Christian appropriate due to the Hindu and Buddhist-adapted versions of the practices present in CAM. However, they should also not be wholesale rejected given the merit of the mechanism of action and the tools to be Christian-adapted. Instead, many of these practices can be redeemed, and many are even biblical. Yet, discernment is mandated for all Christians. A Christian-adapted, biblical perspective of these practices accepts that these practices and tools are spiritually neutral by their merit of being created by God, and therefore redeemable. Christians must prayerfully pray and seek wise counsel regarding what needs adapting and how. It would behoove them to consider the advice of 2 Kings 21:1-6:

He worshipped the cosmic powers, taking orders from the constellations . . . And he built shrines to the cosmic powers and placed them in both courtyards of the Temple of God. He burned his own son in a sacrificial offering. He practiced black magic and fortunetelling. He held seances and consulted spirits from the underworld.

Colossians 2:6-8 admonished, “You don't need a telescope, a microscope, or a horoscope to realize the fullness of Christ and the emptiness of life without him.” It could be possible for Christians to adapt spiritual practices like astrology by only taking orders from and worshiping God even if they choose to celebrate monthly New Moons. Note, astrology is not included in this list of expressly prohibited practices. Although Christians are quick to consider it fortune-telling, the prophets could be likewise considered fortune-tellers. Christians might instead prayerfully consult the Holy Spirit about one’s future and listen carefully to the Holy Spirit about making sure they are receiving proclamations about their fate and destiny only from God.

Astrology itself is more interested in aiding adherents in cultivating self-realization as a sister science of meditation than dooming a person to a dark fate outside of God’s will and plan

for a person's life. Jeremiah 29:11 stated, "I know what I'm doing. I have it all planned out—plans to take care of you, not abandon you, plans to give you the future you hope for." A horoscope simply shares the spiritual weather in a similar way a weather forecast predicts the future. Preparing oneself for inclement spiritual weather could leave room for Christian debate and openness to listening to the Holy Spirit. Dooming a person to a hellish fate through fortune-telling is strictly prohibited.

This process is an example of what and how to adapt a CAM practice. Paul stated, "God decides on the outsiders, but we need to decide when our brothers and sisters are out of line and, if necessary, clean house" (1 Corinthians 5:12). The Christian community would be an ideal place to have hard conversations regarding what and how to adapt these practices in light of scripture and the Holy Spirit's guidance. It would behoove Christians to support one another in increasing the discernment of what and how to adapt CAM without wholesale accepting or rejecting it and then placing their convictions on others.

In summary, these tools are neither inherently Christian or non-Christian in the same way money and sex are neither Christian or non-Christian. Christians might utilize these tools, but they can be misused. It is therefore vital that Christians seek wise counsel, pray, consult Scripture, and stay in Christian community regarding what and how to adapt neutral spiritual tools such as meditation. Although the practice might absolutely be adaptable, the discerning Christian should understand that the version of CAM they are encountering may need adapting. Furthermore, pastoral counselors should be on the lookout for opportunities to educate congregants regarding how to better adapt spiritual tools with Christian integrity.

Delimitations and Limitations

Limitations

The primary weakness of this study is the inability for a single, novice researcher to adequately survey enough data. Metasynthesis traditionally requires a research team which can help survey much more data. It also helps overcome researcher bias. In this case, the greatest limitation is that the nature of metasynthesis relies heavily on the researcher knowing what they are looking for. In this case, the researcher brought the following experience and bias to the research. That said, this bias presents an incredibly unique lens which might also be the research's greatest novel contribution as well. The bias is narrated as an $N = 1$ case study, but no actual case study was conducted.

Case Study Narrative

The researcher is a 33-year-old female from a small farm in the Midwest. She was raised in a Lutheran home with conservative Christian values. She gave her life to Jesus at an evangelical Bible camp at age 9, and read her entire Bible by age 10. She attended a fundamentalist church alongside her Lutheran church thereafter. She was confirmed Lutheran in eighth grade, and joined the worship and leadership teams of her youth group. Around age 15, she began struggling with symptoms of developmental trauma. At age 17, she experienced a traumatic event at her evangelical church which precipitated her attending marriage and family therapy with a Christian psychologist. During this time, she brought her family-of-origin with her to therapy for treatment. To cope with her symptoms, she turned to CAM modalities. These modalities proved vital to managing her worsening symptoms of developmental trauma. Given the questionable nature of CAM, she was required to meet with both her Lutheran and Evangelical Free pastors to justify her choices.

After this, she joined the United States Army National Guard's to work as a Chaplain's Assistant in order to escape the negativity. During her time in active duty, she experienced ongoing revictimization and assault which later resulted in an extreme exacerbation of her symptoms which became unmanageable. She struggled with chronic relationship chaos, anxious attachment issues, and divorce. Her symptoms interfered with her work and education, but she persevered in school. In 2011, she moved to Redding, California, to attend Bethel's School of Supernatural Ministry. Shortly thereafter, she discovered the internationally known spiritual mecca of Mount Shasta, California, about one hour north of Redding. New age seekers from around the world flock to the community to frequent the myriad of crystal shops, health food stores, and alleged supernatural experiences.

Over the next 10 years, the student author embarked on a journey of reconciling her faith with her new age spiritual practices. She went on to take classes and obtain alternative medicine certificates in yoga teaching, reflexology, Reiki, Healing Touch Spiritual ministry, astrology, massage therapy, yoga therapy, and Hawaiian shamanism. She also obtained two regionally accredited academic degrees. The first degree was an undergraduate Biblical Studies and Theology degree from the University of Northwestern, Saint Paul, MN. The second was a graduate Transpersonal Psychology degree from the Institute of Transpersonal Psychology (now called Sofia University) in Palo Alto, CA. She wrote her capstone papers for both degrees on the Christian-adapted CAM topics contained in her doctoral dissertation on Christian-adapted CTs for ministering to adult survivors of familial trauma. She was ordained by an independent Christian organization in 2017. She has served as an intermittent volunteer staff member at an Assemblies of God Church in Mount Shasta, CA, since that time, and currently works and resides there. Her small healing ministry was launched in 2013 as a small yoga and Reiki

practice. It has since evolved into a Christian-adapted CT practice with a heart of outreach to the new age community of Mount Shasta, CA.

Delimitations

The study was limited to $N = 500$ research articles for inclusion for practical purposes. The study was also limited to $N = 35$ articles for the metasynthesis for practical purposes as well. Another delimitation was the analysis of the data. Given the quantity of data and the nature of metasynthesis, a myriad of possibilities for data synthesis exists. For the purpose of this study, the third order information that emerged was focused on as a starting point for the conversation. Given the limitation of a single, novice researcher, the study is limited. Yet, this delimitation was overcome in part given the length of this study was a doctoral dissertation. Considerable time and energy were able to be poured into the qualitative synthesis portion through the use of *Atlas.ti* software.

Recommendations for Future Research

Furthermore, it would be advisable for a large team of researchers to embark on their own journey of metasynthesis pertinent to the topics at hand in this study. Ideally, more quantitative data is needed especially in validating Christian sensitive and adapted methods for healing trauma. Additional research is needed on what and how to adopt CTs for Christian use. It could be advisable for other researchers to analyze the *Atlas.ti* results and findings in this study to come to their own conclusions about the data set. Most importantly, the dissemination of what and how to adapt CTs for use in ministry settings is paramount. Ideally, more focus needs to be placed on how to effectively oversee and manage the training of lay ministers. Although there is a great need for empirically validating Christian fourth-wave trauma treatments, there is equal need to assist more streamlined processes of training for those who are not clinicians. The results

of the findings greatly impact lay ministers, pastoral counselors, and counselors needing practical answers for healing individuals and families. The following section describes a possible draft outline for how to evolve the process of leveraging evolving research on these topics to the end of assisting growing ministries.

Contemplative Christian Healer (CCH) Practitioner and Teacher School of Ministry

It would be advisable for researchers to spearhead and oversee a research team that informs a continuing education certification course for CCT providers in partnership with an organization like CCHA. This organization would be a non-clinical organization with a general overlap with CCBT. This organization would focus on streamlining the training and certification of CCHs. It would train practitioners and teachers who could offer CCH in their communities. In addition, it would provide various levels of accreditation for Christian Contemplative Healers (CCHs) of all kinds.

Introductory Training

This level of training might include an introductory 50-hour, on-demand, online training course that teaches the basics of the contents of Christian-adapted CTs for familial trauma. This course would seek to streamline the currently arduous process of learning the basics of Christian CTs for implementation into the various clinical, practitioner, educational, and ministry settings. For example, a Christian yoga teacher might take this introductory course to learn how to successfully Christian-adapt their classes. It might also provide evangelical CT practitioners, and teachers needed for community and direction. A Christian pastor might take this course to learn how to address the issue of CTs from a decidedly Christian standpoint.

Intermediatory Training

The second course might be a 200-hour certification similar to Yoga Alliance's standard 200-hour yoga teacher training. This certification could provide a solid foundation for researchers, teachers, pastors, counselors, ministers, and practitioners of all sorts to integrate contemplative Christian CTs into their existing offerings and specialties. This process could parallel how a clinician might train in DBT even though their graduate degree is in Marriage and Family Therapy.

Advanced Training

The third level of training might mirror the structure of lay-ministry training and Bethel's School of Supernatural Ministry or the International House of Prayer's Forerunner School of Ministry. This program could be a year-long practitioner training with different specialties such as worship, creative arts, and meditation. The curriculum could potentially attempt to work with Yoga Alliance to offer continuing education credits for a Christian meditation teacher (CMT) program. Ideally, candidates for that program would have already completed a Yoga Alliance approved 200-hour teacher training program.

Department of Education Accredited Certifications

Finally, a graduate certificate program and AA program through an accredited university such as Liberty might be a long-term goal to suitable means distribute these teachings to those who want to become a teacher of the method. This program could be offered at the associate's level as a certificate program (500 Hours) for healers, CT practitioners, and lay counselors. The program could be provided at the graduate level as a certificate program for clinicians, pastors, and professors. The curriculum could include a myriad of training such as Christian yoga,

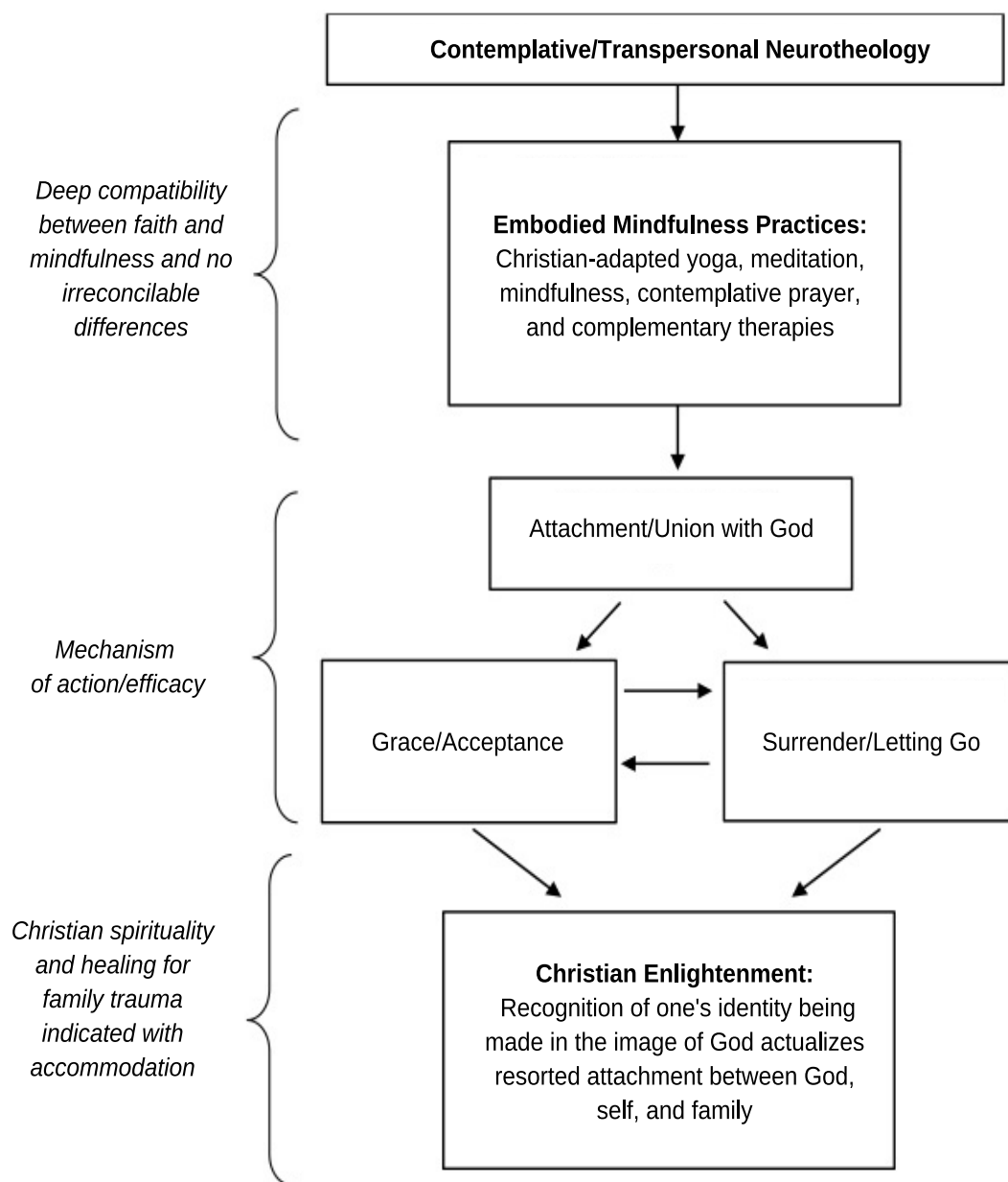
meditation, and laying on hands in conjunction with the what and how's that need adapting in secular and common CT modalities in the culture currently.

Although the specifics for such a concept remain malleable, the need remains evident. Evangelicals are being faced with a need for their voice to be heard in an ever-changing spiritual climate. Although a Catholic meditation organization exists, there is a clear need for an evangelical protestant organization focusing on healing ministry to emerging. Furthermore, the organization of a formal method would allow Christians the opportunity to stay relevant in this ever-changing world of Christian spirituality and healing. Although these steps are ambitious, they are possible.

The following diagram (Figure 9) presents the reader with a flowchart of the findings overview.

Figure 9

Flowchart of Findings Overview



Summary

I contend that meditation represents the essence of the mechanism of action on trial in American evangelical Christian culture:

1. It has been established that the benefits of practicing meditation are superior to not practicing for both health and spiritual reasons of union with God.
2. Appropriation implies misuse of a culture's tradition and intellectual property theft, but meditation is the property of no religion.
3. Yet, because it is a tool for spirituality used by all religions, it makes sense that evangelicals must guard against Hindu and Buddhist adaptations of meditation present in American culture today. This concept aligns with Brown's (2018) admonitions.
4. Yet, Brown (2018) and Knabb et al. (2021) advocated for the release of Christian-adapted mindfulness and yoga and instead contend for Christian sensitive practices.

Therefore, I contend that Christian-adapted CTs:

5. Can be adapted because they are essentially public domain tools (Jain, 2012).
6. Need to be adapted to a Christian worldview instead of accepted wholesale (Brown, 2018).
7. Are consistent with the third and fourth waves of behavioral therapies' integration of meditation and CTs treatment of complex and familial trauma (Knabb et al., 2021).
8. Are potentially superior in treating familial trauma than psychotherapy or pharmacology as standalone treatments.
9. Beneficial to evangelical Christian's walk with God instead of treating those who partake as second-class spiritual citizens.

Furthermore:

10. Christian meditation and Christian yoga are different than Christian Hinduism or Christian-Buddhism/mindfulness (oxymorons) as they have other intentions that point a tool to Christ (such as Christmas).
11. Christians have many choices for their health in American culture like whether or not to attend a yoga class or whether or not to attend Church (Jain, 2012).
12. Therefore, it would be wise to continue to identify which mechanisms of action are empirically effective in treating familial trauma and thereby continue clarifying the nuances of what needs adapting and how without policing other evangelicals.

Conclusion

An exciting point Paul made was, “The law always ends up being used as a Band-Aid on sin instead of a deep healing of it” (Romans 8:4). Luke 9:24 stated, “Self-help is no help at all. Self-sacrifice is the way, my way, to finding yourself, your true self.” The new age has an abundance of interest in finding this true self through some of the aforementioned spiritual practices. However, it fails to focus on grace, self-sacrifice, and true healing only found in Jesus. Practices that claim the self to be God, or encourage adherents to worship the self, must be rejected by discerning Christians: “He made to be their true selves, their child-of-God selves” John 1:12. This verse represents a distinction used to determine the ability of a spiritual practice to be redeemable.

As Christians, one needs to be diligent to avoid using the commands of the law listed in the Old Testament to police the convictions of fellow believers about CAM. The underlying issue is the heart. Furthermore, believers must allow iron to sharpen iron regarding these subtleties and nuances according to Proverbs 27:17. An evolved ability to accept the realities of a

new age of Christian spirituality with discernment and spiritual maturity will allow pastoral counselors to become more extraordinary thought leaders in engaging the third and fourth waves of behavioral therapy in the spiritual and healing potential of Christian-adapted complementary therapies for healing family trauma.

REFERENCES

- Ainsworth, M. D. S., & Bowlby, J. (1991). An ethological approach to personality development. *The American Psychologist*, *46*(4), 333-341.
<https://doi.org/10.1037/0003-066X.46.4.333>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Baldwin, P. R., Velasquez, K., Koenig, H. G., Salas, R., & Boelens, P. A. (2016). Neural correlates of healing prayers, depression, and traumatic memories: A preliminary study. *Complementary Therapies in Medicine*, *27*, 123-129.
<https://doi.org/10.1016/j.ctim.2016.07.002>
- Becker-Weidman, A., & Hughes, D. (2008). Dyadic developmental psychotherapy: An evidence-based treatment for children with complex trauma and disorders of attachment. *Child & Family Social Work*, *13*(3), 329-337. <https://doi.org/10.1111/j.1365-2206.2008.00557.x>
- Belmontes, K. C. (2018). When family gets in the way of recovery: Motivational interviewing with families. *The Family Journal*, *26*(1), 99-104.
<https://doi.org/10.1177/1066480717753013>
- Berkley, M., & Straus, J. S. (2002). Family therapy and complementary and alternative medicine: The next step in collaborative family healthcare. *Families Systems & Health*, *20*(3), 321-327. <https://doi.org/10.1037/h0089587>
- Bidwell, D. R. (1999). Ken Wilber's transpersonal psychology: An introduction and preliminary critique. *Pastoral Psychology*, *48*(2), 81-90. <https://doi.org/10.1023/A:1022021209375>
- Bidwell, D. R. (2000). Carl Jung's memories, dreams, reflections: A critique informed by postmodernism. *Pastoral Psychology*, *49*(1), 13-20.

<https://doi.org/10.1023/A:1004617430886>

Bidwell, D. R. (2001). Maturing religious experience and the postmodern self. *Pastoral*

Psychology, 49(4), 277-290. <https://doi.org/10.1023/A:1004867421215>

Bidwell, D. R. (2009). The embedded psychology of contemporary spiritual direction.

Journal of Spirituality in Mental Health, 11(3), 148-171.

<https://doi.org/10.1080/19349630903080947>

Bidwell, D. R. (2015). Religious diversity and public pastoral theology: Is it time for a

comparative theological paradigm? *Journal of Pastoral Theology*, 25(3), 135-150.

<https://doi.org/10.1080/10649867.2015.1122427>

Bingaman, K. A. (2011). The art of contemplative and mindfulness practice: Incorporating the

findings of neuroscience into pastoral care and counseling. *Pastoral Psychology*, 60(3),

477-489. <https://doi.org/10.1007/s11089-011-0328-9>

Bingaman, K. A. (2013). The promise of neuroplasticity for pastoral care and counseling.

Pastoral Psychology, 62(5), 549-560. <https://doi.org/10.1007/s11089-013-0513-0>

Bingaman, K. A. (2015). When acceptance is the road to growth and healing: Incorporating

the third wave of cognitive therapies into pastoral care and counseling. *Pastoral*

Psychology, 64(5), 567-579. <https://doi.org/10.1007/s11089-015-0641-9>

Birrell, P. J., & Freyd, J. J. (2006). Betrayal trauma: Relational models of harm and

healing. *Journal of Trauma Practice*, 5(1), 49-63. https://doi.org/10.1300/J189v05n01_04

Blanton, P. G. (2011). The other mindful practice: Centering prayer & psychotherapy. *Pastoral*

Psychology, 60(1), 133-147. <https://doi.org/10.1007/s11089-010-0292-9>

Bowen, M. (1976). Theory in the practice of psychotherapy. In P. J. Guerin (Ed.), *Family*

therapy: Theory and practice (pp. 42-90). Gardner Press.

- Boyd, J. E., Lanius, R. A., & McKinnon, M. C. (2018). Mindfulness-based treatments for posttraumatic stress disorder: A review of the treatment literature and neurobiological evidence. *Journal of Psychiatry & Neuroscience, 43*(1), 7-25.
<https://doi.org/10.1503/jpn.170021>
- Bradfield, B. C. (2013). The intergenerational transmission of trauma as a disruption of the dialogical self. *Journal of Trauma & Dissociation, 14*(4), 390-403.
<https://doi.org/10.1080/15299732.2012.742480>
- Briere, J. N., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment* (2nd ed., DSM-5 update). Sage.
- Brown, C. G. (2013). *The healing gods complementary and alternative medicine in Christian America*. Oxford University Press.
- Brown, C. G. (2014). Feeling is believing: Pentecostal prayer and complementary and alternative medicine. *Spiritus, 14*(1), 60-67. <https://doi.org/10.1353/scs.2014.0002>
- Brown, C. G. (2015). Pentecostal healing prayer in an age of evidence-based medicine. *Transformation: An International Journal of Holistic Mission Studies, 32*(1), 1-16. <https://doi.org/10.1177/0265378814537750>
- Brown, C. G. (2018). Christian yoga: Something new under the Sun/Son? *Church History, 87*(3), 659-683. <https://doi.org/10.1017/S0009640718001555>
- Brown, C. G. (2019). Theologies of medicine and miracles. *Society (New Brunswick), 56*(2), 141-146. <https://doi.org/10.1007/s12115-019-00341-0>
- Busuito, A., Huth-Bocks, A., & Puro, E. (2014). Romantic attachment as a moderator of the association between childhood abuse and posttraumatic stress disorder symptoms. *Journal of Family Violence, 29*(5), 567-577. <https://doi.org/10.1007/s10896-014-9611-8>

- Cabral, P., Meyer, H. B., & Ames, D. (2011). Effectiveness of yoga therapy as a complementary treatment for major psychiatric disorders: A meta-analysis. *Primary Care Companion for CNS Disorders*, 13(4). <https://doi.org/10.4088/PCC.10r01068>
- Carr, S. M. D., & Hancock, S. (2017). Healing the inner child through portrait therapy: Illness, identity, and childhood trauma. *International Journal of Art Therapy*, 22(1), 8-21. <https://doi.org/10.1080/17454832.2016.1245767>
- Carter, R. B. (1999). Christian counseling: An emerging specialty. *Counseling and Values*, 43(3), 189-198. <https://doi.org/10.1002/j.2161-007X.1999.tb00142.x>
- Cartledge, M. J. (2013). Pentecostal healing as an expression of godly love: An empirical study. *Mental Health, Religion, & Culture*, 16(5), 501-522. <https://doi.org/10.1080/13674676.2012.696601>
- Chanler, A. (2017). Mindfulness meets enmeshment: Disentangling without detaching with embodied self-empathy as a guide. *Spirituality in Clinical Practice*, 4(2), 145-151. <https://doi.org/10.1037/scp0000130>
- Charkhandeh, M., Talib, M. A., & Hunt, C. J. (2016). The clinical effectiveness of cognitive behavior therapy and an alternative medicine approach in reducing symptoms of depression in adolescents. *Psychiatry Research*, 239, 325-330. <https://doi.org/10.1016/j.psychres.2016.03.044>
- Church, D., Hawk, C., Brooks, A. J., Toukolehto, O., Wren, M., Dinter, I., & Stein, P. (2013). Psychological trauma symptom improvement in veterans using emotional freedom techniques: A randomized controlled trial. *The Journal of Nervous and Mental Disease*, 201(2), 153-160. <https://doi.org/10.1097/NMD.0b013e31827f6351>
- Cloitre, M., Stovall-McClough, K. C., Noonan, K., Zorbas, P., Cherry, S., Jackson, C. L., Gan,

- W., & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. *The American Journal of Psychiatry*, *167*(8), 915-924.
<https://doi.org/10.1176/appi.ajp.2010.09081247>
- Coe, J. L., Davies, P. T., & Sturge-Apple, M. L. (2018). Family cohesion and enmeshment moderate associations between maternal relationship instability and children's externalizing problems. *Journal of Family Psychology*, *32*(3), 289-298.
<https://doi.org/10.1037/fam0000346>
- Corigliano, S. (2017). Devotion and discipline: Christian yoga and the yoga of T. Krishnamacharya. *Journal of Hindu-Christian Studies*, *30*(4).
<https://doi.org/10.7825/2164-6279.1656>
- Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy*, *41*(4), 412-425. <https://doi.org/10.1037/0033-3204.41.4.412>
- Davis, T. J., Morris, M., & Drake, M. M. (2016). The moderation effect of mindfulness on the relationship between adult attachment and well-being. *Personality and Individual Differences*, *96*, 115-121. <https://doi.org/10.1016/j.paid.2016.02.080>
- Dayringer, R. (2012). The image of God in pastoral counseling. *Journal of Religion and Health*, *51*(1), 49-56. <https://doi.org/10.1007/s10943-011-9536-y>
- Delker, B. C., Smith, C. P., Rosenthal, M. N., Bernstein, R. E., & Freyd, J. J. (2018). When home is where the harm is: Family betrayal and posttraumatic outcomes in young adulthood. *Journal of Aggression, Maltreatment & Trauma*, *27*(7), 720-743.
<https://doi.org/10.1080/10926771.2017.1382639>
- Doehring, C. (2019). Searching for wholeness amidst traumatic grief: The role of spiritual practices that reveal compassion in embodied, relational, and transcendent ways.

- Pastoral Psychology*, 68(3), 241-259. <https://doi.org/10.1007/s11089-018-0858-5>
- Dorahy, M. J., Corry, M., Shannon, M., Webb, K., McDermott, B., Ryan, M., & Dyer, K. F. (2013). Complex trauma and intimate relationships: The impact of shame, guilt and dissociation. *Journal of Affective Disorders*, 147(1), 72-79. <https://doi.org/10.1016/j.jad.2012.10.010>
- Doucet, M., & Rovers, M. (2010). Generational trauma, attachment, and spiritual/religious interventions. *Journal of Loss & Trauma*, 15(2), 93-105. <https://doi.org/10.1080/15325020903373078>
- Earley, L., & Cushway, D. (2002). The parentified child. *Clinical Child Psychology and Psychiatry*, 7(2), 163-178. <https://doi.org/10.1177/1359104502007002005>
- Ellison, C. G., Bradshaw, M., & Roberts, C. A. (2012). Spiritual and religious identities predict the use of complementary and alternative medicine among U.S. adults. *Preventive Medicine*, 54(1), 9-12. <https://doi.org/10.1016/j.ypmed.2011.08.029>
- Eng, W., Heimberg, R. G., Hart, T. A., Schneier, F. R., & Liebowitz, M. R. (2001). Attachment in individuals with social anxiety disorder: The relationship among adult attachment styles, social anxiety, and depression. *Emotion*, 1(4), 365. <https://doi.org/10.1016/j.sbspro.2010.12.398>
- Fay, D., & Germer, C. K. (2017). *Attachment-based yoga & meditation for trauma recovery: Simple, safe, and effective practices for therapy*. Norton & Company.
- Fletcher, K., Nutton, J., & Brend, D. (2015). Attachment, a matter of substance: The potential of attachment theory in the treatment of addictions. *Clinical Social Work Journal*, 43(1), 109-117. <https://doi.org/10.1007/s10615-014-0502-5>
- Ford, J. D., Spinazzola, J., van der Kolk, B., & Grasso, D. J. (2018). Toward an empirically

- based developmental trauma disorder diagnosis for children: Factor structure, item characteristics, reliability, and validity of the developmental trauma disorder semi-structured interview. *The Journal of Clinical Psychiatry*, 79(5).
<https://doi.org/10.4088/JCP.17m11675>
- Ford, K., & Garzon, F. (2017). Research note: A randomized investigation of evangelical Christian accommodative mindfulness. *Spirituality in Clinical Practice*, 4(2), 92-99. <https://doi.org/10.1037/scp0000137>
- Foroughe, M. F., & Muller, R. T. (2014). Attachment-based intervention strategies in family therapy with survivors of intra-familial trauma: A case study. *Journal of Family Violence*, 29(5), 539-548. <https://doi.org/10.1007/s10896-014-9607-4>
- Frederick, T., & White, K. M. (2015). Mindfulness, Christian devotion, meditation, surrender, and worry. *Mental Health, Religion, & Culture*, 18(10), 850-858.
<https://doi.org/10.1080/13674676.2015.1107892>
- Freyd, J. J., Deprince, A. P., & Gleaves, D. H. (2007). The state of betrayal trauma theory: Reply to McNally. Conceptual issues, and future directions. *Memory*, 15(3), 295-311. <https://doi.org/10.1080/09658210701256514>
- Garzon, F., & Ford, K. (2016). Adapting mindfulness for conservative Christians. *The Journal of Psychology and Christianity*, 35(3), 263.
- Garzon, F., & Poloma, M. (2005). Theophostic ministry: Preliminary practitioner survey. *Pastoral Psychology*, 53(5), 387-396. <https://doi.org/10.1007/s11089-005-2582-1>
- Garzon, F., & Tilley, K. A. (2009). Do lay Christian counseling approaches work? What we currently know. *The Journal of Psychology and Christianity*, 28(2), 130.
- Geisler, N. (1992). *Miracles and the modern mind: A defense of biblical miracles*.

Baker Book House.

Gerritsen, R. J. S., & Band, G. P. H. (2018). Breath of life: The respiratory vagal stimulation model of contemplative activity. *Frontiers in Human Neuroscience, 12*, 397-397.

<https://doi.org/10.3389/fnhum.2018.00397>

Gingrich, D. H. (2013). *Restoring the shattered self: A Christian counselor's guide to complex trauma*. IVP Academic.

Glenn, C. T. B. (2014). A bridge over troubled waters: Spirituality and resilience with emerging adult childhood trauma survivors. *Journal of Spirituality in Mental Health, 16*(1), 37-50.

<https://doi.org/10.1080/19349637.2014.864543>

Glück, T. M., Knefel, M., Tran, U. S., & Lueger-Schuster, B. (2016). PTSD in ICD-10 and proposed ICD-11 in elderly with childhood trauma: Prevalence, factor structure, and symptom profiles. *European Journal of Psychotraumatology, 7*(1).

<https://doi.org/10.3402/ejpt.v7.29700>

Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological Trauma, 6*(5), 505-511. <https://doi.org/10.1037/a0032452>

Goldner, L., Sachar, S. C., & Abir, A., (2019). Mother-adolescent parentification, enmeshment, and adolescents' intimacy: The mediating role of rejection sensitivity. *Journal of Child and Family Studies, 28*(1), 192-201. <https://doi.org/10.1007/s10826-018-1244-8>

<https://doi.org/10.1007/s10826-018-1244-8>

Gómez, J. M., Lewis, J. K., Noll, L. K., Smidt, A. M., & Birrell, P. J. (2016). Shifting the focus: Nonpathologizing approaches to healing from betrayal trauma through an emphasis on relational care. *Journal of Trauma & Dissociation, 17*(2), 165-185.

<https://doi.org/10.1080/15299732.2016.1103104>

Goyal, M., Singh, S., Sibinga, E., Gould, N., Rowland-Seymour, A., Sharma, R., Berger, Z.,

- Sleicher, D., Maron, D., Shihab, H., Ranasinghe, P., Linn, S., Saha, S., Bass, E., Haythornthwaite, J., & Cramer, H. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *Deutsche Zeitschrift Für Akupunktur [German Magazine for Acupuncture]*, 57(3), 26-27.
<https://doi.org/10.1016/j.dza.2014.07.007>
- Gulden, A. W., & Jennings, L. (2016). How yoga helps heal interpersonal trauma: Perspectives and themes from 11 interpersonal trauma survivors. *International Journal of Yoga Therapy*, 26(1), 21-31. <https://doi.org/10.17761/1531-2054-26.1.21>
- Halberstein, R., DeSantis, L., Sirkin, A., Padron-Fajardo, V., & Ojeda-Vaz, M. (2007). Healing with Bach® flower essences: Testing a complementary therapy. *Complementary Health Practice Review*, 12(1), 3-14. <https://doi.org/10.1177/1533210107300705>
- Hann-Morrison, D. (2012). Maternal enmeshment: The chosen child. *SAGE Open*, 2(4).
<https://doi.org/10.1177/2158244012470115>
- Harris, J. I., Erbes, C. R., Engdahl, B. E., Olson, R. H. A., Winskowski, A. M., & McMahill, J. (2008). Christian religious functioning and trauma outcomes. *Journal of Clinical Psychology*, 64(1), 17-29. <https://doi.org/10.1002/jclp.20427>
- Hartelius, G. (2017). Taylor's soft perennialism: Psychology or new age spiritual vision? *International Journal of Transpersonal Studies*, 36(2), 136-146.
<https://doi.org/10.24972/ijts.2017.36.2.136>
- Hathaway, W., & Tan, E. (2009). Religiously oriented mindfulness-based cognitive therapy. *Journal of Clinical Psychology*, 65(2), 158-171.
<https://doi.org/10.1002/jclp.20569>
- Haxhe, S. (2016). Parentification and related processes: Distinction and implications

for clinical practice. *Journal of Family Psychotherapy*, 27(3), 185-199.

<https://doi.org/10.1080/08975353.2016.1199768>

Heiden-Rootes, K. M., Jankowski, P. J., & Sandage, S. J. (2010). Bowen family systems theory and spirituality: Exploring the relationship between triangulation and religious questing. *Contemporary Family Therapy*, 32(2), 89-101.

<https://doi.org/10.1007/s10591-009-9101-y>

Heller, L., & LaPierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship*. North Atlantic Books.

Herman, J. (2012). C-PTSD is a distinct entity: Comment on Resnick et al. (2012).

Journal of Traumatic Stress, 25(3), 256-257. <https://doi.org/10.1002/jts.21697>

Hocking, E. C., Simons, R. M., & Surette, R. J. (2016). Attachment style as a mediator between childhood maltreatment and the experience of betrayal trauma as an adult.

Child Abuse & Neglect, 52, 94-101. <https://doi.org/10.1016/j.chiabu.2016.01.001>

Hook, J. N., & Worthington, E. L. (2009). Christian couple counseling by professional, pastoral, and lay counselors from a protestant perspective: A nationwide survey. *The American*

Journal of Family Therapy, 37(2), 169-183. <https://doi.org/10.1080/01926180802151760>

Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal*, 15(3), 217-223.

<https://doi.org/10.1177/1066480707301290>

Hoover, J. (2018). Can Christians practice mindfulness without compromising their convictions?

The Journal of Psychology and Christianity, 37(3), 247-255.

Hughes, D. (2017). Dyadic developmental psychotherapy (DDP): An attachment-focused family treatment for developmental trauma. *Australian and New Zealand Journal of Family*

- Therapy*, 38(4), 595-605. <https://doi.org/10.1002/anzf.1273>
- Hull, A., Holliday, S. B., Eickhoff, C., Rose-Boyce, M., Sullivan, P., & Reinhard, M. (2015). The integrative health and wellness program: Development and use of a complementary and alternative medicine clinic for veterans. *Alternative Therapies in Health and Medicine*, 21(6), 12-21. Retrieved from <https://www.liberty.edu/library/>
- Isobel, S., Goodyear, M., & Foster, K. (2019). *Psychological trauma in the context of familial relationships: A concept analysis*. Sage. <https://doi.org/10.1177/1524838017726424>
- Jaebong, B., & Kwajik, L. (2016). Pastoral counseling understanding of Jacob's dysfunction and its healing process: Focused on Bowen's theory of family therapy. *Korean Evangelical Theological Society*, 79, 91-132. Retrieved from https://www.ataasia.com/portfolio_category/korea/
- Jain, A. R. (2012). The malleability of yoga: A response to Christian and Hindu opponents of the popularization of yoga. *Journal of Hindu-Christian Studies*, 25(4). <https://doi.org/10.7825/2164-6279.1510>
- Jain, A. R. (2014). Who is to say modern yoga practitioners have it all wrong? On Hindu origins and yogaphobia. *Journal of the American Academy of Religion*, 82(2), 427-471. <https://doi.org/10.1093/jaarel/lft099>
- Jain, A. R. (2017). Yoga, Christians practicing yoga, and God: On theological compatibility, or is there a better question? *Journal of Hindu-Christian Studies*, 30(6). <https://doi.org/10.7825/2164-6279.1658>
- Jain, S., Hammerschlag, R., Mills, P., Cohen, L., Krieger, R., Vieten, C., & Lutgendorf, S. (2015). Clinical studies of biofield therapies: Summary, methodological challenges, and recommendations. *Global Advances in Health and Medicine*, 4(Suppl), 58-66.

<https://doi.org/10.7453/gahmj.2015.034.suppl>

- Jindani, F., & Khalsa, G. F. S. (2015). A journey to embodied healing: Yoga as a treatment for post-traumatic stress disorder. *Journal of Religion & Spirituality in Social Work* 34(4), 394-413. <https://doi.org/10.1080/15426432.2015.1082455>
- Johnson, E. L., Knabb, J. J., & Garzon, F. (2020). Conclusion to the special issue: Formalizing Christian indigenous practices for evidence-based research. *The Journal of Psychology and Christianity*, 39(1), 75-85.
- Jones, T. L., Garzon, F. L., & Ford, K. M. (2021). Christian accommodative mindfulness in the clinical treatment of shame, depression, and anxiety: Results of an *N*-of-1 time-series study. *Spirituality in Clinical Practice* [advance online publication].
<https://doi.org/10.1037/scp0000221>
- Jowett, S., Karatzias, T., & Albert, I. (2019). Multiple and interpersonal trauma are risk factors for both post-traumatic stress disorder and borderline personality disorder: A systematic review on the traumatic backgrounds and clinical characteristics of comorbid post-traumatic stress disorder/borderline personality disorder groups versus single-disorder groups. *Psychology and Psychotherapy*, 93(3), 621-638.
<https://doi.org/10.1111/papt.12248>
- Jung, C. G., Rossi, S., & Grice, L. K. (2018). *Jung on astrology*. Routledge.
- Khafi, T. Y., Yates, T. M., & Sher-Censor, E. (2015). The meaning of emotional overinvolvement in early development: Prospective relations with child behavior problems. *Journal of Family Psychology*, 29(4), 585-594.
<https://doi.org/10.1037/fam0000111>
- Klassen, P. E. (2005). Ritual appropriation and appropriate ritual: Christian healing and

- adaptations of Asian religions. *History and Anthropology*, 16(3), 377-391.
<https://doi.org/10.1080/02757200500219313>
- Knabb, J. J. (2012). Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention. *Journal of Religion and Health*, 51(3), 908-924.
<https://doi.org/10.1007/s10943-010-9404-1>
- Knabb, J. J., & Bates, M. T. (2020). "Holy desire" within the "cloud of unknowing": The psychological contributions of medieval apophatic contemplation to Christian mental health in the 21st century. *The Journal of Psychology and Christianity*, 39(1), 24-39.
- Knabb, J. J., & Emerson, M. Y. (2013). "I will be your God and you will be my people": Attachment theory and the grand narrative of scripture. *Pastoral Psychology*, 62(6), 827-841. <https://doi.org/10.1007/s11089-012-0500-x>
- Knabb, J. J., Johnson, E. L., & Garzon, F. (2020). Introduction to the special issue: Meditation, prayer, and contemplation in the Christian tradition: Towards the operationalization and clinical application of Christian practices in psychotherapy and counseling. *The Journal of Psychology and Christianity*, 39(1), 5-11.
- Knabb, J. J., Vazquez, V., Garzon, F. L., Ford, K. M., Wang, K. T., Conner, K. W., Warren, S. E., & Weston, D. M. (2020). Christian meditation for repetitive negative thinking: A multisite randomized trial examining the effects of a 4-week preventative program. *Spirituality in Clinical Practice*, 7(1), 34-50. <https://doi.org/10.1037/scp0000206>
- Knabb, J. J., Vazquez, V., & Pate, R. (2019). "Set your minds on things above": Shifting from trauma-based ruminations to ruminating on God. *Mental Health, Religion, & Culture*, 22(4), 384-399. <https://doi.org/10.1080/13674676.2019.1612336>
- Knabb, J. J., Vazquez, V. E., Pate, R. A., Garzon, F. L., Wang, K. T., Edison-Riley, D., Slick, A.

- R., Smith, R. R., & Weber, S. E. (2021). Christian meditation for trauma-based rumination: A two-part study examining the effects of an internet-based 4-week program. *Spirituality in Clinical Practice* [advance online publication].
<https://doi.org/10.1037/scp0000255>
- Lachal, J., Revah-Levy, A., Orri, M., & Moro, M. R. (2017). Metasynthesis: An original method to synthesize qualitative literature in psychiatry. *Frontiers in Psychiatry*, 8, 269.
<https://doi.org/10.3389/fpsy.2017.00269>
- Lad, V. (2009). *Ayurveda, the science of self-healing: A practical guide*. Lotus Press.
- Langberg, D. (2003). *Counseling survivors of sexual abuse*. Xulon Press.
- Lange-Altman, T., Bergandi, T., Borders, K., & Frazier, V. (2017). Seeking safety and the 12-step social model of recovery: An integrated treatment approach. *Journal of Groups in Addiction & Recovery*, 12(1), 13-26. <https://doi.org/10.1080/1556035X.2016.1258682>
- Levers, L. L. (2012). *Trauma counseling: Theories and interventions*. Springer Publications.
- Liu, C., Beauchemin, J., Wang, X., & Lee, M. Y. (2018). Integrative body-mind-spirit (I-BMS) interventions for posttraumatic stress disorder (PTSD): A review of the outcome literature. *Journal of Social Service Research*, 44(4), 482-493.
<https://doi.org/10.1080/01488376.2018.1476299>
- Lombard, C. A. (2017). Psychosynthesis: A foundational bridge between psychology and spirituality. *Pastoral Psychology*, 66(4), 461-485.
<https://doi.org/10.1007/s11089-017-0753-5>
- Love, P., & Robinson, J. (1991). *The emotional incest syndrome: What to do when a parent's love rules your life*. Bantam Books.
- Love, P., & Shulkin, S. (2001). Imago theory and the psychology of attraction. *The Family*

- Journal*, 9(3), 246-249. <https://doi.org/10.1177/1066480701093002>
- Lowyck, B., Luyten, P., Demyttenaere, K., & Corveleyn, J. (2008). The role of romantic attachment and self-criticism and dependency for the relationship satisfaction of community adults. *Journal of Family Therapy*, 30(1), 78-95.
<https://doi.org/10.1111/j.1467-6427.2008.00417.x>
- Macy, R. J., Jones, E., Graham, L. M., & Roach, L. (2018). *Yoga for trauma and related mental health problems: A meta-review with clinical and service recommendations*. Sage.
<https://doi.org/10.1177/1524838015620834>
- Malchiodi, C. A. (2012). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process*. Guilford Press.
- Mandeville, R. (2021). *Rejected, shamed, and blamed: Help and hope for adults in the family scapegoat role*. Self-published.
- Mangione, L., Swengros, D., & Anderson, J. G. (2017). Mental-health wellness and biofield therapies: An integrative review. *Issues in Mental Health Nursing*, 38(11), 930-944.
<https://doi.org/10.1080/01612840.2017.1364808>
- Marotta-Walters, S. A., Jain, K., DiNardo, J., Kaur, P., & Kaligounder, S. (2018). A review of mobile applications for facilitating EMDR treatment of complex trauma and its comorbidities. *Journal of EMDR Practice and Research*, 12(1), 2-15.
<https://doi.org/10.1891/1933-3196.12.1.2>
- Maximos [Metropolitan Maximos Aghiorgoussis]. (1999). The challenge of metaphysical experiences outside orthodoxy and the orthodox response. *The Greek Orthodox Theological Review*, 44(1), 21. Retrieved from <https://www.liberty.edu/library/>
- May, G. G. (1974). The psychodynamics of spirituality. *The Journal of Pastoral Care*,

- 28(2), 84-91. <https://doi.org/10.1177/002234097402800203>
- McClure, B. J. (2010). The social construction of emotions: A new direction in the pastoral work of healing. *Pastoral Psychology*, 59(6), 799-812.
<https://doi.org/10.1007/s11089-010-0301-z>
- McManus, D. E. (2017). Reiki is better than placebo and has broad potential as a complementary health therapy. *Journal of Evidence-Based Complementary & Alternative Medicine*, 22(4) 1051-1057. <https://doi.org/10.1177/2156587217728644>
- Means, J. J. (1997). Pastoral counseling: An alternative path in mental health. *The Journal of Pastoral Care*, 51(3), 317-328. <https://doi.org/10.1177/002234099705100307>
- Miller, R. C. (2015). *The iRest program for healing PTSD: A proven-effective approach to using Yoga Nidra meditation & deep relaxation techniques to overcome trauma*. New Harbinger.
- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.
- Mitchell, K. R., & Anderson, H. (1981). You must leave before you can cleave: A family systems approach to premarital pastoral work. *Pastoral Psychology*, 30(2), 71-88.
<https://doi.org/10.1007/BF01033061>
- Mohi-Ud-Din, M., & Pandey, M. (2018). Impact of yoga nidra on the personality of drug addicts. *Indian Journal of Health and Well-being*, 9(5), 758-760. Retrieved from <https://www.liberty.edu/library/>
- Moon, K., Brewer, T. D., Januchowski-Hartley, S. R., Adams, V. M., & Blackman, D. A. (2016). A guideline to improve qualitative social science publishing in ecology and conservation journals. *Ecology and Society*, 21(3), 17. <https://doi.org/10.5751/ES-08663-210317>
- Neumann, D. J. (2019). "Development of body, mind, and soul:" Paramahansa Yogananda's

- marketing of yoga-based religion. *Religion and American Culture*, 29(1), 65-101.
<https://doi.org/10.1017/rac.2018.4>
- Nguyen-Feng, V. N., Morrissette, J., Lewis-Dmello, A., Michel, H., Anders, D., Wagner, C., & Clark, C. J. (2019). Trauma-sensitive yoga as an adjunctive mental-health treatment for survivors of intimate partner violence: A qualitative examination. *Spirituality in Clinical Practice*, 6(1), 27-43. <https://doi.org/10.1037/scp0000177>
- Njus, D. M., & Okerstrom, K. (2016). Anxious and avoidant attachment to God predict moral foundations beyond adult attachment. *Journal of Psychology and Theology*, 44(3), 230-243. <https://doi.org/10.1177/009164711604400305>
- Novak, J. R., Sandberg, J. G., & Davis, S. Y. (2017). The role of attachment behaviors in the link between relationship satisfaction and depression in clinical couples: Implications for clinical practice. *Journal of Marital and Family Therapy*, 43(2), 352-363.
<https://doi.org/10.1111/jmft.12201>
- O'Farrell, T. J., Murphy, M., Alter, J., & Fals-Stewart, W. (2010, January). Behavioral family counseling for substance abuse: A treatment development pilot study. *Addictive Behaviors*, 35(1), 1-6. <https://doi.org/10.1016/j.addbeh.2009.07.003>
- Ong, I. (2021). Treating complex trauma survivors: A trauma-sensitive yoga (TSY)-informed psychotherapeutic approach. *Journal of Creativity in Mental Health*, 16(2), 182-195.
<https://doi.org/10.1080/15401383.2020.1761498>
- Ong, I., Cashwell, C. S., & Downs, H. A. (2019). Trauma-sensitive yoga: A collective case study of women's trauma recovery from intimate partner violence. *Counseling Outcome Research and Evaluation*, 10(1), 19-33. <https://doi.org/10.1080/21501378.2018.1521698>
- Öztürk, A., & Mutlu, T. (2010). The relationship between attachment style, subjective well-

- being, happiness, and social anxiety among university students. *Procedia, Social, and Behavioral Sciences*, 9, 1772-1776. <https://doi.org/10.1016/j.sbspro.2010.12.398>
- Pan, P. J. D., Deng, L. F., Tsai, S. L., & Yuan, J. S. S. (2013). Issues of integration in psychological counseling practice from pastoral counseling perspectives. *The Journal of Psychology and Christianity*, 32(2), 146.
- Paterson, B. L., Thorne, S. E., Canam, C., & Jillings, C. L. (2001). *Meta-study of qualitative health research: A practical guide to meta-analysis and meta-synthesis*. Sage.
- Pedersen, C. G., Christensen, S., Jensen, A. B., & Zachariae, R. (2013). In God and CAM we trust. Religious faith and use of complementary and alternative medicine (CAM) in a nationwide cohort of women treated for early breast cancer. *Journal of Religion and Health*, 52(3), 991-1013. <https://doi.org/10.1007/s10943-012-9569-x>
- Pence, P. G., Katz, L. S., Huffman, C., & Cojucar, G. (2014). Delivering integrative restoration-yoga nidra meditation (iRest®) to women with sexual trauma at a veteran's medical center: A pilot study. *International Journal of Yoga Therapy*, 24(1), 53-62. <https://doi.org/10.17761/ijyt.24.1.u7747w56066vq78u>
- Peng, W., Liu, Z., Liu, Q., Chu, J., Zheng, K., Wang, J., Wei, H., Zhong, M., Ling, Y., & Yi, J. (2021). Insecure attachment and maladaptive emotion regulation mediating the relationship between childhood trauma and borderline personality features. *Journal of Depression & Anxiety*, 38(1), 28-39. <https://doi.org/10.1002/da.23082>
- Platt, M. G., & Freyd, J. J. (2015). Betray my trust, shame on me: Shame, dissociation, fear, and betrayal trauma. *Psychological Trauma*, 7(4), 398-404. <https://doi.org/10.1037/tra0000022>
- Prest, L. A., Benson, M. J., & Protinsky, H. O. (1998). Family of origin and current relationship

- influences on codependency. *Family Process*, 37(4), 513-528.
<https://doi.org/10.1111/j.1545-5300.1998.00513.x>
- Rahim, M. (2014). Developmental trauma disorder: An attachment-based perspective. *Clinical Child Psychology and Psychiatry*, 19(4), 548-560.
<https://doi.org/10.1177/1359104514534947>
- Rambo, S. (2010). Trauma and faith: Reading the narrative of the hemorrhaging woman. *International Journal of Practical Theology*, 13(2), 233-257.
<https://doi.org/10.1515/IJPT.2009.15>
- Rasmussen, I. S., Arefjord, K., Winje, D., & Dovran, A. (2018). Childhood maltreatment trauma: A comparison between patients in treatment for substance use disorders and patients in mental-health treatment. *European Journal of Psychotraumatology*, 9(1).
<https://doi.org/10.1080/20008198.2018.1492835>
- Reinert, K. G., Campbell, J. C., Bandeen-Roche, K., Lee, J. W., & Szanton, S. (2016). Erratum to: The role of religious involvement in the relationship between early trauma and health outcomes among adult survivors. *Journal of Child & Adolescent Trauma*, 9(3), 181.
<https://doi.org/10.1007/s40653-016-0113-0>
- Rosales, A., & Tan, S. (2016). Acceptance and commitment therapy (ACT): Empirical evidence and clinical applications from a Christian perspective. *The Journal of Psychology and Christianity*, 35(3), 269.
- Rosales, A., & Tan, S. (2017). Mindfulness-based cognitive therapy: Empirical evidence and clinical applications from a Christian perspective. *The Journal of Psychology and Christianity*, 36(1), 76.
- Roth, K., & Friedman, F. (2003). *Surviving a borderline parent: How to heal your childhood*

wounds, & build trust, boundaries, and self-esteem. New Harbinger.

Rubinart, M., Fornieles, A., & Deus, J. (2017). The psychological impact of the Jesus prayer among non-conventional Catholics. *Pastoral Psychology, 66*(4), 487-504.

<https://doi.org/10.1007/s11089-017-0762-4>

Sahdra, B. K., Shaver, P. R., & Brown, K. W. (2010). A scale to measure nonattachment:

A Buddhist complement to western research on attachment and adaptive functioning. *Journal of Personality Assessment, 92*(2), 116-127.

<https://doi.org/10.1080/00223890903425960>

Schimmenti, A. (2012). Unveiling the hidden self: Developmental trauma and pathological shame. *Psychodynamic Practice, 18*(2), 195-211.

<https://doi.org/10.1080/14753634.2012.664873>

Schindler, A. (2019). Attachment and substance use disorders: Theoretical models, empirical evidence, and implications for treatment. *Frontiers in Psychiatry, 10*, 727.

<https://doi.org/10.3389/fpsy.2019.00727>

Schouten, K. A., de Niet, G. J., Knipscheer, J. W., Kleber, R. J., & Hutschemaekers, G. J. M.

(2015). The effectiveness of art therapy in the treatment of traumatized adults:

A systematic review on art therapy and trauma. *Trauma, Violence, & Abuse,*

16(2), 220-228. <https://doi.org/10.1177/1524838014555032>

Sears, R. W., & Chard, K. M. (2016). Mindfulness-based cognitive therapy for posttraumatic stress

disorder. *Wiley-Blackwell.* <https://doi.org/10.1002/9781118691403>

Sebastian, B., & Nelms, J. (2017). The effectiveness of emotional freedom techniques in the treatment of posttraumatic stress disorder: A meta-analysis. *Explore, 13*(1),

16-25. <https://doi.org/10.1016/j.explore.2016.10.001>

- Shaver, P. R., Schachner, D. A., & Mikulincer, M. (2005). Attachment style, excessive reassurance seeking, relationship processes, and depression. *Personality and Social Psychology Bulletin*, 31(3), 343-359. <https://doi.org/10.1177/01461616720421709>
- Sheinbaum, T., Bifulco, A., Ballespí, S., Mitjavila, M., Kwapil, T. R., & Barrantes-Vidal, N. (2015). Interview investigation of insecure attachment styles as mediators between poor childhood care and schizophrenia-spectrum phenomenology. *PloS One*, 10(8). <https://doi.org/10.1371/journal.pone.0135150>
- Shevlin, M., Hyland, P., Karatzias, T., Fyvie, C., Roberts, N., Bisson, J. I., Brewin, C. R., & Cloitre, M. (2017). Alternative models of disorders of traumatic stress based on the new ICD-11 proposals. *Acta Psychiatrica Scandinavica*, 135(5), 419-428. <https://doi.org/10.1111/acps.12695>
- Siegel, I. R. (2018). EMDR as a transpersonal therapy: A trauma-focused approach to awakening consciousness. *Journal of EMDR Practice and Research*, 12(1), 24-43. <https://doi.org/10.1891/1933-3196.12.1.24>
- Siverns, K., & Morgan, G. (2019). Parenting in the context of historical childhood trauma: An interpretive meta-synthesis. *Child Abuse & Neglect*, 98. <https://doi.org/10.1016/j.chiabu.2019.104186>
- Smith, J. A., Greer, T., Sheets, T., & Watson, S. (2011). Is there more to yoga than exercise? *Alternative Therapies in Health and Medicine*, 17(3), 22-29. Retrieved from <https://www.liberty.edu/library/>
- Snyder, R., Shapiro, S., & Treleaven, D. (2012). Attachment theory and mindfulness. *Journal of Child and Family Studies*, 21(5), 709-717. <https://doi.org/10.1007/s10826-011-9522-8>
- Spinazzola, J., der Kolk, B., & Ford, J. D. (2018). When nowhere is safe: Interpersonal trauma

and attachment adversity as antecedents of posttraumatic stress disorder and developmental trauma disorder. *Journal of Traumatic Stress*, 31(5), 631-642.

<https://doi.org/10.1002/jts.22320>

Stephens, T., & Aparicio, E. M. (2017). "It's just broken branches": Child welfare-affected mothers' dual experiences of insecurity and striving for resilience in the aftermath of complex trauma and familial substance abuse. *Children and Youth Services Review*, 73, 248-256. <https://doi.org/10.1016/j.chilyouth.2016.11.035>

Stockham-Ronollo, S., & Poulsen, S. S. (2012). *Couple therapy and Reiki: A holistic therapeutic integration*. Sage. <https://doi.org/10.1177/1066480712449130>

Stone, H. W. (1994). *Brief pastoral counseling: Short-term approaches and strategies*. Fortress Press.

Strong, J. (1890). *Strong's exhaustive concordance of the Bible*. Abingdon Press.

Tan, S. (2011). *Counseling and psychotherapy: A Christian perspective*. Baker Academic.

Tan, S. (2016). *Lay counseling: Equipping Christians for a helping ministry*. Zondervan.

Telles, S., Singh, N., & Balkrishna, A. (2012). Managing mental-health disorders resulting from trauma through yoga: A review. *Depression Research and Treatment*, 9, 401-513. <https://doi.org/10.1155/2012/401513>

Uhernik, J. A. (2017). *Using neuroscience in trauma therapy, creative and compassionate counseling*. Routledge.

Ulaş, E., & Ekşi, H. (2019). Inclusion of family therapy in rehabilitation program of substance abuse and its efficacious implementation. *The Family Journal*, 27(4), 443-451. <https://doi.org/10.1177/1066480719871968>

Vancampfort, D., Vansteelandt, K., Scheewe, T., Probst, M., Knapen, J., De Herdt, A., & De

- Hert, M. (2012). Yoga in schizophrenia: A systematic review of randomized controlled trials. *Acta Psychiatrica Scandinavica*, 126(1), 12-20. <https://doi.org/10.1111/j.1600-0447.2012.01865.x>
- Van der Kolk, B. (2005). Developmental trauma disorder. *Psychiatric Annals*, 35(5), 401. Retrieved from <https://www.liberty.edu/library/>
- Van der Kolk, B., & Courtois, C. A. (2005). Editorial comments: Complex developmental trauma. *Journal of Traumatic Stress*, 18(5), 385-388. <https://doi.org/10.1002/jts.20046>
- Van Kanegan, G., & Worley, J. (2018). Complementary alternative and integrative treatment for substance use disorders. *Journal of Psychosocial Nursing and Mental Health Services*, 56(6), 16-21. <https://doi.org/10.3928/02793695-20180521-04>
- Van Ness, P. (1999). Yoga as spiritual but not religious: A pragmatic perspective. *American Journal of Theology & Philosophy*, 20(1), 15-30. Retrieved from <https://www.liberty.edu/library/>
- Van Nieuwenhove, K., & Meganck, R. (2019). Interpersonal features in complex trauma etiology, consequences, and treatment: A literature review. *Journal of Aggression, Maltreatment & Trauma*, 28(8), 903-928. <https://doi.org/10.1080/10926771.2017.1405316>
- Varambally, S., & Gangadhar, B. N. (2020). Yoga for psychiatric disorders: From fad to evidence-based intervention? *British Journal of Psychiatry*, 216(6), 291-293. <https://doi.org/10.1192/bjp.2019.249>
- Vazquez, V. E., & Jensen, G. R. (2020). Practicing the Jesus prayer: Implications for psychological and spiritual well-being. *The Journal of Psychology and Christianity*, 39(1), 65-74.

- Viola, F., & Barna, G. (2012). *Pagan Christianity? Exploring the roots of our church practices*. BarnaBooks.
- Wang, D. C., & Tan, S. (2016). Dialectical behavior therapy: Empirical evidence and clinical applications from a Christian perspective. *The Journal of Psychology and Christianity, 35*(1), 68.
- Warren, E. J. (2018). Alternative medicine in North America: A Christian pastoral response. *The Journal of Pastoral Care & Counseling, 72*(1), 22-31.
<https://doi.org/10.1177/1542305018754794>
- Webster, L. C., Holden, J. M., Ray, D. C., Price, E., & Hastings, T. M. (2020). The impact of psychotherapeutic Reiki on anxiety. *Journal of Creativity in Mental Health, 15*(3), 311-326. <https://doi.org/10.1080/15401383.2019.1688214>
- Wei, M., Shaffer, P. A., Young, S. K., & Zakalik, R. A. (2005). Adult attachment, shame, depression, and loneliness: The mediation role of basic psychological needs satisfaction. *Journal of Counseling Psychology, 52*(4), 591-601.
<https://doi.org/10.1037/0022-0167.52.4.591>
- West, J., Liang, B., & Spinazzola, J. (2017). Trauma sensitive yoga as a complementary treatment for posttraumatic stress disorder: A qualitative descriptive analysis. *International Journal of Stress Management, 24*(2), 173-195.
<https://doi.org/10.1037/str0000040>
- Whiffen, V. E., Kallos-Lilly, A. V., & MacDonald, B. J. (2001). Depression and attachment in couples. *Cognitive Therapy and Research, 25*(5), 577-590.
<https://doi.org/10.1023/A:1005557515597>
- Willis, K., Miller, R. B., Yorgason, J., & Dyer, J. (2020). Was Bowen correct? The relationship

between differentiation and triangulation. *Contemporary Family Therapy*, 43(1), 1-11.

<https://doi.org/10.1007/s10591-020-09557-3>

Wright, J. G. (2006). *An experimental study of the effects of remote intercessory prayer on depression* [Doctoral dissertation, Liberty University]. Doctoral Dissertations and

Projects. <https://digitalcommons.liberty.edu/doctoral/50>

Zeugin, B. (2017). Is CAM religious? The methodological problems of categorizing complementary and alternative medicine in the study of religion. *Bulletin for the Study of Religion*, 46(1), 6-8. <https://doi.org/10.1558/bsor.30967>

Zwissler, L. (2011). Second nature: Contemporary pagan ritual borrowing in progressive Christian communities. *Canadian Woman Studies*, 29(1-2), 16. Retrieved from

<https://cws.journals.yorku.ca/index.php/cws>