

The general aim of the present dissertation was to study relational processes as they unfold through language, in psychodynamic treatment of depressive conditions, and in changes in patients' attachment to God over the course of psychodynamic therapy. Three levels of theoretical integration can be discerned. At level one we analyze the role of language in light of chosen relational theories. At level two we perform a clinical, empirical study of depression as understood from relational perspectives. At level three we apply relational theories to understand the psychology of religion and relate this understanding to the interface between religion and mental health. The present dissertation comprises three independent studies that are also related to each other through the focus on relational processes.

Study 1 is a hermeneutical analysis that inquire into the meaning and function of language in relational processes. The motivation for this study was to better understand why and how analyses of verbal behavior can be applied to make assessments of states of mind with respect to attachment in the Adult Attachment Interview (AAI). Attachment theory does not provide any explanation for the correspondence between verbal behavior and state of mind with respect to attachment. In study 1, theories from relational psychoanalysis were investigated in a hermeneutical process to assess whether these theories could yield tentative explanations to how and why verbal behavior can mirror state of mind with respect to attachment. Our findings were confirmative.

The second and third studies concerned outcomes generated in psychodynamic treatment. Psychodynamic therapy is directed towards the individual's relational processes both historically and as they unfold in the therapy setting. More specifically, study 2 was a quantitative process study performed on empirical material from a three-month inpatient therapy process. The purpose was to investigate how depressive symptoms develop over the course of psychodynamic therapy. Further, study 2 explored changes in capacity to mentalize, which is a psychological resource developed and applied in relational settings. The treatment was conducted according to the VITA treatment model which is specifically developed to integrate the God relation and existential issues in psychodynamic therapy. The statistical analyses found significant reductions in depressive symptoms from pre to post therapy and from post therapy to one year follow up. Capacity to mentalize did not change over the course of therapy at mean level. Further analyses of the results, with disaggregation of within patient effects and between patient effects, provided insights into the dynamics between level of depressive symptoms and capacity to mentalize. The analyses on the within-patient level did not support mentalizing as a mechanism of change. On the other hand, between patient effects were found. We suggest that the presence of relatively higher mentalizing skills might be a factor contributing to moderately depressed individuals' ability to benefit from treatment, while relatively poor or absent mentalizing capacity might be part of the dynamics underlying treatment resistance in individuals with severe depression.

Lastly, study 3 investigated the individual's attachment behavior towards God which is also to be understood as an element in ongoing relational processes. Specifically, attachment behavior in the God relation was explored in relation to the changes in depressive symptoms over the course of therapy that were uncovered in study 2. We first analyzed changes in attachment behavior during and following treatment. The findings confirmed changes towards higher levels of more mature attachment behavior in relation to God. Our analyzes of the relations between changes in levels of depressive symptoms and attachment behavior confirmed that level and change of attachment behavior in the God relation predict the development in level of depressive symptoms over the course of therapy.in complex ways. Previous research has found religiosity to be both a protective factor and a source of vulnerability in relation to mental health generally and depression specifically. The results of study 3 gave further support for the complex functions of the God relation.