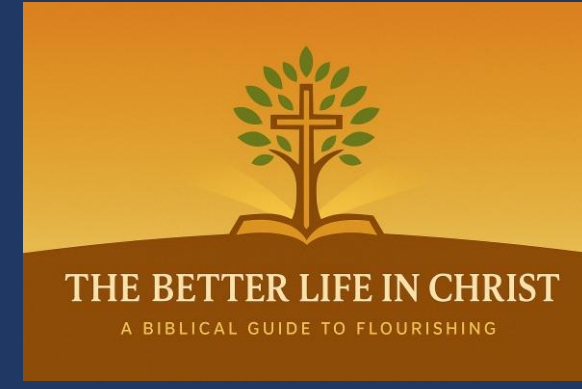


The TheoBioPsychoSocial Relational Model of Flourishing in Christ: Integrating Biblical Christian Theology with Positive Psychology into a Practical Resource for Mental-Spiritual Health, Growth, and Care



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Abstract

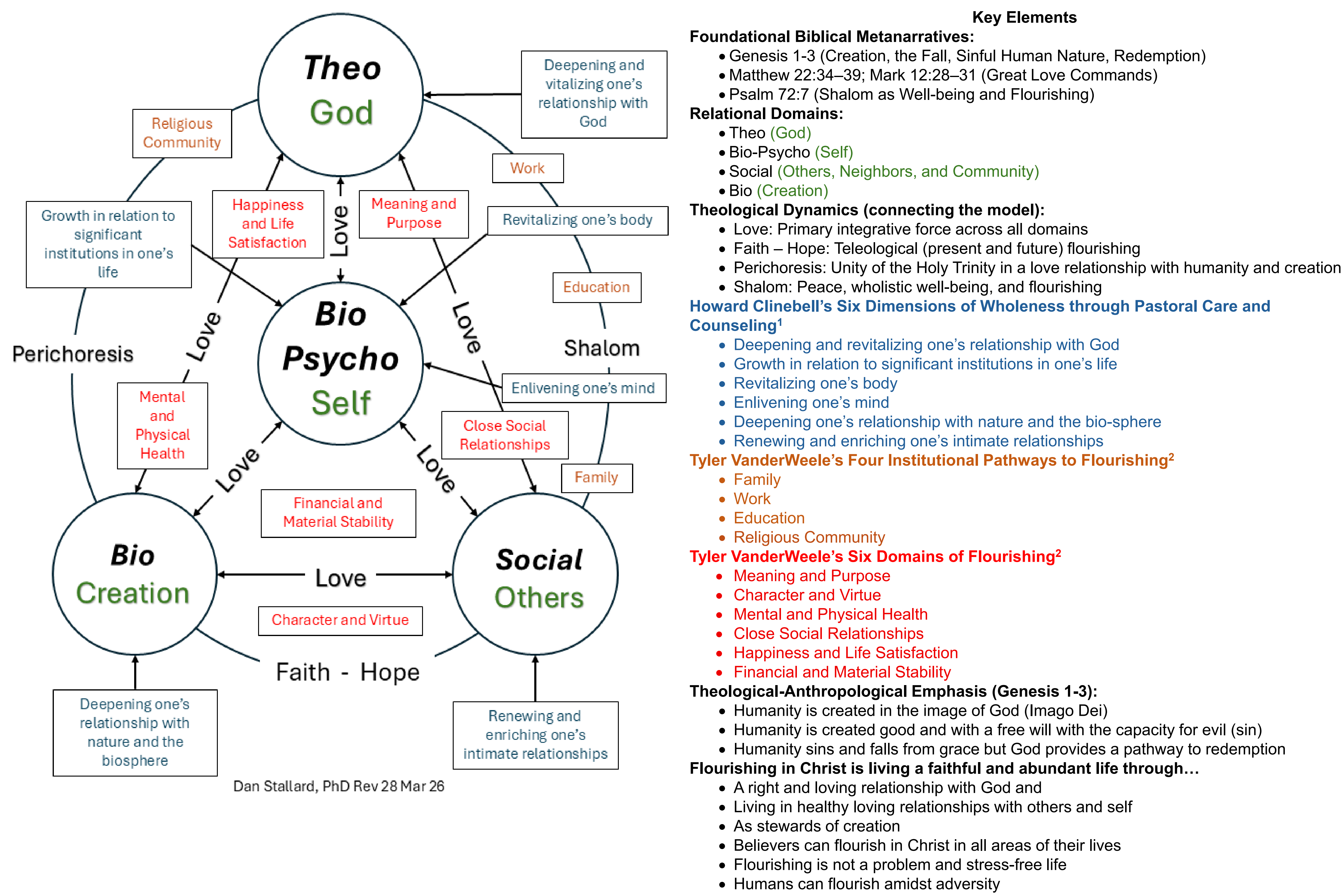
As the field of mental health increasingly acknowledges the importance of spirituality and religion, a persistent challenge remains—integrative approaches have often treated spirituality and religion as an adjunct rather than a foundational dimension of mental health care. This poster addresses this limitation by presenting the *TheoBioPsychoSocial Relational Model of Flourishing in Christ*, as a theologically grounded and psychologically informed construct designed to translate theory into clinical, pastoral, and educational practice. This model takes a clear stance on wholism verses reductionism.

Drawing from the Biblical meta-narratives of the creation and fall in Genesis 1-3, the Great Love Commandments in Matthew 22:34-39 and Mark 12:28-31, and the concept of shalom as well-being in Psalm 72:7 this model conceptualizes flourishing as being built on and through personal love relationships with God, self, others, and creation. It integrates the traditional Christian theology and practice of pastoral care and counseling (Clinebell's Six Dimensions of Wholeness) with contemporary human flourishing science (VanderWeele's Four Pathways and Six Domains of Flourishing).

Theologically, the model emphasizes Christian faith, hope and love, shalom, and relational unity as key themes that converge where divine activity, human growth, and relational life intersect. Psychologically, the model focuses on strengthening mental-spiritual health, growth, and care through the sciences of positive psychology and human flourishing.

Designed for translational application, the model offers clinicians, chaplains, clergy, and educators shared conceptual language for integrating spiritual and religious formation, character and virtue development, and a pathway to flourishing in Christ into their practice. Future directions involve piloting a flourishing self-assessment instrument in a religious setting and producing evidence-informed resources to promote and develop flourishing across individual, couple, and family contexts.

On Flourishing in Christ: The TheoBioPsychoSocial Relational Model



On Theology and Positive Psychology: An Integrated Approach to Flourishing

In science, the concept of complementarity has been used to explain how seemingly distinct and competing ideas, such as particle and wave theories of light, when integrated, provide a fuller understanding of the phenomenon of light.⁴ Good science asks: 1) Can these fields be integrated? 2) Should these fields be integrated, and 3) How should these fields be integrated?⁵ Thus, faith and reason, the natural and the supernatural, psychology and religion/spirituality need not compete to explore and explain being human; when constructively integrated, they can offer a fuller account of the human experience, particularly within the broader framework of human science.

Theology and psychology are historically and intrinsically related, and the newer discipline of positive psychology remarkably complements theology. Even though they do not share the same epistemology they have overlapping scientific interest in being human, virtue and character development, discovering meaning and purpose in life, living in healthy loving relationships, personal growth through adversity, resilience, optimal human functioning, health, and flourishing.⁶

Early on positive psychology leaned more humanistic and naturalistic; however, this growing science evolved metaphysically and closely aligns with religion and spirituality which is evident in the International Positive Psychology Association divisions: Positive Health and Wellbeing, Positive Clinical Psychology, Positive Education, Spirituality and Meaning, and Work and Organizations which align with Clinebell's six dimensions of wholeness and VanderWeele's model of human flourishing.

Another way to view the integration of Christian theology and positive psychology is through anthropologist Kenneth Pike's "emic" and "etic" framework.⁷ Using his theory a scientist can integrate two distinctive disciplines without collapsing one within the other. Visualize this as two sides of the same coin. Christian theology is the emic side of the integration coin with an emphasis on the believers lived religious and spiritual experience, faith commitments, theological meaning-making, and flourishing in Christ. This is the insider's viewpoint focusing on shared meanings, values, virtues, vocations, religious and spiritual health, growth, and care. Positive psychology operates as the etic side of the coin as an external, empirically-grounded system for observing and measuring human strengths, resilience, meaning-making, and flourishing. This is the outsider's viewpoint focusing on empirical science, measurement, interventions, mental and physical health, growth, and care. Thus, Christian theology and positive psychology can be non-reductively integrated to provide a deeper understanding of being human and flourishing.⁸

On Pastoral Care and Counseling: The Role of the Church in Mental-Spiritual Health, Care, and Growth

The history of pastoral care and counseling in the United States (US) reflects a movement from traditional religion, informal spiritual and Biblical guidance offered by local priests, pastors, and ministers to a professionalized, interdisciplinary field integrating theology, psychology,⁹ psychotherapy,¹⁰ and psychiatry.¹¹ In the 20th century—especially during and just following the World Wars—the field underwent significant transformation through the emergence of Clinical Pastoral Education (CPE) and sustained engagement with modern psychological and health sciences. Later developments included accredited education programs, licensure, board certification; then critical contributions from feminist and liberation theology significantly reshaped the field toward being more inclusive and theoretically grounded model of care.

More recently, innovative scientist like Kenneth Paragament, Julie Exline, James Jones,¹² Harold Koenig, Tyler VanderWeele, and John Peteet¹³ developed empirically researched and evidence-based resources that are closing the Cartesian Mind-Body Dualism (bio-medical) gap that makes the wholistic *TheoBioPsychoSocial Relational Model of Flourishing in Christ* possible. Collectively these developments position the Christian church as a vital agent in promoting mental-spiritual health, growth, and care.

Nieuhof and Sells (2025)¹⁴ argued that today's mental health crisis reveals a gap that clinical care alone cannot fill. While therapy and psychopharmacology address symptoms and provide treatment for diagnosable mental health disorders, the church and clergy have often relinquished its role in providing ongoing mental and spiritual care through an over-reliance on referrals for mental health challenges they face personally and professionally. The authors call for a return to a Christ-centered, community-based model in which trained church members offer a tiered level of presence, support, care, and discipleship for those with mental-spiritual health needs, while health care professionals in collaboration with the church address needs such as clinical depression and anxiety. In this way, the church becomes an essential partner in promoting mental-spiritual health, growth, and care.

On Anxiety: A Case for Mental-Spiritual Health, Care, and Growth

The United States has a population of ~342 million¹⁵, and 62% of adults identify as Christian.¹⁶ In the U.S., 25% of religious adults first seek help from clergy for mental health or substance use concerns.¹⁷ Research by VanderWaal, Hernandez, and Sandman (2012) found clergy are likely to refer individuals for professional care, yet many people with mental health needs never seek help.¹⁸ This highlights the need for collaboration among clergy, pastoral counselors, and clinicians. Anxiety provides a useful example. It is one of the most common mental health disorders in the U.S.¹⁹ While psychology, psychiatry, and Christian theology all address anxiety, they often differ in how they define, diagnose, and treat it. Historically, some clergy viewed anxiety primarily as a spiritual failing, while some clinicians dismissed religion as harmful. More recently, both fields have become more open to integration. Recent scholarship, such as the *Handbook of Religion and Health* (3rd ed.), based on empirical studies, shows that religion and spirituality can either reduce or worsen anxiety depending on the individual, beliefs, community context, and coping style. Clinicians are encouraged to assess spiritual beliefs, recognize both positive and negative religious coping, distinguish spiritual experiences from psychopathology, and collaborate with clergy when appropriate.^{20 21}

On Flourishing in Christ: The TheoBioPsychoSocial Relational Model

Human flourishing is widely studied across disciplines and commonly includes well-being, health (physical, mental, and spiritual), meaning, purpose, virtue, and positive relationships. Tyler VanderWeele defines flourishing as "a state in which all aspects of a person's life are good" (p. 8149) and as complete human well-being.²² Furthermore, he believes flourishing is an goal of health but is an ideal state.²³ VanderWeele thinks there is room within flourishing science for tradition-specific spiritual approaches, such as Christian counseling, psychotherapy, and spiritual assessment.

The *TheoBioPsychoSocial Relational Model of Flourishing in Christ* fits within this broader framework as a biblical Christian model of whole-person well-being (*shalom*). It emphasizes flourishing through loving relationships with God, others, self, and creation. In this view, flourishing is not based on success, comfort, or the absence of suffering, but on spiritual maturity, moral transformation, purposeful living, and growing into the character and mind of Christ clothed in Christian virtue.

This model integrates Christian theology with positive psychology to promote mental-spiritual health, foster lifelong growth, and strengthen caring relationships. It presents flourishing as possible in every stage of life and circumstance through faith, hope, and love.

Limitations and New Directions

- Theology and psychology use different ways of knowing and being (epistemology, ontology, and anthropology), creating challenges for integration. Meaningful integration requires openness and agreeableness to new perspectives while maintaining conceptual and professional integrity.
- This model is rooted in Christian theology and may not apply equally across all populations. As a tradition-specific framework, it is designed for Christian contexts, though similar models could be adapted within other religious traditions.
- The model is evidence-informed, but further empirical testing is needed.
- In addition, flourishing is shaped by culture, identity, relationships, and definitions of well-being. Diversity within Christianity also limits the development of one universal Christian model.
- Future research may include development of a Flourishing in Christ scale, spiritual growth resources, faith-based interventions for individuals, couples, and families, and broader educational²⁴ and clinical application.

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