



Understanding the Background of Personality Disorders and the Influence of Early Experiences with Parents to their View of God

Lanny Pranata

Sekolah Tinggi Teologi Reformed Indonesia
E-mail: lanny.pranata@reformedindonesia.ac.id

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ABSTRACT

Early relationship is very significant in developing a healthy personality. What a child experience during first three years of life can have a lifelong impact. Early relationships not only act as a template of the brain, but also mold and shape the child's ability for future relationships with others. Early relationship also becomes the determinant of normal or pathological splitting. Splitting is universal and not all splitting cause a pathology. Maternal-availability is essential during first three years of life. Normal splitting can happen when good-enough mother on some occasion is unavailable or unable to attend to the infant and meet his needs. The child can tolerate the good-enough mother's unavailability at certain times because he or she is in 'holding environment' that makes the child feel secure, protected, and not excessively frustrated. Pathological splitting can happen when the infant receives excessively unsatisfying, frustrating and abusive experience. Severe splitting makes one to see everything in terms of black and white. He or she is not able to accept bad and good at the same time or cannot accept paradoxical qualities in others. A normal person can accept this paradoxical quality, but a personality disorder person cannot accept this paradoxical quality. Finally, early relationships influence one's relationship to God, how he or she sees God and experience God. Three studies have found that early relationship with parents, whether secure or insecure relationships can influence how one sees God and relates to God (Gravitt, 2011; Pehr Granqvist, 2007; Rosalinda Cassibba, 2013). One who has a secure attachment with his or her parent, tend to trust God and has a secure relationship with God as well. As a therapist, it is essential that we provide a secure base for our patients or clients. Psychodynamic therapy is the kind of therapy that proved to help patients with Personality Disorders. Successful treatment should not only relieve symptoms but also make intrapsychic change by providing patients with a relationship that enables them to resolve the splitting of their ego.

Keywords: *Personality Disorders, Early Relationships, Child Development, Splitting, Mother's availability, Good-Enough Mother, Holding Environment, Secure Relationship, View of God.*

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INTRODUCTION

A personality disorder is known to be a long-lasting and long-standing disorder. Many people think that a personality disorder is a kind of disorder that is far away from normal family, and one will not get it if there is no genetic or heredity factor. Actually, one can have a personality disorder since childhood without knowing it or realizing that he or she has it and it continues until adulthood. Personality disorder is a kind of disorder that one can still function daily but having problems or maladaptive traits in many areas, like cognition, affect, interpersonal, dan impulse control. Children will learn and absorb everything from their parents and it will amazingly stay and affect with them throughout life. Kirwan explains that early learning as children is more powerful than later learning as adults (Kirwan, 1984, p. 163). What a child experience during first three years of life is very significant to development of normal or abnormal personality.

Why the first three years of life? Margareth Mahler said that the development of normal children during the first three years of life gave us a breakthrough in understanding the personality disorders. (Masterson, 2005, p. 4). There are three stages of child development. The first stage is the Autistic which happen during childbirth to two months. The second stage is the Symbiotic which happen from three months to eighteen months. The last stage is the Separation/Individuation which happen during eighteen months and thirty-six months (three years). This last stage is divided into four subphases, namely: The Differentiation subphase, The Practicing subphase, The Rapprochement subphase, and Object Constancy subphase. A child must form a healthy symbiotic relationship with the mother to be able to separate from the mother on the next stage. Success in separating himself from the mother enables the child to experience healthy separation or individuation then provide a base for healthy personality. Beattie quoted that Masterson found a child's struggles for separation during the rapprochement subphase is the key to the formation of a personality disorder. (Masterson, 2005, p. 40). For examples, if a mother or a caregiver do not approve, support the child's attempts to have control and autonomy of himself, then a pathological development happens; a healthy and separate self is not formed and later an abnormal personality starts to develop. It is affirmed that we can actually see the personality disorders features and label a child with the disorder before age 3 and continues to be consolidated throughout adolescence (Masterson & Lieberman, 2004, p. 29). From Mahler's stages, we can see the importance of the first three years of an infant in development of personality disorder.

Parents or caregivers, especially mothers, need to be aware that early relationships with children are very important. Why mothers? Mother is the significant figure, a major source of the environmental stimulation who mediates the early physical environment that a child experiences. (Schore, 2016, p. 7). Early relationships with mothers will influence the child's personality and therefore will influence the future of the child as well. Masterson quoted that Winnicot (1956) and others have emphasized the importance of maternal availability in developing a normal and healthy personality. (Masterson, 2005, p. 41). Understanding mother's unavailability is very important to understand many adolescent behavioral problems and personality disorders. Furthermore, Masterson even predicts that what kind of attachment one has with the mother (secure, insecure, or disorganized) has an impact on later adult emotional functioning" (Masterson, 2005, p. 41). Early relationship will influence the socioemotional development of the child.

We can see that early relationship have long-lasting impact on the child, but question is how does the early environment influence? How is the process? Infant's early interactions with the environment through mother will produce long lasting imprinting experiences. These early interactions will shape the structure of the brain that are

responsible for the future socioemotional functioning of the child (Schoore, 2016, p. 62). It gives us the sense that whatever the infant experiences during this early relationship forms and develops structures and templates of basic personality. Schoore even stated that this first relationship of infant with the mother not only acts as a template, but also molds the infant's capacity to enter into later emotional relationships permanently (Schoore, 2016, p. 3). What Schoore point out is very essential because many parents or primary caregivers are not aware that the child's early relationship acts as a template of the brain, thus permanently shapes the child's ability for future relationships with others. Child's early relationship with the mother provides and structures the template of the brain and affects or influence the child. Furthermore, if the child experiences trauma, abuse and other negative experiences, it will shape the structure of the brain and will affect the infant negatively. Cozolino wrote that early trauma with mother or caregiver can result in complex reactions and tends to resist any changes (Cozolino, 2013, p. 165). This experience with mother or other significant figure is internalized and so provides the building blocks of psychic structure (Scharff J. D., 1998, p. 41). Early relationships are really the key since it gives template and provides building blocks for the future relationship.

Early relationship also becomes the determinant of normal/healthy or abnormal/pathological. From object relations theory, we know is that everyone is splitting, whether he or she is normal or abnormal. In his 1940 paper, Fairbairn wrote that the process of splitting of the ego can happen in normal development and pathology (Scharff D. E., 1996, p. 50). Splitting of the self to various degrees is found not only in pathology: splitting is universal (Scharff J. S., 2005, p. 4). So, our question is the difference between normal splitting and abnormal splitting? What contribute to normal and abnormal splitting? What's the difference between the normal and the abnormal splitting? In general term, we only know about the severity of splitting and how the individual functions; if the splitting is severe enough to make one unable to function normally, then one is considered having a personality disorder. For example, severe splitting makes one to see everything in terms of black and white. He or she is not able to accept bad and good at the same time in others. This severe 'splitting' can be a problem in building a normal relationship.

In psychology or specifically the object relations terms, there is a certain way to differentiate between the normal and the abnormal splitting. Splitting happens to every infant in various degrees. And not all splitting cause a pathology. Splitting can happen in normal daily experience when the needs of the infant are not met. Splitting can also happen when the infant receives excessively unsatisfying, frustrating and abusive experience. The infant will split the bad object into two bad objects (exciting object and rejecting object) and one good object (ideal object). Then the individual internalizes them. (Glickauf-Hughes & Wells, 1997, pp. 24-25).

The negative experiences like trauma or abuse will definitely split the ego of the infants. This splitting can be very severe that leads to multiple splits. When the parents are actually bad and abusive or persecutory, the need for splitting is undeniable and it leads to multiple splits in the self (Scharff J. S., 2005, p. 8). In Fairbairn's theoretical principles, he mentioned that in healthy development, the central ego remains dominant over the splitting egos or subsidiary egos (i.e., the libidinal ego, the antilibidinal ego), whereas in pathology the subsidiary egos can be dominant, especially when the patient is regressed (Glickauf-Hughes & Wells, 1997, pp. 26-27). When the central ego remains dominant that means the central ego or central self is in command (Scharff J. S., 2005, p. 16). This means that the child's primary relationship is with real other people and the central ego remains dominant and the central ego relates to the ideal object. This ideal object, namely the good-enough object, is parental figure or object that is quite comfortably arousing (not smothering or overexciting) and limit-setting (not rejecting) qualities (Scharff J. S., 2005, p. 15). When a child experiences a normal experience, there is no need to repress the experience since it is not painful or shaming.

On the other hand, when the experience is not normal, either abusive, traumatic, or such a painful experience, then the child will need to repress the experience, put it in unconsciousness and the splitting ego becomes dominant and is in command. This 'not normal' experience with frustrating or abusive parents can cause abnormal splitting. James Grotstein stated that abnormal splitting can emerge from infantile mental catastrophe, disappointment, dissolution, and despair (Scharff D. E., 1996, p. 461). So, we now know that when the central ego remains dominant, means that the person can relate to others in reality and consciousness, instead of unconsciousness. The individual can accept and unify the paradoxical qualities. The individual can tolerate anxiety or stress because he or she trust the mother and feel secure about her.

Normal splitting can happen when good-enough mother on some occasion is unavailable or unable to attend to the infant. Winnicott explain how this condition happen, he wrote:

"...the good-enough mother provides an optimal (although not perfect) amount of consistency, responsiveness, nurturing, and comfort for the infant who is wholly dependent on her. Thus, when the infant cries, the good-enough mother is intensely attuned to the infant's nonverbal behaviors for clues about what the infant needs. Through trial and error, she eventually soothes or gratifies the infant. In the future, she recognizes what the infant needs from remembering what his or her particular nonverbal behaviors generally meant in the past. On some occasions the mother is too tired to attend to the infant, unavailable or unable to determine what the infant needs. Winnicott believes that these disappointing times are nonproblematic as long as the mother meets the child's needs with sufficient regularity" (Glickauf-Hughes & Wells, 1997, pp. 10-11)

What Winnicott explained, clarify the situation where 'good enough mother' is not able to be responsive at certain times and splitting can happen but that does not have to be very problematic to the child. However, there are inevitable cases where a child considers the parents as bad and represses the experience. This does not mean that the parent is actually treating a child badly. It is just simply inevitable that the parents cannot be there every moment and cannot always understand the child correctly, or that they sometimes overstimulate the child's needs while trying to satisfy them. Still this experience is considered normal. This splitting too, is not causing a pathological personality development. Scharff said that there are always some aspects of parenting that the child feels as intolerably bad, and represses the experience as a rejecting or exciting object along with the antilibidinal and libidinal ego respectively" (Scharff J. S., 2005, p. 8).

So, there are conditions when the child might feel the parents as intolerably bad, and cause splitting to happen. But a child can tolerate the good-enough mother's unavailability at certain times because he or she is in 'holding environment.' Every healthy infant needs a 'holding environment' to feel secure, protected, and not excessively frustrated. Even though Fairbairn admits that "total parental availability is impossible," he does not consider that "infantile dependence is, by its very nature, ungratifiable" (Glickauf-Hughes & Wells, 1997, p. 27). That's why the term used is not 'perfect mothers' but 'good-enough mothers' to show that we are not looking for 'all good or always good,' but optimal consistency to intensely attune to infants' needs. No one is perfect, no one is able to consistently be 'good' and never make mistakes; mother or other significant caregiver might be making mistakes and considered 'bad' for some reasons. A normal person can accept this paradoxical quality, but a personality disorder person cannot accept this paradoxical quality.

In addition, there is a difference between people with personality disorders and those without personality disorders which is that people with personality disorders do not have whole object relations. They cannot integrate the bad and the good side of people, therefore not whole (Masterson & Lieberman, 2004, p. 24). That's why people with personality disorders are having difficulty to see themselves and others as a 'whole' person. They tend to

misunderstand and misjudge people as parts, for example: “you are bad because you are late for our appointment”, “you are all bad because you cannot help me”. They cannot see people are still good, even though there are good times and bad times. They cannot see the whole; they see only the parts.

Fairbairn clearly implied that all pathology has its roots in parental deprivation... psychopathology is the result of severe parental deficiencies. (Glickauf-Hughes & Wells, 1997, pp. 27-28). Therefore, it is the parents, not genetic factor or external factors, that have an important role in developing a personality disorder. Kohut asserted that when the child’s needs are not met adequately by parents, then they will develop this abnormal or pathological traits (Glickauf-Hughes & Wells, 1997, p. 6). Since infants usually depends on the mothers, parents or significant others. This happens when a mother doesn’t or unable to fulfill the needs of an infant consistently. The not good enough mother repeatedly fails to meet the infant’s needs (Scharff D. E., 1996, p. 241). Thus, we can see that the impact of the early negative experience at home is broad and long-lasting. We cannot empathize enough the role of mother or parents or significant others in developing a healthy personality.

Now we know that a child internalizes early relationships with parents, mothers or caregivers. The internalization affects child’s future relationship, not only with others, but also with God. A child’s initial internalization of significant others, namely parents, or mothers or caregivers, will be reflected in his or her relationship with God. Rizzuto explained a spirituality model called ‘Development of representation of God’ that based on psychoanalytic and object relations theory. The earliest sense of God reflects the child’s beliefs about the child’s relationship with the parent. For example, if the child feels that God is loving, caring, and protective, the child feels trust and joy; if the child feels that God is judgmental, the child may respond with avoidance based on fear. This image that the child has is the child’s sense of the relationship with his or her mother or father. The traits ascribed to God do not come directly from the parent(s), but rather from the child’s version of his or her interactions with the parent(s) and the child’s interpretation of adult behaviors (Gold, 2010, p. 62).

So, we can see how early internalization of a child will influence how he or she sees God and experience God. What a child experiences in early environment will definitely influence how he or she relates to God, how he or she interprets God. The general idea is that God is seen as a parent-like figure (Kirkpatrick, 2005, p. 80). People who have personality disorders, usually experience bad early relationships, internalize bad object parent, experience variety of traumas and therefore see and experience God as negative. Different people will interpret differently; everyone has his or her way of interpretation. Rizzuto name it as ‘private interpretation and he stated that these private interpretations could be construed as a proto-religion, complete with a child-created private sense of God, private rituals that guide interactions with this God figure, and a series of complex beliefs about the world, God, and one’s place in relationship to both (Gold, 2010, p. 62).

Many studies about the relationship between childhood experience and faith have been done. A study by Russell McCann and Marcia Webb in 2012 shows that our brain has the ability to struggle well with the opposite idea of a suffering world and a good God (Harris, 2018). This study strengthened the idea that what a child experiences during childhood will definitely influence how he or she relates to God.

RESEARCH METHOD

The methods used in problem-solving, including analytical methods and literature studies. Gravitt did an exploratory study to find out how people with borderline personality disorders viewed God. The result of the study concluded that the participants’ childhood or early relationships with mother or father or caregiver influence their relationships to God, how they see God and experience God. (Gravitt, 2011). This

exploratory study shows us that early developmental failure and have a real impact on how one relates to God. They see God as bad, nasty, judgmental, punitive and so forth. People who experience bad early relationships, not only see God as negative, but also experience others as negative. They expect to be treated badly by others. Their responses to God are re-enactments of the dysfunctional early relationships.

A study by Granqvist was done with forty children ages 5-7-year-olds. This study shows that early relationship with parents, either secure or insecure relationships can influence how one sees God and relates to God. Children who have secure attachments with parents (healthy early relationship), compared to children who have insecure attachments, feel closer to God, therefore relates better to God. (Pehr Granqvist, 2007).

Similar to Granqvist's study, another study by Cassibba also shows how early relationships influence one's relationship to God. These studies show how early relationship with parents may influence one's relationship with God (Rosalinda Cassibba, 2013). Early secure human relationships can give the experience of safe haven, feeling of comfort and security. This same experience will arise when one struggles and need to turn to God as a haven of safety (Kirkpatrick, 2005, p. 61).

These three studies prove that early relationship with parents, either normal or abnormal, either secure or insecure relationships can influence how one sees God and relates to God. What one experience at home during early relationship will influence his or her future relationship with others and with God. One who have secure attachments with parents (healthy early relationship), will trust God and have secure relationship with God as well.

RESULTS AND DISCUSSION

Someone who was diagnosed as having a borderline personality disorder wrote that she experienced full acceptance, experienced God's love firsthand from the church people. At first, she thought that the church people will judge her for being suicidal (King, 2021). This real story tells us how a personality disorder can influence someone's view of others and God. We can understand why a personality disorder person may have that negative view of the environment and God. However, what most important is the response of the people at the church. Instead of judging and rejecting, they received her, accepted her and prayed for her. That experience changed her life, changed her view of others, changed her way of relating to others, changed her view of God. This real experience of someone with personality disorder show us that we can do something to help people with personality disorder. Personality disorder is not something untreatable. We can do something about it.

Object relations theorists attempt to define how a child develops a healthy sense of self in his or her relationships with other people. Mother's attunement is necessary to build a healthy sense of self. This attunement makes a child feel understood, heard and important as a human (Glickauf-Hughes & Wells, 1997, p. 5). Therefore, one of the most significant we can contribute is to provide a 'secure base' for our clients or patients. That means to relate to clients with understanding, empathy, acceptance and to provide them with a secure relationship that enables them to resolve the early trauma experience. Kirkpatrick pointed out that the secure base is necessary; when an infant is sure that an attachment figure will be available whenever he or she needs it, that infant will tend to be confident and will be less prone to fear (Kirkpatrick, 2005, pp. 65-66).

As a therapist or counselor, it is essential that we provide a secure base for our patients or clients. Psychodynamic therapy is the kind of therapy that proved to help patients with personality disorders, beyond treatment. The ultimate goal of any successful treatment in psychodynamic therapy should not only decrease or get rid of symptoms but also make intrapsychic change (Shedler, 2010, p. 100). Psychotherapy involves a right-brain to right-brain relationship that implicitly and non-consciously restructures the patient's internal working

model of relationships (Masterson, 2005, p. 120). Study about treatment used in treating personality disorder patients showed that intrapsychic changes occurred in patients who received psychodynamic therapy (Shedler, 2010, pp. 102-103).

Refer to Luke as basic Biblical Ground for caring therapists/counselors/clinicians

We are going to look at The Gospel of Luke as the basis for our discussion. As therapists, counselors and clinicians, we do ministries to the Christians and to others who are in needs. It is essential to see the significance of the ministries here. We are called to help anyone, not only the Christians. If we are asked 'Why the Gospel of Luke?' Luke is 'The Gospel for Man' or 'The Gospel for Gentiles.' Luke shows that God is interested in all men everywhere, not just in the Jews. Luke is 'The Gospel of Individuals.' Luke shows that Jesus was deeply interested in individuals. Luke is 'The Gospel of the Outcasts and Sinners' (The Preacher's Outline and Sermon Bible: The Gospel According to Luke, Volume 4, 1991, p. 1).

The real story told at the beginning about someone with borderline personality disorder that experienced acceptance from the people at church really shows what most important is the response. Instead of judging and rejecting, they received her, accepted her and prayed for her. That experience changed her life, changed her view of others, changed her way of relating to others, changed her view of God. We will refer to some passages in Luke as basic biblical ground for caring in therapy.

The first passage we will learn from is Luke 7:1-10 about Jesus finds great faith in a soldier shows us that great faith cares deeply for people. At that time, a slave or servant means nothing to the owner, but this owner (the soldier) loves his slave or servant. He cares deeply for his servant. This shows that he has a deep concern and care for people (The Preacher's Outline and Sermon Bible: The Gospel According to Luke, Volume 4, 1991, p. 120). This basic concept about caring for others is the most key in counseling context. We might encounter the same situation when we do counseling or therapy. Client is someone we don't know, has no relationship to us, will not benefit us whatsoever. It is important that we have the same concept about caring this Luke passage teaches. \

The second passage is Luke 10:25-37 about the parable of the Good Samaritan. This basic concept about 'loving your neighbor' is the primary thing God wants us to do. Instead of focusing on religiosity, we ought to help others. However, at the end, 'being religious' and 'helping others in need' are two things that we want and we should do (The Preacher's Outline and Sermon Bible: The Gospel According to Luke, Volume 4, 1991, p. 214). When we look further and deeper at Luke 10:25-37. We will see that there is a difference in responding to people in needs between a priest, a Levite and a Samaritan. Both the priest and the Levite, the professional ministers, focus on doing their duties. They left the dying man on the side of the road instead of helping him, due to their duties (Sproul, 2020). The Samaritan saw a man on the road in desperate need and he helped him due to his compassion heart (The Preacher's Outline and Sermon Bible: The Gospel According to Luke, Volume 4, 1991, p. 216). So, the main point is that God wants us to actively love our neighbor. It is wrong if we just focus on doing religious and forget about helping or loving our neighbor.

The same thing with doing ministry in pastoral counseling. God wants us to help others in need and to make our clients/patients our loving neighbor. We will help them without looking at their races, religions, social and economic statuses or others. Showing love and acceptance to our clients/patients is putting love into action and it requires time, energy and attention. It is our commitment to help anyone who are in needs. We demonstrate love and acceptance as we do our counseling or therapy. We must help our clients/patients or those around us who hurt and are suffering.

CONCLUSION

One's view of God is very much influenced by he or she experiences in the early years of life. Early relationships become the determinant whether one has normal or pathological splitting, later on constitute what we called healthy personality or personality disorders. Normal splitting can happen when good-enough mother on some occasion is unavailable and unable to meet the infant's needs. Pathological splitting can happen when the infant receives excessively unsatisfying, frustrating and abusive experience. Severe splitting makes one to see everything in terms of black and white. He or she is not able to accept bad and good at the same time or cannot accept paradoxical qualities in others. A normal person can accept this paradoxical quality, but a personality disorder person cannot accept this paradoxical quality.

A child internalizes early relationships with parents, mothers or caregivers. The internalization affects child's future relationship with others and with God as well. People who have personality disorders, usually experience bad early relationships, internalize bad object parent, experience variety of traumas and therefore see and experience God as negative.

Personality disorder is not something untreatable. We, counsellors and therapists can do something about it. Object relations theorists attempt to define how a child develops a healthy sense of self. Mother's attunement is necessary to build a healthy sense of self. This attunement makes a child feel understood, heard and important. Therefore, one of the most significant we can contribute is to provide a 'secure base' for our clients or patients. That means to relate to clients with understanding, empathy, acceptance and to provide them with a secure relationship that enables them to resolve the early trauma experience.

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