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The Obstacles to Receiving Grace in a Substance Abuse Population

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The Obstacles to Receiving Grace in a Substance Abuse Population

by

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Presented to the Faculty of the
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Newberg, Oregon

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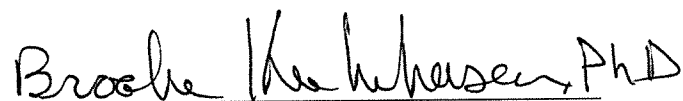
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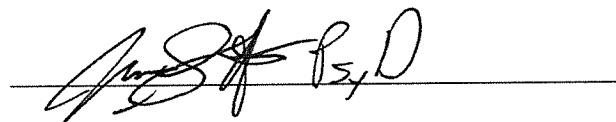
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Abstract

Grace has been important throughout the history of Christianity, and it is also relevant in the contemporary positive psychology movement. Nonetheless, the construct of grace has been left relatively unexplored through theoretical or empirical investigation in the social sciences. The few psychological explorations of grace found in the current literature can be roughly divided into four categories: advocating for grace, theoretical development, measuring grace, and empirical studies of grace. The current study examined the obstacles to grace experienced by patients in a substance abuse recovery program. Seven obstacles were first identified by a group of 25 participants through the use of grounded theory. A survey comprised of these obstacles was then constructed and administered to 20 patients in a substance abuse recovery program where they rated each obstacle on a 1 to 7 point Likert-type scale. The highest rated obstacles to experiencing grace included a desire to be independent and not rely on others, not wanting to be obligated to pay back the gift in the future, and wanting to earn what one receives. The lowest

ranked item was doubting that grace is real. Given the relational nature of the highest rated obstacles, implications are considered for theory, practice, spiritual formation, and training.

Table of Contents

Approval Page.....	ii
Abstract.....	iii
List of Tables	vii
Chapter 1: Introduction	1
Advocating for Grace	4
Theoretical Development.....	5
Measuring Grace	8
Empirical Studies of Grace	10
The Present Study	101
Chapter 2: Methods.....	12
Participants.....	12
Instruments.....	12
The Obstacles to Grace Scale	12
Dimension of Grace Scale	12
Demographics survey.....	13
Procedure	13
Chapter 3 Results	14
Creating Items for the Obstacles to Grace Scale	14
I doubt grace is real.....	15
I don't deserve grace	16
The giver of grace probably has a hidden motive or expectation	16

OBSTACLES TO RECEIVING GRACE	vi
I feel guilty receiving grace	16
I want to be independent and not rely on others	16
I need to earn what I receive	17
I don't want to feel obligated to pay back the gift in the future	17
Testing the Items	17
Chapter 4: Discussion	21
Theory	22
Practice.....	23
Spiritual Formation	25
Training.....	26
Limitations	267
Future Research	278
Conclusion	28
References	30
Appendix A Preliminary Obstacles to Grace.....	335
Appendix B Obstacles to Grace.....	356
Appendix C Demographics Questionnaire	37
Appendix D Dimensions of Grace Scale	389
Appendix E Informed Consent for Participation	42
Appendix F Curriculum Vitae	43

List of Tables

Table 1. Inter-rater reliabilities	15
Table 2. Descriptive Statistics of Obstacles to Grace scales	18
Table 3. Correlations Between Obstacles to Grace and Dimensions of Grace.....	20
Table 4. Descriptive Statistics of Dimensions of Grace Scale	20

Chapter 1

Introduction

The positive psychology movement has burgeoned since the late 20th Century (Seligman & Csikszentmihalyi, 2000), and with it has come attention to the most hopeful and joyful dimensions of human life. Topics studied by positive psychology include gratitude, humility, spiritual well-being, hope, mindfulness, and happiness. In one of the seminal books that started the movement, Peterson and Seligman (2004) surveyed religion and philosophy to identify the topics most fitting for positive psychology. One topic that is highly salient in the Christian religion that has not been studied much in positive psychology is grace. It appears this is about to change.

Currently funding from the John Templeton Foundation has funded a grace start-up project, Project Amazing Grace (PAG, and it is likely that more funding on the topic will be forthcoming. Recent research efforts have included scales to measure grace (Basset, 2013; Bufford, Blackburn, Sisemore, & Basset, 2015; Bufford, Sisemore, & Blackburn, 2017; Sisemore et al., 2011) and how one might use grace as an intervention (Bland, 2009; Burijon, 2001). Continuing research will likely bring a wealth of psychological understanding to the topic of grace, which has largely been a philosophical and theological construct.

PAG, funded by the John Templeton Foundation, has a goal of better understanding the topic of divine grace through empirical study. Among the themes they are exploring are defining grace, measuring grace, grace and human well-being, obstacles to grace, and grace as a

transformative moment. As a result of the first phase of PAG funding, a theoretical article was published in an American Psychological Association (APA) journal (Emmons, Hill, Kapic, & Barrett, 2017). The definition of grace offered in this article, and used for this current study, is: “Grace is a gift given to an undeserving person by an unobligated giver, the giver being either human or divine (p. 277).”

McMinn (2017) identifies numerous reasons why grace is a fitting topic for positive psychology. First, if religion takes virtue to be a reflection of divine character, then at least in Christianity it is important to consider the virtue of grace because God is deemed to be supremely gracious. What is comprehended of God impacts both the way believers relate to God and relate to one another. The way we understand God informs the virtues that we aspire to and the way we use those virtues to navigate the world.

Second, grace is tied with gratitude. If gratitude reflects a readiness to show appreciation for kindness, no matter how the kindness is revealed or in what context, grace may be the simple elegance that directs one towards gratitude.

Third, some might argue that grace is the hub of all other virtues, at least from a religious perspective. Those committed to a religious worldview may have a notion of what grace is but the exact construct seems to be elusive. Other virtues such as humility, patience, forgiveness, and gratitude are used to help construct and convey the experience of grace. It appears that part of the beauty of grace is the ability to be informed by and give foundation for other virtues. While grace has yet to be fully explored it does have proxies in the form of the other virtues listed above, all of which can significantly impact the experience of daily life. As one experiences

these virtues more it may decrease unpleasant experiences of guilt and shame making it a rich topic for exploration in therapy.

Fourth, the topic of grace has clear and immediate implications for the clinical practice of psychology. To date, positive psychology and clinical training have remained surprisingly separate, but some efforts are being made to move positive psychology into clinical settings. This is important as grace appears to be a key element of transformation. Bland (2009) and Burijon (2001) both describe how grace can be present in a clinical setting to provide a way to conceptualize treatment and encourage growth in clients. There may already be a climate of grace within effective psychological interventions (Kim-van Daalen, 2012) but the implications have remained mostly unknown and unspoken.

Finally, at least for those who are of the Christian faith, grace is central both to what one believes and how one lives. “All is Grace” are the words written by author Brennen Manning (Manning, Blase, & Yancey, 2011) while reflecting upon his life and work. In this phrase Manning captures the nature of the believed essence of faith, mainly that at the root of transformation is the importance of grace and its influence on everything. Grace is central to Christianity and reflects a long history of theological studies and spiritual journeys by scholars, mystics, and all believers. The Christian theologian teaches how to further understand grace while the mystic teaches how to further experience grace, making grace a fascinating topic for those interested in the cognitive as well the experiential. Missing from the research are common obstacles to receiving and becoming transformed by grace, a predicament in which psychologists, theologians, and psychotherapy clients all find themselves in.

This study is interested in particular about how a substance use population will respond to the topic of grace. Within this population shame has been shown to be a more common experience when compared to individuals who do not struggle with substance abuse (Dearing, Stuewig, & Tangney, 2005). One longitudinal study (Stuewig et al., 2015) has even shown that proneness to shame in childhood led to an increase in the likelihood of risky behaviors and substance use in adulthood. Gifts of grace could provide a healing opportunity to lessen shame, making understanding the obstacles to receiving grace even more important to understand.

Though grace is likely to be a topic for positive psychology in the future, to date very little has been written in the social science literature on the topic. The existing research can be roughly divided into four categories: advocating for grace, theoretical development, measuring grace, and empirical studies of grace.

Advocating for Grace

Tjeltviet (2004) proposed how grace could add to a comprehensive understanding of human lives. He suggested that psychology and theology can come together in considering grace and illuminate each respected field, though he also acknowledged that science cannot fully capture the theological and philosophical depth of grace. If psychology and theology can work together, as well as critique each other, the understanding of humanity can be enriched. In this way a grace informed psychology is one that explores the effects of grace in everyday life rather than a psychology that seeks to fully define the metaphysics of grace. Exploring the obstacles preventing the reception of grace may also provide relevant implications that could be explored in social sciences and psychotherapy.

In order for psychology and theology to continue to come together it means that psychology will have to enter into theology and theology will have to enter into psychology. McMinn, Ruiz, Marx, Wright, and Gilbert (2006) sought to explore the divide between theology and psychology by inviting Christian leaders to comment on the importance of sin and grace in hopes to inform the field of psychology. Clergy respondents emphasized the importance of psychologists exploring both the doctrines of sin and grace, and the implications these doctrines have for psychological interventions.

Theoretical Development

Some scholars have considered grace from a theoretical vantage point, especially considering how it may influence the work of psychotherapy. Bland (2009) presents grace as an extension of acceptance within his psychotherapy work. He described this as a valuable concept when working with a patient that he understood to have a divided self. The divided self implies clients are able to recognize that certain behaviors are not desirable but still may act in a manner to preserve an outward appearance of a high moral life. By secluding the undesirable parts of their identity and only presenting the desirable part a spilt identity is created. In this situation a conversation around sin and repentance may further seclude the hidden self, making it more difficult to experience transformative grace. When clients are able to understand rationally how the experienced hidden behaviors as wrong, reminding them of their sin may only further entrench their powerlessness against them. With the disavowal of the undesirable self-state clients may continue to hide it from the presence of the therapist and those close in their life. Avoiding the hidden self also means denying any underlying needs. Bland described the importance of the relational context to bring light to the inner divided self within the

unconscious. Grace becomes a key element within this relational frame to promote transformation. Bland believed that grace could lead to the integration of the divided self by accepting the hidden self of clients, even if that self goes against the morals or values of the therapist. By experiencing this acceptance clients began accepting the disavowed parts of themselves as opposed to continuing to externalize it as sin.

Similarly, Burijon (2001) theorized that grace is beneficial when working with a narcissistic client. He thought that,

one could argue that the basis of this condition [narcissism] is more spiritual than clinical, as the patient has been unable to feel and integrate grace and unconditional compassion into emotional development, sense of self, and interpersonal connections. Subsequently, interpersonal attachments suffer and the individual retreats further into internal fantasy (Burijon, 2001, p.183).

It was theorized that a narcissistic client could begin to learn empathy and heal when grace was experienced in five ways; within the emerging transference, when relieving emotional splitting, when letting go of splitting defenses, used to soothe narcissistic rage, and used to promote reality awareness while letting go of fantasy.

Crowther and Schmidt (2015) also conceptualized grace using psychoanalytic concepts. Within their framework grace is understood using Bollas's notion of the unthought known. Bollas (1989) described the unthought known as an implicit relational knowing that cannot be put into thoughts or words. According to the authors, living within every Christian believer is the empowering presence of God waiting to be brought to consciousness at an experiential level. In this perspective, God always exists at an unconscious level, but grace is experienced when the

external world and internal world of the believer come to a meeting place and the unconscious presence of God becomes available to the conscious. In these transforming moments what is always deeply sensed becomes a lived reality. Crucial to their thought is the idea that this meeting cannot be achieved and brought to conscious by mastering a theory or a practicing of a technique. It is only when someone gives up trying to produce grace that grace can be experienced. This potentially speaks to one of the obstacles to receiving grace: it cannot be mastered or earned no matter how clever one attempts to be.

Other psychoanalytic theories of spirituality that may help contribute to the understanding of grace and encourage the importance of exploring it in therapy. Object relations theory contends that an individual's relationship with god may parallel their internal world of relationships (Jones, 1991). There may be bi-directional influence from interpersonal relations as a framework for understanding an attachment to God and vice-versa. This may further encourage exploration into spirituality, particularly grace as experienced with God and others, as a way explore a range of other clinical themes. Rizzuto (1979) believed that an individual's God representation could be transformed as an individual transforms their internal relationships through new healing experiences. This would encourage interpersonal exploration and open the door for an understanding of attachment patterns. A relationship with God has also been viewed through an attachment frame work (Kirkpatrick, 2004). Hall (2007a) found that that attachment styles could predict religious-spiritual functioning with regards to automatic and emotional information processing. In the case example above Bland may have an attitude of grace towards his client which influence his exploration into attachment and relational wounds from a non-judgmental stance in order to facilitate healing. A relational spirituality would place grace as

being mediated in relationship with others as well as God. Exploring grace could lead to healing of self, relationships, and increase a spiritual coping. A transformed self could have a range of new experiences in place of past emotional pains.

These theories all imply a relational component to the gifts of grace, adding in the importance of understanding the nature of relationships when discussing grace. The gift of grace has a giver as well as a receiver, which in the case of giving grace to oneself, the giver and the receiver are the same person. Randall Sorensen (2004b) suggested the importance of kenosis (self-emptying) and alterity (otherness) within the therapeutic encounter as a mean of understanding connection. Similarly, Martin Buber (1971) wrote about the I-Thou relationship that occurs when two individuals can mutually come to connection with one another. Gifts of grace could suggest an increased mode of relating that brings about something extraordinary.

Measuring Grace

Various researchers have attempted to measure the experience of grace. Watson, Morris, and Hood (1988) were among the first to explore grace. Using a 4-item scale the researchers found that grace orientation predicted lowers levels of depression as well as higher levels of internal awareness. Another early measure of grace was the Grace Scale (GS) developed by Payton, Spradlin, and Bufford (2000). The GS is a 40-item scale with responses being measure on a 7-point Likert scale.

The Richmond Grace Scale (RGS) was developed over the course of several studies by Sisemore and his colleagues (Sisemore et al., 2011; Watson, Chen, & Sisemore, 2011). The initial work of the RGS showed that high scores on the RGS predicted low scores on depression, anxiety, and poor mental health, which is consistent with the early grace measurements of

Watson, Morris, and Hood (1988). The RGS has undergone further revisions, with the most current version (Watson et al., 2011) consisting of 27 items that are used to assess 4 factors: graceful forgiveness orientation, grace and responsibility, graceful avoidance of personal legalism, and graceful avoidance of interpersonal legalism. The most recent RGS research suggests there may be an increase in grace awareness with age, and that increasing awareness of grace corresponds with a greater likelihood to practice forgiveness and more hopefulness. Higher scores on the RGS also predict greater self-compassion, decreased depression, a healthy awareness of sin, as well as intrinsic religious orientation.

Basset (2013) developed The Amazing Grace Scale (TAGS), a measure of grace orientation. TAGS is based on the view that grace is a state of right standing with God, which empowers one to live and act in Godly manner. In an initial study of TAGS two factors were identified: internalized faith and awareness of the nature of grace. Both factors show a positive correlation with Christian identity, extrinsic personal faith, gratitude, and identified faith and are independent of extrinsic social faith, quest faith, and introjected faith. TAGS was also found to be correlated with the GS.

Bufford et al. (2015) integrated the three grace scales described above, and the integrated scale was further explored by Bufford et al. (2017). Their studies explored ways the grace scales were measuring the same and different constructs. All three grace measures showed a significant correlation with existential well-being, religious well-being, and spiritual well-being, and were strongly correlated with each other. The various grace scales had varying degrees of correlation with other measures such as the internalized shame scale, Brief RCOPE, Adverse Childhood Experience Scale, Gratitude Questionnaire- 6, and ACORN. Thus, while each of the grace scales

are measuring grace they are mostly likely measuring different dimensions of grace. Bufford et al. (2017) have recently reported a factor analysis of the three grace scales and have composed a Dimensions of Grace Scale (DGS). The factor analysis of the three grace scales revealed 5 factors resulting in a 36-item scale with items coming from the three grace scales. The 5 factors are experiencing God's grace, costly grace, grace to self, grace from others, and grace to others.

Empirical Studies of Grace

Currently almost no empirical studies of grace can be found in the literature apart from the scale development studies just described. One qualitative study has been reported by Bronte and Wade (2012), and Project Amazing Grace is a grant-funded planning project to promote future empirical studies.

Bronte and Wade (2012) interviewed 25 people who experienced divine grace in order to interpret what kinds of experiences are considered divine grace. Admitting that the small sample size was not meant to be a generalizable study they discovered four common components of grace: mode of transmission, subjective impulse to change, emotional experience, and external effects. The modes of transmission were understood to be the method in which the participants experienced divine assistance that led them to understand it as grace. Although the sample number of participants of this study was small ($n = 25$) there were numerous ways in which grace was experienced as well as numerous ways the effects of grace were interpreted. This study gives light to the elusiveness of pinpointing exact moments of transforming grace by showing the many ways that grace was present even in a small sample size. The various research on grace, and the continued research on grace, may provide inches towards infinity in discovering the ways grace is present and the transformation it inspires.

The Present Study

Given the lack of empirical research on grace, and the PAG interest in studying obstacles to grace, the current exploratory study aims to study what hinders people from experiencing grace. Within this theme the PAG investigators are asking questions such as (McMinn, personal communication):

1. Why is the concept of grace so counterintuitive, contradictory, radical, and scandalous?
2. Why is grace simultaneously irresistible yet resisted?
3. What basic working assumptions about ourselves, the world, and the divine does it violate?
4. Does it violate our need for control?
5. Does it contradict our perceptions of a just-world, where people deserve what they get and get what they deserve?

All of these questions are valuable and need to be tested with empirical methods. This research considers the obstacles people may experience when receiving grace.

Chapter 2

Methods

Participants

There are two groups of participants in this research. The first group consists of members of a 10-person research team in a doctoral program in clinical psychology. The second group of participants consists of individuals over the age of 18 engaging in treatment at Hazelden Betty Ford Foundation in Newberg, Oregon. Patients at Hazelden participate in residential treatment for a variety of reasons, and the participants for this study will be recruited through the chemical dependency department.

Instruments

The Obstacles to Grace Scale. The Obstacles to Grace Scale (OGS) (see Appendix B) consists of seven obstacles to grace on a 7-point Likert-type scale ranging from 1 (*Not at all*) to 7 (*A great deal*). There is also an opened ended 8th option to write in an alternative barrier to grace. The scale was developed specifically for this study, as described below in the Procedures section.

Dimension of Grace Scale. The Dimensions of Grace Scale (DGS) (see Appendix C) is a measure developed Bufford et al. (2017), consisting of 36 items from three previous grace scales (GS, RGS, & TAGS). Each item is rated on a 7-point Likert-type scale with responses ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Responses are grouped into five factors: experiencing God's grace, costly grace, grace to self, grace from others, and grace to others. Bufford et al (2017) showed adequate to good internal consistency with the five factors

(alpha = .98, .94, .76, .84, and .71, respectively). This scale was used to assess if there are relationships between obstacles to grace and DGS subscales.

Demographics survey. A demographic questionnaire (see Appendix D) asked participants to indicate their age, gender identity, sexual identity, ethnicity, religious affiliation, which Christian group they belong to, and the importance of religion in their lives.

Procedure

There were two phases to this study. The initial phase was to develop a preliminary Obstacles to Grace Scale (see Appendix A). To establish a preliminary version of this scale, an open-ended survey was constructed and participants listed possible obstacles. The obstacles generated by the participants were distilled to a list of distinct responses using grounded theory and two trained raters.

The second phase of this study involved administering the newly formed OGS, DBS, and demographics survey to participants. Participants in this second phase were accessed through the chemical dependency program at Hazelden Betty Ford Center. Data were collected by handing out the survey during a chemical dependency group.

Chapter 3

Results

The two parts to this study involved creating the items for an Obstacles to Grace scale and then testing the items with a sample of participants in a substance abuse treatment program. Each part is described below.

Creating Items for the Obstacles to Grace Scale

To identify potential obstacles to grace participants were first given a working definition, adapted from Emmons et al. (2017): “Grace is a gift given to an undeserving person by an unobligated giver, the giver being either human or divine (p. 277).” They were then asked to respond to an open-ended question: “Given your experience with grace, as defined above, what are some personal obstacles you experience that interfere with receiving grace?”

Sixteen participants were recruited through an online survey through two universities and through a local church group. Nine additional participants were a part of my research team and filled out the survey in person. A total of 25 participants responded to the initial survey. Of the 25 participants, 13 identified as female and 12 as male. Eighteen participants identified as European American, 4 as Asian, 1 as African American, and 1 as Latino/a. Information about age was not collected.

After collecting responses from the 25 people involved, an initial reading of the responses was done using grounded theory. That is, those reading the responses had no presumption of what themes might occur. Two readers were used to read through the responses. The goal of the

first reading was to gain a general understanding of the breadth of responses offered and to discuss as a research team the nature of the narratives. After this discussion, readers read the narratives a second time in order to establish a tentative codebook for subsequent analyses. Once the codebook was established, two different readers read each narrative again to establish inter-rater reliability. Each rater coded a binary rating as to whether each of the major themes occurred in the response. Inter-rater reliabilities are summarized in Table 1.

Table 1

Inter-rater Reliabilities

Obstacle to Grace	Cohen's Kappa
I want to be independent and not rely on others	.31
I don't want to feel obligated to pay back the gift in the future	.59
I need to earn what I receive	.61
The giver of grace probably has a hidden motive or expectation	.51
I feel guilty receiving grace	.52
I don't deserve grace	.60
I doubt grace is real	.71

The major themes emerging from the grounded theory analyses are summarized below.

I doubt grace is real. Some respondents described doubting that is grace. Or if it is real, it is so rare that it is difficult to detect. One respondent wrote, "Because of how rare it is it

becomes easier to doubt its existence.” Also contained within this theme are those who expressed a sense of hopelessness that the world is too bad to be affected much by grace.

I don’t deserve grace. Within this theme participants described patterns of self-criticism and the sense of being unworthy of grace. Shame and ruminating on self-deprecation were also described as factors that prevent someone from receiving grace. For example, one respondent wrote, “My own self-critical view of my worth and deservedness impedes my ability to accept someone else’s grace.”

The giver of grace probably has a hidden motive or expectation. This theme involved the feeling like the giver might be tricking, manipulating, or secretly harming the recipient. An example of this skeptical view of grace is seen in comments such as, “Another personal obstacle that impedes my ability to receive grace is my own inner skeptic. It often feels like a trick and I am just waiting for the other shoe to drop. Any day.”

I feel guilty receiving grace. Respondents identifying this theme described feeling bad for constantly receiving grace but not really changing once they receive it. One respondent wrote, “Seeing my own guilt and finding it hard to believe that this can be forgiven or ‘covered,’ especially when I see myself failing to improve in my behavior and being a repeat offender.” Responders also reported not wanting to be an inconvenience to the giver.

I want to be independent and not rely on others. Responses with this theme described feeling prideful, not willing to accept help, and feeling that they should be able to save themselves. This sometimes involved a sense of individualism and self-sufficiency. One respondent wrote, “My pride keeps me from receiving grace. I feel like I should be able to save myself from hardships and pull myself up out of hard times on my own.”

I need to earn what I receive. This theme included feeling the need to prove oneself rather than receiving grace. This theme is different than wanting to be independent in that responses showed a conscious effort to do something in order to feel better receiving grace. One respondent wrote, “I am a hard worker and want to earn my own way. Don’t want to be indebted... I want to get what I deserve, nothing more or less.”

I don’t want to feel obligated to pay back the gift in the future. Some respondents described grace as a one-sided gift that leads to feeling obligated and uncomfortable. For example, “I feel uncomfortable not being able to give anything back. One sided gift giving feels uncomfortable.”

Testing the Items

A total of 20 participants completed the Obstacles to Grace scale once a prototype was developed with the themes described above. The sample population consisted of 15 males and 5 females with a mean age of 34.25. Fourteen participants identified as White, 1 as White and Black, 1 as Hispanic, 1 as Latino/a, 1 as Hispanic and Latino/a, 1 as Hawaiian, and 1 as other. Eighteen participants identified as heterosexual, 1 identified as gay or lesbian, and 1 as bisexual, queer, or pansexual. Ten participants did not identify a religion, 3 identified as Christian, 2 identified as Catholic, 2 specifically wrote None, 1 identified as Mormon, 1 wrote Not Sure, and 1 wrote a question mark. In terms of importance of religion, one participant rated religion as very important, one rated as quite important, three rated it as somewhat important, seven rated it as slightly important, and eight rated it as not important and not having a religion. The overall mean was 2.00 and the standard deviation 1.12 on the 5-point Importance of Religion item, indicating that this was not a highly religious sample.

The list of items is provided in Table 2, ordered from most- to least-endorsed. In order to see if the endorsement rates were significantly different, a repeated-measures multivariate analysis of variance (MANOVA) was computed, Wilks Lambda (6, 13) = 0.31, $p = .009$. Because overall differences were detected with the MANOVA, this justified a profile analysis where each adjacent mean was tested to see which items were significantly lower than the preceding item. No differences in adjacent means were found except the “I doubt grace is real” item is significantly lower than other items.

Table 2

Descriptive Statistics of Obstacles to Grace Scales

Obstacle to Grace	<i>N</i>	Mean	<i>SD</i>
I want to be independent and not rely on others	19	6.3	1.16
I don't want to feel obligated to pay back the gift in the future	20	6.15	1.23
I need to earn what I receive	20	6.05	1.32
The giver of grace probably has a hidden motive or expectation	20	5.2	2.21
I feel guilty receiving grace	20	5.1	1.99
I don't deserve grace	20	4.8	2.12
I doubt grace is real*	20	3.35	2.06

Note. * indicates that this item is significantly lower than the preceding item, $t(19) = 2.93$, $p = .009$.

Coefficient alpha was computed to see if the items on the Obstacles to Grace Scale reflect a single underlying construct. The resulting alpha coefficient was .812, indicating a relatively high degree of internal consistency.

Pearson's product-moment correlation coefficients were computed to explore the relationship between the Obstacles to Grace items and the Dimensions of Grace Scale. Results are reported in Table 3, indicating a significantly negative relationship between doubting grace is real and experiencing God's grace. Results also indicated a moderately negative relationship between not deserving God's grace, feeling guilty for receiving grace and experiencing God's grace, as well as a moderately negative relationship between doubting grace is real and the cost of grace. Finally, indicate a moderately negative relationship was found between receiving grace from others and not wanting to feel obligated to repay a gift in the future.

Because The Dimensions of Grace Scale has been previously studied on highly religious populations, it seemed worthwhile to note the scores in this less religious sample as well. The means and standard deviations for the Dimensions of Grace subscales are provided in Table 4.

Table 3

Correlations Between Obstacles to Grace and Dimensions of Grace

	Experiencing God's Grace	Costly Grace	Grace To Self	Grace From Others	Grace To Others
Item 1	-0.66**	-0.55*	0.05	0.00	0.23
Item 2	-0.48*	0.32	-0.10	-0.29	-0.13
Item 3	-0.34	0.20	0.02	-0.20	-0.19
Item 4	-0.48*	0.43	0.13	-0.01	-0.03
Item 5	-0.21	0.18	0.19	-0.20	-0.12
Item 6	-0.22	0.17	0.01	-0.30	-0.29
Item 7	-0.04	-0.19	-0.22	-0.46*	-0.18

Notes. Item 1 is, "I doubt grace is real." Item 2 is, "I don't deserve grace." Item 3 is, "The giver of grace probably has a hidden motive or expectation." Item 4 is, "I feel guilty receiving grace." Item 5 is, "I want to be independent and not rely on others." Item 6 is, "I need to earn what I receive." Item 7 is, "I don't want to feel obligated to pay back the gift in the future." * $p < .05$; ** $p < .01$

Table 4

Descriptive Statistics of Dimensions of Grace Scale

Dimension of Grace	<i>N</i>	Mean	<i>SD</i>
Experiencing God's Grace	20	3.67	1.32
Costly Grace	20	3.88	1.22
Grace to Self	20	3.15	0.77
Grace from Others	20	3.00	0.79
Grace to Others	20	3.02	0.96

Chapter 4

Discussion

This study was designed to explore common obstacles people experience in receiving grace. An initial inquiry resulted seven common themes, six of which had moderate to strong interrater agreement. Using these same seven themes, a survey was then administered to a substance abuse sample population receiving treatment within a residential facility. The highest rated obstacles included a desire to be independent and not rely on others, not wanting to be obligated to pay back the gift in the future, and wanting to earn what one receives. The lowest ranked item was doubting that grace is real. Throughout the survey, barriers with relational elements were rated higher than barriers with cognitive components. This may signify that relational factors are more of an obstacle than beliefs.

Correlations were also computed to explore relationships between perceived obstacles to grace and The Dimensions of Grace scale. An inverse relationship was found between doubting grace is real and experiencing God's grace, which suggests the more one experiences God's grace, the less one doubts it. A moderately negative relationship was found between experiencing God's grace and not deserving God's grace, suggesting the more participants rated they don't deserve God's grace, the less they experienced it. A moderately negative relationship was also found between experiencing God's grace and feeling guilty for receiving grace. That is, participants who reported experiencing more grace from God did not report as much guilt about receiving it. A moderately negative relationship between doubting if grace is real and the cost of

grace was also found. This suggests that the more one doubts grace the less the person experiences the sacrifice involved in acts of grace. Finally, a moderately negative relationship was found between receiving grace from others and not wanting to feel obligated to repay a gift in the future. In other words, the more respondents rated their ability to receive grace from others, the less concerned they felt obligated about needing to repay it in the future.

Theory

This research adds to the previous research in the area of grace by considering obstacles that prevent people from experiencing grace. Understanding obstacles to receiving grace may prove helpful in understanding and empathizing with the experience of the person receiving it. As a new topic in the field of positive psychology (Peterson & Seligman, 2004), grace will likely have connections with research on gratitude, humility, hope, and happiness. The relative lack of current research on grace when compared to other positive psychology topics makes this topic an important one.

From a Christian perspective, McMinn (2017) suggests virtue is a reflection of divine character, which makes monotheistic belief important to consider because God is deemed to be supremely gracious in these faiths. If the major barriers to receiving grace are more relational than intellectual, this might reveal how God is comprehended and how a relationship with God is perceived. Healing relationships require a level of intimacy and vulnerability, something that when violated causes deep pains. This suggests the importance of considering relational pains encountered in the pursuit of grace, whether from a human or divine relationship. Exploring relational wounds to promote a greater ability to experience grace could have a range of benefits similar to previous research done on another virtue; forgiveness. Worthington and Sherer (2004)

showed that states of unforgiveness are stressful, linking the implications to poor physical health. They also believed there was a link between people who are more likely to practice emotional forgiveness and decreased stress (resulting in less health problems), increased social support, and increased relational skills. More research on experiences with grace should be encouraged to discover the range of mental and physical benefits showing the importance to be mindful of grace in therapeutic encounters. Being able to experience grace more often may promote deeper meaning making as well as a greater capacity for relationships.

Practice

Bland (2009) and Burijon (2001) sought to show how a relational understanding of grace could be beneficial to the healing of the client in a psychotherapy relationships. The current research suggests that along with having an understanding of grace it may be beneficial to factor in how the client understands their relationship to grace in order to come to a mutual understanding of how it may be beneficially used in therapy. It may not be enough for the therapist to have a grace-filled attitude toward the client but to also seek an understanding of what the client perceives is preventing encounters with grace. Exploring a patient's tensions with receiving grace from the therapist can expose relational patterns that may not have otherwise been noticed, allowing for a new relational experience to occur. Grace, while seen as a positive virtue, might come with painful memories or instances that prevent an experience of it both in the therapeutic relationship and in patients' other relationships.

Both research from Tjeltviet (2004) and McMinn et al. (2006) sought to advocate for grace, with the former seeking to show how grace might expand the understanding of humanity, and the latter seeking to show what the crossroads of psychology and theology might look like.

This study could demonstrate a practical way to navigate that crossroads. If grace is an important virtue for a client, then exploring the barriers to it may be a practical way for a psychotherapist to assist patients towards healing. Adding to the theoretical research previously done on grace by Bland (2009), Burijon (2001), and Crowther and Schmidt (2015) this research may show the importance of a relational component to a theory of grace. Similarly, in light of the previous research that has been done on how to measure grace (Basset, 2013; Bufford et al., 2015, 2017; Sisemore et al., 2011) this research may indicate an importance of the relational aspects of grace and give insight to the development of future grace measures. Previous empirical studies (Bronte & Wade, 2012) showed a range of ways that grace positively impacts individuals as well as a variety of ways to experience it. The current study reveals common obstacles that may prevent an encounter with grace.

This research also highlighted important factors when approaching individuals with heightened shame experiences and substance abuse issues. Self compassion (Held, Owens, Thomas, White, & Anderson, 2018) reduces experiences of shame in individuals during their treatment for substance abuse. This might be a key insight into how gifts of grace and relatedness to oneself in a compassionate way could help substance use treatment. An increased ability to receive gifts of grace might only be able after a safe relationship is established, making way for increased ability for self-compassion. In another study (Luoma, Kohlenberg, Hayes, & Fletcher, 2012) Acceptance and Commitment Therapy (ACT) was used as an intervention and was shown to decrease shame in individuals at a four month follow up after their substance use treatment. Reducing the common relational obstacles of grace that were found in this current study could help to increase experiences of self-compassion and acceptance in order to reduce shame. This

may suggest that an important factor in the recovery of substance abuse disorders is the ability for interpersonal connection rather than just focusing on avoiding the use of the substance. Gabor Mate (2010) has written extensively about working with substance abuse, advocating for the importance of human connection in recovery models. Understanding the relational obstacles to grace could be another way to increase human connection in individuals with substance abuse disorder.

Spiritual Formation

Grace has a longstanding emphasis in religion and is now being explored from the vantage point of positive psychology. This research provides an important perspective between the two fields. Fonagy, Gergely, Jurist, and Target (2005) write extensively about mentalization and the importance of understanding how individuals experience themselves and their relationships. Exploring an individual's obstacles to grace could provide a rich conversation to help facilitate self-understanding which in turn could promote a deeper ability for spiritual practices. Understanding an individual's experience when receiving grace may also lead to linking their developmental history of formative life events in their family of origin and other attachment relationships to their current ability to experience the world within and around. Exploring the obstacles to grace could help promote a curious attitude towards how one's understanding of these obstacles shape perceptions, hopes, expectations, and relationships.

Similarly, Granqvist, Mikulincer, Gewirtz, and Shaver (2012) showed a link to between attachment and spirituality. Individuals with a more avoidant style of attachment took longer to access God as a safe haven in the context of distress. They also showed that an individual's self-protective strategy to turn to God in the face of unconscious reminders of failure and death was

weakened by an avoidant attachment orientation. Although this current research did not look into attachment histories or internal organizations, it did show a theme of relationships being a factor in the obstacles. Exploring the obstacles to grace may be another way to know and explore an individual's attachment style and promote a deeper spirituality as a coping mechanism.

Augustyn, Hall, Wang, and Hill (2016) also found a relationship between attachment and spirituality. They were able to show that secure attachment predicts positive spiritual outcomes. In both of these instances, attachment was explored to predict levels of spirituality. Augustyn et al. (2016) also found that the less important spirituality was in an individual's life the greater their attachment factored in to their emotional well-being. This may show two interesting things; that a healthy spirituality may act as a buffer against negative attachment organizations, and how individuals experience interpersonal relationships is a factor in well-being. This may help make sense of the relational obstacles to receiving grace in the current study.

Training

The implications from this study may also have an impact on future training. Sorenson (2004) showed that therapists who were comfortable processing their client's spiritual issues had a larger impact on the client's spirituality than their family of origin. This was found to be true regardless of whether or not the therapist's spirituality matched that of the client's. Sorenson's fascinating study shows the importance of exploring spirituality with a client, which has implications for how psychotherapists are trained. Exploring obstacles to grace might help patients further understand and process what may be preventing them from a transformative experience of grace in psychotherapy.

Moreover, examining obstacles to grace may provide another road to empathizing with patients. Previous research on grace has shown how to measure grace as well as how it might be beneficial, but the body of research has looked over the importance of the experience of an individual who is not experiencing it. This might be considered in basic empathy training as well as in relational psychotherapy training.

Limitations

Understanding the role that obstacles to grace plays in receiving grace will be important as more research is done on the topic. While this research was a start, there were limitations with the study. Paradoxically, the item with the lowest inter-rater reliability (“I Want to be Independent and Not Rely on Others”) was rated the highest by the participants who took the final survey. This suggests a need for more research related to this construct, both because of its importance and because it is more difficult to discern from written narratives than other related constructs. Another limitation in the research design was the difference between the population used for the grounded theory portion to create the survey and the substance use population that took the finalized version of the obstacles to grace scale. This high religiosity of the population used to create the survey may have missed obstacles that would have been common in a substance use population. Similarly, those in the less religious population may not have identified with the obstacles identified by those who are more religious. Another limitation was the use of religion instead of spirituality. Substance use treatment has a history of encouraging a personal spirituality, which is different from an organized religion. Trying to measure the importance of religion, instead of the importance of spirituality, might have missed a valuable aspect of the substance use population. Also, though respondents did not express much doubt

that grace is real, it is unclear how much they experience grace on a regular basis. This should be assessed in subsequent research.

Future Research

It may be beneficial to continue researching the barriers to receiving grace in conjunction with attachment research. Authors (Hall, 2007a, 2007b; Sorensen, 2004b, Augustyn et al., 2016, Watson, 2007) have advocated for a relational spirituality to help deepen an understanding of the relationship with God, which may prove beneficial to understanding potential roots of the obstacles to receiving grace. Other potentially beneficial ways to explore the obstacles to grace might be to explore the roots of how each obstacle emerged through phenomenological qualitative research. This may inform more themes within each obstacle and provide more guidance for interventions. Further research could also be done to see the difference between people who report experiencing more grace compared to those who report not experiencing much grace. This difference may be rich and facilitate roads for further exploration.

Conclusion

The concept of grace can heal relational wounds, but there are barriers to receiving it. This study sought to find the most common and salient obstacles that may be experienced. Although there were limitations to this study, understanding the obstacles uncovered may reveal important details about how people experience the world. This study explored 7 common themes that prevent an individual from receiving grace and applied them to a substance abuse population. The results from the substance abuse population showed that a desire to be independent and not rely on others, not wanting to be obligated to pay back the gift in the future, and wanting to earn what one receives are the highest rated barriers. All of these themes have a

relational component. This may also give insight into substance abuse populations and inform future research and training.

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Appendix A**Preliminary Obstacles to Grace**

Let's begin with a working definition of grace: *Grace is unconditional acceptance given to an undeserving person by an unobligated giver, the giver being either human or divine.* Given your experience with grace as defined above. What are some personal obstacles you experience that interfere with receiving grace?

Appendix B

Obstacles to Grace

Let's begin with a working definition of grace: *Grace is unconditional acceptance given to an undeserving person by an unobligated giver, the giver being either human or divine.* Given your experience with grace as defined above, how much do the following factors interfere with your experience of grace?

Not at all Somewhat A great deal

I doubt grace is real	1	2	3	4	5	6	7
I don't deserve grace	1	2	3	4	5	6	7
The giver of grace probably has a hidden motive or expectation	1	2	3	4	5	6	7
I feel guilty receiving grace	1	2	3	4	5	6	7
I want to be independent and not rely on others	1	2	3	4	5	6	7
I need to earn what I receive	1	2	3	4	5	6	7
I don't want to feel obligated to pay back the gift in the future	1	2	3	4	5	6	7
Other: _____	1	2	3	4	5	6	7
Other: _____	1	2	3	4	5	6	7

Appendix C

Demographics Questionnaire

Code_____

* Required

1. Age (please write) *

2. Gender Identity *

Circle only one.

Male

Female

Prefer not to say

Other: _____

3. What sexual identity do you most identify with?

Circle only one.

Straight

Gay or Lesbian

Bisexual, queer, pansexual

Prefer not to say

Other: _____

4. What racial or ethnic group do you most identify with? (may choose more than one) *

Circle only one.

European Decent or Caucasian

Black or African America

Hispanic

Latino

American Indian or Alaskan Native

Asian

Native Hawaiian or Pacific Islander

Prefer not to say

Other: _____

6. What religion do you belong to, if any?

7. How important is your religion to you? *

Circle only one.

Not at all important; I have no religion

Slightly Important

Somewhat important

Quite important

Very Important; It is the center of my life

Appendix D

Dimensions of Grace Scale

Below are some questions regarding Grace from a higher power. Please rate each item based on how much you agree or disagree with it.

	Strongly Disagree		Moderately Agree			Strongly Agree		
The more obedient I am, the more God loves me	1	2	3	4	5	6	7	
I strive to do good because of God's acceptance of me not in order to heard His love	1	2	3	4	5	6	7	
Those who sin less than other require less grace	1	2	3	4	5	6	7	
The harder I work, the more I earn God's favor	1	2	3	4	5	6	7	
My parents always remember my mistakes	1	2	3	4	5	6	7	
I tend to be hard on myself	1	2	3	4	5	6	7	
When I do something wrong I just can easily forget it	1	2	3	4	5	6	7	
As a child, one of my parents often used the "silent treatment" with me when upset with me	1	2	3	4	5	6	7	
My behavior does not matter since I've been forgiven	1	2	3	4	5	6	7	
I accept my short comings	1	2	3	4	5	6	7	
One of my parents could stay mad at me for days sometimes	1	2	3	4	5	6	7	
God cares more about what I do that who I am	1	2	3	4	5	6	7	

If I work harder, I need less grace	1	2	3	4	5	6	7
I am able to forgive other when they hurt me	1	2	3	4	5	6	7
I seldom feel shame	1	2	3	4	5	6	7
because of God's work in my life I feel I have more self-control. My actions are more likely to be appropriate	1	2	3	4	5	6	7
As a child I was confident that at least one of my parents loved me no matter what	1	2	3	4	5	6	7
I tend to dwell on my faults	1	2	3	4	5	6	7
My Dad seldom said thank you	1	2	3	4	5	6	7
Other must earn my forgiveness	1	2	3	4	5	6	7
I find it hard to accept help or gifts from others	1	2	3	4	5	6	7
My beliefs about grace encourage me to be forgiving of others	1	2	3	4	5	6	7
I don't get mad at people, I get even	1	2	3	4	5	6	7
My mother or father keeps brining up my past failures	1	2	3	4	5	6	7
Because of grace bestowed to me, I am able to forgive others	1	2	3	4	5	6	7
I seldom get very upset with myself when others are angry with me	1	2	3	4	5	6	7
As a child one parents tended to withhold love when I misbehaved	1	2	3	4	5	6	7
People who do bad things deserve what they get	1	2	3	4	5	6	7
I must work hard to experience God's grace and forgiveness	1	2	3	4	5	6	7

Sometimes when I pray for something I really want, I find that I end up with something even better	1	2	3	4	5	6	7
I need to see remorse before I offer forgiveness	1	2	3	4	5	6	7
If someone wrongs me, they need to make it right	1	2	3	4	5	6	7
When offended or harmed by other I generally find it easy to forgive them	1	2	3	4	5	6	7
Because of God's work in my life I feel I have more self-control. My emotions are more likely to be appropriate	1	2	3	4	5	6	7
I generally give people what I get from them	1	2	3	4	5	6	7
God is in the process of making me more like Jesus	1	2	3	4	5	6	7

Appendix E**Informed Consent for Participation**

I _____ understand that I am volunteering to be a participant in a research project that requires me to fill out a questionnaire. I am also aware that I can withdraw from the project at any time without any consequence.. I understand that I can request that information in the survey be changed and that I have the ability to clarify things that I feel need clarification. I understand that this information I give will be used solely for Bradley Johnson's (investigator) doctoral dissertation and may be published in a scholarly journal. I understand that the data collected will be kept confidential with only the investigator of this research, a peer reviewer and a faculty advisor having access to my name and identifying information. The only demographic information that will be published will be my gender, age, sec economic status, and religious denomination. There will be no reference to my name on any part of the research material and no one will be notified that I participated in this research. I also understand that the investigator is required by State law to disclose any report of suicidality, homicidality or abuse of a child or elder. I understand that I may contact Dr. Mark McMinn (mmcminn@georgefox.edu) if I have questions or concerns about my participation in, or any part of, the research project. By signing, I agree to participate in the research project, under the terms noted above.

Signature of participant:_____ Date:_____

Signature of witness:_____ Date:_____

Curriculum Vitae

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EDUCATION	<p>PsyD Clinical Psychology George Fox University, Newberg, OR APA accredited</p> <p>MA Clinical Psychology (2016) George Fox University, Newberg, OR</p> <p>BA Psychology and Theology (2014) Multnomah University, Portland, OR</p>	Anticipated Graduation: May 2019
CLINICAL TRAINING	<p>Doctoral Internship <i>Montana State University Health Services, Bozeman, MT</i></p> <ul style="list-style-type: none"> • Population: General Student Body with specialized cases working with veteran students, and Native American students • Anticipated summer rotation at Montana State Hospital • Provide individual therapy for students struggling with trauma, anxiety depression, acculturation difficulties, and suicidality. Case load includes a range of short term and longer term clients • Facilitate two weekly groups; one is an interpersonal process group and the other is a mindfulness group • Administer comprehensive assessments with provision of feedback and recommendations • Outreach activities include leading monthly didactic and dialogue with Native American students, suicide awareness for student population, and mental health awareness to incoming freshman • Provide weekly supervision to masters level intern • Supervisors: Cheryl Blank, PhD, Brain Kassir PsyD <p>Doctoral Student Therapist <i>Washington State University Counseling Center, Vancouver, WA</i></p>	<p>2018-Present</p> <p>2017-2018</p>

- Population: Ethnically/racially diverse undergraduate and graduate students, non-traditional students, first-generation college students
- Provided individual therapy for students struggling with trauma, anxiety, depression, acculturation difficulties, and suicidality from Time-Limited interpersonal perspectives. Case load included two, year long clients
- Facilitated weekly interpersonal process group
- Administered comprehensive LD/ADHD/Personality assessments
- Outreach activities included psychoeducation for students about stress and also provided monthly suicide awareness trainings
- Co-facilitated training didactics
- Sessions were recorded and reviewed with supervisor
- Supervisors: Allison Chambers, PsyD, MHA, Patience McGinnis, PsyD

Doctoral Student Therapist

2016-2018

- Provided long term psychodynamic psychotherapy for one adult client
- Case conceptualization, treatment planning, diagnosis, and session notes from a psychodynamic orientation
- Supervisor: Nancy Thurston, PsyD, ABPP, Licensed Psychoanalyst

Behavioral Health Crisis Consultant

2016-2018

*Providence Newberg Medical Center, Newberg, OR**Willamette Valley Medical Center, McMinnville, OR*

- Population: Individuals of all ages and diverse backgrounds presenting to the emergency department for suicidal/homicidal ideation, alcohol/drug intoxication, psychosis, substance induced psychiatric diagnoses, cognitive decline, and inability to care for self
- Performed crisis consultation, neurocognitive screening, and other risk assessment for two major medical centers, law enforcement, and mental health agencies in the community
- Collaborated with physicians and multidisciplinary team to provide patient stabilization and discharge plan
- Documented evaluation in electronic medical charts and coordinated resources with county mental health employees
- Supervisors: Mary Peterson PhD, Joel Gregor PsyD, William Buhrow PsyD, Luann Foster, PsyD

Doctoral Student Therapist

2016

George Fox Behavioral Health Clinic, Newberg, OR

- Population: Low SES, uninsured, rural community, diverse in age, sexual orientation, and religion.
- Provided long term and Time-Limited Psychodynamic therapy

- Administered comprehensive Cognitive and Personality assessments including projective tests such as the Rorschach, TAT, Roberts-2, and Rotter Incomplete Sentences
- Supervisor: Joel Gregor, PsyD

Doctoral Student Therapist

2016

Northwest ADHD Treatment Center, Portland, OR

- Population: Medicare clients, diverse in age, sexual orientation, and religion
- Provided individual therapy for clients struggling with symptoms of inattention and hyperactivity from an interpersonal perspective
- Conducted ADHD assessments, regularly administering the Test of Variables of Attention (T.O.V.A.)
- Collaborated with psychiatric nurse practitioners and skills trainers to formulate treatment plan
- Supervisors: Daniel Lennen, PsyD, Heather Tollander, PsyD

Doctoral Student Therapist

2015-2016

Sport Therapist: George Fox University, Newberg, OR

- Population: Undergraduate college athletes diverse in sexual orientation and gender
- Provided time limited solution-focused individual therapy to current college athletes
- Supervisor: Glenna Andrews, PsyD

Practicum Therapist

2016

Cedar Hills Psychiatric Hospital, Beaverton, OR

- Population: Individuals aged 18 years or older with diverse backgrounds with suicidal/homicidal ideation, various substance use disorders, psychosis, substance induced psychiatric diagnoses, inability to care for self, and chronic pain
- Engaged in rotations on the crisis stability unit for severe and persistent mental illness, a chronic pain unit, an intake assessment unit, and a general mental health unit
- Provided short term individual therapy, treatment planning, and coordination of after care services with patients
- Provided four weekly psychoeducational and process groups
- Collaborated and consulted with psychiatrists, nursing staff and multidisciplinary team to provide patient stabilization and discharge plan
- Supervisor: Jory Smith, PsyD, Shanna Branham, MSW

Pre-Practicum Therapist

2015

George Fox University Grad. Dept. of Clinical Psychology, Newberg, OR

- Population: Undergraduate students
- Provided individual therapy for two students from a client-centered orientation
- All sessions were recorded and reviewed with supervisors
- Supervisors: Glena Andrews, PhD, Joel Snyder, MA

Depression Support Group Facilitator

2014

Providence Newberg Medical Center, Newberg, OR

- Population: Patients referred by their primary care physician
- Provided eight-week group utilizing Neal Nedley's Depression Recovery Program. Each group consisted of one hour of psychoeducation and one hour of interpersonal processing
- Group topics included healthy living habits, dysfunctional thinking patterns, and grief
- Supervisors: Glena Andrews, PhD, Bert Pace, MA

RESEARCH**Doctoral Dissertation, Anticipated defense February 2019**

Prelim passed, May 2017. Obstacles to Receiving Grace Within a Substance Abuse Population: A Grounded Theory Approach
 Dissertation Chair: Mark McMinn, Ph.D., ABPP

Research Vertical Team Member

Collaborated and designed various research projects with team members
 Supervisor: Mark McMinn, Ph.D., ABPP

**PUBLICATIONS/
PRESENTATIONS****Papers**

McLaughlin, P., McMinn, M., Morse, M., Neff, M., **Johnson, B.**, Summerer, D., & Koskela, N., (2017) The Effects of a Wisdom Intervention in a Christian Congregation. *The Journal of Positive Psychology*. Published Online: July 9, 2017.

McMinn, M., McLaughlin, P., **Johnson, B.**, & Shoup, R. (2016) Psychotherapy and Christian Virtues. *Open Theology*. Published Online: May 17, 2016.

Posters

Summerer, A., **Johnson, B.**, & McMinn, M. Exploring Quest and Cultural Humility in Relation to the Spiritual Identities of Doctoral Clinical Psychology Students at a Christian University.

Individual presentation accepted for presentation at Christian Association for Psychological Studies, April, 2017

Johnson, B., Summerer, A., McLaughlin, P., Koskela, N., & McMinn, M. Changes in Post-formal Thought in a Church-Based Wisdom Mentoring Program. Poster presented at American Psychological Association Convention in August, 2016.

Blankenship, G., **Johnson, B.**, Flachsbart, C., Haigh, J., & Lam, P. (2016) Characteristics of Vocational Environments That Support Young Adults with ASD. Poster presented at Western Psychological Association Convention in May, 2016.

TEACHING & ACADEMIC EXPERIENCE	Teaching Assistant	2016-2018
	Graduate Level Course: Psychodynamic Psychology	
	<i>George Fox University Grad. Dept. of Clinical Psychology, Newberg, OR</i>	
	Professor: Nancy Thurston, PsyD, ABPP	
	Teaching Assistant	2015-2017
	Graduate Level Course: Lifespan Development	
	Graduate Department of Clinical Psychology, George Fox University	
	Professor: Celeste Flachsbart, PsyD, ABPP	
	Group Supervisor: Neil Nedley Depression Management	2016
	Supervised Master Level Clinicians	
	Graduate Department of Clinical Psychology, George Fox University	
	Professor: Glenna Andrews, PhD, ABPP	
	Guest Lecture - "Stages of Faith in Human Development"	2016
	Graduate Level Course: Human Development	
	Graduate Department of Clinical Psychology, George Fox University	
	Professor: Celeste Flachsbart, PsyD, ABPP	
	Guest Lecture - "Drug and Alcohol Abuse"	2013
	Undergraduate Level Course: Abnormal Psychology	
	Multnomah University	
	Professor: Jim Velez, LPC	
	Guest Lecture - "Depression"	2013
	Undergraduate Level Course: Abnormal Psychology	
	Multnomah University	
	Professor: Jim Velez, LPC	
	Teaching Assistant	2013
	Undergraduate Level Course: Research Methods and Statistics	
	Multnomah University	
	Professor: Elliot Lawless, PsyD	

AWARDS **2018 Graduate Scholar Award**, American Psychological Association
 Psychoanalysis Division 39

LEADERSHIP	Vice President of Student Council	
EXPERIENCES/ PROFESSION	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
AFFILIATIONS	Division 39: Graduate Student Committee Member	
	Community Gathering Team Member	
	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
	Leader: Friends of Freud Psychoanalytic Reading Group	
	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
	Leader: Psychoanalytic Student Interest Group	
	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
	Admissions Interview Volunteer	
	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
	New Student Orientation Volunteer	
	<i>George Fox University Grad. Dept. of Clinical Psychology</i>	
	Student Affiliate , Division 39 Psychoanalysis, American Psychological Association	
	Student Affiliate , Division 36 Psychology of Religion and Spirituality, American Psychological Association	
	Student Affiliate , American Psychological Association	
	Student Affiliate , The International Society for Psychology and Social Approaches to Psychosis	
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OTHER WORK	Therapist	2016-2017
	<i>Cedar Hills Psychiatric Hospital, Chronic Pain Unit, Beaverton, OR</i>	
	<ul style="list-style-type: none"> • Weekend therapist on the chronic pain unit at an adult psychiatric hospital • Patients were sought help with problems ranging from chronic pain, addiction, and serious mental health concerns. • Duties included leading group therapy, leading biofeedback sessions, and treatment planning with patients • Collaborated with a treatment team consisting of nurses and psychiatrists to provide collaborative care for patients 	
	Group Counselor	2013-2014
	<i>Northwest Behavioral Health Care Services, Gladstone, OR</i>	

- Population: Residential treatment facility adolescents aged twelve to seventeen from a wide range of diverse backgrounds with dual diagnosis mental health and substance abuse concerns
- Created and implemented a seven-week curriculum of various mental health topics. Generated routine documentation, and contributed feedback to therapists in treatment teams.
- Led a staff training on rapport-building and the application of various research from clinical psychology

Primary Adolescent Counselor

2012-2013

Northwest Behavioral Health Care Services, Gladstone, OR

- Population: adolescents aged twelve to seventeen from a wide range of diverse backgrounds with dual diagnosis mental health and substance abuse concerns
- Milieu management in above-noted residential treatment center for adolescents, involved monitoring behavior, managing disruptive behavior, implementing milieu-based treatment plans, conflict de-escalation, and assisting with group therapy
- Participated in weekly treatment teams with group leaders and therapists to formulate treatment plans for clients

SELECTED TRAININGS	Clinical Team	2014-2018
	Consultation team that meets weekly to discuss and present cases from various clinical perspectives Consultants: Mark McMinn PsyD, ABPP, Joel Gregor PsyD, Nancy Thurston PsyD, ABPP, and Elizabeth Hamilton PhD. 2014-present	
	Black Analyst Speak with Panel Discussion Oregon Psychoanalytic Center Barbara Steif, PhD, Sandra Jenkins, PhD and Adam Rodriguez, Psy.D.	2017
	Love is Giving What You Don't Have: A Commentary of Lacan's Reading of Plato's Symposium Bruce Fink, PhD	2017
	Leadership Developmental Workshop George Fox University Deborah Dunn, PhD	2017
	Exploring the Clinical Moment: Listening Psychoanalytically Kate Blumner MD, Cynthia Ellis Gray MD	2017
	Contextual Interpretation of the MCMI-IV: an overview of MCMI-IV scales and how to provide clinically-useful feedback using the assessment tool. Seth Grossman, PhD	2017
	Division 39 Spring Meeting: These Times are a Changing, How About Us?	2017

OBSTACLES TO RECEIVING GRACE	50
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Relational Integration and Psychotherapy Steven Sandage, PhD	2016
The Therapeutic Use of Optimal Stress: Precipitating Disruption to Trigger Repair Martha Stark MD	2016
Exploring the Clinical Moment: Listening Psychoanalytically Debbie Carriere PhD, Ralph Beaumont PhD	2016
Transference/Countertransference Paradigms in Clinical Work With Sexual Abuse Survivors Mary Gail Frawley-O'Dea, PhD	2016
Summer Intensive Rorschach Training Workshop Nancy Thurston PsyD, ABPP, Psychoanalyst	2016
Let's Talk About Sex: Sex and Sexuality Applications for Clinical Work Joy Mauldin PsyD	2015
Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue Marie Hoffman PhD	2015
Spiritual Formation and Psychotherapy Barret McRay PsyD	2015
"Facetime" in an Age of Technological Attachments Doreen Dodgen-Magee PsyD	2014
ADHD: Evidenced-based Practice for Children & Adolescents Dr. Erika Doty & Dr. Tabitha Becker	2014

PERSONAL INTERESTS	Photography Enthusiast Avid Fly Fisherman Weekend Poet Adventurer, and Explorer
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REFERENCES	McMinn, PhD, ABPP, Licensed Psychologist Faculty Advisor Graduate Department of Clinical Psychology George Fox University Email: mcminn@georgefox.edu
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Cheryl Blank, PhD, Licensed Psychologist Director of Training Montana State University Email: cblank@montana.edu

Jory Smith, PsyD, Licensed Psychologist
Practicum Supervisor
Cedar Hills Psychiatric Hospital
Email: JSmith@hazeldenbettyford.org

Glena Andrews, PhD, Licensed Psychologist
Director of Clinical Training
Graduate Department of Clinical Psychology
George Fox University
Email: gandrews@georgefox.edu