



Religious Healing Experiences and Earned Security

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Abstract

This article focuses on religious healing experiences related to resources from Christian faith and practices and attachment theory. Qualitative interviews were conducted with nine informants. The results indicate that they perceived healing experiences as intense encounters with a loving, sensitive, external power with detailed insights into their burdens. The respondents interpreted the external power as the Christian God. They characterized these experiences as life-changing spurs to further healing processes. We suggest that these encounters can be understood as perceived experiences of God as an attachment-like figure. Earlier research on religious attachment showed that God is often approached as a safe haven in stressful times. Although there is less evidence implying that God is seen as a secure base or a starting point for new exploration, our respondents indicated that these experiences prompted new explorations of their lives, selves, others, and God. We discuss how healing experiences may provide a sense of earned security that changes insecure internal working models into more secure models and argue that this insight can be relevant in the field of pastoral care.

Keywords Religious healing · Attachment · Earned security · Pastoral care · Qualitative interviews

When they prayed for me, I got such a picture. It was just an inner picture, and it was beautiful. It was that I saw, in a way, God's hands, and then he holds me like a baby . . . safe, safe wrapping. . . . And that's one of the most healing perceptions I've experienced, the deepest, healing and life-transforming experience in relation to the deep, deep rejection that I

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experienced as a little child. . . . I came home, in a way. So, it's really the precursor for me daring to take new steps and make new things. (Elisabeth, informant, about her healing experience)

Some people have what they perceive as extraordinary religious experiences, often described as visions, hearing voices, sensing an extraordinary warmth, or seeing a light (Geels and Wikström 2006; Henriksen and Pabst 2013; James 2019; Lundmark 2017; Nygaard et al. 2017). Extraordinary religious experiences may be regarded as life-changing (Geels 2014; Geels and Belzen 2003; Nygaard et al. 2017). Nevertheless, many hesitate to tell other people about these experiences because they are afraid of being regarded as unreliable. Thus, life-changing religious experiences may remain hidden knowledge in the research and practice of pastoral care (Henriksen and Pabst 2013).

The aim of this article is to empirically investigate religious healing experiences reported to be life-changing. Our working definition of healing experiences builds on McElligott's (2010) definition: "personal experience of transcending suffering and transformation towards wholeness" (p. 251). Suffering may diminish the quality of life through physical, mental, spiritual, and relational injuries and strains. In our study, we reformulate "transformation towards wholeness" to "wholerness" as we assume that people may still carry wounds even when they experience that some parts of themselves are "wholer" though not completely "whole."

Our notion of religious healing experiences is based on Geels's (2014) definition of extraordinary religious experiences. These experiences are distinguished from other extraordinary experiences as they are immediately or later perceived and/or interpreted as encounters with a higher or the uttermost reality. These encounters happen spontaneously and, according to those who experience them, are not rational (Geels 2014; Geels and Belzen 2003). The concept of extraordinary religious healing experiences is also related to perceived healing of suffering for reasons outside conventional medical models and treatments (White and Brown 2000). In our study, 'religious' refers to Christian faith and practices. More precisely, we investigate healing experiences interpreted by the participants as encounters with the Christian God and/or Jesus.

We suggest that these encounters can be understood as perceived encounters with God as an attachment-like-figure and have explored our material in light of attachment theory and religious representations (Granqvist and Kirkpatrick 2016). Attachment theory and the notion of religious representations build on Bowlby's (1969, 1988, 2012) theory of infant–mother attachment (see also Cassidy and Shaver 2016; Granqvist and Kirkpatrick 2016). Granqvist and Kirkpatrick argue that Bowlby's attachment theory can be used to understand perceived relationships with God,¹ Jesus, and other supernatural, religious attachment-like figures in adulthood (Granqvist and Kirkpatrick 2013, 2016; Kirkpatrick 2006, 2012).² Attachment to perceived religious attachment-like figures is suggested to develop mental representations in believers (Granqvist 2002; Granqvist and Kirkpatrick 2016). By religious representations, we mean mental representations or inner working

¹ Granqvist and Kirkpatrick (2016) referred to God with a capital 'G,' so we have also used a capital 'G' in 'God' in our article.

² Although Bowlby focused mainly on infant–mother attachment, he believed that attachment processes are important across the lifespan, from the cradle to the grave (Kirkpatrick 2006).

models³ mediated through perceived religious attachment-like figure(s).⁴ Applying attachment theory as a theoretical lens, we were able to look at the material for different perspectives on attachment related to religious healing experiences.

The empirical material in this article consists of nine qualitative interviews with people who reported having healing experiences related to resources from Christian faith and practices. Our research question was, *What characterizes religious healing experiences in light of attachment theory and perceived religious representations?*

After discussing the literature review, the theoretical framework, the methodological approach, and the informants, we present some of the informants' stories. The analysis indicates that religious healing experiences may lead to changes in internal working models. We conclude by discussing how more secure internal working models, mediated by perceived religious representations, can be seen in light of Bowlby's (2012) focus on therapeutic processes and exploration of representational models of self and of attachment figures and some consequences for pastoral care in the framework of psychology of religion.

Literature review

The empirical research on extraordinary religious experiences⁵ has often emphasized perceived encounters related to a higher reality. Such occurrences have often been associated with sensory experiences and described in terms of the five senses (Geels 2014). They have been frequently reported to be visions (Geels 2001, 2014; Geels and Belzen 2003; Lundmark 2010, 2017; Nygaard et al. 2017), auditory experiences of hearing voices (Dein and Littlewood 2007; Geels 2014; Nygaard et al. 2017), and tactile sensations and feelings of warmth (Henriksen and Pabst 2013; Nygaard et al. 2017). Research has shown that informants combine different sensory modes, for instance experiencing both visions and a feeling of warmth that surrounds them or seeing visions and hearing voices (Geels 2001; Geels and Belzen 2003; Geels and Wikström 2006; Nygaard et al. 2017; Henriksen and Pabst 2013; Lundmark 2016; Nygaard et al. 2017). Extraordinary religious experiences have often been perceived as external surprises that address and come to the individual (Geels 2001; Henriksen and Pabst 2013; Lundmark 2016; Nygaard et al. 2017; Wulff 2014).

So far, most empirical research on extraordinary religious experiences in Nordic countries has focused on Christian faith and practices (Kleiven et al. 2019). Some have reported significant moments when people experience encounters with what they perceive as divine beings such as angels, the Christian God, and/or Jesus (Geels 2001; Geels and Belzen 2003; Geels and Wikström 2006; Henriksen and Pabst 2013; Lundmark 2010, 2017; Nygaard et al. 2017).⁶ Some

³ Bowlby's theory also describes how attachments develop children's mental representations or inner working models (Broberg et al. 2008). These representations contain information about children, their caregivers, and their interactions (Broberg et al. 2006).

⁴ We know that mental representations of religious attachment-like figures may also be mediated together with, for instance, mental representations of parental attachment figures. However, in this article we focus on religious representations mediated through perceived religious attachment-like figure(s) because the perceived religious attachment-like figure(s) emerged as the most relevant attachment(-like) figure during the healing moments.

⁵ When conducting the literature review, we searched databases such as Academic Search Elite, Academic Search Ultimate, ATLA with ATLAS, and PsycArticles for relevant literature using key words such as 'religious healing,' 'Christian healing,' 'spiritual healing,' 'faith healing,' and 'extraordinary,' 'anomalous,' 'mystical,' 'empiric*,' and 'attachment*.' The database searches yielded no relevant hits on peer-reviewed articles related to extraordinary religious healing experiences nor perceived healing processes resulting from them.

⁶ Geels has also researched experiential and behavioral aspects of Islamic mysticism (Geels 2005) and Jewish mysticism (Geels 1998).

extraordinary religious experiences have been perceived as religious healing experiences (Henriksen and Pabst 2013; Lundmark 2017; Nygaard et al. 2017). Empirical research has also addressed perceived extraordinary healing experiences understood to be miracles (Hvidt 2002b; Hvidt and Johansen 2004).⁷

Our research interest in this article is not physical miracles as such. Instead, our previous findings (Nygaard et al. 2017) have motivated us to further explore whether perceived extraordinary healing interventions can be better understood in light of God as an attachment-like figure.

The idea that the relationship between believers and perceived religious representations may involve attachment dynamics was first systematically explored by Kirkpatrick (1992; see also Granqvist et al. 2012; Kirkpatrick and Shavert 1990). A number of studies testing the feasibility of the attachment perspective on religions have supported Kirkpatrick's religion-as-attachment model (Birgegard and Granqvist 2004; Counted 2016; Davis et al. 2019; Granqvist and Kirkpatrick 2013, 2016; Granqvist et al. 2010, 2012; Kirkpatrick 1995, 2006, 2012; Kirkpatrick and Shavert 1990; Klausli and Caudill 2018). Research has also focused on the relationship between attachment to parents and God (Birgegard and Granqvist 2004) and attachment theory and the psychology of religious conversion (Kirkpatrick 2005; Rambo and Bauman 2012). Some research has also pointed to spirituality as a place that can be perceived as a safe haven and a secure base (Counted and Zock 2019).

Granqvist and Kirkpatrick's (2016) research on religious attachment has shown that God is often approached as a safe haven to turn to in stressful times. Less evidence has shown that God is perceived as a secure base or a starting point for new explorations. More research is also needed on the possibility that God as an attachment-like figure can provide earned security⁸ through changes that develop more secure inner working models (Davis et al. 2019).

To our knowledge, little empirical research has addressed perceived healing experiences and changes in attachment qualities. In the present article, we contribute findings from our empirical research on changes of internal working models through perceived extraordinary religious healing experiences.

Theoretical framework—Attachment and religious representations

The believer and their perceived relationship with God—The five defining criteria

Our understanding of attachment with God builds on Bowlby's term 'attachment relationship' (Ainsworth 1985; Bowlby 1969, 1988, 2012; Kirkpatrick 2012). Attachment relationships are

⁷ The Catholic church, in particular, has elaborated criteria for recognizing religious healings as miracles (Hvidt 2002a): (1) the patient must have suffered from a verified physical illness, (2) the healing must have occurred suddenly, (3) the healing must be complete without any remaining illness (e.g., in the case of cancer, all—not just some—tumors must have disappeared), and (4) the healing must be lasting, without relapse (Hvidt 2002a). For instance, miracles have been frequently reported by Catholic visitors to Lourdes on a pilgrimage known for medical miracles (Norheim 2009). According to Norheim, the Comité Médical International de Lourdes (CMIL), comprised of 20 medical specialists from around the world and with different religious affiliations, examined approximately 7000 patient stories dating from a period of more than 150 years. The CMIL found that almost 2000 were difficult to explain with available medical knowledge and practice (Norheim 2009).

⁸ Earned security means developing more secure inner working models (Davis et al. 2019). In the present article we use the concept earned security to shed light on the informants' development from less to more secure inner working models.

distinct from other types of relationships and must meet five criteria: proximity maintenance, a safe haven, a secure base, separation distress, and an attachment figure stronger and wiser than oneself (Birgegard and Granqvist, 2004; Granqvist 2002; Granqvist and Kirkpatrick 2013, 2016; Kirkpatrick 2012).

The first defining aspect of attachment relationship is proximity maintenance. The biological function of attachment is to maintain infants' emotional and physical proximity to protective attachment figures (Bowlby 1969). According to Granqvist and Kirkpatrick (2016), proximity maintenance to protective attachment figures resembles attachment processes with religious attachment-like figures. Religions may provide various ways to enhance perceived awareness of proximity to God. The most often used approach is prayer (Granqvist and Kirkpatrick 2016).⁹

The second crucial aspect of attachment is that an attachment figure serves as a safe haven against possible threats, as a place to turn to amid potential danger.¹⁰ The third major aspect is the provision of a secure base, which provides the grounds.

from which a child or an adolescent can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened. In essence, this role is one of being available, ready to respond when called upon only when clearly necessary. (Bowlby 2012, p. 12).

A secure base is the point from which one can make excursions into the outside world. Bowlby (2012) argued that only when we are confident in our base do we dare press forward and take risks. A secure base may provide a sense of security necessary for exploring the environment (Cassidy and Shaver 2016; Granqvist and Kirkpatrick 2016).¹¹

Moreover, an interplay occurs between a safe haven and a secure base, which is illustrated by the circle of security model (Hoffman et al. 2017). Hoffman, Marvin, Cooper, and Powell (2006) developed this model to examine the circular patterns of the child and the attachment caregiver in the physical environment. In this model, the primary caregiver may be seen as a safe haven, among other things, for affect regulation and thus provides a secure base for exploring the world.

We modified this model to better understand the attachment relationship with a perceived religious attachment-like figure. Instead of children and their primary caregivers, our modified model illustrates the interplay between an adult and a safe haven and a secure base represented by a perceived religious attachment-like figure.

Our modified model is based on the notion of religious attachment processes, particularly in adults (Counted and Zock 2019; Granqvist and Kirkpatrick 2016).¹² Faith may provide confidence and give assurance. A person who is confident that a religious attachment-like figure is available as a safe haven whenever desired may also experience a sense of security in exploring the environment (Granqvist and Kirkpatrick 2016).

⁹ Granqvist and Kirkpatrick (2016) argued that theistic religions may give a sense of God as omnipresent so one can always be in 'proximity' to God (p. 919).

¹⁰ Bowlby (1969) described three types of natural dangers that trigger the attachment system and elicit attachment behavior: (1) frightening and alarming environmental events; (2) illness, injury, and fatigue; and (3) separation or threat of separation from an attachment figure.

¹¹ Insecure relationships to attachment-like figures tend to negatively affect children's ability to explore the world (Mothander et al. 2010).

¹² Counted and Zock (2019) adapted the circle of security model to understand religious and spiritual attachment to places. In this perspective, sacred places can be understood as performing the function of safe havens and secure bases (Counted & Zock 2019).

The fourth criterion for attachment relationships is a response to separation from and loss of an attachment-like figure (Ainsworth 1985). It is difficult to determine whether God matches this criterion as “God does not die” (Granqvist and Kirkpatrick 2016, p. 921).¹³

The fifth criterion is perception of an attachment figure as stronger and wiser than oneself. This criterion highlights the essentially asymmetrical nature of attachment. Believers may perceive God as stronger and wiser than themselves. Some may see God as omnipotent and omniscient, “attributes that are difficult for any earthly caregiver to compete with” (Granqvist and Kirkpatrick 2016, p. 920).

These five criteria of attachment relationships may illustrate the attachment dynamics and qualities in relationships with perceived religious attachment-like figures. These criteria were applied as analytical lenses to the stories of before, during, and after the healing experiences in our material.

Present moment

Attachment theory describes long-lasting relationships and shows how strong experiences of love can change attachment into a more secure state, for instance through romantic partner relationships (Broberg et al. 2008). In our material, the participants described their perceived healing moments as extraordinarily strong experiences of love occurring for a short duration, often only a few seconds. To more precisely investigate these moments, we used Stern’s (2004) notion of ‘present moments.’

Stern (2004) proposed that the ‘present moment’ involves subjective experiences lasting some seconds and often leads to changes in personal relationships in everyday life. Stern (2004) argued that the most interesting present moments “arise when two people make a special kind of mental contact” (p. 75).¹⁴ Characterized as intersubjective, this contact involves the mutual interpretation of minds that permits one to say “I know that you know that I know . . .” and “I feel that you feel that I feel . . .” Thus, the contents of the other’s mind are read, and the boundaries between self and others remain clear but permeable (Stern 2004).¹⁵

Method

Sample and recruitment

The nine study participants were recruited through our contacts among the leaders of healing practices within Christian congregations and diaconal institutions, followed by snowball sampling using referrals from the participants. The final sample consisted of seven women and two men whose ages ranged from their 20s to their 60s. The inclusion criteria included the following: (1) the informants themselves perceived the experiences as healing, (2) the informants related their healing experiences to sources in Christian faith and practices, and (3) the researchers could define the healing experience as an encounter experience involving meeting someone or something extraordinary (White and Brown 2000). The encounter experiences provided information about perceived interactions with religious attachment-like figures.

¹³ However, believers may fear spending eternity separated from God or being unable to experience an earlier felt communion with God (Granqvist & Kirkpatrick 2016).

¹⁴ Stern (2004) described the nature of the present moment in a list of 11 features.

¹⁵ The mental life is co-created in a continuous co-creative dialogue.

Interviews and data collection

A semistructured interview format was used (Kvale and Brinkmann 2009). The participants were asked to describe (1) their healing experience(s), (2) the resources from Christian faith and practices that they related to their experience(s), (3) what these experience(s) meant to them, and (4) how they made sense of their healing experience(s). The researchers conducted equal numbers of interviews. We aimed to achieve an empathic interview style (Kvale and Brinkmann 2009) to elicit stories, including some the participants had never shared.

Analysis and use of theory

The researchers audiotaped and transcribed the interviews. Applying thematic analysis (Braun and Clarke 2006), we searched in the material for themes relevant to attachment theory as well as themes that emerged more inductively. The inductive analysis showed that the stories were narratively built around the times before, during, and after the healing experiences. We used this arrangement as the main structure of the analysis section.

Six of the nine interviews had been analyzed previously to generate phenomenological descriptions of the healing experiences as extraordinary, including experiences of coping with different stressors (Nygaard et al. 2017). Throughout this writing process, we became aware of the possible relevance of attachment theory and religious representations (Granqvist and Kirkpatrick 2016) to understanding the material, and we wanted to further explore this potential in the present article by reanalyzing these six interviews and analyzing three additional interviews.¹⁶

Accordingly, our use of theory can best be described as an abductive enterprise understood as a dynamic process involving the material and various theoretical perspectives (Afdal 2010). More specifically, we conducted an inferential process producing new hypotheses based on surprising research (Timmermans and Tavory 2012). We hypothesized that attachment theory can yield at least a partial understanding of healing experiences. In accordance with the abductive research circle, understood as analytical back-and-forth processes between the material and relevant theories (Timmermans and Tavory 2012), the perceived religious representations and internal working models emerged as relevant in our material.

As mentioned above, the informants narratively built around the times before, during, and after their healing experiences. In order to better understand what our informants described as short moments *during* the healing, we applied Stern's (2004) theory of present moments to supplement our attachment theoretical lens. We termed these short "during-moments" 'healing moments' and called these moments and their consequences 'healing experiences.'

Ethical considerations

This study was submitted to the Norwegian Center for Research Data and received ethical approval before the interviews were conducted. Before the research was performed, all the participants signed a consent form and were informed of their right to withdraw from the study at any time (Postholm 2010). All the participants received an almost final version of the present article and could revise the information about themselves. None of them reported any need for changes. The participants are anonymized.

¹⁶ However, the material was already established when we discovered the relevance of attachment theory. Thus, we did not use the Adult Attachment Interview to assess attachment security in adulthood (Cassidy and Shaver 2016), and we could only look for indications of change in attachment and internal working models.

Presentation of the informants

Table 1 presents a brief description of the informants; the informants' age at the perceived healing moment and age at time of the interviews, reported stressors before the healing moments, some characteristics of the perceived healing moments and the perceived changes after the healing moments.

Table 1 A brief description of the Informants

Informants	Age at perceived healing moment	Age at time of interviews	Reported stressors	Perceived healing moments	Perceived changes
Elisabeth	40s	50s	Experience of parental rejection; embodied fatigue, anxiousness, and depression	Vision	Better physical health; increased self-value; new view on parental relationships; expanded notion of God
Signe	Early 20s	Late 20s	Death of father from cancer	Vision	Consolation in grief; expanded notion of God
Reidun	40s	50s	Experience of parental rejection; abandonment of care for foster children	Vision; tactile	sensation—a warm arm
Increased			self-value; ability to look ahead; expanded notion of God		
Mari	Early 20s	20s	Experience of a lack of parental presence; high self-demands	Vision	Fewer self-demands; belief in better parental relationship; expanded notion of God
Astrid	40s	50s	Experience of parental rejection; lost job opportunity	Hearing a voice	Increased self-value; release of grief; new choices; expanded notion of God
Frida	30s	40s	Experience of little care as a child; depression; attempted suicide	Sense of a power	Conversion to Christianity; increased self-value; new qualities in relations with close family; changed life with new meaning, belonging, and community; new perceived relationship with God
Charlotte	20s	40s	Family violence and mental illness during childhood	Vision; sense of warmth and love	Conversion to Christianity; increased self-value; completely changed life with new meaning, belonging, and community; new perceived relationship with God
Christian	20s	40s	Experience of childhood trauma; low self-esteem; drug abuse as a teenager; depression	Sense of power, love, and unity with the universe	Conversion to Christianity; increased self-value; stopped drug use; direction in life; new community; new perceived relationship with God
Freddy	50s	60s	Lack of childhood memories other than episodes of feeling fear; alcohol abuse; loneliness	Experience of love	Conversion to Christianity; increased self-value; stopped drinking; new community; new tasks; new perceived relationship with God

Analysis and results

Stressors, attachment and religious representations before the perceived healing experiences

All of the informants spoke about the suffering they underwent before their healing experiences. As mentioned above, all of the informants' stressors were primarily related to being primary caregivers. Eight of the nine informants described their suffering as the result of long-term stressors related to difficult relationships with their parents. One informant related her stressors to the acute crisis of her father's illness and death. She stated that she had had good relationships with her parents, and her grief was mainly due to loss and separation.

The informants identified the long-term stressors before their healing experiences as fear (Elisabeth, Reidun, Freddy, and Charlotte), guilt (Reidun, Freddy, and Mari), depression and isolation (Frida, Elisabeth, Charlotte, Freddy, Christian, and Astrid), and feelings of not being good enough (Reidun, Mari, Astrid, Charlotte, Christian, and Freddy). They said that as children they had longed for warm, emotional, sensitive closeness with their parents. One informant stated that she had never sat on her mother's lap, and some said they had sought to be independent to avoid disturbing their parents and creating more burdens for them.

In light of attachment theory, we can conceptualize the participants' "search to be independent" (Astrid, Mari, Charlotte) as compensation for their lack of perceived proximity maintenance by their parents. The participants sought to maintain this proximity by being sensitive to their parents' wishes and needs, disturbing them as little as possible, being "good daughters" (Mari, Reidun), achieving good outcomes at school and in their spare time, and helping their parents around the house.

From the perspective of Bowlby's (2012) notion of a safe haven and a secure base, the informants' parents were often described as not being available or offering comfort when the informants were distressed. The informants reported that they seldom sought to use their parents as a secure base from which they could investigate the outside world and then return, sure of a welcome. Our material indicates that all the informants except for Signe perceived their long-term stressors that were still affecting their lives as attachment-related difficulties: "rejection," "the feeling of being alone," "not being good enough," and "fear." In other words, separation distress can be understood to have been the main stressor before the informants' healing experiences.

Five informants told about religious or spiritual representations before their healing experiences. Some told about their perceived relationships with God since early childhood. They communicated that they had tried to reduce their stressors through different approaches to prayer, such as praying individually, asking others to pray for them, and worshipping in a community with others. Praying seemed to reduce some of their pain and gave them a modicum of hope but did not transform their suffering. Others reported that they had not approached any deity before their healing experience.

The informants described various attachment qualities of God/Jesus as a religious attachment-like figure before the healing experiences. Some said that their perceived relationships with Jesus made them "feel safe" or "comforted and peaceful," and they saw Jesus as "a friend" (Reidun, Astrid, and Signe). These perceived relationships gave them direction and purpose in life (Reidun, Astrid, and Maria). However, one informant

felt that Jesus was important but stated that “it never really entered my head that he loved me. Emotionally, I just felt abandoned” (Elisabeth). Most informants described the perceived relationship with a religious attachment-like figure as a place to seek safety, security, and comfort and a source of direction, purpose, and goals in life. Applying the circle of security concept, it seems that the religious attachment-like figure served as both a safe haven and a secure base, with more emphasis on a safe haven providing safety and comfort than a safe base for launching new explorations. All the informants with Christian beliefs perceived God as stronger and wiser than themselves. We do not have enough information to say whether the religious attachment-like figure compensated for the perceived lack of sensitivity and availability from the informants’ primary caregivers, but the religious attachment-like figure does seem to match the attachment criteria for religious representations (Granqvist and Kirkpatrick 2016). The four remaining informants reported that God/Jesus did not function as an attachment figure for them before their healing experiences.

In sum, all the informants with long-term stressors lacked parents whom they could approach for sensitive, predictable care in their childhood. They described the effects of this perceived lack as still working in their lives. Our material shows that for those who perceived attachment to a religious attachment-like figure before their healing experiences, these religious representations functioned primarily as safe havens, providing shelter and comfort. The felt provision of shelter and comfort somewhat reduced their stressors but did not produce any radical transformations.

During the healing moments

According to the informants, something deeply different happened at some point: a single experience or two or three experiences of radical change. In this article, we present examples from two informants with and two informants without perceived religious attachment-like figures before their healing experiences. The chosen stories depict varied healing moments: seeing a vision, hearing a voice, feeling the sudden presence of love and Jesus in the room, and, finally, experiencing a sudden, strong intimacy with God.

Elisabeth’s vision—A new-born baby held in God’s hands Elisabeth, who was separated from her parents as a newborn child, told us about what she perceived as “the most healing” experience she had ever had. As she participated in a Christian healing seminar with teaching, worship, and prayer sessions, the leaders prayed for her:

When they prayed for me, I got such a picture. It was just an inner picture, and it was beautiful. It was that I saw, in a way, God’s hands, and then he holds me like a baby . . . safe, safe wrapping. . . . And then I don’t see him, but I see my face . . . the biggest smile you can have. . . . And in my smile, I not only saw that I was secure, but I was very enthusiastic and expectant. . . . And that’s one of the most healing perceptions I’ve experienced, the deepest healing and life-transforming experience in relation to the deep, deep rejection that I experienced as a little child. . . . I sensed the face of God when I could be so safe. So, it was really a before and an after. (Elisabeth)¹⁷

¹⁷ Some quotations about the informants’ healing moments and experiences are also discussed in the Norwegian journal *Tidsskrift for Sjelesorg* [Journal of Pastoral Care] (Nygaard et al. 2017).

Elisabeth saw herself as enclosed and safely sheltered by the hands of God. She experienced this vision as a novelty, breaking through the ordinariness, and as a turning point, “a before and an after.” Asked how she felt it in her body, Elisabeth said she cried out of gratitude:

Almost like a young child who has been looking for Mom and Dad for a long time and is sitting on their lap and cries—not because he’s not so scared anymore but because it’s been quite tough up to now, but now he’s here. Maybe almost like crying because I’ve come home in a way. So, it’s really the precursor for me daring to take new steps and make new things.

Elisabeth described the experience as a homecoming, a restored foundation, and a precursor to daring to do new things.

Astrid—A voice that told about job opportunities Astrid often used her lunch break to take a walk and pray. One day, she heard a kind of a voice that related a message about a career she had renounced 20 years earlier when she had to care for close relatives:

I went out and used to pray, and I felt that it was good. . . . Suddenly, I felt that I heard God—and that’s not what I usually do: “Now, the job you wanted 20 years ago is available.” I wondered if something was wrong. . . . The first thing I did when I got home was to open the PC, . . . and on that day, an ad was posted for the position I had wanted. . . . It was actually available, and there are never openings. They are available every ten years. . . . And then I got a lot like, “Ahh, what’s happening in my life now?” as it was very overwhelming.

Astrid was initially surprised and wondered if something was wrong, but when it turned out that the job was vacant, she interpreted the experience as God’s voice. Later, she concluded that the job was not important, but the experience of being seen and valued by God caused the grief over lost opportunities to emerge:

And I cried and cried . . . and just poured out all that sorrow. At the same time, I felt completely enveloped in the presence of God, love. . . . It was such a clear restoration to me.

For Astrid, the voice, the message, and her bodily and emotional reactions became a turning point for recovery from long-lasting grief. She felt comforted and assured that she had been seen all these years by an external power of love that knew her, loved her, and pointed her to new possibilities in her life.

Both Elisabeth and Astrid had been praying for many years before their radical experiences. In contrast, Charlotte and Christian had not been praying before their perceived transforming encounters.

Charlotte—Embraced by “waves upon waves of love” Charlotte, who grew up in a family characterized by violence, depression, and fear, said that the experience that changed her whole life, mind, and self-understanding happened when she was 18 years old. A Christian friend came to her house and asked if she wanted to be saved. Coming from a non-Christian background, Charlotte did not understand what saved meant, but nevertheless, she said yes. Her friend prayed and laid his hands on her shoulders:

Suddenly, it was like the whole flat . . . such a profound presence of love entered. It was as if I saw love as rain. . . . Then it came upon me, . . . and then it started to flow through me, . . . and I just started to cry really hard. It was like there were waves upon waves of love, like a waterfall. And that love washed away all the emptiness, all the “Why are you here? You are not loved.” It was like my whole universe was suddenly transformed. . . . It was as if everything just fell into place.

Charlotte described feeling a sudden presence of love raining over her and through her, giving her a strong, radical new sense of meaning in life. Then, she saw what she felt was Jesus in the room, with a “face that shone,” and she said, “It was like an enormous power and light... that drilled into me... *You* are loved. *You* are here for a reason.” She felt that Jesus had a purpose for her as she had not initiated the encounter herself. This experience mediated a radical, new start in her life. The embodied sensation of an external power approaching her with love and purpose nourished further healing processes. Charlotte felt she had received a new base from which she dared to look into the most hurtful parts of her life and hope for new possibilities in the future.

Christian—A sense of strong intimacy Christian, who shared that he had almost killed himself through drug use, was at a rehabilitation center for people struggling with drug abuse. He was 25 years old and felt that he had reached the end. He was brought up in a Christian family but did not want to relate to the “strict and unfriendly images of God” he had been presented. However, as the last solution, he approached God:

It was quite special that when I addressed God, God answered. . . . I felt very unworthy. I felt very shameful. I have hated myself in a way, and God answered. It is very powerful, and it gives a deep sense of meaning. . . . My experience of a higher power, of God, . . . it’s like a very strong intimacy. It’s as if someone is . . . very close to me . . . as kindness and warmth.

Christian sensed a presence and felt high energy and bodily peace at the same time. Christian said that his “personality changed a little bit,” as did how he looked at himself. Even though he had felt much shame, he now thought that he “was obviously worthy” as he was “chosen, somehow.” The perceived encounter allowed him to think, “Now I know where to go. Now I know where to search.” According to Christian, “The biggest feeling was a direction. . . that there is something in front of you. . . and a bodily peace.” He described the encounter as gaining a new refuge in life and a source of love, which gave him “the energy to make lots of changes.” He claimed that since then he had not used drugs and had met new people with whom he could talk and work through difficult parts of life.

Common to all nine of the informants was an embodied sensation of being embraced by an external power. Most informants experienced visions, while one reported auditory sensations and one described tactile sensations of warmth. They perceived closeness to an external power who knew them and embraced them through a sensation of love that spurred them to make changes. The informants’ perceived encounters strengthened and restored them and created new experiences of a refuge that emotionally nourished them and gave them a base for new explorations of important parts of their lives. The material in this article indicates that some aspects experienced as changed may correspond to or be understood as the establishment of more secure attachment qualities.

Healing moments, attachment, and religious representations

How, then, can the theory of attachment criteria and religious representations help us understand how these moments of short duration mediated such changes?

Perceived responses from an external actor—Contributions to a safe haven and a more secure base

The radical shift in these perceived encounters consisted of the involvement of another actor approaching the informants in a new way that they experienced as surprising. Their strengthened perception of God or Jesus as unexpectedly responding to their needs can be understood as a shift in the actor's status in their lives. They reported that they felt alone, but during the perceived encounters they experienced that the religious attachment-like figure become a new or stronger actor in their lives. All of the informants reported that their perceived encounters made the actor a refuge, restored a foundation or established a new foundation, allowed them to come home, created a "sense of unity," and offered a relationship on which they felt they could lean. Accordingly, the perceived religious attachment-like figure can be interpreted in the framework of a safe haven.

The strongest affect in our material was the feeling of being loved. This perceived love had a stronger nature than the informants had experienced in human relationships. The informants described encounters in which they felt "a boost of love" (all the informants), "overwhelmed by a sense of bliss" (all the informants), and "waves upon waves of love" (Charlotte). They used words such as "warmth," "love," "acceptance," and "comfort." They reported that they experienced an embodied warmth and that they felt "enveloped in the presence of God" (Signe, Astrid, Elisabeth, Christian, Freddy, and Reidun) and a love "that enclosed all of me. .. who just walked inside me" (Charlotte). They characterized God's presence as being "so near," as something on which to lean. Furthermore, the perceived deity was described not only as enveloping them but also as something flowing through them, as an "enormous power and light that drilled into me" (Charlotte). The described presence of what they perceived as God may be understood as a perceived religious attachment-like figure that felt omnipresent to them.

Perceived intersubjective encounters

The informants reported that they perceived a special mental contact in their encounters. The religious attachment-like figure was perceived as knowing more than what was possible for people to know and as seeing the informants' burdens accurately in their most hurtful stressors. In other words, the attachment-like figure was experienced as "reading the contents of the other's mind" (Stern 2004, p. 75). For instance, Charlotte said she had the impression that God told her, "I see you. I am here. You are seen. You are in my hands." The sense of someone "reading the contents" of one's mind corresponds with Stern's (2004) notion of intersubjectivity and the most interesting present moments, which "arise when two people make a special kind of mental contact" (p. 75). According to Stern, this special kind of mental contact may appear when "I feel that you feel that I feel" or "I know that you know that I know" (p. 75). The informants' experiences can be interpreted in light of the notion of intersubjectivity and the sense that "I feel that God feels that I feel" or "I know that God knows what I know." The

perceived healing moments can thus be understood as intersubjective encounters with sources that possess highly important attachment qualities.

After the healing moments: New explorations and further healing processes

After the healing moments, all the informants reported a notable increase in well-being. The healing moments, according to the informants, “released vitality” and gave them “enormously more capacity” and the “power to move on.” The informants said that one of the most important consequences of the healing moments was that they “knew” they were not alone anymore.

The informants reported increased exploration of new topics, tasks, and contexts. All of the informants with long-term attachment-related stressors stated that they had a new, more self-accepting view of themselves. All of the informants described their encounters as a before and an after and said that the change in their self-image occurred immediately. According to Charlotte, it changed her “relationship to myself.. .. It changed how I saw other people.” Christian said he “got a sense of stability.. .. It was an extremely big difference, but the most important thing is that I have found myself. I have peace with myself.” Frida stated, “I was so full of shame and guilt, and I’m not saying it’s gone, but it became such a transformative process.” Some experienced that they now could fail without losing their identity.

Previously, the informants explained that they felt they had to spend a lot of energy “keeping themselves together,” as Elisabeth put it. Their increased self-esteem and perceived attachment to God seemed to provide new energy for them to confront the painful parts of their lives. For instance, Christian talked about a “cleansing process”: “I choose to meet what I would not meet. .. what I hated in myself.” Frida started to participate in a 12-step program for healing processes. Charlotte told that being touched by “power and light” activated a radical, new start in her life: “It was the start of deep, deep processes in myself.”

According to our informants, the healing moments also influenced how they related to others. Astrid said she gained “a relaxed relationship with life when you get some kind of new value. And it affects the way I see others, and. .. when I meet others who have difficulties, I have a lot of hope that things are possible.” Among other experiences, the informants discovered greater hope for themselves and others. They became able to be “closer to people” (Elisabeth, Frida, Charlotte, Freddy, and Christian). Many reconciled with their parents. Some thought that their parents’ love had always been there, but they had not been able to sense it. Others emphasized that their parents had struggled as they had experienced little care themselves. One informant had more energy to feel anger toward their parents. Most informants took up new tasks in Christian fellowship, such as leading Sunday school, beginning Bible study groups, attending retreats, and volunteering.

Changes illustrated by the circle of security

This increased exploration by the informants of their environment can be understood through changes in the circle of security. Figure 1 (a modified model of the circle of security) uses terms from attachment theory to illustrate how the informants described the effects of their perceived encounters as allowing them to dare to take new steps. Accordingly, these new steps

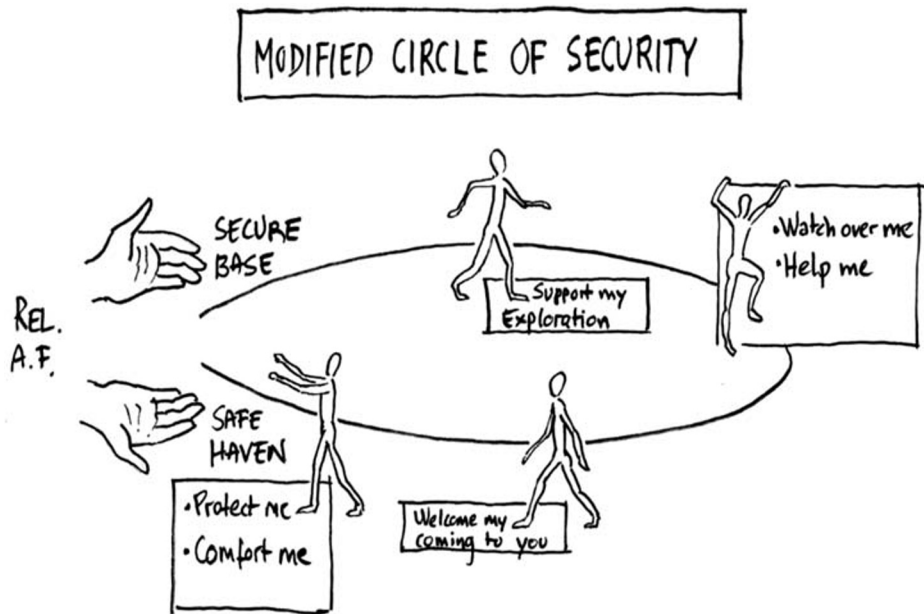


Fig. 1 Modified circle of security model illustrating the interplay between adults and their safe haven and secure base represented by a perceived religious attachment-like figure (Rel. A.F.) depicted by two hands

can be understood as an increased sense of both a safe haven and a secure base. After the perceived encounters, the informants experienced what can be illustrated as new circles between their safe haven and their secure base, allowing new explorations that formed circles moving into new fields that the informants experienced brought greater “wholeness.” These circles can be conceptualized as circles of healing processes.

The circles of healing processes, according to our informants, were a continuing process. Elisabeth expressed that “becoming whole is not done quickly, and I dare not say that I have become whole either, but I am on the way to becoming more whole.” The informants still experienced struggles and stressors, but as mentioned, they reported that the most important part of the healing processes was “knowing I am not alone.”

More secure attachment: Changes in internal working models

The healing moments seemed to provide a perceived transforming relational experience of a religious attachment-like figure. The perceived relational transforming experiences indicate more secure attachment and exploration. Such changes in the exploration mode may point toward earned security (Saunders et al. 2011). In other words, the informants may have changed their inner working models of themselves and others into more secure models. However, we cannot determine whether a secure state existed, only that it seemed more secure.

Results: Summary of the findings

How, then, are these religious healing experiences characterized in light of attachment theory and religious representations? Our analysis uses Stern’s (2004) notion of the present moment

to extend attachment theory to account for the transformation of attachment qualities over a short period of time.

Our findings indicate that the healing moments were characterized as intersubjective moments of being met by a perceived religious attachment figure combining at least three extraordinary qualities: (1) God was described as a source of love that welcomed, nourished, and comforted; (2) God was considered to be omniscient, with detailed, precise insights into the informants' lives, including their burdens; and (3) God was characterized as omnipresent, always available. God's perceived interventions based on these attributes—all regarded as highly important attachment qualities (Granqvist and Kirkpatrick 2016)—seemed to strengthen the informants' attachment to the perceived religious attachment-like figure. The perceived encounters were described as a shift to acting as the subjects in their lives, from feeling as if they were mainly struggling alone to feeling accompanied by another acting attachment-like figure. The sense of God as a co-acting, supportive figure in their lives seemed to restore, strengthen, and/or establish the religious attachment-like figure's function as a safe haven and a secure base. The healing moments gave a sensation of interactions with a caring religious attachment-like figure and activated further healing processes. We therefore suggest that the perceived healing moments can be understood as transforming relational experiences of God that in turn released more secure attachment qualities. These seemingly increased attachment qualities, in turn, may indicate earned security.

Discussion: Healing experiences and earned security

The healing experiences were highly positive, as described by the informants, and we have, as already mentioned, chosen an empathic approach to the informants' stories. We do not discuss whether the experiences were caused by God, but we emphasize the function of these experiences as the informants communicated them. The informants themselves place them in the Christian field, and thus we see the stories as especially interesting for the field of Christian pastoral care. To discuss the findings further, we continue to use perspectives on attachment theory from the psychology of religion in addition to the main provider of attachment theory, Bowlby.

Earned security from a religious attachment figure

The development of a more secure attachment corresponds with what Granqvist and Kirkpatrick (2016) have noted about the possibility of “earned security” (p. 934) from religion for some individuals. Granqvist and Kirkpatrick (2016) reasoned that parental insensitivity and insecure attachment may spur (hyper)activation of the attachment system. In these conditions, perceived relationships with God may help regulate believers' distress when no other adequate attachment-like figure is available (Granqvist and Kirkpatrick 2016). This conclusion accords well with the general assumption about the use of attachment surrogates offered by Bowlby (1969), Ainsworth (1985), and Granqvist and Kirkpatrick (2016). The assumption rests on the notion that attachment surrogates may provide an increase in secure attachment qualities. Granqvist and Kirkpatrick (2016) proposed that “individuals who suffered attachment-related difficulties (e.g. rejection, role reversal) in the past may have ‘earned’ a certain degree of attachment security from their surrogate relationship with God” (p. 926). This can “indicate that religion as compensation

may sometimes be psychologically reparative and conducive of growth, not just defensively reactive” (Granqvist and Kirkpatrick 2016, p. 926).

Our findings support the interpretation that religious representations perceived in healing experiences can be psychologically reparative and contribute to growth.¹⁸ The reported changes before and after the healing moments indicate processes that are not just defensively reactive as they seem to have changed the very core of the participants’ relational patterns and sense of self-worth. We find that the reported healing moments had some similarities with Bowlby’s (2012) notion of therapeutic processes and tasks.

Healing moments and therapeutic processes

Bowlby (2012) described five therapeutic tasks in which therapists apply attachment theory to see their role as providing conditions in which patients can explore representational models of themselves and their attachment figures. The focus in the therapeutic tasks is for the patients to reappraise and restructure themselves and their relationships with significant figures in light of their new understandings and experiences in the therapeutic relationship (Bowlby 2012).

In this article, we limit the discussion to four of these tasks.¹⁹ The first task is “to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life” (Bowlby 2012, p. 156). Our findings indicate that the informants perceived a (more) secure base. They reported that after the healing moments, they could go into painful parts of their lives in new ways based on their new knowledge that they were not alone. Through these intersubjective encounters with a perceived external power, they formed a new base from which to explore difficult aspects of life. The religious attachment-like figure was considered to be a trusted companion, and this gave them new vitality and courage.²⁰

The second task is to assist persons’ explorations by encouraging them to consider the ways in which they engage in relationships with significant figures in their current life (Bowlby 2012). The second task also resonates with our material as the informants stated that they started to look at their relationships with significant others in new ways. They reappraised and restructured themselves and their relationships based on their understanding of being loved. As mentioned, they discussed new reflections in particular on their parents.

Bowlby’s (2012) third focus is the therapist–patient relationship. It is desired that through this relationship patients can work through the working models of their parents and gain new perceptions and constructions of how attachment figures are likely to feel and behave toward them (Bowlby 2012). However, in the healing moments, the informants’ perceived relationships with God or Jesus—not therapists—provided new perspectives on their primary attachment figures.

Our material indicates that the informants’ healing moments led them to see themselves as (more) worthy and loved, increasing their self-acceptance. Loving images of God are related to

¹⁸ We do not have sufficient information to say that the informants’ perceived relationships with God were surrogate relationships when no other adequate attachment figure was available.

¹⁹ We included the tasks focused on the therapist–patient relationship. We did not include tasks emphasizing the therapist’s role in encouraging patients to consider how their perceptions, expectations, feelings, and actions may be the products of childhood and adolescent events and what they have been repeatedly told (Bowlby 2012). Our material did not contain sufficient information to determine whether the perceived healing experiences helped the informants consider whether their perceptions were the products of childhood and adolescent events and what they had been repeatedly told.

²⁰ It is difficult to reconsider internal working models without a “trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance” (Bowlby 2012, p. 157).

higher self-esteem, which, in turn, may promote successful exploration (Birgegard and Granqvist 2004). The healing moments, therefore, can be seen as providing a “sense of felt security from their encounter with God” (Birgegard and Granqvist 2004, p. 1123). The sense of felt security resonates well with Bowlby’s (2012) fifth task for the therapist: to encourage patients to explore governing models of themselves to facilitate reevaluation and restructuring based on new understandings. The goal is to enable patients to identify appropriate representational models for their present and future (Bowlby 2012).

Thus, the healing moments, described by the informants as transforming relational experiences of God, may seem to have some similarities with Bowlby’s (2012) therapeutic processes by providing a secure base as a starting point for personal development. However, there are some differences. The therapeutic processes Bowlby (2012) described may go on for many years. In contrast, the healing moments, as mentioned, were short in duration (Nygaard et al. 2017).

Healing moments and attachment theory: Some limitations

Attachment theory often describes long-lasting relationships, and working models are generally normally considered to be difficult to change. How, then, can we understand the radically transformative character of the brief healing moments reported by our informants and other studies (Geels 2001; Geels and Belzen 2003; Henriksen and Pabst 2013; Wulff 2014)? How strong must such experiences be to create and initiate radical change?

Psychology generally has overlooked the present moment (Stern 2004) even though it is crucial in the psychology of perception (Langer and Merleau-Ponty 1989; Merleau-Ponty 1995) and contemporary views on consciousness (Stern 2007). We have argued here that in addition to attachment theory we need a theoretical approach focused on the present moment and perceived interactions over short durations to better understand brief transformative experiences.

Stern’s (2004) notion of the present moment provides a theoretical understanding of the various dynamics that might happen during a short period of time. In our material, vitality affects emerged in particular as a sense of being loved and receiving released energy.

Attachment theory thus gives only a partial understanding of what may happen during healing experiences. Using attachment theory with Stern’s (2004) notion of the present moment, we have been able to understand more of these experiences. Further research on healing experiences, psychology of conversion, and spiritual transformation (Jindra 2016; Kirkpatrick 1997, 2005; Kirkpatrick and Shaver 1990; Rambo and Bauman 2012; Rambo and Farhadian 2014) would probably provide important insight on the phenomenon. Theories on spiritual transformation could add focus to sudden changes and life-changing experiences, including a perceived deity mediating experienced healing. However, the sudden and powerful yet brief healing moments in our material did also function as catalysts of longer therapeutic processes.

Earned security: Becoming “wholer” as continuing processes

Even though the perceived healing moments led to radical changes, the informants stressed that they were still engaged in healing processes. They stated that they felt not “whole” but somehow “wholer” or more whole. The informants communicated that healing processes were continuing in their lives. Empirically, these continuing processes support our modification of

the definition of healing from a “personal experience of transcending suffering and transformation towards wholeness” (McElligott 2010, p. 251) to a personal experience of transcending suffering and transformation toward *wholerness*.

In sum, our findings indicate that the informants described the religious healing moments as perceived encounters with a religious attachment-like figure who responded to their needs. With a more secure base, the informants’ exploration and regulation seemed to release more well-being than previously, indicating earned attachment security. The encounters were portrayed as transforming relational experiences that mediated further healing processes. As mentioned, healing experiences may be a hidden phenomenon relevant to the field of pastoral care and psychology. People may seek pastoral care and psychological counseling for their further healing processes, and empirical knowledge about the phenomenon may be important for, among others, pastoral counselors encountering people who are seeking healing or need help to reflect on their extraordinary healing and life-changing experiences.

Compliance with ethical standards

Declaration The authors confirm they have no conflict of interest. The article complies with ethical standards.

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