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The primary purpose of the study was to explore the relationship between religion, social interest, and wellness in adults. A stratified random sample was taken of faculty, staff, and students at a university with 125 individuals participating in the study. All participants completed an online survey including the Brief Multidimensional Measurement of Religiousness and Spirituality (Fetzer, 1999), Social Interest Index (Greever, Tseng, Friedland, 1973), and Five-Factor Wellness Inventory (Myers & Sweeney, 2005).

It was hypothesized that there would be a significant relationship between the components of religion, social interest, and wellness. The mediating role of social interest on the relationship between the components of religion and wellness was explored along with considering mean differences for wellness across religious groups. Finally, mean differences for all three scales were explored for ethnicity, gender, and age.

The hypotheses were tested using correlations and multivariate analysis. Components of religion were found to have a significant relationship with wellness, although only the components of Daily Spiritual Experience and Organizational Religiousness had significant relationships with social interest. Social interest and wellness had a positive significant relationship (.544). Social interest also mediated the relationship between Daily Spiritual Experience and Total Wellness.

There were no mean differences found for Total Wellness across different religious groups. African American participants had higher mean scores on the components of religion. Women had higher mean scores than men for various components of religion. Older participants were found to have higher mean scores for Total Wellness and Organizational Religiousness.

This study is the first to date to examine religion, social interest, and holistic wellness. Future studies are needed to continue to explore the relationships between religion, social interest, and wellness specifically the relationship between religion and social interest. It is important that future research includes samples that are more diverse not only in regards to gender, ethnicity, and age but also in religious groups and denominations.

THE RELATIONSHIP BETWEEN RELIGION,

SOCIAL INTEREST, AND WELLNESS

IN ADULTS

by

Amy Bigbee

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Approved by

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Committee Chair

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of The Graduate School at The University of North Carolina at Greensboro.

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CHAPTER I

INTRODUCTION

More than two-thirds of individuals in national surveys self-identify as "religious," and more than 90% report a belief in God or a universal spirit (Gallup, 2007). Being religious has been linked empirically to better health (Hill, Burdette, Ellison, Musick, 2006; Koening, George, & Titus, 2004; McCoullough, Hoyt, Larson, Koenig, & Thoresen, 2000). Some authors have suggested that the effect of religion on health is due in part to the social support and involvement provided by religious participation (Salsman, Brown, Brechting, & Carlson, 2005). In Adler's Individual Psychology, this connection with others is defined in terms of social interest (Ansbacher & Ansbacher, 1956). Adler "believed that the best in human nature, exemplified by social interest, is congruent with the ideals of religion." (Leak, 1992, p. 55). The relationships between religion, social interest, and wellness have been shown in relation to holistic wellness counseling models which are grounded in Adlerian theory (e.g. Myers & Sweeney, 2005a; Myers, Witmer, & Sweeney, 2000); however, no studies to date have examined holistic wellness factors specifically in relation to religiosity and social interest.

Within the counseling profession, recognition of the importance of religiosity is seemingly widespread. For example, both the Council for Accreditation of Counseling and Related Educational Programs' (CACREP) standards (CACREP, 2001) and the

American Counseling Association's (ACA) Code of Ethics (ACA, 2005) emphasize the need for counselor competence in this area. However, when religion appears in the CACREP standards, it is always in concert with spirituality, and stated as "religious and spiritual beliefs." In the ACA Code of Ethics, the reference is to "religion/spirituality" or "religion, spirituality." Though religion and spirituality overlap, they are different constructs, and religion is often avoided and not addressed in research (Pargament, 1999). Kelly (1995b) pointed out that counselors tend to affirm values of spirituality, but disagree with values of religion. This is disturbing, considering that the majority of individuals in the United States are religious, and persons with higher levels of religiosity desire counselors to use religious interventions (Schaffner & Dixon, 2003). Without counselor attention to religion, religious individuals are at a risk of not being understood or accepted in counseling (Burke, Hackney, Hudson, Miranti, Watts, & Epp, 1999; Young, Wiggins-Fame, & Cashwell, 2007). Moreover, suggestions by various authors that there are gender differences in religiosity may mean that women and men are affected differently by this implicit bias (Carroll, 2004; Francis, 2005; Maselko, & Kubzansky, 2006). It has been said that the goal of counseling is helping individuals achieve greater well-being through a focus on holistic development and functioning (Myers, 1992). If this goal is to be met, religion needs to be integrated more fully into counselors' work.

In this chapter, the need for the study is explored through considering religion, social interest, and wellness. A statement of the problem along with the purpose of the study and research questions is addressed. The significance of the study is presented

followed by definitions of religion, social interest, and wellness. The chapter concludes with an overview of the organization of the study.

Religion

Within research studies, the term "religion" is often limited to nothing more than church attendance (Pargament, 1997). This incomplete view of religion often leads to the neglect of important multidimensional aspects of the construct (Pargament, 1999). For example Kelly (1995b) explained that religion is not only a system of beliefs and ritual activities for individuals, but also includes the way in which we give meaning to life. This definition not only communicates religion as a complex topic, but also highlights the connection between religion and spirituality.

Even though religion is considered an important aspect of spirituality, spirituality is often preferred over the use of religion in research, and this leads to the neglect of the latter (Seybold & Hill, 2001). This neglect causes the positive elements of the religious construct to be ignored (Hall et al.). The over-emphasis on spirituality sets up a dichotomy of the two terms--spirituality as "good" and religion as "bad" (Pargament, 1999). Spirituality is seen as a more inclusive concept (Spilka, Hood, Hunsburger, & Gorsuch, 2003), while religion is seen as a rigid and limiting term (Hall, Dixon, & Mauzey, 2004).

Due to this dichotomy, counselors often overlook religion when working with clients, and instead prefer to work with spirituality (Kelly, 1995b). This preference means that counselors may not be addressing religious individuals' needs, which can threaten the relationship between the counselor and client (Burke, Hackney, Hudson, Miranti,

Watts, & Epp, 1999). The lack of attention to religion within counseling is interesting in light of research showing that counselors find value in religion in their personal lives and also within counseling (Myers & Truluck, 1999).

In addition to impacting the counseling relationship a neglected view of religion impacts research design and outcomes. Religion has been defined and measured differently across studies, which leads to inconsistent and equivocal results (Hackney & Sanders, 2003). For example, many studies measure religion by only assessing the number of days an individual attends church services, while others assess religion through use of prayer. As a consequence, many important elements of religion are neglected in a number of studies, such as values and beliefs, resulting in a lack of attention to the multifaceted nature of the construct and inconsistencies in the interpretation of outcomes (Pargament, 1999).

Several models have been proposed to assist in understanding the multidimensional nature of religion (e.g., Allport, 1953; Fetzer Institute, 1999; Pargament, 1997). Allport (1953) proposed a model that divided religion into extrinsic and intrinsic religiosity. Pargament (1997) added to Allport's model by adding religion as quest. The Fetzer Institute (1999) proposed a model that acknowledged the overlap between religion and spirituality. Through an extensive literature review, they determined various domains that accurately explain and measure the multifaceted nature of religion: daily spiritual experience, values and beliefs, forgiveness, private religious practices, organizational religiousness, religious/spiritual coping, religious support, religious/spiritual history, commitment, and religious preference. Empirical support for

the Fetzer model continues to provide support for the link between religion and health. One aspect of religion that researchers have consistently concluded to have a positive impact on wellness is psychosocial factors and social support (Koenig et al., 2004; Lewis and Cruise, 2006; McCullough et al., 2000).

Social Interest

Alfred Adler explained this type of social interaction as social interest (Ansbacher & Ansbacher, 1956). He examined many connections between the basic components of religion and social interest, and suggested that religion can assist individuals as they respond to the challenges of life (Ansbacher & Ansbacher, 1979). Although Adler saw a connection between religion and social interest, there has been limited research on the relationship between the constructs (Leak, 1992), with relevant literature mostly limited to conceptual pieces focusing primarily on Christianity. Leak (1992, 2006a), one of the only individuals to conduct empirical research in the area, conducted two studies that examined the relationship between religion and social interest. Based on the results, he concluded that there is a link between social interest and religion.

In addition to the connection between religion and social interest, several researchers have found a relationship between social interest and wellness. Factors such as better mental health, decreased life stress, and greater internal locus of control are associated with higher levels of social interest (Ashby, Kottman, & Draper, 2002; Crandall, 1984; Post, 2005; Schwartz et al., 2003; Zarski, Bubenzer, & West, 1986). Because social interest is associated with increased physical and emotional health, it is

considered an important aspect of holistic models of wellness (e.g., Myers, Sweeney, & Witmer, 2000; Witmer & Sweeney, 1992).

Wellness

Organizations such as the U. S. Department of Health and Human Services (2000) and U.S. Centers for Disease Control and Prevention (Lang, Moore, Harris, & Anderson, 2005) have explained the importance of focusing on health and wellness, in contrast to the traditional illness-based medical model. Within counseling, an approach towards wellness is evident through a developmental approach that is considered the root of the counseling profession (Myers, 1992; Sweeney, 2001). In addition, the American Counseling Association committed in 1989 to support a stance of wellness as a basic value for the counseling profession (Myers & Sweeney, 2005a).

Dunn (1977) was one of the first to define wellness, having acknowledged the difference between good health and wellness. He defined wellness as “an integrated method of functioning which is orientated toward maximizing the potential of which the individual is capable, within the environment where he is functioning” (p. 9). Others have developed similar definitions and added to the literature by developing models of wellness to explain the construct in a more holistic way (e.g., Hettler, 1984; Travis & Ryan, 1988).

The Wheel of Wellness (Sweeney & Witmer, 1991) and the Indivisible-Self Model (Myers & Sweeney, 2005a) are two holistic models based on extensive research and Adler’s theory of Individual Psychology. Assessment instruments based on these models have been used to examine the construct of holistic wellness. Research has been

conducted that considers the impact of various factors on an individual's level of wellness, including gender differences within wellness (Drew & Newton, 2005). Although extensive research is present on the importance of wellness, there is a lack of research on the relationships between religion, social interest, and wellness.

Statement of the Problem

The Gallup Organization (2007) concluded that religious individuals make up two-thirds of the population of the United States based on a national sample with diversity in age, gender, ethnicity, and education level. Counselors tend to focus more on spirituality than religion, leaving many of these individuals not feeling fully understood (Kelly, 1995b). Religion has been linked empirically to a variety of positive physical and mental health outcomes with several authors observing a link between religion and social support, or more broadly social interest. Adler (1964) was aware of the connection between these constructs; however, there has been limited research in the area (for exception see Leak, 2004). Holistic wellness models incorporate both religion and social interest and provide a paradigm with which the hypothesized relationship may be examined. To date however, no studies have examined the relationship between religion, social interest, and wellness.

Purpose of the Study

The purpose of the study was to explore the relationship between religion, social interest, and wellness in adults. The mediating effect of social interest on the relationship between religion and wellness was assessed along with the difference in wellness across

various religious groups. Finally, the extent to which wellness, religion, and social interest can be predicted by demographics was explored.

Research Questions

In order to explore the relationship between religion, social interest, and wellness, the following research questions will be addressed:

R1: What is the relationship between the different components of religion, social interest, and wellness in adults?

R2: What are the correlation relationships between the different components of religion and the scores of the subscales of wellness?

R3: What is the mediating effect of social interest on the relationship between religion and wellness?

R4: Are there significant mean differences between different religious groups on wellness?

R5: Are there significant mean differences in the components of religion, social interest, and wellness for gender, ethnicity, and age?

Significance of the Study

Considering the majority of individuals in the United States who consider religion to be important (Gallup, 2007), it is critical to understand the ways in which religion impacts individual wellness and the role of social interest in this relationship. Adler's theory of Individual Psychology explains the importance of viewing individuals holistically. His theory also explains the positive impact that religion can have on individuals, including the positive impact it can have on their level of social interest and

holistic well being. To date the relationship among these constructs, religion, social interest, and wellness, are hypothesized but have not been empirically established.

The CACREP standards (2001) and the ACA's Code of Ethics (2005) list religion as part of the core curricular requirements in social and cultural foundations. ACA's Code of Ethics (2005) includes religion as a part of multicultural diversity, and therefore, needs to be acknowledged by counselors. Counselors' failure to incorporate religion into their practices means that they are not approaching clients from a multicultural perspective. This failure results in cultural insensitivity and a risk that counselors are imposing their own beliefs onto clients (Watts, 2004). Counselors must find ways of incorporating religion into counseling sessions. Research on the relationship between religion, social interest, and wellness may provide the foundation for such incorporation.

Definition of Terms

Defining religion in a clear and concise way while acknowledging the multidimensional quality of the construct has proven difficult (Peet, 2005). The Fetzer Institute (1999) approached the subject with a desire to highlight the many domains of religion while showing the overlap with spirituality. They explained that religion has both "specific behavioral, social, doctrinal, and denominational characteristics" (p. 2). They also included a spiritual dimension within religion that "is concerned with the transcendent, addressing ultimate questions abut life's meaning, with the assumption that there is more to life than what we see or fully understand" (p. 2). The Fetzer Institute explained that religion includes various components: daily spiritual experience, values and beliefs, forgiveness, private religious practices, organizational religiousness,

religious/spiritual coping, religious support, religious/spiritual history, commitment, and religious preference.

Religious groups were explained by the Fetzer Institute (1999) as an individual's religious preference. Religious preference is described as the "religious tradition or denomination with which an individual identifies" (p. 81). Both religion and religious denomination will be considered for an individual's religious group.

Social interest refers to the construct Alfred Adler called, *Gemeinschaftsgefuhl* (Ansbacher 1991). There have been many translations for the German word, including "social feeling, community feeling, fellow feeling, sense of solidarity, communal intuition, community interest, social sense, and social interest" (Ansbacher & Ansbacher, 1956, p. 134). Social interest is the translation most often used, and it refers to the interconnectedness all individuals have with each other (Ansbacher & Ansbacher), along with a general connectedness and sense of belonging (Ansbacher).

Wellness can first be traced back to Aristotle, who explained the difference between health and illness (Myers & Sweeney, 2005). To fully understand wellness, one must acknowledge the difference between health and wellness. Health is considered a static process and wellness is a dynamic process (Myers & Sweeney). Myers, Sweeney, and Witmer (2000) defined wellness from a counseling perspective as

> a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (p. 252).

In addition, the wellness construct is both an “outcome” and a “process” (Myers & Sweeney, p. 9), since wellness is a goal to be achieved and also a way in which individuals live life every day.

Organization of the Study

The study is presented in five chapters. Chapter one introduced the topic and explained the need for the study. Chapter two is a literature review, with the construct of religion explored by considering those who are religious individuals, defining religion, examining the way that religion is similar to and different from spirituality, discussing and critiquing models and measurements of religion, and analyzing the impact of religion on wellness. Next, the construct of social interest is reviewed by defining the term, exploring ways to measure the construct, exploring the connection between religion and social interest, and examining the connection between social interest and wellness. The last construct discussed is wellness. The wellness analysis explores the focus of wellness within counseling, and considers various holistic models of wellness. Chapter three consists of an explanation of the methodology for the study, including information from the pilot study. Chapter four includes results from the study. Implications and limitations of the study are discussed in chapter five.

CHAPTER II

LITERATURE REVIEW

In Chapter 1, the rationale for a study of the relationship between religion, social interest, and wellness in adults was presented. In this chapter, the demographics of religiosity and definitions of religion are explored. Also, religion is compared and contrasted with spirituality. Models of religiosity are described and the relationship between religion and wellness is explored. The Adlerian concept of social interest is examined and the connection of social interest to both religion and wellness is considered. Finally, models of wellness are examined with a focus on holistic models that are theoretically based. The chapter concludes with a discussion of the need for a study that examines the relationship between religion, social interest, and wellness in adults.

Religion

Spilka, Hood, Hunsburger, and Gorsuch (2003) explained that religion is difficult to define. Hackney and Sanders (2003) stated that this difficulty arises from the complexity of the topic, which causes problems when researching and studying religion, religious behavior, and related areas, such as spirituality. Griffith and Griggs (2001) acknowledged that religion is often confused with spirituality, which further complicates efforts to define both terms. Because of the confusion among definitions, researchers often study religion and spirituality together, rather than separate, resulting in the current

literature providing little specificity for understanding the dynamics of religion among the general population, including counseling clients.

Considering that the majority of individuals regard religion as an important aspect of life (Gallup, 2007), the need to integrate religion and religious beliefs in counseling seems apparent (Bergin & Jensen, 1990; Myers & Truluck, 1998, Myers & Willard, 2003). To understand religion, the impact it has on individuals, and the significance of religion in counseling, it is important to understand the nature of persons who identify with religion, define religion and related terms, consider how religion has been integrated into counseling, and examine models that purport to explain the multifaceted nature of religion. These models have resulted in a variety of efforts to measure religion and religious beliefs and values, and have been applied in research relating religion to various aspects of wellness, including aspects of social support and social interest.

Exploration of Who is Religious

From research conducted by the Gallup Organization (Gallup, 2007) and The Harris Poll (2006), it is evident that a majority of individuals in the United States are religious. Within the population of religious individuals, differences exist in demographics such as age, gender, ethnicity, and education level. Although information concerning the demographics of religious individuals is important, it is complicated by the way in which religion is studied and by the definitions that are used when researching the construct.

In May, 2007, Gallup conducted a poll that explored the importance of religion to individuals in the United States. A major finding in this poll was that 86% of individuals

believed in God and 92% believed in God or a universal spirit. Almost the same number, 84%, stated that religion was an important or fairly important part of their lives. Researchers with The Harris Poll suggested similar findings in 2005, with 82% of adults reporting a belief in God. Spilka et al. (2003) suggested turning percentages into actual numbers to get a true sense of the number of individuals who are religious. The US Census reported that in May, 2007, there were 301 million people living in the United States; this population corresponds with over 253 million people claiming that religion is important or fairly important in their lives.

One of the most striking and consistent findings in both the Gallup Poll (2007) and The Harris Poll (2005) was that older individuals constantly report being more religious than other groups. In a poll conducted by Harris (2006), individuals were asked about their certainty of the existence of God and slightly over 63% of individuals 40 years of age and older stated they were certain of the existence of God, while only 43% to 54% of those between the ages of 18 to 39 reported such a belief. A study by Fiori, Brown, Cortina, and Antonucci (2006) considered religiosity, locus control, and life satisfaction, and measured religion by looking at both subjective and objective aspects. Consistent with other findings Fiori et al. observed significant differences between age groups, with older adults being more religious among 3,617 participants between the age of 24 and 96.

Not only did Gallup (2007) and Harris (2007) report differences by age, but also by gender, with women being more religious. Maselko and Kubzansky (2006) used information from the US General Social Survey to examine gender differences in

religion, spirituality, and health. There were 1,445 respondents in the survey between the ages of 18-65. Religion was assessed through looking at public and private religious practices. Women showed higher levels of religiosity on both areas of religion, a finding consistent with the results of earlier research (e.g., Carroll, 2004; Francis, 2005).

Religion has also been found to differ by education level, with those without any college education showing a higher level of religious beliefs (The Harris Poll, 2005). In 2006, The Harris Poll reported that individuals with no or some college education were more likely to have an absolute belief in God than were those with a college or postgraduate degree. The researchers concluded that the more education an individual completes, the less likely they will report being religious.

Ethnic differences in religious beliefs also have been identified. For example, The Harris Poll (2006) found that 71% of African Americans were certain of the existence of God, while 61% of Hispanics were and 57% of Whites. Taylor, Mattis, and Chatters (1999) conducted a study to explore subjective religiosity in African Americans through the analysis of five national samples. Not only were sociodemographics considered within the African American group, but comparisons were also made with White individuals. Religion was considered solely through subjective religiosity defined by concepts such as “importance of religion,” “self-rated religiosity,” and “felt closeness to God” (p. 530). The five studies examined were *The Americans’ Change Lives,* including 3,617 individuals; *The General Social Survey,* with a sample size of 26,265; *The Monitoring the Future Surveys,* with 16,843 respondents; and *The National Black Election Study,* consisting of 1,151 African American individuals. Taylor et al. observed

that African Americans indicated higher levels of religion than White participants. Within the African American population, differences in age and gender were found, with women being more religious than men and older individuals being more religious than persons in other age groups. These findings are consistent with those described earlier concerning age and gender differences in religion.

Although the studies described in this section were consistent in explaining that individuals who are women, over the age of 40, African American, and without a college education are more likely to be religious, each study considered religion in a different way. Fiori et al. (2006) defined religion to be both subjective and objective, while Taylor et al. (1999) used only a subjective form of religion. These types of differences in defining religion are common when studying it, which leads to problems in comparing the results of research studies. In order to understand religion and religious individuals, it is important to define the construct in a clear and concise way.

Defining Religion

Hyman and Handal (2006) underscored the difficulty that individuals studying religion encounter in clearly defining the term. In fact, there are more books written on religion than any other topic, however there is not a consensus on the definition of the construct (Spilka et al., 2003). Scholars from different fields have explored religion for thousand of years, including theologians (e.g., Tillich, 1957), sociologists (e.g., Yinger, 1967), and early psychologists (e. g., Coe, 1916). These scholars have explored the difficulty of defining religion and many have offered their own definitions. Hackney and Sanders (2003) reviewed existing definitions and underscored the complexity and

multifaceted nature of this construct. The inability to achieve consensus on a definition of religion is not from a lack of trying. Rather, the difficulty is finding a way to encompass the various aspects of religion into one concise definition that is useful across situations and populations (Peet, 2005). Three different approaches to defining religion illustrate these challenges: defining religion, religious, and religiosity; religion in mental health and research; and religion in psychology and counseling.

Religion, Religious, and Religiosity

The Merriam-Webster (2004) dictionary defined *religion* as "the service and worship of God or the supernatural, devotion to religious faith or observance, a personal set or institutionalized system of religious beliefs, attitudes, and practices" (p. 612). The dictionary speaks to the many aspects of religion and the importance of acknowledging the various parts within the individual. *Religious* is defined by Webster's New World Dictionary (2007) as "characterized by adherence to religion or a religion" and *religiosity* as "the quality of being religious" (p. 1211). These definitions do little to clarify the dynamic and multifaceted nature of the construct.

Daly (2005) explained that religiousness is observed in the participation in rituals or organized community. Hall, Dixon, and Mauzey (2004) stated that religiousness is "rooted in religion" (p. 504). Obviously, there is some overlap in these definitions. Thus, it is not surprising that in the literature, religion, religiousness, and religiosity are often used interchangeably and without any distinction. For example, in a conceptual piece looking at the similarities and differences between religion and spirituality, Hill et al. (2000) used religion, religious, and religiousness interchangeably throughout the article.

Spilka et al. (2003) alternated back and forth between religion and religious when exploring the topic in a book on the psychology of religion.

Religion in Mental Health Research

Interestingly, the accepted dictionary definitions cited above are counter to the way many researchers within the mental health field define religion today. For example, Pargament (1997), whose background is in the psychology of religion, suggested that researchers have moved the term religion from a broad definition to a limited view that only regards religion in terms of simple concepts or practices. This shift in the way researchers define religion came about through the use of spirituality as a broader and more inclusive term, with religion then being relegated to a narrow segment of the larger definition (Hill et al., 2000). An outcome of this trend has been a tendency to ignore many important aspects of religion and religious values and experience (Pargament, 1999).

Considering the limited scope of recent definitions of religion, it is interesting that in a meta-analysis of 35 studies conducted between 1990 and 2001 on religion and mental health, religion was found to be a multifaceted construct consisting of cognitive, emotional, and behavioral aspects (Hackney & Sanders, 2003). Although Hackney and Sanders saw all three of these components in the studies they examined, the individual researchers who conducted the studies did not consider all three together. For example, within this meta-analysis, religion was divided into three different categories to represent the different components of religion discussed in the various studies. The behavioral aspects of religion were found in articles where religion was considered as the

participation of individuals in church activities and religious services. On the other hand, religion was considered to be part of the cognitive aspect by researchers when it was viewed as the actual beliefs of the participants. Finally, the emotional aspect of religion was central when studies defined religion as the personal devotion of individuals. The various foci taken by researchers results in different aspects of religion being analyzed in different studies which yields results that are hard to compare, inconsistent, and sometimes contradictory findings.

Hackney and Sanders (2003) stated that the one facet that truly represents the "essential nature" (p. 45) of religion is not known. They acknowledged two possibilities for this dilemma, the first being that there could be one central feature of religion that would be the best way to represent its nature, but it has not yet been identified. The more likely possibility is that there are multiple ways in which researchers define religion, and each definition exemplifies a different aspect of the construct. Seybold and Hill (2001) underscored the multifaceted and complex nature of religion, noting that it cannot be defined by cognitive, behavioral, or emotional aspects alone. Rather, a comprehensive definition must include all three components.

Religion and Counseling: Definitions of Religion

The possibility of defining religion at all has been questioned (Spilka et al., 2003) largely because of the extreme complexity of the topic (Hackney & Sanders, 2003: Pargament, Magyar-Russell, & Murray-Swank, 2005). This complexity, in turn, causes problems when researching and studying religion, religious behavior, and related areas such as spirituality. Within the fields of psychology and counseling, there have been

numerous definitions of religion. Notable among these are those proposed by Pargament (1997, 1999), Kelly, (1995b), and The Fetzer Institute (1999), because they have been used as a foundation for both research and conceptual statements in the mental health arena. All three examples of religion will be considered and critiqued to determine the most inclusive and concise definition available to date.

Pargament: Psychology of Religion. Pargament (1997) proposed a definition of religion that acknowledged the depth of the concept and stated that religion is “a search for significance in ways related to the sacred” (p. 32). He explained that significance is “whatever people value in their lives” (Pargament, 1999, p. 11) and individuals search for this in a variety of ways. Searching for significance does not require religion, but religion is distinct in that an individual’s search for meaning is accomplished in regards to the sacred, or God. Pargament’s definition changed over time, especially when discussing the aspect of the sacred, in that he believed religion was first a reference to God, and later to that which is not strictly God, but that which is outside of the self (Helminiak, 2006).

Pargament primarily studied religious coping (Butter & Pargament, 2003; Pargament, Zinnbauer, Scott, Butter, Zerowin, & Stanik, 2003; Phillips, Pargament, Lynn, & Crossly, 2004). Pargament’s 1997 definition of religion fosters two specific paradigms: outcome and process-focused coping (Butter & Pargament). These paradigms led to the development of the Outcome Evaluation Model and the Process Evaluation Model. Although a focus on both outcome and process is counter to the way that coping usually is viewed (Butter & Pargament), looking at coping not merely as an end, but also as a process in which individuals engage assists clinicians in their working with clients.

Pargament and his colleagues considered religion as one way through which individuals cope, and noted that religion can serve as both a positive and a negative coping device. The scope of research conducted by Pargament in the area of religion and coping has been extensive, however, results have been equivocal and conclusions about religious coping are complicated at best (Phillips et al., 2004).

Pargament's (1997, 1999) definition of religion and his work on coping have been used by many researchers in the field of psychology of religion, in spite of the fact that his definition ignores an important aspect of this construct. Although the definition of religious coping is more inclusive than many of the narrow definitions of religion that are used in research today, the social aspect of religion in not addressed in the religious coping literature. Many researchers (e.g., Joseph, Lindly, & Matlby, 2006; Leak, 1992) have observed the importance of the social component of religion when considering wellness in individuals. Even Pargament (1997) discussed social aspects, which include attending services and being part of a denomination, even though this aspect of religion is not part of his definition. Other definitions of religion have been more inclusive, notably the definition offered by Kelly (1995b) that includes many aspects of the multidimensional nature of religion.

Kelly: Definition from a counseling perspective. Kelly (1995b), a well-known scholar for his work in the area of spirituality and religion within the field of counseling, offered a definition that included not only the sacred and social aspects of religion, but also a proposal for a concise way of viewing religion. Although Kelly addressed the fundamental way that religion is defined in research today as the "codified,

institutionalized, and ritualized expressions of peoples' communal connection with the Ultimate" (p. 5), he went a step further to explain the deeper connection that many individuals find through religion. The definition that Kelly proposed was taken from the work of J. M. Corbett (1990), who focused on religion and politics in America. Corbett suggested that "a religion is an integrated system of belief, lifestyle, ritual activities, and institutions by which individuals give meaning to (or find meaning in) their lives by orienting them to what is taken to be sacred, holy, or the highest values" (p. 2).

Kelly's work primarily had been in the area of religion within counselor education and counselor values. In a study on the role of religion and spirituality in counselor education, Kelly (1994) surveyed 343 department heads of counseling programs to assess the degree to which religion and spirituality were included in the curriculum. Kelly considered both religion and spirituality, although he did make a distinction between the two when surveying counselors. He concluded that religious or spiritual issues as a course component occurred in less than 25% of the programs surveyed. In addition, these topics had a low occurrence in internship supervision.

Pate and High (1995) continued the work done by Kelly in the area of religion and counseling programs. In 1992, they surveyed 60 department heads to assess the ways in which acknowledgement of clients' religious beliefs are included in counselor education programs. Respondents reported that 60% of programs included religious beliefs in their social and cultural foundations component of the curriculum, while 53% reported included religion in other aspects of the curriculum. Although 67% reported

religion being included in practicum training, only 33% considered it part of the intake for an initial session with a client.

Kelly (1995a) also studied overall counselor values in a national survey of 479 counselors. He considered four different value domains: universal values, mental health values, individualism-collectivism, and religious-spiritual values. Almost 90% of participants indicated some religious or spiritual values with there being a bigger tie with spirituality. Although spirituality stood out more than religion, 70% expressed some association with organized religion.

Kelly (1995b) offered a clear and concise definition of religion that has been used in the field of counseling. It speaks to the multifaceted nature of the term and allows for the various aspects of religion that have historically been measured separately. Kelly's definition of religion includes not only an individual's beliefs, actions, and institutional activities, but also the meaning that individuals construct through that which is holy and sacred. He addressed the complexity of the term in a clear and concise way and underscored the definition proposed by Corbett (1990). Although Kelly's definition is holistic and broad in nature, The Fetzer Institute proposed a way of looking at the construct of religion that goes beyond a mere definition, and incorporates multiple domains of religion.

The Fetzer Institute: A Multidimensional Look at Religion. A team of researchers from The Fetzer Institute (1999) discussed religion at the National Institutes of Health in 1995. The discussion addressed ideas of religion, including an aspect of sacredness which Pargament proposed, and it also addressed the social nature of religion. The group of

experts acknowledged that religion has “specific behavioral, social, doctrinal, and denominational characteristics” (p. 2) that are shared within a group, such as world religions of Buddhism, Christianity, Islam, Judaism, and Taoism. In addition, religion might include a spiritual dimension that “is concerned with the transcendent, addressing ultimate questions abut life’s meaning, with the assumption that there is more to life than what we see or fully understand” (p. 2). This aspect of religion discussed by The Fetzer Institute appeared to parallel the idea of searching for significance as discussed by Pargament (1997). The Fetzer Institute explained the various aspects of religion by defining a series of components that are part of the construct of religion, instead of offering a concise definition of the term.

Although The Fetzer Institute (1999) proposed an idea of the meaning of religion, the working group did not provide a clear, concise definition of religion. Instead of offering a definition, The Fetzer Institute explained the construct through looking at the different ways religion might be considered and the overlap with other constructs such as spirituality. The components of religion included daily spiritual experience, values and beliefs, forgiveness, private religious practices, organizational religiousness, religious/spiritual coping, religious support, religious/spiritual history, commitment, and religious preference. It is through the model developed by The Fetzer Institute, and based on these components of religion, that the construct of religion is explained by addressing the multiple aspects of religion and the connection with spirituality.

Considering the multiple aspects of religion, the Fetzer Institute (1999) developed a measurement that has been the basis of considerable research in the area of religion. As

of April, 2007, The Fetzer Institute reported that there were over 110 articles that used their work in research. For example, Ark, Hull, Husaini, and Craun (2006) conducted a study with 274 older women that examined the impact of religiosity and religious coping on the use of health services. Also, Seybold and Hill (2001), in a review of the impact of religion and spirituality on mental and physical health, discussed the importance of the multifaceted nature of religion. This multifaceted nature of religion should not only be recognized, but used in assessing the role of religion in mental and physical health. Through looking at various reviews, Seybold and Hill concluded that The Fetzer Institute developed what might be considered the “most thorough and widely standardized single multidimensional measure” of religion (p. 22).

Although having a working definition of religion is the first step in understanding and studying religion, it is also critical to understand the role of spirituality within religion because of the overlap of the terms. Pargament (1997,1999), The Fetzer Institute (1999), and Kelly (1995b) discussed the association of religion to spirituality when defining religion. For example, the Fetzer Institute explained that “religions aim to foster and nourish the spiritual life” (p. 2) and Kelly saw that for many, the spiritual “finds expression in shared meanings, rites, and institutional forms” (p. 5). Although a person’s religion may have ties to his or her spirituality, this is not necessarily the case with all religious individuals (The Fetzer Institute), and the connection between the two constructs is not entirely clear. In order to understand religion and the association between religion and spirituality, it is important to define spirituality and the way the term overlaps and differs from religion.

Defining Spirituality

Spirituality is a term that is common in the world of counseling today, but the ability to define the term appears as problematic as does defining religion. Moberg (2002) explained that there are a variety of "diverse and confusing" (p.48) definitions of spirituality and that "the concept of spirituality is muddied by the broad range of definitions" (p. 47). In addition, Cashwell (2005) acknowledged that the various definitions have arisen because spirituality means something different to each person. To better understand the term spirituality, three different approaches are discussed below: dictionary definitions, research on spirituality in mental health, and counseling definitions.

Dictionary Definitions

Spirituality is defined by Webster's New World Dictionary (2007) in a variety of ways, including "the spirit or the soul as distinguished from the body or material matters" or "of religion or the church; sacred, devotional, or ecclesiastical; not lay or temporal" (p. 1382). The dictionary definition is simple and does not address many of the aspects of spirituality that are often used within research. From this definition, the distinction between religion and spirituality is not clear, considering the references to church, ecclesiastical law, and religion itself. The confusion with the dictionary definition is not an isolated experience, as researchers also struggle with explaining this distinction.

Spirituality in Mental Health Research

Spirituality includes a variety of components, such as "confidence in the meaning and purpose of life, a sense of mission in life and of the sacredness of life, a balanced

appreciation of material values, an altruistic attitude toward others, a vision for the betterment of the world, and a serious awareness of the tragic side of life" (Kelly, 1995b, p. 4). These multiple aspects of spirituality are not always included in studies conducted in this area. Moberg (2002) acknowledged the difficulty of measuring and researching the topic of spirituality because of the complexity and multidimensional nature of the construct. For example, in a study conducted by Maselko and Kubzansky (2006), the impact of gender differences on religion, spirituality, and health was examined among 1,445 participants. Spirituality was assessed solely through considering individuals' spiritual experience measured by their perceptions of God. The way in which spirituality was assessed in this study was limited to one dimension: ignoring the complexity of the term.

Although there is not consistency in the way spirituality is measured, the amount of the research on spirituality has increased over the years. Powers (2005) conducted a review of the literature on counseling and spirituality from 1840 to 2004, including articles, books, chapters, and dissertations in the fields of psychology and counseling. He observed that the number of studies on the spirituality and mental health has steadily increased over the years, especially since the 1980s, and suggested that some of this increase is due to the influence of individuals such as William James. James introduced the idea that spirituality is separate from religion and individuals can be spiritual without the being religious. In addition, counselors' increased focus on multiculturalism is also a reason for this increase (Powers). Although Powers examined all studies that included the term "spirituality," the way in which spirituality is defined in the literature greatly differs,

which in turn results in varied and confusing results and the lack of clear conclusions about the meaning of the term.

Definitions from Counseling

Myers and Sweeney (2005) defined spirituality as "an awareness of a being or a force that transcends material aspects of life and gives a deep sense of wholeness or connectedness to the universe" (p. 20). Spirituality includes nine different components: "attitudes, beliefs, and practices such as a belief in a higher power; hope and optimism; practice of worship, prayer, and/or meditation; purpose in life; compassion for others; moral values; and transcendence" (p. 20). They theorized that spirituality is the core characteristic of healthy people, as described in the Wheel of Wellness model (Witmer & Sweeney, 1992). Based on cross-disciplinary research, they identified a strong link between spirituality and other aspects of wellness (Myers, Sweeney, & Witmer, 2000).

Cashwell (2005) noted that spirituality includes beliefs, practices, and experiences. The multifaceted nature of spirituality is reflected in a definition by Chandler, Holden, and Kolander (1992) of spirituality as "pertaining to the innate capacity to, and tendency to seek to, transcend one's current locus of centricity, which transcendence involves increased knowledge and love" (p. 169). Cashwell acknowledged the usefulness of the definition presented by Chandler et al. since it encompassed both the private and public nature of spirituality. This definition also shows the ways in which an individual who is religious can also be spiritual, with religion being the way in which the individual is seeking increased knowledge and love.

These definitions demonstrate that within the counseling literature, the construct of religion is often viewed as a part of spirituality, with spirituality being the broader construct. Based on the definitions presented earlier, other researchers might argue just the opposite. Given the confusion in definitions of spirituality, and the overlap between the two constructs in existing definitions, further discussion of how religion and spirituality differ is important for a better understanding of the unique nature of religion and religious beliefs and practices.

Similarities and Differences between Religion and Spirituality

Within the last decade, spirituality has become a popular term and "it is now common to refer to 'spirituality' instead of referring to 'religion,' but without drawing any clear distinction between them" (Spilka et al., 2003, p. 8). Not clarifying the similarities and differences between the terms leads to confusion in research, and both understanding of and drawing practical implications from research findings. To fully comprehend the nature of the term religion, it is important to understand how the terms overlap and are distinct, along with the problems that arise from the differences between the terms.

Even though many researchers see an overlap between religion and spirituality (e.g., Kelly, 1995b; The Fetzer Institute, 1999; Pargament, 1999), Kelly stated that many individuals do not consider the terms to be different and use them interchangeably. For example, in a 1993-1997 study conducted by Carrico, Gifford, and Moos (2006), 2,805 participants were asked to assess the role of spirituality/religion in acceptance in 12-step programs. Throughout the article, the term spirituality/religion was used without

discriminating between the two terms. Also within the methodology section, the distinction between the terms in the measurements was unclear. This article is not the only time such an occurrence happens, and when doing a search in PsycINFO, there were over 400 articles with religion/spirituality or spirituality/religion used. Such an occurrence positions the terms as describing the same construct, leaving little if any, room for understanding of differences.

The inclusion of spirituality in counseling organizations similarly varies. The American Counseling Association (ACA), in its 2005 Code of Ethics, discussed religion and spirituality together, without making any clear distinctions. In addition, the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), a branch of ACA, added the term spirituality to strive to be more inclusive. Miller (1999) reported that in the mid-1980s, the organization did not think the name "Association for Religious and Value Issues in Counseling (ARVIC)" was inclusive enough, so in 1993, the name was changed to include spirituality.

Organizations are not the only place where the term religion has been overshadowed by the use of spirituality. In fact, spirituality has replaced religion in research today with spirituality being viewed as the more inclusive construct (Spilka et al., 2003). Moreover, spirituality is often used to acknowledge individuals who are not religious but still seeking connectedness (Hill et al., 2000).

With the increased use of spirituality in research, religion has increasingly been narrowly defined as "the organizational, the ritual, the ideological" (Pargament, 1999, p. 6). Such a limiting definition of religion results in the construct only to be regarded as

“public” and related to prayer and church attendance (Maselko & Kubzansky, 2006). This narrow definition of religion leaves spirituality to refer to the aspects that are “private” and situated within the individual, thus appealing to a broader range of people. Spilka et al. agreed with the distinction between the terms concerning religion as institutional and spirituality as individual. The extreme distinction between religion and spirituality is problematic as this dichotomous view leads to the polarization of the concepts (Pargament, 1999). Researchers position spirituality at one extreme and religion on the other side. It is difficult to see the connection and overlap between the two terms when they are explained as opposite constructs.

Pargament (1999) identified three dangers that come with the extreme distinction between the two terms, the first involving the dichotomous view of the individual being situated within spirituality, and the institution being that which is religious. The extreme distinction limits both religion and spirituality, since both can be found within the individual and in institutions. The definitions of religion presented by Kelly (1995b) and The Fetzer Institute (1999) explained religion as both a public and private matter. In a similar way, Cashwell (2005) commended Chandler et al. (1992) on their definition of spirituality in that it incorporated both the public and private. Hill et al. (2000) stated that both spirituality and religion are “social-psychological phenomena” that are expressed in groups (p.53). By positioning the terms as polar opposites, both religion and spirituality, and the fullness of each, is limited.

Another danger with polarizing the terms religion and spirituality accordingly is that spirituality is viewed as “good” and religion as “bad” (Pargament, 1999). The term

spirituality, being situated as more inclusive and universal, lends it as the acceptable and good term, while religion is left with being the rigid and limiting term (Hill et al., 2000). With religion being seen in this way, the positive impacts of religion on wellness are overlooked and not considered. The final danger in setting the terms religion and spirituality as polar opposites is that religion loses the sacredness that has been part of the definition for such a long time (Pargament). Researchers position the sacred within spirituality, while this aspect of religion is forgotten or ignored. Not running into the dangers acknowledged by Pargament, and polarizing the terms of spirituality and religion, is important in the process of defining both terms.

Religion and spirituality are different, yet there is much overlap between them (The Fetzer Institute, 1999), and the divide between them is not exact (Daly, 2005). Narrowly defining religion causes many of the important aspects of religion to be lost (Pargament, 1997), and "spirituality" then becomes the focus in research. This focus has led counselors to accept spiritual values more than religious values in clients (Kelly, 1995b), which influences the ways in which such values are addressed in counseling.

Religion and Counseling

The history of religion and counseling started many years ago, and this history has a profound impact on the way religion is addressed in counseling today (Suyemoto & MacDonald, 1996). Even though historically religion within counseling has not been looked on favorably, the values of counselors tell a different story. It is important to look at both the history and the current state of counselors' attitudes towards religion to fully understand the place of religion in the field today.

The roots of mental health lead counselors not to be accepting of religion (Burke et al., 1999). Seybold and Hill (2001) attributed the disconnect between mental health and religion to the debate between science and religion. Individuals such as Sigmund Freud and Albert Ellis have influenced the field to be hesitant of including religion, as they viewed religion as a type of "illness" or "pathology" (Koenig & Larson, 2001; Suyemoto & MacDonald, 1996; Zinnbauer & Pargament, 2000). Freud (1924/1949) equated religion and religious practices with obsessive, neurotic acts. He suggested that religious experiences, specifically belief in God, can be traced to childhood development and equating God with one's father (Freud, 1950). Although Freud's thinking of religion was countered by others, such as Jung and Erikson, the impact of his writing is still felt in the field of mental health today (Suyemoto & MacDonald). Freud was not the only theorist with such negative views of religion; Albert Ellis (1980) was also known to have similar feelings and believed that the less religious a person, the healthier the individual will be (Koenig & Larson, 2001). In short, Ellis equated religion and mental illness in his earlier writings.

Although counselors do not always accept religion, both counselors and clients have reported religion to be an important personal value (Kelly, 1995b). Jensen and Bergin (1988) conducted a study with 425 professional therapists to examine the values that were important to therapists. They concluded that religion was a value for therapists and that most likely, therapists who value religion will consider it a value for clients. In a continuation of the previous study, they reported that therapists were more religious than what previous research has suggested, and their religious beliefs were similar to those of

the general population (Bergin & Jensen, 1990). Although 80% of therapists reported being religious, only 28% believed religion to be an important value to consider in session. Bergin and Jensen suggested a disconnect between these findings and the lack of attention to religion in the field. They attributed this situation to a lack of training and education of religion in psychology, marriage and family therapy, social work, and psychiatry.

Walker, Gorsuch, and Tan (2004) conducted a meta-analysis to examine how psychologists, marriage and family therapists, and social workers integrated spirituality and religion into counseling. In looking at 26 different studies, therapists who were religious were more open to including religion in sessions with clients. Walter et al. concluded that there is a lack of training for incorporating spirituality and religion into counseling, and therapists who did incorporate religion and spirituality into counseling did so based on their own personal ideas and experiences, rather than as consequences of their professional preparation. These findings corresponded with those of Jensen and Bergin (1998).

The studies conducted by Jensen and Bergin (1998) and Walker et al. (2004) focused on social workers, marriage and family therapists, psychiatrists, and psychologists, but did not include counselors. Myers and Truluck (1999) replicated the original study conducted by Jensen and Bergin with 138 counselors to analyze the ways in which counselors viewed religion. Counselors reported having higher rates of religious tendencies and seeing religion as an important value in counseling than did the participants in Jensen and Bergin’s study. It should be noted that 46% of the population

in Myers and Truluck's study were members of ASERVIC, which could have led to a more positive attitude towards religion. Even considering the high representation of ASERVIC members surveyed, Myers and Truluck's study shows the importance counselors do place on religion.

With research showing counselors' religious tendencies and the importance that is seen in religion being a value in counseling, it is interesting to see the decrease of the incorporation of religion in counseling. Much of the work that is conducted is under the title spirituality. A search of the PsycINFO database to compare the number of articles including "counseling" and "spirituality" and "counseling" and "religion" resulted in 1,631 articles found on religion and 791 on spirituality. It is important to consider the dates of the articles. In articles published from 2000 to 2007, there were 398 on religion and 473 on spirituality. Thus, three quarters of the articles on religion were written before 2000 and half of these articles were written before 1990, compared to 93% of articles on spirituality that were written after 1990.

Because of the focus on spirituality in counseling, an important aspect of many individuals, that of religion, is being ignored. Overlooking religion in counseling is contrary to both ACA's Code of Ethics (2005) and the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards (2001), which included religion as part of the core curricular requirements in the social and cultural foundations core area. Not focusing on religion in counseling is not only culturally insensitive, but can also be a covert way in which counselors impose their own beliefs on clients (Watts, 2004). Not only is not addressing religious issues with clients insensitive,

it can hamper the relationship between a counselor and a client (Burke et al., 1999). This relationship is specifically put at risk when the client expects religion to be a part of the counseling process, and it is not included.

Belaire and Young (2002) conducted a study to examine the expectations of conservative Christians when seeing a non-Christian counselor. This sample included 100 predominantly white adults living in the mid-South. Three different instruments were used to measure conservative Christianity, expectations about counseling, and behavior and attitude expectancy. Results were gathered through looking at relationships between the instruments, and it was concluded that conservative Christians did expect non-Christian counselors to be accepting of their religious beliefs.

In addition, Belaire, Young, and Elder (2005) conducted a study to determine the expectations of 118 conservative Christians in counseling. All participants were assigned to one of two treatment conditions: one being with a counselor who was known to be Christian and the other being with a counselor whose beliefs were not known. Belaire et al. concluded that conservative Christians expected both counselors to use religious behaviors in session, such as prayer, use of scripture, and religious examples. From the work of Belaire and Young (2002) and Belaire et al., it is clear that individuals with religious values expect such topics to be included in counseling.

Even though counselors value the importance of religion and some clients expect religion to be included in counseling sessions, religion is not always addressed. Kelly (1995b) saw that when religion is not included in working with clients, “one runs the danger of misconstruing the positive and deeply spiritual involvement that many persons

have with organized religion" (p. 7). Through understanding the ways in which religion influences clients, counselors can see the necessity of addressing it into counseling sessions. A variety of researchers have developed models of religion to assist in the understanding of the nature and impact of religion on individuals.

Models of Religion

Considering that religion is complicated to define (Spilka et al., 2003), individuals have developed models that assist in explaining the multidimensional aspect of the construct. In addition, these models serve as the base for measurements that have been constructed to assess religion. Although there are many models, three stand out for various reasons. Allport's (1953) model of intrinsic and extrinsic religiousness has been cited as doing more for empirical research in the field of religion and mental health than any other work (Hill & Hood, 1999). Batson (1976) extended the work of Allport to address many of the critiques that had arisen over the years. The Fetzer Institute (1999) offered a way of looking at various dimensions of religion and spirituality to show the connection and overlap between the terms. The three different models will be explored by understanding the components of each model, the instruments developed from the models, research based on the model, and criticism that has arisen around each model and measurements.

Allport: Intrinsic and Extrinsic Religiousness

Allport (1953) studied both religion and psychology and is best known for his research on the role of religion and prejudice. He explained the place of religion through different life stages of individuals, but his focus was not solely on the developmental

stages of religion. Instead, Allport wanted to look at the religious orientation of individuals and the functioning behind the various orientations. Allport's model of intrinsic and extrinsic religiousness has been widely used and has stimulated more research than any other model in the area of religion (Donahue, 1985). At the same time, Allport's work has not gone without critique, and in the end leaves questions concerning the complete nature of religion.

Allport (1953) set out to explore the psychological nature of religion and was concerned with the ways in which religion originates in individuals. After much study, he concluded that religion varies between each individual: "there are as many varieties of religious experience as there are religiously inclined mortals up on the earth" (p. 27). Although Allport did not find one common origin of religion for individuals, he did see that religion developed from a person's "desire for companionship, value, and especially intelligibility and meaning" (Kelly, 1995, p. 60). It was these desires of individuals and the need to distinguish between the motives of religious individuals that led Allport to his theory of religious orientation (Dezutter, Soenens, & Gutsebaut, 2006).

Allport originally saw religious orientation as divided into two groups which he called mature and immature religion (Batson, Schoenrade, & Ventis, 1993). Through further study, he refined these definitions into intrinsic and extrinsic religiousness. Allport and Ross (1967) distinguished between the terms by suggesting a person who is "intrinsically motivated lives his religion" while an "extrinsically motivated person uses his religion" (p. 434). Intrinsically motivated individuals "find their master motive in religion" (p. .434) while externally motivated individuals find security and status from

religion. It is this distinction between extrinsic and intrinsic religiousness that offers insight into the ways in which individuals approach religion. Although the concept of intrinsic and extrinsic religiousness is presented as a dichotomy, Allport and Ross made it clear that individuals are situated on a continuum between the two.

In order to test his theory and assist in research, Allport and Ross (1967) developed the Religious Orientation Scale (ROS), a scale to measure extrinsic and intrinsic religiosity. Hill and Hood (1999) reported reliability between .70 and .84 for the instrument, but stated that evaluating the validity is complicated considering the change in Allport's writing over the years. Questions of whether the extrinsic and intrinsic subscales actually measure the intended construct has been a continual consideration that has not been definitively answered.

Allport and Ross's (1967) ROS has been refined over the years, and the scale used today is not the same one developed at the start. By rewriting the instrument to simplify language, Gorsuch and Venable (1983), revised the original scale to be appropriate to administer to children, adults, and adolescents. Reliability coefficients for the new scale were shown to be as high as for the original scale. The new scale allowed a wide selection of people to be measured for extrinsic and intrinsic religiosity.

Allport's model has been used in a variety of ways and settings. Bergin and Jensen (1990) used Allport and Ross's Religious Orientation Scale in their study on religiosity and psychotherapists. With a population of 425 therapists, the Religious Orientation Scale was given to measure the nature of religiosity in the individuals. By using the instrument, Bergin and Jensen were able to examine the different religious

values of psychotherapists and analyze the way in which this corresponded with their way of assisting clients.

Even though Allport's Extrinsic and Intrinsic religious orientation and Allport and Ross's Religious and Orientation Scale have been widely used, Extrinsic and Intrinsic religious orientation has not gone without critique. One of the biggest critiques has been the idea that in actuality, the model suggests three dimensions of religiosity instead of two: intrinsic, social extrinsic, and personal extrinsic religiosity. Genia (1993) conducted research on 309 subjects to validate the idea that the Religious Orientation Scale measures three dimensions. As in previous research (Gorsuch & McPherson, 1989; Leong & Zachar, 1990), Genia concluded that in fact there are three distinct dimensions, intrinsic, social extrinsic, and personal extrinsic, found within the Religious Orientation Scale.

The lack of support for the two-dimension model is not the only criticism for Allport's Extrinsic and Intrinsic religious orientation. Kilpatrick and Hood (1990) suggested that the criticism begins with the definition of the terms used by Allport. Religious orientation, which is the backbone of Allport's ideas, are never fully defined in a consistent way. Just as there are multiple definitions used for religion, Allport himself never used one definition when working with the term religious orientation. Another problem with definitions is the way in which extrinsic and intrinsic are defined, with extrinsic being more thoroughly defined than intrinsic leaving unanswered questions about the construct of intrinsic religiosity. Allport's work has had an impact on research

in religion, but in the end does not address the complexity of religion (Suyemoto & MacDonald, 1996).

Donahue (1985) explained that Allport and Ross's Religious Orientation Scale is "one of the most frequently used measures of religiousness" (p.400). Because of this popularity, he conducted a meta-analysis with approximately 70 published articles to look at the specifics of the research using Allport's model and measure of religiousness. He concluded that extrinsic religiosity had been correlated with variables such as dogmatism and prejudice, while no such correlations were found with intrinsic religiosity. It is interesting to note that when the scale was correlated with other religious measures, intrinsic religiosity was positively correlated, while extrinsic was not. Donahue identified several important concerns for the Religious Orientation Scale: the reliability of short forms, the lack of reverse-keyed items, and the lack of a version that would allow for administration to nonreligious individuals. He concluded that measurement issues are not the only concern, but that there are conceptual problems concerning the basic development of the model, with the definitions of terms not being explained clearly.

Although Allport's Extrinsic and Intrinsic religious orientation addresses aspects of religion, it does not address several key parts of religion, such as the sacred and the social. Allport's model was based on religious motivation, which appeared to not address the multidimensional nature of religion. It also does not speak to the overlap and connections between religion and spirituality. Batson (1976) and Batson, Schoenrade, and Ventis (1993) built upon the work of Allport to address many of the criticisms expressed as well to give a deeper and more complete look at religion.

Batson: Religion as Quest

Batson (1976) saw the work of Allport as not answering all the questions that are asked when considering the role of religion in individuals' lives. He proposed that religion is best conceptualized as a quest which extends Allport's work (Beck, Baker, Robbins, & Dow, 2001). Batson (1976) thought that Allport's model was insufficient and could not fully explain the dynamics of religion, and thus suggested a third dimension to the model. In opposition to others who saw two dimensions to the extrinsic aspect of Allport's model (e.g. Genia, 1993; Gorsuch & McPherson, 1989; Leong & Zachar, 1990), Batson proposed two dimensions to intrinsic religiosity: intrinsic religiosity as it was originally defined by Allport and religion as quest. Batson et al. (1993) explained religion as quest as "whatever we as individuals do to come to grips personally with the questions that confront us because we are aware that we and others like us are alive and that we will die" (p. 8). Quest is an honest way of facing the existential questions of life.

Batson et al. (1993) approached the topic of religion from a social psychological perspective that included a belief that religion comes not only from the social environment, but also from the individual psyche. They noted that development is linked to the formation of religion in individuals and drew on the work of theorists such as Piaget, Kohlberg, Erikson, and Fowler to understand religious development. However, this was not the sole focus. The developmental and social context surrounding the religion of an individual was found to be important, but inadequate in explaining the totality of the religious experience. It is the questions that individuals ask of life that are key. Batson et al. suggested that "people often consider the heart and soul of their

religion to be one or more life transforming experiences in response to these existential questions" (p. 78).

In addition, Allport's idea of intrinsic and extrinsic religion missed three important ideas that Batson et al. (1993) considered critical for distinguishing religious individuals: ability to face complex problems without reducing complexity, presence of doubt and willingness to be self-critical, and the continual search within religion. It was these types of questions that led Batson to see quest not only pertaining to religion, but also to spirituality. Batson included the existential questions to the idea proposed by Allport, and in turn altered the way in which religion can be viewed and the connection that has been made between religion and spirituality.

The concept of religion as quest was not new, as Batson (1976) cited theologians such as H. Richard Nieburh (1963), who acknowledged this idea by explaining that in life, individuals ask hard questions without really expecting answers. However, Batson (1976) was the first to develop a formal model and measurement tool based on this philosophy. Batson proposed religion as quest long before the measurement was proposed.

Batson and Ventis (1982) explained the development of the scale to measure the quest construct that was missing from Allport and Ross's ROS. The scale consisted of six items and was to be administered along with Allport and Ross's ROS. Batson and Ventis tested the measure with an undergraduate and seminarian population, but did not specifically report on the reliability or validity.

There has been much criticism over the reliability and validity of the Quest measure. For example, in the meta-analysis conducted by Hackney and Sanders (2003) on religious measures, Batson's measure was not included because of the problematic nature of the studies that use it. Batson and Schoenrade (1991a, 1991b) addressed the questions of validity and reliability concerns in a two-part article. Batson and Schoenrade (1991a) contrasted the fact that more than 50 studies have found a low correlation between the Quest measure and the Religious Orientation Scale, to the fact that the Quest measure is "independent, orthogonal, and not interchangeable" (p. 418). This means that the Quest measure does in fact measure a construct that is different than that which was proposed by Allport. The reliability questions were addressed by Batson and Schoenrade (1991b) by proposing a 12-item version of the Quest scale. The new version had alphas of .75 to .82 and there were intercorrelations with the original ROS six-item scale of .85 to .90. It was also suggested that Quest has three separate dimensions that are related: readiness to face existential questions, self-criticism and religious doubt, and openness to change.

Criticisms of Batson's research are grounded in the question of validity that Batson and Schoenrade (1991a) were unable to answer. Beck, Baker, Robbins, and Dow (2001) conducted a study to examine the multidimensional nature of religion as quest, considering previous research on the subject has been limited and offered conflicting results. To explore the nature of quest, 200 undergraduate students were administered Allport and Ross's (1967) Religious Orientation Scale, Quest, and two separate Quest scales of tentativeness and change developed for the study. From the results, Beck et al.

concluded that the separate aspects of tentativeness and change differed in the way in which they correlated with intrinsic and extrinsic religiosity. This difference led Beck et al. to explain that in fact there are multiple dimensions to Quest. It was suggested “Quest may be a multidimensional construct and that it’s various facets may have very different relationships with other religious and psychological variables” (p. 154).

Beck and Jessup (2004) conducted a study to further explore the multidimensional nature of quest. For the purpose of this study, the researchers developed The Multidimensional Quest Orientation Scale, which included nine subscales to assess the various aspects of quest. This assessment along with Allport and Ross’s (1967) Religious Orientation Scale and the original Quest were administered to 183 undergraduate students. Beck and Jessup concluded from the study that Quest is in fact multidimensional and that the nine subscales that were used shared little variance with each other. Batson’s original Quest measure was the only measurement that was positively correlated with all subscales, suggesting that the scales were measuring the quest construct.

Although Batson improved upon the work of Allport, his concept of quest is not fully explained, leaving many questions about the construct and its multidimensional nature. Batson did speak to the sacred aspect of religion, but did not fully explore its social aspect. In addition, Batson’s model did not address the multidimensional nature of religion and like Allport, is caught in the motivation of religion instead of the total nature of the concept, ignoring many of the domains of religion suggested by The Fetzer Institute (1999). The Fetzer Institute offered a method of viewing and measuring religion

in a way that speaks not only to the multifaceted nature of the construct, but also to the connection between religion and spirituality.

Multidimensional Model by The Fetzer Institute

Although the models developed by Allport and Batson addressed specific aspects of religion, they did not speak to the complete multidimensional nature of religion. The Fetzer Institute (1999), in collaboration with the National Institute on Aging, which is part of the National Institute on Health, set out to find a way in which religion and spirituality could be researched in connection with health outcomes. The goal of Fetzer's project was to develop a model and instrument that exemplified the complexity of religion and spirituality. Three goals were addressed: 1) to distinguish between religion and spirituality, but to have one instrument; 2) to measure practices that were not healthy; and, 3) to look at aspects of religion that are significant for health outcomes.

Through extensive literature reviews in the area of religion and spirituality by a panel of experts, Fetzer (1999) defined 10 domains that accurately explained the multifaceted nature of religion. Each of the 10 domains was supported by extensive literature that explained the concept and the impact of the domain on health. The domains speak not only to religion, but also to spirituality. This overlap between the two constructs allows one to see the ways in which spirituality can be a vital and important area for many religious individuals, thus arguing against the polarity between the terms that previously were discussed. The 10 domains are: 1) Daily Spiritual Experience; 2) Values and Beliefs; 3) Forgiveness; 4) Private Religious Practices; 5) Organizational

Religiousness; 6) Religious/Spiritual Coping; 7) Religious Support; 8) Religious/Spiritual History; 9) Commitment; and, 10) Religious Preference.

The first of the 10 domains, Daily Spiritual Experience, is intended to explore the "individual's perception of the transcendent (God, the divine) in daily life" (p. 11). This domain is not only the perception that an individual has, but also the interaction with the transcendent. Fetzer was clear that it was important to get the experience of the individual, and not merely the thoughts that an individual had towards the transcendent. Underwood and Teresi (2002) continued the work started with The Fetzer Institute and explained the process of developing The Daily Spirituality Experience Scale. A main emphasis was the importance of daily spiritual experience on the religious life of many individuals. These authors explained that in-depth interviews with religious individuals were held to determine the way to measure daily spiritual experience. Both The Fetzer Institute and Underwood and Teresi stated that the construct had not previously been addressed, but is an important component of religion.

Values and Beliefs were identified by The Fetzer Institute (1999) as the second important domain. Values are considered the way that people's behavior reflects religion as the ultimate value in life. Rokeach (1973) is the most well-known individual in regards to discussing values and the association between values and religion. He defined value as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (p. 5). Rokeach discussed the idea of religion as part of values and saw that individuals of differing religions have different values. The Fetzer Institute explained that

beliefs are essential for religion and are the cognitive dimension of religion. Not all religions have the same beliefs and there is even disagreement over beliefs of individuals within the same religious group. Kelly (1995b) explained that there are different ways that beliefs are categorized and vary between individuals. Through reviewing literature in the field, The Fetzer Institute concluded that it is not only the positive aspect of the beliefs that are important, but also the religious beliefs that one has concerning suffering and death that are to be considered.

Forgiveness is the third domain concluded by The Fetzer Institute (1999) as an important aspect of religion and spirituality. Forgiveness included five different dimensions: confession, feeling forgiven by God, feeling forgiven by others, forgiving others, and forgiving oneself. Rye (2005) noted that much of the work on forgiveness does not include religion, when religion is a central aspect of forgiveness for many individuals. In addition, Rye pointed out that all major religions not only value, but also encourage forgiveness. The Fetzer Institute explained that forgiveness is part of Judaism, Christianity, Buddhism, Confucianism, and Islam.

As noted earlier, spirituality might be viewed as private, while religion is considered the public aspect of an individual's faith (Maselko & Kubzansky, 2006). The Fetzer Institute (1999) saw that there are aspects of religion that are both private and public. The private aspect referred to as Private Religious Practices is the fourth domain proposed by The Fetzer Institute. The domain involves those practices that are not organized and are considered informal. Prayer, meditation, contemplation, private worship, and introspection are also regarded as private religious practices (Kelly, 1995b;

Witmer & Sweeney, 1992). The public aspect is the fifth domain and is labeled Organizational Religiousness. The Fetzer Institute stated that it includes things such as worship attendance and participation in other organized activities.

Religious/Spiritual Coping is the sixth domain that The Fetzer Institute (1999) included as part of the multidimensional nature of religion. Not only are the positive aspects of coping considered, but so are the ways that religious coping can have a negative effect on an individual. Pargament (1997), who is most widely known for his work on religion and coping, acknowledged both the positive and negative aspects of religious coping. He stated that “religion often comes to center stage in critical situations” (p. 162), because religion is usually available to these individuals and provides support when it is needed.

The Fetzer Institute (1999) defined Religious Support, the seventh dimension, as “aspects of the social relationships between study participants and others in their shared place of worship” (p. 57). The basics of secular support were used as the background for understanding religious support. Two different aspects of social support were explained: negative support and anticipated support. Negative support is usually not considered an important aspect of support, although it is important to consider the fact that some social relationships are defined by conflict and tension. Rook (1984) conducted a study with 120 widowed women and concluded that negative support had a stronger correlation to well-being than positive support. On the other hand, The Fetzer Institute explained that anticipated support is the belief that others are willing to assist if needed. In a study conducted by Krause (1997) with 947 older adults, it was concluded that a main benefit

from support is not the actual support, but what it conveys. If an individual has the confidence of support in the future, this is as beneficial as the support itself.

The Fetzer Institute (1999) concluded that the religious and spiritual history of an individual is a critical part of religion and spirituality. Fowler (1981) suggested a theory of faith development that was based on the work of theorists such as Piaget, Kohlberg, and Erikson. He constructed an interview guide to assess the unique developmental history of individuals. Although Fowler had done considerable work in the area and The Fetzer Institute acknowledged the importance of considering religious history, this construct is often not measured when assessing religion.

Another domain described by The Fetzer Institute (1999) was that of Commitment. Even though much of the literature does not include this aspect of religion, The Fetzer Institute concluded that it is in fact an aspect of the multidimensional nature of religion. Worthington et al. (2003) also saw the importance of commitment and developed the Religious Commitment Inventory to assess the "degree to which a person adheres to his or her religious values, beliefs, and practices, and uses them in daily living" (p. 85). The Fetzer Institute proposed measuring religious commitment through assessing for an individuals commitment of time and money to one's religious beliefs.

The final domain of religion proposed by The Fetzer Institute (1999) is that of Religious Preference. Religious preference is described as the "religious tradition or denomination with which an individual identifies" (p. 81). Surveys such as the General Social Surveys include religious preference as a standard in conducting research. Although these types of surveys merely gather information through one question, The

Fetzer Institute not only inquires about religious groups, but also specific denominations within each group. Kelly (1995b) discussed this type of specificity when he expressed the importance of considering various denominations and groups within a specific religion because of the varying beliefs.

The Fetzer Institute (1999) developed an instrument to asses the 10 domains called the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) and included 38 questions that were normed by being incorporated into the General Social Survey in 1998. There was a 75.6% response rate, which resulted in a sample of 1,445, with 54% being Protestant (Idler et al., 2003). Reliability for the subscales ranged from .64 to .91. Discriminate validity was evaluated for the instrument through comparing the scales to a module for a comparative international study of religious values included in the General Social Survey. Content validity was also claimed: "although we cannot be sure that no content areas were omitted, several of our domains are entirely original for this effort, constituting a primary contribution to content validity" (Idler et al., p. 351).

Traphagan (2005) examined The Fetzer Institute's model from a cross-cultural perspective. His work was based in ethnographic research and used samples from Japan to analyze the cross-cultural implications of using the BMMRS. The instrument was constructed from a Western perspective, thus it is important to consider "that people in other societies do not necessarily conceptually carve up the person in the same way that Westerners do" (p. 392). Although the BMMRS was constructed to be open to other religions, Traphagan concluded it still had a Judeo-Christian bias that cannot be denied.

Extensive research has been conducted using the BMMRS, including studies of religion, spirituality, and the relationship of multiple health factors to religious beliefs and research. The Fetzer Institute reported that in April 2007, there were over 110 articles published that cited the work of the Fetzer Institute and the Multidimensional Measurement of Religiousness/Spirituality. As mentioned earlier, Seybold and Hill (2001) concluded that The Fetzer Institute developed what might be considered the "most thorough and widely standardized single multidimensional measure" of religion (p. 22). It is this aspect of multidimensionality that makes not only the model developed by The Fetzer Institute useful, but also the BMMRS important when considering religion. The model was developed from research and empirical support for it continues to show the link between religion and health or wellness.

Religion and Wellness

The studies reported by The Fetzer Institute (1999) are among a growing body of literature linking religion and spirituality with health and wellness. Religious individuals have been shown to have lower blood pressure, lower mortality, less depressive symptoms, reduced risk of cardiovascular disease, decreased death anxiety, less likely to abuse alcohol or smoke, and be happier, than individuals who do not consider themselves religious (Abdel-Khalek, 2006; Gillum & Ingram, 2006; Harding, Flannelly, Weaver, & Costa, 2005; Hill, Burdette, Ellison, & Musick, 2006; King, Mainous, Steyer, & Pearson, 2001; Koenig, George, & Titus, 2004; Lewis & Cruise, 2006;McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000). The ways in which religion is measured within these studies of wellness is as varied as the definitions of religion, which results in a lack of

consistency in the literature. A common theme throughout is the impact of social interaction that is available to religious individuals.

Gillum and Ingram (2006) conducted a study to examine the impact of attending religious services on hypertension and blood pressure. The information was obtained as part of the Third National Health and Nutrition Examination Survey, which included 14,475 men and women. They assessed religious attendance by asking participants how often they attended religious services. After controlling for confounding variables such as age, Gillum and Ingram reported that individuals who attended services weekly or more had significantly lower incidence of hypertension. In a similar manner, those who attended services had lower blood pressure.

In addition, McCullough, Hoyt, Larson, Koenig, and Thoresen (2000) conducted a meta-analysis of 142 studies to examine the association between religious involvement and mortality. Although research had consistently equated religious involvement and mortality, McCullough et al. called into question the fact that there are most likely moderators that explain such a relationship. Consistently in the articles analyzed, the way in which religious involvement was measured was through church attendance. Possible moderators acknowledged by McCullough et al. included demographics and health-related variables. From the meta-analysis, the largest possible moderator consisted of psychosocial factors, such as general support.

Adding to the typical measurement method of church attendance, Koenig, George, and Titus (2004) analyzed the effect of religion and spirituality on social support, psychological functioning, and physical health by interviewing 838 individuals,

50 year of age or older, in a hospital setting. They assessed religion through analyzing religious affiliation, engagement in organizational and nonorganizational religious activities, listening to religious television and radio, and intrinsic religiosity. Koenig et al. concluded that both religion and spirituality were associated with better psychosocial functioning, specifically receiving social support. In addition, the authors reported that religious individuals had fewer depressive symptoms than those who did not report being religious. Not surprisingly, the association between physical health and religion was not as easy to determine, considering that religious practices are often a source of coping for individuals with an illness. Koenig et al. suggested, “even if religious factors helped to prevent disability and limit the severity of medical illness, this would be difficult to demonstrate in a cross-sectional study, in which sicker patients turning to religion could neutralize such effects” (p. 560).

King, Mainous, Steyer, and Pearson (2001) were able to show how religion helped to prevent physical illness by conducting research to consider the relationship between religious service attendance and cardiovascular risks. Participants from the study were part of the National Health and Nutrition Examination Survey III, conducted between 1988 and 1994. Participants included 10,059 individuals from non-institutionalized settings. Religion was measured through a single question, “How often do you attend church or religious services? (per year)” (p. 418). King et al. reported that individuals who attended religious services were more likely to have a decrease in markers that are associated with cardiovascular disease than those individual who did not

attend. It should be noted that when smoking was controlled, the relationship between religion and the markers diminished.

Although King et al. (2001) explained that the impact of religion on cardiovascular disease diminished when considering smoking, research has shown religion to have an impact on whether or not someone smokes. Hill, Burdette, Ellison, and Musick (2006) conducted a study with 1,504 individuals to explore the relationship between religious attendance and health behaviors. Religious attendance and health behaviors were assessed through self-report in phone interviews. Hill et al. concluded that religious attendance, specifically weekly attendance, was associated with "greater use of preventive care services, enhanced physical activity, fewer risk-taking activities, and lower rates of heavy drinking and smoking" (p. 312).

Several studies have connected religion with lower death anxiety or death acceptance. Harding, Flannelly, Weaver, and Costa (2005) surveyed 130 parishioners from an Episcopal church. Harding et al. pointed out that there has been great inconsistency in literature around religion and death, most likely stemming from the narrow way in which researchers have assessed religiosity. To counter such inconsistencies, religiosity was measured by considering the ritual, experiential, consequential, and theological aspects of religion. Harding et al. concluded from the results that the only religiosity factor to have a significant relationship with death acceptance and death anxiety was that of theological religiosity. Theological religiosity was assessed through a person's belief in God and belief in a life after death. Both were found to have a negative relationship with death anxiety and a positive relationship with

death acceptance. Harding et al. explained that this focus might explain inconsistencies in other results, considering that theological religiosity is often not measured.

Abdel-Khalek (2006) sampled 2,210 undergraduates in Kuwait to assess the relationship between happiness, health, and religiosity. Religiosity was measured through one self-report question: “What is your level of religiosity? 0=Very low; 10=Very high” (p. 89). He reported that religiosity was significantly correlated with happiness, mental health, and physical health, however, there were considerable gender differences. Men reported higher levels of happiness and mental health, while women reported higher levels of religiosity. There was not an explanation reported for the difference between men and women, but he offered the culture of the society as a possibility.

In addition, Lewis and Cruise (2006) considered the relationship between religion and happiness through a literature review. Literature in this area has centered on using the Francis Scale of Attitude toward Christianity to measure religion. They assessed happiness through the Oxford Happiness Inventory that has consistently shown religion to be associated with happiness while studies using the Depression-Happiness Scale have not found any association between religion and happiness. Lewis and Cruise suggested that such varying results occurs because of the lack of consistency in the measurement of religion and of the absence of a clear theory to explain happiness. One researcher might regard happiness as a global concept while another might consider it more of a current state of well-being. The authors suggested that happiness is associated with religion because of the social support that is often experienced through the church community.

It is evident that religion can have a positive impact on an individual's well-being, although there are inconsistencies in the way in which religion is researched within wellness, such as focusing on spirituality. The contradictions that have been reported in the area of religion and wellness often stem from inconsistencies in the way religion is assessed. For example, most of the research previously mentioned focused solely on religious attendance and did not consider the multidimensional nature of religion. In addition to the inconsistencies within research, much of the literature focuses on the relationship between wellness and spirituality, and ignoring the role of religion. A search of PsycINFO resulted in 141 articles on wellness and spirituality, while there were only 92 on wellness and religion. This lack of attention to the multidimensional nature of religion suggests that research is needed in the area of religion and wellness that considers the depth of the topic.

One aspect of religion and wellness was found in much of the research previously mentioned. McCullough et al. (2000) discussed the moderator of psychosocial factors in the relationship between religion and lower mortality, and Koenig et al. (2004) reported that religion was associated with social support. Lewis and Cruise (2006) explained that social support might be a contributor to the association between religion and happiness. Even the articles that did not specifically mention social support or psychosocial factors measured religion through religious attendance, which includes being around others. This idea of support and being within community has often been seen as one of the major ways in which religion has a positive impact on individual wellness. Alfred Adler

explained this type of social support and psychosocial factor as social interest and saw connections between social interest and religion (Ansbacher & Ansbacher, 1956).

Social Interest

Numerous researchers have concluded that the social nature of religion is a factor in the health and wellness of adults (Koenig et al., 2004; Lewis & Cruise, 2006; McCullough et al., 2000; Salsman et al., 2005). Alfred Adler labeled such support as social interest (Ansbacher & Ansbacher, 1956). There have been various instruments of social interest developed to be used to assess the construct (Bass, William, Kern, & McWilliams, 2002). These instruments have been used to analyze the correlation between social interest and many constructs, one being religion. Although Adler was not religious himself, he saw connections between religion and social interest (Ansbacher & Ansbacher, 1979). Researchers following Alder have continued his work, proposing specific ways that religion is part of Adler's Individual Psychology, such as Mosak and Dreikurs fifth life task of spirituality. To better understand social interest, the construct will be defined along with a discussion on the instruments created to measure social interest. In order to see the connection between social interest and religion, Adler's view of religion and the link between it and social interest is explored. Finally, the impact of social interest on wellness is considered.

Defining Social Interest

Social interest is a concept developed by Alfred Adler that is a basic premise to his theory of Individual Psychology (Ansbacher & Ansbacher, 1956). Adler used the German term *Gemeinschaftsgefuhl* to describe the idea of social interest (Ansbacher,

1991). Even though social interest is usually the translation, there has been difficulty in determining the one exact definition of the construct (Manaster, Cemalcilar, & Knill, 2003). English equivalents are "social feeling, community feeling, fellow feeling, sense of solidarity, communal intuition, community interest, social sense, and social interest" (Ansbacher & Ansbacher, p. 134), although social interest is the translation Adler himself preferred.

Adler's theory of Individual Psychology can be explained by "defining it as socio-teleo-analytic" (Sweeney, 1998, p. 7). The *socio* refers to the concept that all individuals are inclined to living life with others. *Teleo* signifies that all behavior is purposeful with individuals using behavior to strive towards goals in life are seen as important. The *analyti*c denotes that often individuals' behaviors are constructed through the unconscious and that which is not understood. It was this idea of the *socio* being a part of an individual that is the start to Adler's concept of social interest.

Adler saw social interest as the interconnection of all individuals with each other (Ansbacher & Ansbacher, 1956). Ansbacher (1991) explained this as the general connectedness that individuals feel in life towards all others and that it is the experience of belonging and having a place in society that aid individuals in this feeling of connection. Social interest leads individuals to action in the interest of the wider community instead of just for the self. Leak (2006a) summarized social interest as "the valuing of something outside of the self without ulterior motives" (p. 59). Adler concluded that social interest at its core is "to see with the eyes of another, to hear with the ears of another, to feel with the heart of another" (Ansbacher & Ansbacher). It is

through an understanding of how others recognize life that one is able to act in a way that benefits all. Through acting in a way that benefits all, one is striving for perfection.

Adler believed that all people are constantly striving for perfection in life. Everyone is born with thoughts of inferiority and life is lived by striving to counter these ideas (Ansbacher & Ansbacher, 1979). It is important to realize that this striving for a better life should not be done in a selfish manner. One strives for perfection with the goal of a better future for all of humanity, not just for ones self (Ansbacher & Ansbacher). The concept of striving for perfection is linked closely with social interest. It is a person's social interest that gives direction to striving for perfection (Ansbacher & Ansbacher).

Through aiming for perfection, individuals strive for an ideal community that is believed to be everlasting (Ansbacher & Ansbacher, 1956). The society for which people aspire to is an unattainable ideal (Ansbacher & Ansbacher). Even though it is an ideal, it in no way means one stops trying. What it does mean is that there is always something to be accomplished. Perfection will not be achieved, but it must constantly be the goal towards which one works. Adler made it clear in his writing that the one correct way of striving for perfection is not known (Ansbacher & Ansbacher, 1979). Each person is considered a unique individual and the way of aiming for perfection will be unique to each person's own personality (Sweeney, 1998).

Each person has the innate potential to strive for perfection (Ansbacher & Ansbacher, 1956; Ansbacher 1991). Adler emphasized that social interest and striving for perfection are not inborn, but that individuals are born with the potential for these attributes to be developed (Ansbacher & Ansbacher). Adler stated, "social interest

constantly brings itself to mind with its warning voice. This does not mean that we always proceed in accordance with social interest" (Ansbacher & Ansbacher, p. 139). Kanz (2001) agreed by suggesting that everyone is born with the potential and desire to be involved with others.

Life is considered developmental, and with developmental processes comes the need to build up certain aspects of being, which involve the need for social interest (Ansbacher, 1991). Although everyone is born with the potential to be interdependent, it must be developed. This development starts with a child's relationship with the mother (Ansbacher & Ansbacher, 1956). Through this interaction, it is evident that interdependence is needed for the survival of life. A child is dependent on the mother for basic living tasks, which leads individuals to realize that others are necessary for survival. Although the goal is for social interest to increase throughout life, there are times when an individual might see a decrease. This can come from different life events or relationships. It is also possible that as social interest increases, it will begin to encompass things outside of humans, such as nature (Ansbacher & Ansbacher).

Social interest can be broken down into two parts, which Ansbacher (1991) labeled interest and social. *Interest* refers to the attitude of a person towards others, and it is described usually by focusing on empathy. Empathy is the seeing and feeling for another (Ansbacher & Ansbacher, 1956). A person feels the pain that another is feeling, or sees what another is seeing. Adler declared that people's capacity for empathy depends on their "degree of social interest" (as cited in Ansbacher & Ansbacher, p.136). Empathy

is essential for those who live a life that is interdependent on others. The more developed the concept of social interest, the higher the level of empathy.

Although interest is a critical aspect, the social cannot be overlooked. *Social* is the action that must follow interest. Ansbacher (1991) stated, “thus more important than a mere interest in the interest of others would be corresponding action—the processes of cooperation with and contribution to others” (p. 39). It is not enough to feel empathetic towards others. The action is the evidence of the empathy one has towards others. Just as empathy should not exist without action, action is not complete without the feelings behind it. Interest and social are both critical pieces to the broader concept of social interest.

Adler saw social interest incorporated in all aspects of life through his emphasis that it is a key to life tasks (Leak, 2006). Adler originally proposed three life tasks that all individuals strive to conquer in life: love, friendship, and work (Sweeney, 1998). Later writers have proposed that getting along with ourselves and spirituality are also life tasks (Mosak & Dreikurs, 2000). Social interest is closely related to individuals dealing with these life tasks. Leak stated, “Thus social interest is primarily concerned with the individual and his or her relationship with the social world, while life tasks are also fundamentally social in nature and require social interest for their successful solution” (p. 59). It is through social interest that the problems of the life tasks can be solved, considering the social nature of the life tasks (Adler, 1964).

Adler held such a high regard for the concept of social interest that he used it as a criterion for assessing a person’s mental health (Ansbacher, 1991; Mansager, 1987).

People who lack social interest and are constantly putting themselves before others, reflect the basis for what Adler considered neurosis (Mansager; Weiss-Rosmarin, 1990). On the other hand, people are considered well-adjusted when they are striving for perfection for an ideal world for all. Well-adjusted individuals do not live in the world in isolation; they realize their interdependence on others (Ansbacher & Ansbacher, 1956).

Social interest is a basis for Adler's theory of Individual Psychology. Considering the importance that Adler placed on social interest, it is critical to explore the ways in which social interest is assessed and measured in research. Adler defined social interest in a specific way, but the way in which researchers have measured the construct have varied without consistency between different measures.

Measuring Social Interest

Although social interest is a prominent part to Adler's Individual Psychology, operationally defining the term in a way to measure the construct has proven difficult (Bass, William, Kern, & McWilliams, 2002). Bass et al. conducted a meta-analysis on social interest, considering 124 studies from 1977 to 2000, and noted that five different scales were used consistently to measure social interest. These instruments and the number of articles associated with each scale were: Social Interest Index (SII) - 73, Social Interest Scale (SIS) - 109, Sulliman's Scale of Social Interest (SSSI) - 23, Life Style Personality Inventory Social Interest Index (LSPSII) - 32, and the Belonging/Social Interest (BSI) subscale of BASIS-A -32. Within the meta-analysis, Bass et al. ran correlations between all five scales to see the ways in which the scales related. There were small to moderate correlations, with results being .08 to .22. Bass et al. were not

surprised by the results, stating that it is the nature of the construct, and that each scale measures a different aspect of social interest.

Although there are five scales mentioned in the literature (Bass et al., 2002; Manster, Cemalcilar, & Knill, 2003), three of the scales stand out: the BSI of the BASIS-A, the SIS, and the SII. The BSI is unique in that it is based on early recollections of individuals (Curlette, 1996). The SIS and SII have been the most widely used instruments to measure social interest (Manster et al.). All have strengths and limitations for use in research.

Belonging/Social Interest of BASIS-A

Wheeler, Kern, and Curlette (1993) developed the BASIS-A to assess the lifestyle of individuals in accordance with Adler's Individual Psychology. Peluso, Peluso, Buckner, Curlette, and Kern (2004) stated that there are five dimensions of the BASIS-A: Belonging/Social Interest, Going Along, Taking Charge, Wanting Recognition, and Being Cautious. The Belonging/Social Interest scale measures social interest and can be administered separately from the other scales. Peluso et al. conducted a study with 329 university students to assess the reliability of the instrument. Alpha coefficients for the scales ranged from .82 to .87 with the Belonging/Social Interest scale having an alpha of .86. Peluso et al. reported validity of the BASIS-A with other measurements, such as the MMPI and the Million. The BASIS-A is an interesting scale in that individuals taking it should think of their behavior as a child. Curlette (1996) explained this uniqueness in stating "the BASIS-A measure of Social Interest is different from all other social interest

measures because it is based on items assessing recollections from childhood behavior, and it focuses only on belonging" (p. 99).

Although the BASIS-A does offer a unique perspective by the way it is administered, there is a lack of research on specifically the Belonging/Social Interest subscale. In the meta-analysis by Bass et al. (2002), only 32 of 124 studies used the Belonging/Social Interest subscale of the BASIS-A. This is problematic, considering that within the 23 years covered, there was not an adequate amount of research on the subscale. Crandall (1981) developed a scale that looked solely at social interest, which resulted in much research using the scale.

Social Interest Scale

Crandall (1981) developed the Social Interest Scale (SIS) to assess a person's interest in others' well-being. The items require individuals to choose between two values that they see as most important (Crandall, 1991). Crandall attempted to lower the likelihood of social desirability by having individuals choose what value they see as most important, instead of which value they possess. The list of paired items began with 48 traits and was narrowed down by an item analysis to 15 items. To assess reliability, 213 university and high school students were administered the instrument. Crandall (1991) reported a split half reliability of .77 and a test/retest reliability of .82. Validity was considered using peer ratings, where scores were correlated with self-report. High scores on the SIS were associated with greater values of equality, peace, and family security. On the other hand, low scores were associated with valuing excitement and pleasure. Scores on the instrument were negatively correlated with hostility.

In the meta-analysis by Bass et al. (2002), 109 articles were reported using the SIS, making it the most widely used measure of social interest. Although the SIS is often the measure of social interest in research, it was considered a bad performer when considering differences between social interest and gender. This is problematic if gender differences within social interest are being assessed. In addition, the SIS has not yet been used in assessing the relationship between social interest and religion, although the Social Interest Index is a scale that has been used with research on religion.

Social Interest Index

Greever, Tseng, and Friedland (1973) set out to construct an instrument to measure social interest as it connected with the life tasks of work, love, friendship, and self-significance. They started with 194 statements and narrowed them down to 32 items, with eight questions for each life task. Prominent Adlerians rated the statements. The questions are assessed through Likert-type scaling, from "not at all like me" (1) to "very much like me" (5). Greever et al. originally administer the SII to 83 college students. They reported internal consistency of .81 and test-rest reliability of .79. Construct validity was established by Greever et al. by the way in which the instrument was constructed using experts from the field. In addition, validity was assessed through the 83 college students being evaluated by peer raters, which resulted in 85% accuracy in reporting. Greever et al. also concluded that there was a positive correlation between the Social Interest Index and aspects of the California Psychological Inventory. Specifically, the subscales of "communality, responsibility, socialization, sense of well being and achievement via conformance" (p. 458) were related to social interest.

Watkins and Hector (1990) conducted a study with 201 undergraduate students to assess the relationship between the SII and Berkman's Social Network Index. Significant positive relationships were found between the SII and the number of friends and relatives they felt close to, as well as the amount of contact they had with friends and relatives per month. Watkins and Hector concluded that the results further support the concurrent validity of the measurement.

Watkins (1994) conducted a review of social interest scales cited in 38 articles between the 1981 and 1991. Within the review, he found that the scores on the SII were positively correlated with factors such as marital adjustment, inner-directedness, self-significance, self-actualization, and interpersonal control. Scores were negatively correlated with depression, anger, and autonomy. Watkins did acknowledge some problems with the scale, mainly that of social desirability. In addition, Watkins showed validity to be a problem through referencing various studies that conducted factor analyses on the scale.

One of the studies mentioned by Watkins (1994) was that of Zarski, Bubenzer, and West (1983), which was an attempt to conduct a factor analysis of the SII. The study was conducted with 308 participants that represented various education levels and occupations. Within the study, Zarski et al. modified some of the items "to ensure independent measurement of individual differences with regard to life task adjustment" (p. 91). The modifications included randomly reordering the questions. Four factors were defined by a factor analysis: love, work, friendship, and self-significance. Zarski et al.

reported that 38.8% of the total variance was accounted for by the life tasks combined. The results further supported the validity of the SII.

Leak (2006b) acknowledged that the SII is one of the most frequently used measures of social interest; however, concerns with validity limit its usefulness. To address validity concerns, Leak conducted a series of studies to create a shorter version of the SII. From the first study of 746 university students, Leak eliminated any items that did not load on the factor analysis. This study resulted in a 16-item scale. In the second study, Leak administered the new form, along with the original SII, to 115 undergraduate students to further reduce the number of items. Two items were eliminated because of low item-total correlations. The shortened scale of 14 items had an alpha of .74. The final study was conducted to determine for construct validity of the new instrument. A sample of 47 undergraduate students completed the original SII, and the students were asked to have someone who knew them well complete a peer-rating version of the SII. Three items of the new scale "had negative but nonsignificant correlations with the sum of the 14-item peer rating form" (p. 447), which resulted in the elimination of these items in the final version of the revised SII. Leak concluded that the shorter version is no better than the original SII, although it might be easier to use by clinicians in assessing social interest.

It is evident from this review that there are considerable differences in the scales that measure social interest, and each scale is unique and offers a different perspective of the construct. Each scale has strengths and limitations. Bass et al. (2002) stated that the SII is likely the most valid scale for social interest. In addition, it should be noted that the

SII has been used in research on social interest and religion. Leak (1992, 2006a) conducted extensive research on social interest, religion, and spirituality using the SII to assess social interest. Leak was not the first to consider the connection between social interest and religion. Adler mentioned religion in his work, and multiple authors have analyzed this connection over the years.

Adler and Religion

Although Adler was not considered a religious person, he never denied or affirmed the presence of a god (Mansager, 1987). Adler often saw the connection between religion and Individual Psychology. Mosak (1986) quoted Adler as saying, "I regard it as no means commendation when it is emphasized that Individual Psychology has rediscovered many a lost position of Christian guidance. I have always endeavored to show that Individual Psychology is the heir to all great movements whose aim is the welfare of mankind" (p. 526). It was this connection with religion that led many to discuss the connection between Individual Psychology, specifically social interest, and religion (e. g., Leak, Gardner, Pounds, 1992; Kanz, 2001; Watts, 2000; Weiss-Rosmarin, 1990).

Adler also made statements concerning religions' deity, specifically God (Ansbacher & Ansbacher, 1964). He saw God as the "concretization of striving for perfection" (Huber, 1986, p. 413). Although people have many goals that they are striving to fill, an ultimate goal usually is the main focus (Mansager et al., 2002). A religious individuals' ultimate goal is to strive for perfection through striving towards God (Ansbacher & Ansbacher). They know that they will never reach the perfection of

God, but it is a goal towards which they continually work. These individuals combat feelings of inferiority through striving for the perfection of God (Ansbacher & Ansbacher). While striving for this perfection, a higher level of social interest often results.

It is important to understand that although Adler did have positive views of religion, he did not consider religion necessary for social interest (Leak, 1992). As mentioned before, Adler never claimed to know the correct way to strive for perfection (Ansbacher & Ansbacher, 1979). Each person is unique, and this will lead them in different directions. Religion is merely one way that individuals strive for perfection. Adler did point out that those who do not follow religion usually do so not because of the basic premises of the religion, but because of "the contradictions which have resulted between the work of the power apparatus of the religions and their essential nature, and probably also from the not infrequent abuses of religion" (Ansbacher & Ansbacher, p. 279). Although Adler saw the benefits of religion, he did acknowledge that there are times when people abuse religion.

The role of religion within Individual Psychology has been discussed and researched over the years (e.g., Huber, 1986; Kanz, 2001; Leak, 1992; Watts, 2000). One of the most significant works in the area was that of Mosak and Dreikurs (2000), who proposed a life task dealing with the religious and spiritual. This life task provides a guide for the way in which social interest can be considered an important aspect of religion.

The Fifth Life Task

Mosak and Dreikurs (1967;2000) proposed the fifth life task to complement the work of Adler. They labeled it as “the spiritual,” but also described it as “the existential, the search for meaning, the metaphysical, the metapsychological, and the ontological” (p. 257). Although Adler never mentioned a fifth life task, Mosak and Dreikurs suggested that Adler alluded to the concept in many of his writings.

Mosak and Dreikurs (2000) offered five subtasks of the fifth life task of developing a spiritual dimension. These tasks are: a) the relationship of the individual to God; b) what does the individual do with religion; c) place of person in the universe; d) immortality; and, e) does life have meaning inherent in it. Each of these subtasks can be examined from the perspective of an individual and the role of social interest in life.

In relation to the first subtask, the relationship of an individual with God, Mosak and Dreikurs (2000) explained is, “Each individual assumes a posture toward those who either do not believe in God or those who do believe in Him but who do not share the same definitions or the same forms of relating to Him” (p. 259). It is not only the belief of God that is important, but also the stance that individuals take towards those who hold different beliefs. Individuals can show a high level of social interest by accepting those with various religious beliefs. On the other hand, an individual not showing social interest would react with judgment towards those who are different. Adler described empathy as a critical aspect to social interest (Ansbacher & Ansbacher, 1956), and it appears that empathy is a key to the way individuals respond to different beliefs.

The second subtask, what an individual does with religion, refers to the fact that each individual responds differently, as some embrace religion and others hide their beliefs. Many focus on the individual aspect of religion, but some focus on the community that religion offers. Social interest is reflected within this subtask in the goals of religion that are important to individuals. For example, the goal might be loving others and trying to serve their neighbor, and both show high levels of social interest.

The place of a person in the universe and the "psychological movement" from this place is the third subtask (Mosak & Dreikurs, 2000, p. 260). As mentioned previously, striving for perfection is a basic idea for Adler that is closely related to social interest (Ansbacher & Ansbacher, 1979). According to Mosak and Dreikurs, religious individuals might see the possibility of moving from their current position through things such as salvation or practice of certain rituals. Social interest can be of direction to individuals if they see their actions impacted by others.

The fourth subtask proposed by Mosak and Dreikurs (2000) is immortality or "questions concerning the existence of an afterlife, the nature of the soul and it persistence after death, salvation and eternal damnation are central" (p. 260). Social interest is found within this subtask through the way individuals choose to handle their immortality. Some will do things such as build a building in their own honor, while others have children. The actions of individuals to express their immortality can be done in an individualistic way or a way that will benefit the greater community. The difference is between leaving a monument or leaving a legacy (Sweeney, 1998).

The last subtask is the question of life having meaning inherently in it (Mosak & Dreikurs, 2000). All through history, people have found different meanings in life. Some find meaning through suffering, while others find it through seeking pleasure. Adler saw people on a journey in their life. People are slowly "becoming" opposed to merely existing (p. 262). Becoming is possible through one's striving for perfection, guided by social interest (Ansbacher & Ansbacher, 1979).

Through Mosak and Dreikurs' (2000) fifth life task, the connection between religion and social interest is evident, as it is social interest that gives direction for individuals mastering this life task. Adler alluded to the fifth life task, although never mentioned it. It has been the work of the people that followed him, that has fully developed the idea and has shown the connection between religion and Adler's Individual Psychology. There have been many who have written not only conceptual, but also empirical articles on the connection between religion and social interest.

Religion and Social Interest

Most writing in the area of religion and social interest includes conceptual rather than empirical pieces. The empirical research on the topic, for a large part, has been limited to the research of Leak (1992, 2006a, 2006b). Not surprisingly, the majority of the information focuses on Christianity, leaving religion such as Judaism, Buddhism, and Islam largely ignored. Although there is not an abundance of information linking religion and social interest, the connection between Christianity and social interest is the most prominent in the literature. Numerous authors suggested that many of the basic teachings of Christ are found within the concept of social interest (Huber, 1986; Watts, 1992;

Watts, 2000). Huber expressed that Christ's behavior was what Adler referred to as social interest. One of the basic teachings of Christ was to love your neighbor as yourself. Many authors have found that this connects the idea of social interest and striving for a better world for all (Leak, Gardner, & Pounds,1992; Kanz, 2001; Watts, 1992). Watts expanded on the idea of love by drawing on the biblical notion of agape love. Followers of Christ see this love as the highest form of love, which is a possibility for each individual to experience. Agape love greatly parallels social interest and is a connection point when working with individuals who are Christian. Watts (2000) explained that there are multiple biblical examples of how to live life with one another through love.

Other authors have drawn on the connection between religion and social interest as a way to assist Christian clients (Ecrement & Zarski, 1987; Huber, 1986; Kanz, 2001; Mansager, 1987). Many conservative Christians are leery of counseling, but Adler's Individual Psychology, specifically social interest, is a way to connect with them (Kanz). In a similar way, a Christian pastor is similar to a counselor with pastors viewing individuals as social beings (Ecrement & Zarski). Huber reflected on his experience as a pastoral counselor with the ways in which religion and social interest connected and used this as a focus. Connections have also been noted between social interest and pastoral counseling (Mansager).

Even though Christianity has been the primary focus in the literature, there have been some pieces on Judaism and Buddhism. Weiss-Rosmarin (1990) considered the connection between Judaism and Adler's Individual Psychology. One of the biggest connection points is the focus of community as a health behavior for those practicing

Judaism. This is consistent with social interest and the idea of living life interdependent with one another.

Leak, Gardner, and Pounds (1992) explored the ways that Eastern religions, specifically Buddhism, related to social interest. The idea of interconnectedness was the main focus in that all objects are part of the whole, which in turn encourages compassion in the world. Buddhism challenges Individual Psychology to take an even closer look at social interest as the aspect of individuals being part of the greater whole (Noda, 2000).

With the limited scope of information on religion and social interest, the amount of empirical research in the area is sparse. Leak (1992) acknowledged this as an area that Adlerian scholars do not study. Leak has been the prominent author in the field, but he too has changed his language from religion to spirituality. Such a lack of research shows the need for new information and studies in the area, given the connection that has been observed within the existing conceptual and empirical research.

Leak (1992) conducted two studies to examine the relationship between religion and social interest, noting that Crandall (1981) explored the research on the topic of social interest and only two articles were mentioned in the area of religion and social interest. Those articles were limited to religious commitment and church attendance. Leak's first study involved 65 psychology students, with the goal being to look at the relationship between religion, in a broader way than in previous research, and social interest. Three different social interest scales were administered, with a variety of religion measures: Quest, Allport and Ross' IR, the Religious Commitment Scale, Attitude toward Religious Activism, and Acceptance of Change and Attitude toward Ecumenism. Leak

concluded that those with a high level of social interest were “likely to have a sincere, devout, and committed religious orientation” (p. 292).

Within the second study, Leak (1992) wanted to explore the relationship between social interest and various dimensions and measures of religiosity (n=121). Religion was considered through frequency and intensity of spiritual experiences, religiosity and religious participation, religious well-being, self-reported religious maturity, and Fowler’s faith development. Leak concluded that social interest was related to the various measures of religiosity. Within Fowler’s faith development, the third level, which might be considered immature faith, did not have an association with social interest. Leak stated that the current two studies confirmed previous research, or the link between religion and social interest.

In addition, Leak (2006a) conducted a study to explore the relationship between social interest and spirituality. Although the title of the article used the term spirituality, religious measures were employed and considered within the heading of spirituality. Leak saw that previous work narrowly considered religiosity, and it was important to explore personal spirituality or self-transcendence. It was also a goal of this study to explore the correlation between social interest and unhealthy religiousness, which was defined as religious fundamentalism and religious ethnocentrism. Participants included 105 undergraduate students from a Catholic university. Leak concluded from the results that there was a positive relationship between spirituality and social interest, although there was a negative correlation between unhealthy religiousness and social interest. From this study and previous research on the topic, Leak stated that there is a great possibility that

spirituality is a fifth Adlerian life task that is important to consider when working with individuals.

Although there has not been significant work in the area of religion and social interest, the social aspect of religion has been discussed (Koenig et al., 2004; Lewis & Cruise, 2006; McCullough et al., 2000; Salsman et al., 2005). Research in the area has shown the impact of social interest on the wellness of individuals. This appears to align with other research that connects higher levels of social interest with increased wellness (Nikelly, 2005).

Social Interest and Wellness

In a similar way that research has shown a link between religion and social interest, there is a connection between wellness and social interest (Nikelly, 2005). Although the link between social interest and physical and psychosocial well-being has been discussed previously, the empirical research on the subject has surfaced recently (Schwartz, Meisenhelder, Yunsheng, & Reed, 2003). The research that has been conducted in this area shows a relationship between social interest and better mental health, life stress, and locus of control (Ashby, Kottman, & Draper, 2002; Crandall, 1984; Post, 2005; Schwartz et al., 2003; Zarski, Bubenzer, & West, 1986).

Schwartz et al. (2003) conducted a study to examine the relationship between social interest and physical and mental health. The population consisted of 1,019 individuals from the Presbyterian Church. The authors developed specific questions to assess the variable of social interest; mental health was measured through anxiety and depression. Schwartz et al. concluded that social interest was associated with higher

levels of mental health. They also concluded that social interest was associated with poorer physical health, most likely because of the taxing nature of helping others. One possible explanation is that one can become overwhelmed when assisting others.

Although Schwartz et al. (2003) reported that social interest was related to poorer health, other research has concluded the opposite. Post (2005) conducted a literature review on the relationship between well-being, health, and longevity with individuals who are altruistic (other-regarding). Mental well-being, such as lower depression and anxiety, happiness, increased self-efficacy, and improved mood were all associated with altruistic behavior. Physical health was also examined. Post reported that individuals who volunteered, a social interest behavior, had a lower risk of death. In addition, those who volunteered were more likely to report better overall physical health.

Zarski et al. (1986) also examined the association between social interest and physical health (n=1,350). Social interest was assessed through the Task of Life Survey that assessed social interest within Adler's life tasks. Zarski et al. concluded that social interest was a predictor of overall health status, somatic symptoms, and energy level. The authors concluded that social interest is beneficial to both the general population and the health of the individual.

Crandall (1984) examined the moderating effect of social interest on stress. The three goals of his study were: 1) to examine the role of social interest in eliminating many of the struggles that occur in relationships; 2) to assess the moderating effect of social interest on later life stress; and, 3) to determine whether those who have experienced stress will evidence a greater negative relationship between social interest and depression,

anxiety, and hostility. The Social Interest Scale (Crandall, 1981) and the Social Interest Index (Greever et al., 1973) were used to assess social interest among 87 college students. Crandall concluded that individuals with higher levels of social interest perceived fewer stressful events in life. He also stated, “social interest does moderate the effects of stress on psychological symptoms” (p. 171).

Along with the correlation between social interest and stress, the relationship between social interest and locus of control was established in a study by Ashby et al. (2002). College students (N=262) were administered the Social Interest Scale, as well as a scale to assess internal and external locus of control. Ashby et al. reported an inverse relationship between external locus of control and social interest, meaning that individuals who perceive others having power over them would not have feelings of connectedness. Thus, individuals who view life as chance will not take opportunities to connect with others.

The studies cited above clearly demonstrate the connection between social interest and physical and emotional wellness. In addition, social interest had been considered an important aspect in models of wellness (e.g., Myers, Sweeney, & Witmer, 2000; Witmer & Sweeney, 1992). Through considering such models, which also include aspects of religion and spirituality, a better understanding of the connections between religion, social interest, and wellness is possible.

Wellness

Numerous studies have demonstrated the relationship between religion and wellness. For example, Gillum and Ingram (2006) found that religious attendance was

associated with lower blood pressure and Abdel-Khalek (2006) reported a correlation between religiosity and happiness. In both studies the social interaction piece of religion played a major part in the relationship between religion and the various components of wellness. This social interaction has been shown by researchers to have a profound impact on both physical and emotional wellness (e. g., Crandall, 1984; Schwartz et al., 2003). Often, the research on the impact of religion and social interest on wellness is considered from a limited view, with only one or two aspects of wellness being addressed, such as physical health. In order to analyze the relationship between religion, social interest, and wellness, a holistic approach to understanding and measuring wellness is needed. In this section, wellness is defined, the role of wellness with the counseling profession is considered, and various models of wellness are discussed, with special attention to holistic models and corresponding assessments.

Defining Wellness

Dunn (1977) has been cited as one of the first individuals to define wellness (Myers & Sweeney, 2005; Palombi, 1992). The term can be traced back to the early writings of Aristotle in the fifteenth century B.C. (Myers & Sweeney, 2005a). While explaining the difference between health and illness, Aristotle sought to explain a way of good health. Today, the Webster Dictionary includes the notion of good health as part of wellness in defining wellness as "the quality or state of being in good health especially as an actively sought goal" (retrieved October 5, 2007, from http://www.webster.com/dictionary/wellness).

Dunn (1977) expanded Aristotle's definition of wellness by acknowledging the difference between good health and wellness, considering that good health can be thought of as a "passive state" and wellness as "dynamic" (p. 9). He defined wellness as "an integrated method of functioning which is orientated toward maximizing the potential of which the individual is capable, within the environment where he is functioning" (p. 9). From a counseling perspective, Myers, Sweeney, and Witmer (2000) explained wellness based on cross-disciplinary literature reviews. According to these authors, wellness is

> a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252).

Wellness goes beyond health in that it aims at linking the mind, body, and spirit with the goal of higher-level functioning (Larson, 1999). Through a stance on wellness individuals are able to function at an optimal level, which counselors can assist individuals in achieving.

Wellness in Counseling

The governing council of the American Counseling Association (ACA) committed in 1989 "to a proactive stance in relation to wellness issues" (Myers, 1992, p. 136). Although this was an important stance for ACA, Myers suggested that the history of counseling is embedded in a stance towards wellness. Wellness is found in the roots of counseling through the developmental approach that is a cornerstone of our profession. This developmental approach is considered one of the core curricular areas of CACREP (2001) and is a direct link to wellness for counselors. Because of the stance of the

counseling profession on wellness, counselor can have an important role in both the prevention and treatment of illness in individuals (Myers). In order to assist counselors and others better understand the construct, wellness models have been developed.

Wellness Models

There are many models of wellness that have been developed, starting in the medical and public health field and later in counseling. Notable medically based models are "Dunn's model of high-level wellness, Hettler's hexagon model, and Travis and Ryan's illness/wellness continuum" (Myers & Sweeney, 2005a, p. 9). The Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and The Indivisible Self (Myers & Sweeney, 2005a, 2005b) are two models grounded in counseling theory that offer a holistic way of conceptualizing individuals.

Dunn' High-Level of Wellness

Dunn (1977) suggested a way to look at wellness within individuals, focusing on there not being an "optimum level of wellness" (p. 9), but that wellness is a direction in which individuals strive. He identified three aspects to high-level wellness: 1) each individual is moving "forward and upward" (p. 9) toward a higher level of functioning; 2) an "open-ended and ever-expanding tomorrow" (p. 10) provides challenges and potential for fuller functioning; and, 3) it is critical that the whole individual is integrated, that being the mind, body, and spirit. Dunn explained that each individual has basic needs that are important for well-being. Although Dunn was one of the first to define wellness, others have continued with his idea to further describe the construct.

Hettler's Hexagon Model

Hettler (1984) proposed six dimensions of individuals that are important aspects of wellness: social, occupational, spiritual, physical, intellectual, and emotional. The six dimensions form a hexagonal pattern that are seen to be balanced for optimal well-being. Individuals should search for way to promote well-being instead of waiting until an illness occurs to seek treatment.

Hettler (1984) used this model of wellness for the construction of the Lifestyle Assessment Questionnaire. The assessment measures the six dimensions of wellness through 11 different areas: physical exercise, physical nutrition, physical-vehicle safety, physical self-care, physical drug abuse, social-environmental, emotional awareness, and acceptance, emotional management, intellectual, occupational, and spiritual. Individuals receive a score in each of the 11 areas that assists them in seeing the ways in which their behaviors and actions impact overall wellness. Although the model is popular, there has not been sufficient empirical research on it (Myers & Sweeney, 2005a).

Travis and Ryan's Illness/Wellness Continuum

Travis and Ryan (1988) explained the illness/wellness continuum, created by Travis in 1972, to exemplify the relationship between the traditional medical model of viewing illness and striving for wellness. Although the traditional view of illness is considered a "treatment model" (p. xvi), with the goal of avoiding premature death, the goal of wellness model is to be on a journey towards high-level wellness. Travis and Ryan explained that although the model is useful and offers a simple way of viewing the concept of wellness versus illness, the model could be misleading. They raised the fact

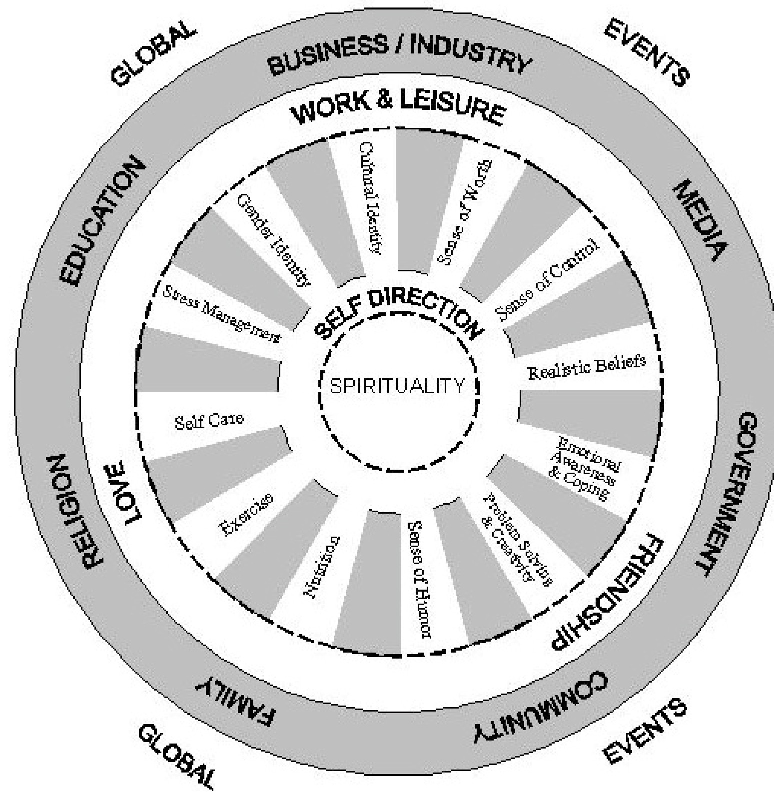
that individuals with disabilities or illnesses can still be on a journey to wellness; here wellness is not merely the absence of illness, but rather a striving for optimum well-being for each person. Like Hettler's model, there is a lack of empirical research on Travis and Ryan's Illness/Wellness Continuum (Myers & Sweeney, 2005a).

The Wheel of Wellness

Sweeney and Witmer (1991) developed a theoretical wellness model based on extensive cross-disciplinary research. The empirically literature underlying the Wheel of Wellness is from the fields of "psychology, anthropology, sociology, religion and education" (Witmer& Sweeney, 1992, p. 140). The basic premises of the model is based on Adler's Individual Psychology, with Sweeney and Witmer believing that Adler would have agreed with wellness being the ultimate goal in life for individuals. Adler's premise of considering the holistic nature of each individual, including the "mind, body, and spirit, indivisible, unique, creative, and purposeful" (Myers & Sweeney, 2005a), ties directly to the holistic nature of the Wheel of Wellness.

Alder (1964) explained that individuals face various life tasks that must be mastered for healthy living. These life tasks of work, love, friendship, self-regulation, and spirituality are the basis of the Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992). Also important is the context beyond these life tasks that explain the aspects of the environment that impact individuals (Myers & Sweeney, 2005a). It was the life tasks, context, along with an extensive literature review, that resulted in the Wheel of Wellness (Figure 1) by Sweeney and Witmer (1991).

Figure 1: The Wheel of Wellness



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Spirituality, the center of the model, is the oneness of an individual, the inner life, and purpose in life (Witmer & Sweeney, 1992). Surrounding spirituality is self-regulation, later called self-direction, the way in which individuals handle and direct themselves for self-regulation (Myers & Sweeney, 2005a). The original model had seven subtasks for self-direction, and later was expanded to include 12: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, exercise, nutrition, self-care, stress management, gender identity, and cultural identity.

The tasks of work, love, and friendship surround self-direction in the model to signify the impact and influence on self-direction and its subtasks (Witmer & Sweeney, 1992). Work is not limited to a job, but is that which brings various benefits, such as financial, social, and psychological (Myers & Sweeney, 2005a). Following years of research the revised Wheel divided the work task into work and leisure to expand upon the idea of work not merely referring to an individual's job. The task of friendship includes the social connectedness and interpersonal relations of individuals (Witmer & Sweeney). The last task of love includes "relationships that are formed on the basis of a long-term, mutual commitment and involve intimacy" (Myers & Sweeney, p. 27). Surrounding the life tasks are life forces that include "family, community, religion, education, government, media, and business/industry" (Witmer & Sweeney, p. 140). This aspect of the Wheel highlights the notion that individuals are to be seen within a context and are part of a greater whole.

The Wheel of Wellness was the basis for an assessment, Wellness Evaluation of Lifestyle (WEL), to assess the components of the model. Many different versions of the instrument were developed over a 10-year period that assessed the five life tasks and subtasks (Hattie, Myers, & Sweeney, 2004). The latest version is the WEL-S, which contained 131 items that were measured on a 5-point Likert-type scale (Myers & Sweeney, 2005a). Hattie et al. conducted an exploratory and confirmatory factor analysis using a database gathered using the WEL (n=3,043). The analysis supported the 17 subscales, but did not confirm the Wheel model: "although the psychometric properties of the WEL were supported and evidence of good reliability, construct validity, and both

convergent and discriminate validity were provided, in the final analysis the data did not support the hypothesized circumplex model" (Myers & Sweeney, 2005a, p. 29). From these findings came the development of a new model: The Indivisible Self Model (Myers & Sweeney, 2005a).

The Indivisible Self: An Evidence-Based Model of Wellness

The Indivisible Self model (IS-WEL) was developed to explore the three level factor structure that emerged in research by Hattie et al. (2004) and also to explain the three levels within one structure. The model included one first-order holistic wellness factor, five second-order factors with which 17 third-order factors grouped (Myers & Sweeney, 2005a). The five factors were labeled as the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. In the development of the IS-WEL Adler's theory of Individual Psychology was used in conceptualized the model (Myers & Sweeney, 2005).

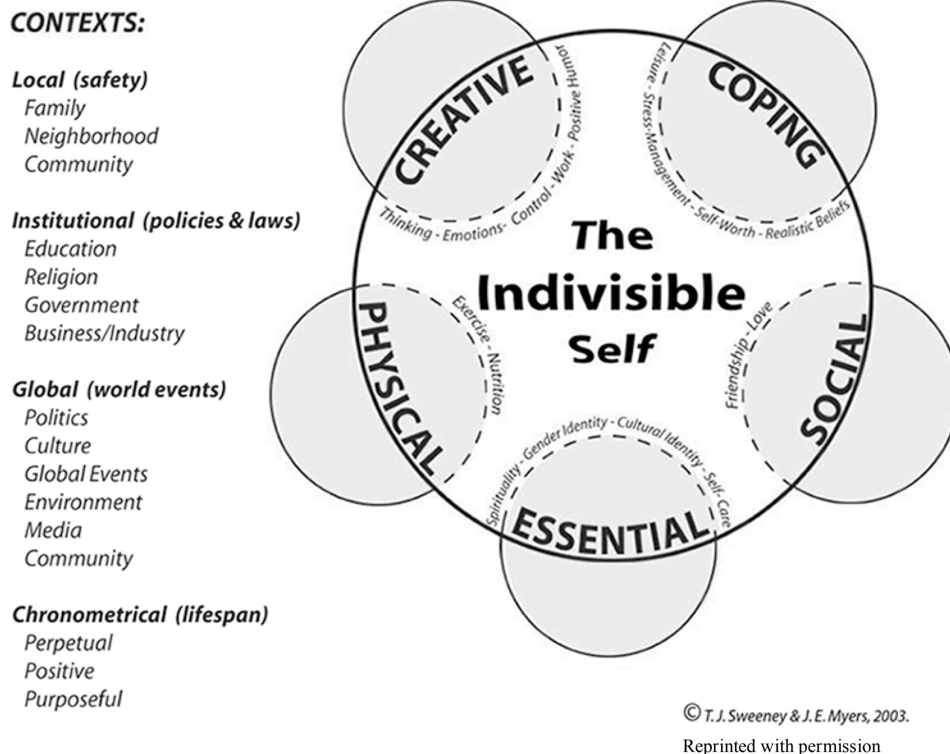
Myers and Sweeney (2005a) defined each of the five-order factors. The Creative Self included the third order factors of Thinking, Emotions, Control, Work, and Positive Humor, and explained the way in which each individual uniquely approaches life. Leisure, Stress Management, Self-Worth, and Realist Beliefs are components of the Coping Self, which are ways in which individuals respond to life. Friendship and Love are identified as Social Self, while Nutrition and Exercise make up the Physical Self. The Essential Self defined as "our essential meaning-making process" (Myers & Sweeney, p. 33) included Spirituality, Gender Identity, Cultural Identity, and Self-Care.

The outside of the circular model consists of contextual variables, including the local, institutional, global, and chronometrical. The local is where individuals are found living most often, “families, neighborhoods, and communities” (Myers, & Sweeney, 2005a, p. 35), and the perception of safety that individuals have in these environments. The institution variables are contexts that can have a direct or indirect impact on individuals’ lives, including “education, religion, government, business and industry, and the media” (Myers & Sweeney, 2005b, p. 11). Global contexts are variables that affect individuals and others in the world, such as global events, politics, and the environment. The chronometrical context represents “the fact that people change over time in both predictable and unpredictable ways” (Myers & Sweeney, 2005a, p. 35), with the choices that people make having a lasting impact on wellness.

The name indivisible self was intentional to reflect Adler’s (1964) premise of the holistic nature of individuals, with each aspect of individuals’ wellness affecting all other parts (Myers & Sweeney, 2005a). All parts of individuals are interconnected and impact other aspects, which leads to the necessity of a holistic view of wellness (See Figure 2). An improvement in one area will facilitate change in another, although a lack of wellness in one area can have a negative impact on other areas as well.

Figure 2

THE INDIVISIBLE SELF:
An Evidence-Based Model Of Wellness



In order to assess wellness based on the Indivisible Self Model, an assessment was created. The Five Factor Wellness Inventory (5F-Wel) is a 73-item instrument that assess one higher order factor of wellness, five second-order factors, and the original 17 wellness components from the WEL are third-order factors (Myers & Sweeney, 2005b). A four-point Likert-type scale, including "strongly agree, agree, disagree, strongly disagree" (Myers & Sweeney, 2005a, p. 41) was used to prevent neutral responses. Reliability was reported using 2,093 individuals: Total Wellness, .94 and second-order

factors ranging from .88 to .92. Third-order factors had a reliability of .70 to .87, except for .66 for Self-Care and .68 for Realistic Beliefs. Myers and Sweeney (2005a) reported convergent and divergent validity with other constructs, such as “ethnic identity, acculturation, body image, self-esteem, and gender role conflict” (p. 41).

The Indivisible-Self Model with the 5F-WEL offers a way of understanding and measuring wellness in a holistic way based on theory. Not only was the construction of the model based on extensive research, but also there has been considerable empirical research using the Wheel of Wellness and the Indivisible-Self Model (Myers & Sweeney, 2005a). Myers and Sweeney (2005a) reported 37 studies that used the WEL or the 5F-WEL that include cross-cultural and various age groups for populations. Studies on adult populations include “men, women, African American men, gay men, and lesbians” (p. 43).

Although there have been studies on wellness with men and women, few studies have explored gender differences within wellness using the 5F-WEL (Drew & Newton, 2005), and the studies that do exist are not generalizability to broader populations. For example, Myers and Bechtel (2004) explored the relationship between stress and wellness within cadets at West Point Academy (n=184). Some gender differences were reported, with women shown to be less well than men in most areas. Women did show higher levels of wellness in the area of Self Care. The population was so specific that the results were limited in their application to a broader population when considering the impact of gender differences on wellness.

Myers and Mobley (2004) conducted a study using the WEL to explore within group differences in an undergraduate population (N=1,567). There were gender differences observed within the population. Males scored higher than females on physical self, positive humor, and coping self. Females scored higher on love and the essential self, which includes the factor of spirituality. Although gender differences were found by Myers and Bechtel (2004) and Myers and Mobley, the areas in which women were found to have higher levels of wellness differed.

Wellness is an important concept found within the counseling profession (Myers, 1992). The Indivisible-Self Model offers a specific and holistic way of viewing individuals and is grounded in both literature and theory (Myers & Sweeney, 2005a). The model is also the basis for the 5F-Wel, which is utilized in assessing holistic wellness (Myers & Sweeney, 2005b). Both social interest and religion are considered aspects of wellness within the model, however to date; there have been no studies that explored the interaction between religion, social interest, and wellness from a holistic wellness perspective.

Chapter Summary

Although religious individuals make up a majority of the population (Gallup, 2007), religion is not fully addressed in counseling or counseling research (Kelly, 1995b). The terms spirituality is often preferred over religion, leaving many individuals not fully understood in counseling (Kelly). One factor in religion not being adequately addressed, is the way in which individuals define religion (Hackney & Sanders, 2003). Religion is narrowly defined without acknowledging the multidimensional nature of the construct,

although The Fetzer Institute (1999) proposed a way to define religion that addressed the multidimensional nature of the construct, along with the overlap between religion and spirituality. Through an extensive literature review, they determined 10 domains that are consistent with the multidimensional aspect of religion. From these domains, an instrument, the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), was created to allow for religion to be measured in a holistic way. A goal of the Fetzer Institute was the development of an instrument to measure the association between religion and health, with researchers concluding that religion does have a positive impact on wellness. One factor that is consistent when considering the relationship between religion and wellness is that of social support and social interaction.

Alfred Adler (1964) called this social interaction social interest, which was a basis for his theory of Individual Psychology. Although social interest is a pillar to Adler's theory, defining the construct in a way to measure social interest has proven difficult (Bass et al., 2002). Researchers have developed various instruments, with one standing out based on psychometric properties (Bass et al.). The Social Interest Index (SII) (Greever et al., 1973) has been used in assessing social interest in multiple studies, along with being used when considering the relationship between social interest and religion (Leak, 1992, 2006a). Although Adler saw a connection between religion and social interest, there is a lack of research in this area (Leak, 1992).

Adler's Individual Psychology is the basis for models of wellness grounded in counseling theory, specifically the Wheel of Wellness (Sweeney & Witmer, 1991) and the Indivisible-Self Model (Myers & Sweeney, 2005a). These models provide a way to

view wellness in a holistic manner that acknowledges the impact of not only individual factors, but also contexts that surround the individual. These factors include religion as well as social interest; however, the relationship among these variables is assumed rather than empirically established. To date, there have been no studies examining the hypothesized relationships between religion, social interest, and wellness.

CHAPTER III

METHODOLOGY

In chapter two, the literature on religion, social interest, and wellness was explored, and the need for a study of the relationship between these three variables was discussed. In this chapter, the methodology for this study is presented. The research questions, with corresponding hypotheses, are described. An overview of participants and sampling methods for these participants are explored, followed by an overview of three instruments that were used to assess the constructs of religion, social interest, and wellness. A detailed description of the procedures used to collect the data is presented along with the data analysis, which was used to answer the research questions. Finally, procedures and results from the pilot study are addressed.

Hypothesis and Research Questions

The purpose of this study is to examine the relationship between religion, social interest, and wellness in an adult population. The research questions were stated in Chapter 1. They are presented below (R), followed by the corresponding hypotheses (H).

R1: What is the relationship between the different components of religion, social interest, and wellness in adults?

H1a: There will be a positive relationship between the different components of religion and wellness.

H1b: There will be a positive relationship between social interest and wellness.

H1c: There will be a positive relationship between different components of religion and social interest.

R2: What are the correlation relationships between the different components of religion and the scores of the subscales of wellness?

H2: There will be a positive correlation between the different components of religion and the scores of the subscales of wellness.

R3: What is the mediating effect of social interest on the relationship between religion and wellness?

H3: Social interest will have a mediating effect on the relationship between religion and wellness.

R4: Are there significant mean differences between different religious groups on wellness?

H4: There will be significant mean differences between different religious groups on wellness.

R5: Are there significant mean differences in the components of religion, social interest, and wellness for gender, ethnicity, and age?

H5a: Women, African Americans, and older adults will have higher means for the components of religion.

H5b: There will be significant mean differences for social interest for gender and ethnicity. Older adults will have higher means for social interest.

H5c: There will be significant mean differences for Total Wellness for gender.

Caucasians and older adults will have higher means for Total Wellness.

Populations and Sample

The population of interest for this study was adults over the age of 18. Participants were taken from a sample of faculty, staff, and students at University of North Carolina at Greensboro. A stratified random sample was taken from all faculty, staff, and students at University of North Carolina at Greensboro. The stratified random sampling ensured an equal number of male and female in the sample along with striving for ethnic diversity. The sample included 600 students that consisted of 300 males with 150 of them being African Americans and 300 females with 150 of them being African Americans. The sample also included 549 faculty and staff that consisted of 300 females with 150 of them being African Americans and 249 males with 99 of them being African American males. There were only 99 African American male faculty and staff included in the study because that was the total number at the university. A response of 120 at minimum was needed according to statistical consultation and power analysis by G*Power aiming for medium effects and a power of .80 with an alpha level of 0.05 (Faul, Erdfelder, Lang, & Buchner, 2007). The response rate for web surveys with university students is around 20% (Kaplowitz, Hadlock, & Levine, 2004; Kwak & Radler, 2002).

Instruments

Participants in the study completed three questionnaires. The three questionnaires are the Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer, 1999), the Social Interest Index (Greever et al., 1973), and the Five-Factor Wellness Inventory

(Myers & Sweeney, 2005b). Demographic information was gathered through questions within the Five-Factor Wellness inventory.

Brief Multidimensional Measure of Religiousness/Spirituality

To assess the variables of religion, the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) was used (Fetzer, 1999). This measure is unique in that it assesses both religion and spirituality, allowing for the overlap of the terms to be used when considering the sole variable of religion. The BMMRS was initiated by the Fetzer organization and was based on a desire to create an instrument to measure both spirituality and religion that could be used by health researchers who are interested in the impact of spirituality and religion on health outcomes. Because of this, Fetzer conducted a literature review of empirical studies that examined the link between spirituality and religion and various health outcomes that result from the presence of religion and spirituality in one's life.

Fetzer (1999) identified 10 "domains of religiousness/spirituality as essential for studies where some measure of health serves as an outcome" (p. 4). These 10 domains were daily spiritual experience, values and beliefs, private religious practices, organizational religiousness, religious/spiritual coping, religious support, religious/spiritual history, commitment, and religious preference. Responses are made to items on seven of the scales using Likert-type formats, which vary by the different domains being measured, from an eight-point scale for private religious practices to a four-point scale for values/beliefs. The others scales use various response formulas

including asking for the amount of money contributed, or time spent on activities for a religious organization.

The BMMRS was normed through its incorporation into the General Social Survey in 1998. The General Social Survey is “a random national survey of the National Data Program for the Social Sciences” (Fetzer, 1999, p. 89). Because of being part of another instrument, there was a slight wording change on some of the items. There was a 75.6% response rate for the General Social Survey, which ended with a sample of 1,445 (Idler et al., 2004). Of the sample, 54% were Protestant, 2% Catholic, and less than 2% Jewish.

Idler et al. (2004) used data from the General Social Survey to eliminate items in order to enhance the psychometric properties of the scales. There was a total of 38 questions for the 10 domains with 7 assessed through scaled measures and 3 non-scaled. The number of items, alpha coefficients, and range of scores for the 7 scaled domains are shown in Table 1.

Table 1

Alpha coefficients, N of items per scale, and range of scores for BMMRS

Subscales	Number of Items	Alpha Coefficient	Range of Scores
Daily Spiritual Experience	6	.91	6-36
Values and Beliefs	2	.64	2-8
Forgiveness	3	.66	3-12
Private Religious Practice	4	.72	4-32
Religious/Spiritual Coping			
Positive Religious Coping	4	.81	4-16
Negative Religious Coping	2	.54	2-8
Religious Support			
Benefits	2	.86	2-8
Problems	2	.64	2-8
Organizational Religiousness	2	.82	2-12
Overall Self-Ranking	2	.77	2-8

Values and Beliefs, Forgiveness, Negative Religious Coping, Religious Support Problems have low alpha coefficients. Caution will need to be taken when interpreting the results including these scales.

Discriminate validity was evaluated for the instrument through analyzing redundancy between the different domains. It was reported that although there was some

overlap between domains, the differences were enough to conclude different aspects of religion being assessed (Idler et al.). Convergent validity was assessed through analysis of items within the General Social Survey that closely related to BMMRS domains. It was concluded that the BMMRS converged well with similar measures (Idler et al.).

The range of scores for the quantitative scales is shown in Table 1. These vary from 2 to 36. The lower a score, the more religious a person is considered to be except for the two negative scales of Negative Religious Coping and Problems from Religious Support. For the purposes of the current study, items will be recoded so that a higher score represents a higher level of religiousness. This will allow for easier interpretation with the other two assessments. Although most questions are measured with a scale, three subscales are non-scaled. Religious/Spiritual History is assessed through three yes or no questions that address whether individuals have had a religious/spiritual experience that changed their life, had a significant gain in faith, or a significant loss in faith. Commitment is measured through the amount of money (dollar amount per year) and time individuals (hours per week) denote to religious organizations. To assess for Religious Preferences, a qualitative question is used: What is your current religious preference, and within Christianity, the specific denomination.

For the purpose of this study only the components of religion that are scaled were used. The 10 scales used were Daily Spiritual Experience, Values and Beliefs, Forgiveness, Private Religious Practices, Positive Religious and Spiritual Coping, Negative Religious and Spiritual Coping, Positive Support, Negative Support,

Organizational Religiousness, and Overall Self-Rankin. Religious Preference will be used as a demographic question along with identifying religious groups for R4.

Social Interest Index

Although various instruments have been developed to measure Adler's concept of social interest, the Social Interest Index (SII) is considered among the best, based on a meta-analysis of 124 studies of social interest conducted by Bass et al. (2004). The SII is a 32-item instrument to which responses are made using a 5-point Likert type scale: 1-not at all like me, to 5-very much like me (Greever et al., 1973). The SII measures overall social interest, and includes subscales representing the four life tasks identified by Adler: work, love, friendship, and self-significance. There are eight questions for each of the four life tasks, with each having a range score of 8 to 40, with a total range score of 32 to 160. Those with a higher score are considered to have a higher level of social interest. For the purpose of the current study, only the total social interest score will be used.

When Greever et al. (1973) developed the SII, they conducted analyses to test for reliability. The population was 83 college students and an internal consistency of .81 was reported, along with a test-retest coefficient of .79 for a two-week time interval. Since then other researchers have assessed for reliability and have found consistent results (Leak, 2006a; 2006b). Although validity has been considered an issue for some (Watkins, 1994), the SII has been noted as consistently the most valid scale of social interest (Bass et al., 2002). In the original design of the instrument, the SII was shown to be positively correlated with the California Psychology inventory, specifically the scale of "communality, responsibility, socialization, sense of well being and achievement via

conformance" (Greever et al., 1973, p. 458). The scale has also been positively correlated with marital adjustment, inner-directedness, self-significance, self-actualization, and interpersonal control, and negatively correlated with depression, anger, and autonomy (Watkins, 1994).

A concern with the SII is social desirability (Watkins, 1994). Problems with social desirability, in turn, can pose threats to validity. Although researchers have had this concern, Leak (2004) stated that the way in which researchers have measured social desirability in connection with the SII has been flawed. Through reanalyzing of the way in which social desirability is measured, Leak concluded that social desirability is not a concern, as once thought. In actuality, the validity of the SII might be even higher than expected when considering the various ways in which researchers measured social desirability.

The Five-Factor Wellness Inventory

The Five-Factor Wellness Inventory (5F-Wel) is a 73-item measurement for wellness (Myers & Sweeney, 2005a). One of its strengths is the theoretical basis of the instrument in Adler's Individual Psychology (DeMauro & Lonborg, 2005). The 5F-Wel was developed through structural equation modeling of a large database using the Wellness Evaluation of Lifestyle (WEL; Myers, Witmer, & Sweeney, 1996) (Hattie, Myers, & Sweeney, 2004).

Within the 5F-Wel, there is a single higher order factor of wellness that assesses one's general well-being or total wellness. There are five second-order factors: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self, within which the 17

original scales of the WEL are grouped. The Creative Self is “the combination of attributes that each of us forms to make a unique place among others in our social interactions and to interpret our world” (Myers & Sweeney, 2005a, p. 33). The Creative Self includes five third-order factors: Thinking, Emotions, Control, Work, and Positive Humor. The second-order factor of Coping Self assesses the different factors that “regulate our responses to life events and provides a means for transcending their negative effects” (Myers & Sweeney, p. 33). Leisure, Stress Management, Self-Worth, and Realistic Beliefs are the third-order factors under Coping Self. Social Self, or social support from connections with others, has Friendship and Love as third-order factors. The Essential Self is the fourth second-order factor, which is the “meaning-making process in relation to life, self, and others” (Myers & Sweeney, p. 33). The four third-order factors included within the Essential Self are Spirituality, Gender Identity, Cultural Identity, and Self-Care. The last second-order factor is the Physical Self, “the biological and physiological processes that comprise the physical aspects of our development and functioning” (Myers & Sweeney, p. 33). Nutrition and Exercise are the two third-order factors within the physical self. For the purposes of the current study, the single higher order factor of Total Wellness along with the five second-order factors, Creative Self, Coping Self, Social Self, Essential Self, and Physical Self, will be used.

Participants respond to the 73 items on the 5F-Wel using a four-point Likert-type scale: strongly agree, agree, disagree, strongly disagree (Myers & Sweeney, 2005a). The developers of the 5F-Wel used a four-point scale to eliminate the potential of neutral or undecided responses. Scores are given in a rage of 25 to 100 for Total Wellness, the five

second order factors, and the 17 third order factors. The norming group consisted of 1,899 persons, with 47% female and 29% male, 68.7% White, 11.5% African American, 2.6% Hispanic, and 14.3% other (Myers & Sweeney, 2005b). The age of the participants varied, with the largest group being traditional university students (30.2%).

Reliability was reported for the 5F-Wel with a population of 2,093 individuals (Myers & Sweeney, 2005a). Alpha coefficients are listed in Table 2 for overall wellness and the five second-order factors.

Table 2

Alpha coefficients for 5F-Wel

Scale	Number of Items	Alpha Coefficients
Total Wellness	73	.94
Creative Self	21	.92
Coping Self	19	.85
Social Self	8	.85
Essential Self	15	.88
Physical Self	10	.88

Reliability for the third-order factors ranged from .70 to .87, except for Self-Care, .66, and Realistic Beliefs, .68. Convergent and divergent validity were reported with other variables, such as "ethnic identity, acculturation, body image, self-esteem, and gender role conflict" (Myers & Sweeney, 2005a p. 41).

In addition to the 73 items, the 5F-WEL includes nine demographic questions. Martial status, employment status, and education level are included. Also included are biological sex, primary cultural background, and sexual orientation. These questions will be used in explaining the population along with R7.

Procedures

A stratified random sample was obtained from Office of Institutional Research (Appendix A). An email was sent to all participants asking for participation in the study (Appendix B). A link in the email took participants to SurveyMonkey.com, a secure website, to complete the assessment. The first page of the website was informed consent with participants giving their consent by checking a box that states they agree (Appendix C). Instructions for completing the assessments was presented (Appendix D) followed by the BMMRS, SII, and 5F-WEL.

In order to increase the response rate, a drawing for two $100 gift cards was conducted at the conclusion of gathering data. Participants were informed in the initial email that they had the opportunity to participate in a drawing for one of the $100 gift cards. In addition, two reminder emails were sent to participants approximately at week one and two.

In order to ensure confidentiality for all participants, no identifying information was obtained. Electronic data was stored on the primary investigators computer, with all files being password protected. After three years, electronic data will be deleted.

Analysis of Data

In order to determine the relationship between religion, social interest, and wellness in adults, the following analysis were conducted on the data gathered using SPSS. Pearson Product Moment Correlations were used to address the first two research questions. Within the first question, the variables of religion, social interest, and wellness were used in the correlations. For the second research question, the subscales of the BMMRS were analyzed with the subscales of the 5F-Wel using a Pearson Product Moment Correlation.

The third research question was addressed through two multiple regression, with the independent variables being religion and social interest, while wellness was the dependent variable. Through the multiple regression, the mediating role of social interest on the relationship between the components of religion with wellness was determined. The final two research questions were addressed through the use of ANOVAs. Table 3 shows all research questions with corresponding analysis.

Table 3

Research questions with corresponding analysis

Research Question	Variables
R1: What is the relationship between the different components of religion, social interest, and wellness in adults?	Pearson Product Correlation Variables: components of religion, social interest, wellness
R2: What is the correlation relationship between the different components of religion and the scores of the subscales of wellness?	Pearson Product Correlation Variables: components of religion, subscales of wellness
R3: What is the mediating effect of social interest on the relationship between religion and wellness?	Multiple Regressions Criterion: wellness Predictor: components of religion, social interest
R4: Are there significant mean differences between different religious groups on wellness?	MANOVA Dependent Variables: wellness Independent Variables: various religious groups
R5: Are there significant mean differences in components of religion, social interest, and wellness for gender, ethnicity, and age?	MANOVA Dependent Variables: components of religion, social interest, wellness Independent Variables: gender, ethnicity, age

Pilot Study

Purpose, Research Questions and Hypotheses

A pilot study was conducted to test the procedures for the main dissertation study. The pilot study was used to assess whether bubble sheets used for answering the questions take significantly longer to use than participants answering directly on the

questionnaire, whether instructions were clear, and to assess length of time for administration. In addition, the data was analyzed to gain preliminary information regarding the research questions and hypotheses. Considering the sample was from only one religious group, the fourth research question, “Are there significant mean differences between different religions and wellness,” was not assessed in the pilot study.

Instruments

All participants completed three instruments: the Brief Multidimensional Measurement of Religiousness/Spirituality (Fetzer, 1999), the Social Interest Index (Greever et al., 1973), and the Five-Factor Wellness Inventory which includes demographic questions (Myers & Sweeney, 2004), as previously described. Along with the three instruments, individuals completed a pilot study feedback form to assess the process (Appendix E).

Participants

Participants for the pilot study were individuals over the age of 18 who attend First Baptist Church in Greensboro, NC. Individuals were recruited though an email sent by the pastor of First Baptist Church (Appendix E). All individuals over the age of 18 were invited to participate in the study on a Wednesday evening after the weekly dinner.

There was a total of 20 individuals who volunteered to complete the survey out of approximately 300 who were in attendance at the Wednesday evening dinner. This resulted in a response rate of approximately seven percent. The population was homogeneous without diversity. There was an equal representation of females and males. There was a lack of ethnic diversity with all but one participant being Caucasian. In

addition to limited diversity in ethnicity, the majority of individuals were over the age of 55. The sample was educated with all participants having at minimum an advanced/technical degree. The majority of the participants held a bachelor’s degree or higher. The demographics of the population are represented in Table 4.

Table 4

Demographics of pilot study participants

Demographic Characteristic	N	%
ETHNICITY		
Native American	1	5
Caucasian	19	95
TOTAL	20	100
SEX		
Female	10	50
Male	10	50
TOTAL	20	100
MARITAL STATUS		
Married	19	95
Single	1	5
TOTAL	20	100
EDUCATION LEVEL		
Trade/Technical School	3	16
Bachelor Degree	11	58
Master Degree	2	11
Professional Degree	1	05
Doctorate Degree	2	11
TOTAL	19	100
AGE		
18-35	1	5
35-55	2	10
55-over	17	85
TOTAL	20	100

Procedure

The sample for the study was obtained through contacts with First Baptist Church, Greensboro, NC. Permission was given by Dr. Ken Massey, pastor, in written form. Dr. Massey sent an email to the congregation asking for volunteers (Appendix F). An oral presentation was given (Appendix G), followed by participants signing a short form of informed consent (Appendix H). Participants then completed the three instruments and the pilot study feedback form (Appendix E). The primary investigator observed the time it took participants to complete the questionnaire. Specific attention was given to the time difference between those using bubble sheets and those responding directly on the questionnaire.

Analysis

The same data analysis procedures previously described were used in the pilot study except for the exclusion of R4.

Results

Data was collected from the 20 participants at First Baptist Church, Greensboro, NC. All participants completed the instruments resulting in a 100% response rate. Not all participants completed the three instruments. The 5F-WEL and SII were completed by all 20 participants. Within the BMMRS between 17 and 20 participants completed the various scales.

Hypothesis one stated that there would be a positive relationship between the different components of religion with wellness. The Pearson Product correlations between the components of the BMMRS with the 5F-WEL are presented in Table 5. The

hypothesis was only partially supported by the results with Positive Religious Support and Organizational Religiousness being the only components of religion to have a significant positive relationship with wellness.

Table 5

Pilot study correlations between BMMRS with 5F-Wel Total Wellness

BMMRS	Total Wellness	
Daily Spiritual Experience	.433	
Values/Beliefs	-.152	
Forgiveness	.430	
Private Religious Practices	.164	
Positive Religious/Spiritual Coping	.195	
Negative Religious/Spiritual Coping	-.256	
Positive Religious Support	.467	*
Negative Religious Support	.327	
Organizational Religiousness	.481	*
Overall Self-Ranking	-.116	

$p < .05$ level (2 tailed)

In addition, hypothesis one stated that there would a positive relationship between the different components of religion with social interest. The hypothesis was only partially supported through the results as shown by the results in Table 6. The only positive significant relationships with social interest were Forgiveness, Positive Religious/Spiritual Coping, and Negative Religious/Spiritual Coping. The Pearson

Product correlations between the components of the BMMRS with the SII are presented in Table 6.

Table 6

Pilot study correlations between BMMRS with SII

BMMRS	Social Interest	
Daily Spiritual Experience	.107	
Values/Beliefs	-.465	*
Forgiveness	.479	*
Private Religious Practices	.314	
Positive Religious/Spiritual Coping	.708	**
Negative Religious/Spiritual Coping	.474	*
Positive Religious Support	.112	
Negative Religious Support	-.132	
Organizational Religiousness	.034	
Overall Self-Ranking	-.443	

* $p < .05$ level (2 tailed)
** $p < .01$ level (2 tailed)

The final component of hypothesis one stated that there would a positive relationship between religion and social interest. The relationship between the two

variables was positive (.426) but not significant at the .5 level. Once again the hypothesis could not be support by the data.

Hypothesis two stated that there would be a positive correlation between the components of religion with the subscales of the 5F-WEL. The Pearson Product correlations for the components of the BMMRS with the subscales of the 5F-WEL are reported in Table 7.

No positive correlations were found between the components of religion with the Creative Self or Coping Self. Only one component was identified to correlate with the Social Self: Forgiveness. Forgiveness and Organizational Religion were positively correlated with the Essential Self. The Physical Self had a positive relationship with Positive Religious Support, Negative Religious Support, and Organizational Religion. The hypothesis was partially supported.

Table 7

Pilot study correlations between BMMRS with the 5F-WEL subscales

	5F-WEL Scale				
BMMRS	Creative Self	Coping Self	Social Self	Essential Self	Physical Self
Daily Spiritual Experience	.153	.430	.384	.392	.287
Values/Beliefs	-.422	-.207	-.007	.104	.115
Forgiveness	.383	.226	.534 *	.572 *	.019
Private Religious Practices	.117	.116	-.004	-.076	.322
Positive Religious/Spiritual Coping	.381	-.077	.086	.177	.029
Negative Religious/Spiritual Coping	.207	-.300	-.344	-.423	-.277
Positive Religious Support	.187	.350	.346	.294	.595 **
Negative Religious Support	-.052	.379	.301	.094	.548 *
Organizational Religiousness	.028	.418	.369	.457 *	.570 *
Overall Self-Ranking	-.203	.018	-.095	-.042	.001

* $p < .05$ level (2 tailed)
** $p < .01$ level (2 tailed)

Hypothesis three stated that out of the components of religion and social interest, that social interest would be the best predictor of wellness. The three religion domains of Positive Religious Support, Commitment-Time, and Organizational Religiousness that were found to have a significant relationship with wellness in R1 were used to test this hypothesis. The standard regression equation was Y=18.258+ .322 Social Interest + .362 Commitment-Time + .819 Organizational Religiousness + 2.061 Positive Religious Support. The results of the regression with this data showed that Social Interest was the best predictor of Total Wellness. Social Interest and the three domains of religion made up a large portion of the variance of Total Wellness with R squared being .687 and adjusted R square of .598. Hypothesis three was supported with the current data.

Hypothesis four was not tested considering all participants were Christian and Baptist.

Hypothesis five stated that there would be significant mean differences in the components of religion, social interest, and wellness based on gender, ethnicity, and age. No differences were found between male and females based on religion, social interest, or wellness. Considering all participants were Caucasian except for one, it was impossible to assess for ethnic differences. Also such a large proportion of individuals were over the age of 55 that no differences could be determined between the three age groups. Given that no differences were found between gender, ethnicity, or age based on the components of religion, social interest, and wellness, the hypothesis was not supported.

Discussion

The purpose of the pilot study was to test procedures including the use of bubble sheets, clarity of instructions, and the length of time for administration. Although those individuals using bubble sheets only took approximately five minutes longer than those who did not, it appeared that there was confusion with the bubble sheets. The bubble sheets could not be used with the BMMRS because of the variance in Likert-type scales and the inclusion of qualitative questions. With this, individuals were confused over when to use the bubble sheets and when to write on the actual test. One individual noted on the feedback form that although some questions had eight answer choices, the bubble sheet only had five choices. This contributed to confusion about when to use the bubble sheet. The length of the administration did not appear to be a problem. One individual was able to finish in 15 minutes, while the last participant took 30 minutes.

No individuals reported difficulty with the instructions for the assessment, although some expressed confusion for individual test items. Question 13 on the BMRRS on meditation was "not clear" to one participant. Another person had difficult with question eight on the 5F-WEL that asked about drinking. The participant explained that there is a "large difference between no alcohol consumption and limiting to two a day." One individual explained that because of being retired, the questions concerning work were a little confusing. Another participant stated that questions specifically asking about school were not age appropriate. This response was not likely referring to the SII considering that many individuals did not answer the question two referring to being nominated for things at school. Most likely the confusion from these questions can be

eliminated with rewording of item two to include school/work. Clearer instructions should be used to assist individuals in answering questions that do not fit them exactly.

Two major concerns from the pilot study involve the participants and recruitment of the participants. There was the lack of diversity in the sample. The majority of the individuals were well-educated, Caucasian, and over the age of 55. Also with the study being conducted at a church, all the individuals reported being highly religious, leading to a lack variance in the results. Along with the lack of diversity of participants, it was also difficult recruiting participants at the church. First Baptist Church, Greensboro, NC, is a large church with over 300 individuals attending the Wednesday night dinner. With such a large possibility of individuals to participate, the desired 25 individuals could not be recruited. Given the lack of diversity and the low participation, sampling for the main study needs to be reanalyzed.

The final purpose in conducting the pilot study was to get a preliminary idea of the relationships between religion, social interest, and wellness. Although data analysis was run on all hypotheses except for H4, results have to be interpreted with caution because of the small and homogeneous sample. Hypothesis one a) on there being a positive relationship between all components of religion with Total Wellness was not supported. There were only three significant positive relationships. Organizational Religion was one of the variables that had a positive relationship. This result is consistent with previous research that showed the impact of religious attendance on aspects of health. Along with Organizational Religion was the amount of time an individual committed to church activities which also showed that there is a relationship between the

amount of time an individual participates in religious activity and wellness. The last variable that has a significant correlation with wellness was Positive Religious Support. Social Support has previously been shown to have an impact on aspects of health such as happiness.

Hypothesis one b) explored the relationship between the components of religion with social interest. Once again there were limited positive correlations between the social interest and the components of religion. The two relationships that were surprising included Values and Beliefs and Negative Religious Coping. Values and Beliefs was a significant negative relationship with social interest which is counter to research that shows the positive relationship between religion and social interest. Negative Religious Coping was an aspect of religion that is believed to have a negative relationship although it was shown with these results to have a positive relationship with social interest.

Hypothesis one c) stated that there would be a positive relationship between wellness and social interest. Although the results did not support this hypothesis, the relationship between the variable was positive but not significant at the .05 level. One explanation for the varying results in hypothesis one is the sample. The sample size was extremely small making it difficult to make any full interpretations. In addition, all individuals were involved in a religious congregation resulting in high scores on the BMMRS.

Along with hypothesis one, results did not support the second hypothesis that stated that there would be positive correlations between the components of religion with the subscales of wellness. Surprising was the lack of positive relationships between the

components of religion with the Essential Self considering that Spirituality is a component of this scale. Only three aspects of religion were found to have a significant relationship with the Essential Self and none of these were the variables most strongly related to aspects of spirituality such as Daily Spiritual Experience. There was also a positive correlation between Negative Religious Support and the Physical Self. Negative Religious Support is a component of religion that is considered to have a negative impact on health, not positive. As with hypothesis one, the explanation for the lack of support of this hypothesis is the sample used.

Hypothesis three was supported with social interest accounting for more of the variance in wellness than components of religion. The results are consistent with previous research that suggested an important aspect of wellness when looking at religion is the social component. Data analysis was completed for hypothesis five although there was not much diversity when considering the sample. There were no differences in the components of religion, social interest, or wellness based on demographic variables.

From the results, it was concluded that the sampling for the main study needed to be reconsidered. The lack of diversity in demographics is problematic, along with the lack of variance in the component of religion. With changing the sampling to go outside of religious congregations to find a more purely random sample of the population will better result in diverse sampling with variance in results.

A change to the final study was a modification to the third research question. It was changed from considering the relationship between religion, social interest, and wellness to considering the mediating role of social interest on the relationship between

religion and wellness. This change was made to go with the literature and get more of the issue at hand. Also partial correlations and a Bonferroni correction were added to the first and second research questions.

CHAPTER IV

RESULTS

In Chapter 1, the rationale for a study was presented, Chapter II reviewed the literature, and Chapter III explained the methodology for the study of exploring the relationship between religion, social interest, and wellness in adults. In this chapter, the characteristics of the sample of participants which resulted from the sampling procedures described in Chapter 3 are presented. Then, the psychometric properties of each instrument are described, and descriptive statistics for each instrument and scale are presented. Then, the results of testing of each hypothesis are presented along with two post hoc analyses. The chapter concludes with a summary of the results.

Description of Participants

Procedures that were explained in Chapter III, were followed by emailing faculty, staff, and students at University of North Carolina at Greensboro. All participants completed the Brief Multidimensional Measure of Religiousness/Spirituality (Fetzer, 1999), the Social Interest Index (Greever, Tseng, & Friedland, 1973), and the 5F-Wel (Myers & Sweeney, 2005). Out of 1149 emails sent, only 1099 (95.6%) were deliverable. Of those, 161 individuals started the survey (14.6%) and 125 (11.4%) completed it.

Demographic information for the participants is reported in Table 8. Ethnicity, age, biological sex, marital status, and education level were calculated. A stratified sample was used in aiming to get diversity in ethnicity as explained in Chapter III.

Although 48% of the individuals emailed were African-Americans only 32.8% of the participants were African Americans and the remainder were Caucasian, 62.4%. Although there were a large number of Caucasian participants, this is consistent with the demographics of University of North Carolina at Greensboro with only 26% of the students being minorities.

The stratified sample was also used in aiming for diversity in biological sex. Only 25.6% of the participants identified themselves as male even though 48% of the participants emailed were male, leaving an overrepresentation of females. Although there was an overrepresentation of women, this is characteristic of the population of University of North Carolina at Greensboro with 67% of the students being female. Demographic characteristics are broken down by biological sex in Table 8.

Slightly over half the participants were married or partnered (54.4%) 36.8% were single. Participants reported ages ranging from 18 to 65 with an average age of 36 (*SD* = 12.89). Majority (47.2%) of the individuals were between18 and 35. Education level was also assessed for the population. Four out of five participants (80%) held at least a Bachelor's degree and 42% had an advanced degree. Only one participant had less than a high school diploma.

Table 8

Demographics of main study participants

	Total		Female		Male	
Demographic Characteristic	N	%	N	%	N	%
BIOLOGICAL SEX						
Female	91	72.8				
Male	32	25.6				
Missing Data	2	1.6				
TOTAL	125	100				
ETHNICITY						
Native American	1	.8	1	1.1	0	0
Asian or Pacific Islander	3	2.4	3	3.3	0	0
African American	41	32.8	34	37.4	7	20.6
Caucasian	78	62.4	53	58.2	25	73.5
Hispanic/Latino/Latina	0	0	0	0	0	0
Missing Data	2	1.6	0	0	0	0
TOTAL	125	100	91	100	32	100
MARITAL STATUS						
Married/Partnered	68	54.4	44	48.4	24	70.6
Single	46	36.8	39	42.9	7	20.6
Separated	1	.8	1	1.1	0	0
Divorced	6	4.8	5	5.5	1	2.9
Widowed	2	1.6	2	2.2	0	0
Missing Data	2	1.6	0	0	0	0
TOTAL	125	100	91	100	32	100
EDUCATION LEVEL						
Less than High School	1	.8	1	1.1	0	0
High School	28	22.4	24	26.4	4	11.8
Trade/Technical School	9	7.2	7	7.7	2	5.9
Bachelor Degree	35	28	28	30.8	7	20.6
Master Degree	33	26.4	20	22.0	11	32.4
Professional Degree	3	2.4	2	2.2	1	2.9
Doctorate Degree	16	12.8	9	9.9	7	20.6
TOTAL	125	100	91	100	32	100

Demographic Characteristic	Total		Female		Male	
	N	%	N	%	N	%
AGE						
18-34	59	47.2	49	53.8	10	29.4
35-54	47	37.6	33	36.3	14	41.2
55-over	17	13.6	9	9.9	8	23.5
Missing Data	2	1.6	0	0	0	0
TOTAL	125	100	91	100	32	100

Religious preferences of the participants are shown in Table 9. Slightly over three-fourths, 75.2% were Christian. The next largest group was individuals that do not hold any religious beliefs; these comprised 8% of the sample.

Table 9

Religious preferences of main study participants

Religious Group	N	%
Christian	94	75.2
Baptist	*24*	*24*
Non-denominational	*18*	*22*
Methodist	*15*	*18*
Catholic	*10*	*14*
None	10	8.0
Agnostic	6	4.8
Atheist	4	3.2
Spiritual/Non-religious	3	2.4
Buddhist	2	1.6
Jewish	2	1.6
Hindu	1	.8
Islam	1	.8
Missing Data	2	1.6
Total	125	100

Of the 94 participants who identified themselves as Christians, 83 reported association with a specific denomination. Baptist was the largest group with which individuals

identified, with 24% of Christians saying they were Baptist. Following was Non-denominational, 22%, Methodist, 18%, and Catholic, 12%.

Descriptive Statistics of the Instruments Used in the Study

Means and standard deviations for different components of the Brief Multidimensional Measure of Religiousness/Spirituality, the Social Interest Index, and the 5F-Wel were reported in Table 10. There were no means or standard deviations reported on the norming group by the Fetzer Institute for the domains of religion. The observed range of scores was the same as the possible range for each component of religion.

The observed mean of the Social Interest Index was 120.7 with a standard deviation of 13.10. These values were close to the figures obtained from the norming sample with a mean of 124.97 and standard deviation of 12.13. The observed range of scores was 76 to 160 with the possible range being 31 to 160.

The means of the study groups were close to those of the norming group for the 5F-Wel. The standard deviation was notably different for Essential Self, Creative Self, and Social Self with there being less variability in the sample. The only observed range that was close to the possible range was the Physical Self.

Table 10

Descriptive statistics for participants and norm group scores

Instruments	Norm M	Norm SD	Study M	Study SD	Possible Range	Observed Range
BMMRS						
Daily Spirit Experiences	n/a	n/a	24.43	8.40	6-36	6-36
Values and Beliefs	n/a	n/a	6.44	1.37	2-8	2-8
Forgiveness	n/a	n/a	9.41	2.48	3-12	3-12
Private religious practices	n/a	n/a	16.03	7.77	4-32	4-31
Pos rel/spiritual Coping	n/a	n/a	10.94	3.77	4-16	4-16
Neg rel/spiritual coping	n/a	n/a	4.61	1.70	3-12	3-11
Positive religious support	n/a	n/a	5.48	2.36	2-8	2-8
Negative religious support	n/a	n/a	3.03	1.35	2-8	2-8
Org Religiousness	n/a	n/a	6.52	3.07	2-12	2-12
Overall Self-Ranking	n/a	n/a	6.52	3.07	2-8	2-8
Social Interest Index	124.97	12.13	120.00	13.10	31-160	76-160
5F-Wel	76.55	11.10	78.58	7.67	25-100	51.36-97.18
Essential Self	80.19	14.60	81.44	11.85	25-100	45.31-100
Creative Self	77.97	11.48	81.82	8.16	25-100	61.25-100
Physical Self	69.93	15.58	70.62	15.37	25-100	30-100
Coping Self	72.57	10.27	73.31	9.17	25-100	46.05-92.11
Social Self	85.56	16.12	87.28	11.45	25-100	43.75-100

The mean for the Brief Multidimensional Measurement of Religiousness and Spirituality, Social Interest Index, and Five-Factor Wellness Inventory were calculated for the demographics of sex, ethnicity, and age. Results are reported in Table 11.

Table 11

Means for BMMRS, SII, and 5F-Wel by sex, ethnicity, and age

	Sex		Ethnicity		Age		
Instruments	Women (n=91)	Men (n=32)	AA (n=41)	White (n=78)	18-34 (n=59)	35-54 (n=47)	55-over (n=17)
BMMRS							
Daily Spirit Exp	25.26	22.06	29.32	21.73	22.98	26.60	23.47
Values and Beliefs	6.60	5.97	7.00	6.14	6.36	6.60	6.29
Forgiveness	9.79	8.31	10.41	8.91	9.34	9.62	9.06
Private religious practice	16.40	15.00	21.44	13.27	14.41	17.49	17.65
Pos rel/spirit coping	11.25	10.03	13.15	9.71	10.63	11.34	10.88
Neg rel/spirit coping	4.51	4.91	4.41	4.72	4.80	4.40	4.53
Pos religious support	5.80	4.56	6.07	5.17	5.07	5.90	5.88
Neg religious support	3.11	2.81	3.20	2.95	2.81	3.17	3.41
Org Religiousness	6.70	6.00	7.40	6.06	5.61	7.53	6.88
Overall Self-Rank	5.67	5.34	6.20	5.23	5.25	5.83	6.06
Social Interest Index	121.60	118.23	117.32	121.85	120.19	120.83	122.12

Instruments	Sex: Women (n=91)	Sex: Men (n=32)	Ethnicity: AA (n=41)	Ethnicity: White (n=78)	Age: 18-34 (n=59)	Age: 35-54 (n=47)	Age: 55-over (n=17)
5F-Wel	228.59	229.72	229.49	227.63	223.29	235.74	229.35
Essential Self	82.81	77.55	86.54	78.33	78.84	84.08	83.18
Creative Self	65.54	64.78	65.22	65.05	64.17	66.98	64.88
Physical Self	68.75	75.94	65.02	73.37	67.73	73.16	73.66
Coping Self	54.97	57.44	55.88	55.31	54.12	57.74	54.88
Social Self	27.97	27.69	27.51	27.95	27.61	28.49	27.06

Reliability Statistics for the Instruments Used in the Study

Reliability for the three instruments, the Brief Multidimensional Measurement of Religiousness/Spirituality, the Social Interest Index, and the 5F-Wel, was computed by using Cronbach's alpha to estimate internal consistency. The alphas for this study along with the alphas form the norm groups are reported in Table 12. The alphas for this study concerning the components of the Brief Multidimensional Measurement of Religiousness/Spirituality were higher than the norming group for all scales except Values and Beliefs and Overall Self-ranking. The alpha for Values and Beliefs was considerably lower (.23) than that of the norming group (.64). Overall Self-ranking (.65) was also lower than the norming group (.77).

The Social Interest Index had a Cronbach's alpha of .84. This was slightly higher than the reliability reported with the norming group. The norming group was a sample of 83 college students with alpha reported as .81 (Greever, Tseng, & Friedland, 1973).

Reliability for the 5F-Wel for the participants was similar to that of the norm group as seen in Table 12. The Total Wellness scale of the 5F-Wel had a slightly higher reliability than the norm group. The subscales of Coping Self, Essential Self, Physical Self and Social Self also had similar reliabilities to the norm group. The Social Self did have a slightly lower reliability than the norm group (.84 vs. .85), although it was still an acceptable reliability.

Table 12

Cronbach's alpha for all scales for participants and norm groups

Instrument	Study α	Norm group α
BMMRS		
Daily Spiritual Experiences	.92	.91
Values and Beliefs	.23	.64
Forgiveness	.85	.66
Private religious practices	.82	.72
Positive religious/spiritual coping	.90	.81
Negative religious/spiritual coping	.57	.54
Positive religious support	.98	.86
Negative religious support	.74	.64
Organizational Religiousness	.83	.82
Overall Self-Ranking	.65	.77
Social Interest Index	.84	.81
5F-Wel	.93	.90
Essential Self	.88	.88
Creative Self	.85	.92
Physical Self	.90	.88
Coping Self	.85	.85
Social Self	.84	.85

Results of Hypothesis Testing

In this section, the results of testing each hypothesis are presented. The five research questions were tested using Pearson Product Moment correlations, multiple regressions, and multivariate analysis of variances. The extent to which each hypothesis was supported is noted following the presentation of the data.

Hypothesis One

Hypothesis one stated that there would be a positive relationship between the different components of religion and wellness, the different components of religion and social interest, and social interest and wellness. A correlation matrix of all variables can be found in Appendix I. A Bonferonni correction was used on all correlations to account for the large number of comparisons. All correlations were reported with the correction $p < .005$ level. Effect size was also calculated utilizing r squared to assess the amount of variance shared by both variables.

The Pearson Product correlations and effect size between the components of the BMMRS with the 5F-Wel are presented in Table 13. All components of religion were shown to have a significant positive relationship with Total Wellness except Negative Religious/Spiritual Coping and Negative Religious Support. Negative Religious/Spiritual Coping had a significant negative relationship with wellness, which was expected, while Negative Religious Support was not shown to have a significant relationship. Daily Spiritual Experience, Values/Beliefs, Forgiveness, Private Religious Practices, Positive Religious/Spiritual Coping, Positive Religious Support, Organizational Religiousness, and Overall Self-Ranking where all shown to have a significant positive relationship with

Total Wellness. Partial correlations are reported to show the association between the variables while controlling for all other measures. For this part of the hypothesis the partial correlations are notably lower than the correlations showing that each variable is not unique in its explanation of wellness. The first part of the hypothesis was partially supported.

Table 13

Main study correlations between BMMRS with 5F-Wel Total Wellness

	Total Wellness				
Instruments	*p*-value	Correlation		r^2	Partial Correlations
Daily Spiritual Experience	.000	.497	**	0.25	.206
Values/Beliefs	.000	.331	**	0.11	-.109
Forgiveness	.000	.322	**	0.10	.099
Private Religious Practices	.000	.416	**	0.17	.082
Positive Religious/Spiritual Coping	.000	.489	**	0.24	.188
Negative Religious/Spiritual Coping	.000	-.320	**	0.10	-.175
Positive Religious Support	.000	.336	**	0.11	-.083
Negative Religious Support	.147	.131		0.02	.088
Organizational Religiousness	.000	.428	**	0.18	.089
Overall Self-Ranking	.000	.334	**	0.11	-.093

p-values are reported with Bonferroni correction for significance at .005

The second part of hypothesis one stated that there would be a positive relationship between social interest and total wellness. A Pearson Product Moment Correlation showed a correlation of .544 ($p < .005$, $r^2 = .297$). Therefore, this part of the hypothesis was supported.

The third part of hypothesis one stated that there would be a significant positive relationship between the components of religion and social interest. The Pearson Product Moment Correlations and effect size were computed to test this hypothesis are presented in Table 14. Daily Spiritual Experience and Organizational Religiousness had significant positive correlations with social interest. A partial correlation was also calculated with all correlations having notably lower values with the exception of Daily Spiritual Experiences and Negative Religious Support. As a consequence, this part of the hypothesis was partially supported. Overall, there was partial support for the Hypothesis One.

Table 14

Main study correlations between BMMRS with SII

	Social Interest				
Instruments	*p*-value	Correlation		r^2	Partial Correlations
Daily Spiritual Experience	.000	.312	**	0.10	.290
Values/Beliefs	.024	.203		0.04	-.074
Forgiveness	.027	.200		0.04	-.017
Private Religious Practices	.098	.150		0.02	-.208
Positive Religious/Spiritual Coping	.010	.231		0.05	.000
Negative Religious/Spiritual Coping	.281	-.098		0.01	-.039
Positive Religious Support	.135	.136		0.02	-.158
Negative Religious Support	.048	.178		0.03	.173
Organizational Religiousness	.005	.253	**	0.06	.135
Overall Self-Ranking	.041	.185		0.03	-.024

p-values are reported with Bonferroni correction with significance at .005

Hypothesis Two

Hypothesis two stated that there would be positive relationships between the components of religion and the subscales of the 5F-Wel. Pearson Product Moment Correlations were used to test this hypothesis with a Bonferroni correction being used with $p < .005$ level. Table 15 shows the correlations between the subscales Creative Self and Coping Self with the components of religion. Only Daily Spiritual Experience and Positive Religious and Spiritual Coping were found to have a significant positive relationship with the Creative Self. Partial correlations were calculated with most components of religion having notably lower correlations.

The next subscale of wellness considering with the components of religion was the Coping Self. Results are listed in Table 15. Only Negative Religious and Spiritual Coping were found to have a significant relationship with the Coping Self. Partial correlations also were found to have notably lower scores for almost all the scales.

Table 15

Main study correlations between BMMRS and Creative Self and Coping Self

	Creative Self				Coping Self			
BMMRS	*p*-value	*r*		Partial Correlation	*p*-value	*r*		Partial Correlation
Daily Spiritual Experience	.000	.367	*	.260	.044	.182		.047
Values/ Beliefs	.007	.241		-.095	.739	.030		-.187
Forgiveness	.011	.229		-.043	.206	.115		-.025
Private Rel Practices	.021	.208		-.171	.029	.197		-.032
Positive Rel/Spirit Coping	.000	.326	*	.142	.017	.214		.212
Negative Rel/Spirit Coping	.082	-.158		-.066	.001	-.291	*	-.237
Pos Rel Support	.042	.183		-.072	.102	.148		-.093
Neg Rel Support	.334	.088		.080	.919	.009		.020
Org. Rel.	.015	.219		-.011	.017	.215		.085
Overall Self-Ranking	.052	.176		-.116	.619	.045		-.185

p-values are reported with Bonferroni correction for significance at .005

The third subscale of the 5F-Wel considered with the components of religion was the Social Self. According to results listed in Table 16, Daily Spiritual Experience, Positive Religious and Spiritual Coping, Negative Religious and Spiritual Coping, and Organizational Religiousness had a positive relationship with the Social Self when using a Bonferroni correction. Partial correlations are markedly lower than the correlations.

The next part of hypothesis two was to consider the relationship between components of religion with the subscale, Essential Self. Results are reported in Table 16 with all components of religion found to have a significant relationship with the Essential Self except for Negative Religious Support. Similar results when using partial correlations were found for this correlation as for the previous three.

Table 16

Main study correlations between BMMRS and Social Self and Essential Self

	Social Self				Essential Self			
BMMRS	*p*-value	*r*		Partial Correlation	*p*-value	*r*		Partial Correlation
Daily Spiritual Experience	.001	.306	*	.157	.000	.798	*	.243
Values/ Beliefs	.157	.128		-.200	.000	.615	*	-.031
Forgiveness	.021	.208		.016	.000	.631	*	.018
Private Rel Practices	.008	.239		-.109	.000	.729	*	.064
Positive Rel/Spirit Coping	.001	.292	*	.141	.000	.780	*	.126
Negative Rel/Spirit Coping	.001	-.305	*	-.224	.000	-.336	*	-.015
Pos Rel Support	.026	.200		-.085	.000	.604	*	.073
Neg Rel Support	.849	.017		.032	.025	.202		.052
Org. Rel.	.005	.249	*	.018	.000	.704	*	.148
Overall Self-Ranking	.014	.221		-.001	.000	.666	*	.135

p-values are reported with Bonferroni correction for significance at .005

The final part of the hypothesis considered the Physical Self with the components of religion. Results are reported in Table 17. This part of the hypothesis was not supported with no components of religion having a significant relationship with the Physical Self. Thus, the second hypothesis was partially supported with only a few components of religion consistently having a significant relationship with the subscales of the 5F-Wel.

Table 17

Main study correlations between BMMRS and Physical Self

	Physical Self		
BMMRS	*p*-value	*r*	Partial Correlation
Daily Spiritual Experience	.834	.019	-.006
Values/Beliefs	.496	.062	.093
Forgiveness	.311	-.092	-.212
Private Religious Practices	.872	.015	-.044
Positive Religious/Spiritual Coping	.553	.054	.079
Negative Religious/Spiritual Coping	.446	-.069	-.081
Positive Religious Support	.965	.004	-.079
Negative Religious Support	.273	.100	.084
Organizational Religiousness	.375	.081	.124
Overall Self-Ranking	.931	.008	-.072

p-values are reported with Bonferroni correction for significance at .005

Hypothesis Three

The third hypothesis stated that there would be a mediating effect of social interest on the relationship between the components of religion and total wellness. Baron and Kenny (1986) suggested three steps in testing for a mediating relationship. The first step is to show a significant relationship between the independent variable and the mediator. This was done in the second part of the first hypothesis when social interest and religion were shown to have a significant relationship. The second step is to show a significant relationship between the independent and dependent variable. This was shown in the first part of hypothesis one with all component of religion having a significant relationship with wellness at $p<.05$. The final step is to show a significant relationship between the mediator and the dependent variable. This step was tested in the third part of hypothesis one. All components of religion except Private Religious Practices, Negative Religious/Spiritual coping, and Positive Religious Support had a significant relationship with social interest at $p<.05$. These three variables that did not have a relationship with social interest were not included in the final analysis.

With these three criteria met, two separate multiple regressions were conducted. The first multiple regression was conducted using components of religion, except Private Religious Practices, Negative Religious/Spiritual Coping, and Positive Religious Support, and social interest as the criterion and wellness as the predictor. The second multiple regression was conducted using only the components of religion as the predictor and wellness as the predictor. Table 18 presents the results from two different multiple regressions with the components of religion and total wellness. The first column shows

the results without the inclusion of social interest. Daily Spiritual Experience (β=.441) had a positive significant relationships with wellness with 24.8% of the variance in wellness being explained by the components of religion. When social interest was included, none of the components of religion had a significant relationship. For the second multiple regression 42% of the variance in wellness was explained by the components of religion and social interest. From the results, it was shown that social interest had a mediating effect on the relationship between Daily Spiritual Experience and wellness.

Table 18

Mediating role of social interest on the relationship between components of religion and wellness with reporting standardized betas

BMMRS	Without Social Interest	With Social Interest
Daily Spiritual Experience	.441 *	.175
Values/Beliefs	-.145	-.129
Forgiveness	-.153	-.121
Positive Religious/Spiritual Coping	.364	.449
Negative Religious Support	.055	-.009
Organizational Religiousness	.093	.070
Overall Self-Ranking	-.120	-.101
Social Interest		.439 *

* $p < .05$ level (2 tailed)

Hypothesis Four

The purpose of hypothesis four was to examine the differences between religious groups in regards to total wellness. Considering majority of the individuals were Christian, the top four Christian denominations and those with no beliefs were used. The

five groups were Baptist (N=20), Non-denominational (N=18), Methodist (N=15), Catholic (N=10), and no beliefs (N=10). All other religious groups were excluded because of the small sample size. A multivariate analysis of variance was used to test the hypothesis. There was not a significant difference between the five groups in regards to Total Wellness with F (4,68) = 1.005, p=.411, which led to the hypothesis not being supported.

Hypothesis Five

The fifth hypothesis stated that there would be significant mean differences in the components of religion, social interest, and Total Wellness in for gender, ethnicity, and age. Components of religion measured through the Brief Multidimensional Measurement of Religiousness/Spirituality, social interest measured through the Social Interest Index and total wellness measured through the 5F-Wel were the dependent variables in three MANOVAS. A Leven's test was also calculated for each variable to assess the equality of variance. Ethnicity was the first independent variable considered with results reported in Table 19. African American and Caucasian participants were the only groups included because of the small number of participants from other ethnic groups. There were no significant differences found among participants by ethnicity in regards to total wellness with F (1, 117) = .186, p=.667. Levene's test was conducted resulting in non-significance showing an equality in variance.

Differences in ethnicity were also examined for social interest, with no significant differences being observed (F (1, 117) = 3.324, p=.071). The Levene's test was non-significant.

Several significant differences were found between the components of religion across ethnicity. Daily spiritual experiences, Values and Beliefs, Forgiveness, Private Religious Practices, Positive Religious and Spiritual Coping, Positive Religious Support, Organizational Religiousness, and Overall Self-Ranking were found to have significant differences. For each of these components African American participants had higher mean scores than Caucasian participants (mean scores reported in Table 11). There were no significant differences found for Negative Religious Coping and Negative Support. Leven's test showed significance for Daily Spiritual Experiences, Values and Beliefs, Forgiveness, Positive Religious/Spiritual Coping, and Negative Religious/Spiritual Coping meaning that the variance between the groups is not approximately equal.

Table 19

MANOVA results for comparing components of religion, social interest, and wellness to ethnicity (African American N=41, Caucasian N=78)

Instruments	*F* (1, 117)	*p*
Daily Spiritual Experience	27.113	.000
Values/Beliefs	11.516	.001
Forgiveness	10.942	.001
Private Religious Practices	39.158	.000
Positive Religious/Spiritual Coping	28.136	.000
Negative Religious/Spiritual Coping	.894	.346
Positive Religious Support	4.104	.045
Negative Religious Support	.875	.352
Organizational Religiousness	5.185	.025
Overall Self-Ranking	10.433	.002
Social Interest	3.324	.071
Total Wellness	.186	.667

The second part of hypothesis five was looking at the mean differences of components of religion, social interest, and Total Wellness across genders. Results are reported in Table 20. There was no significant difference found between genders for

Total Wellness. Similarly, no differences were found for social interest. Leven's test of homogeneity resulted in non-significant results.

There were only three components of religion that were shown to have significant differences in means for the different gender groups: Values and Beliefs, Forgiveness, and Positive Support with women having higher mean scores for all three of these scales. Female participants had higher mean scores on these three scores than the male participants. There were no significant differences in means for Daily Spiritual Experience, Private Religious Practices, Positive Religious and Spiritual Coping, Negative Religious and Spiritual Coping, Negative Support, Organizational Religiousness, and Overall Self-Ranking. Forgiveness was the only scale with significance from the Levene's test showing an inequality in variance.

Table 20

MANOVA results for comparing components of religion, social interest, and wellness to biological sex (female N=91, male N=32)

Instruments	*F* (1, 121)	*p*
Daily Spiritual Experience	3.262	.073
Values/Beliefs	4.980	.027
Forgiveness	8.873	.004
Private Religious Practices	.642	.425
Positive Religious/Spiritual Coping	2.382	.125
Negative Religious/Spiritual Coping	1.267	.263
Positive Religious Support	6.563	.012
Negative Religious Support	1.060	.305
Organizational Religiousness	1.120	.292
Overall Self-Ranking	.811	.370
Social Interest	1.597	.209
Total Wellness	.075	.784

The last part of the fifth hypothesis stated that there would be a significant difference in means across age groups for components of religion, social interest, and Total Wellness. Results are reported in Table 21. Ages were divided into three age groups

18-34 (N=59), 35-54 (N=47), and 55 and over (N=17). A significant difference of means was found for Total Wellness. The difference was between group one (18-34) and group two (35-54) with older adults having a higher level of wellness. There was not a significant difference in means for social interest (F (2,120) = .096, p=.909). Leven's test was non-significant for both Total Wellness and social interest.

Only one of the religious components was found to have a significant difference in means, Organizational Religiousness. The difference was between group 1 (18-34) and group 2 (35-54) with older adults having a higher mean score. There were no significant differences in means for Daily Spiritual Experience, Values and Beliefs, Forgiveness, Private Religious Practices, Positive Religious and Spiritual Coping, Negative Religious Coping, Positive Support, Negative Support, and Overall Self-Ranking. Leven's test was non-significant for all components of religion. Overall, the fifth hypothesis was partially supported.

Table 21

<u>MANOVA results for comparing components of religion, social interest, and wellness to age</u>
(18 to 34 N=59, 35 to 54 N=47, 55 and over N=17)

Instruments	*F* (2, 120)	*p*
Daily Spiritual Experience	2.882	.060
Values/Beliefs	.675	.511
Forgiveness	.400	.671
Private Religious Practices	2.319	.103
Positive Religious/Spiritual Coping	.496	.610
Negative Religious/Spiritual Coping	.696	.501
Positive Religious Support	2.075	.130
Negative Religious Support	1.530	.221
Organizational Religiousness	5.583	.005
Overall Self-Ranking	2.175	.118
Social Interest	.096	.909
Total Wellness	4.312	.016

Post Hoc Analysis

Two post hoc analyses were conducted using two MANOVAS. The first MANOVA was used to see if there were any significant mean differences in the

components of religion by religious group. The five religious groups used in the analysis were Baptist (N=18), Non-denomination (N=18), Methodist (N=15), Catholic (N=10), and None (N=10). All other groups were excluded because of a small number of participants. Results are reported in Table 22. Daily Spiritual Experience, Values/Beliefs, Forgiveness, Private Religious Practices, Positive Religious/Spiritual Coping, Positive Religious Support, Organizational Religiousness, and Overall Self-Ranking were found to have significant differences. For each component of religion, Baptist had the highest means. No differences were found for Negative Religious/Spiritual Coping and Negative Religious Support.

Table 22

MANOVA results for comparing components of religion with religious groups (Baptist N=20, Non-denominational N=18, Methodist N=15, Catholic N=10, None N=10)

BMMRS	*F* (4,68)	*p*
Daily Spiritual Experience	22.427	.000
Values/Beliefs	15.791	.000
Forgiveness	17.314	.000
Private Religious Practices	6.761	.000
Positive Religious/Spiritual Coping	10.867	.000
Negative Religious/Spiritual Coping	1.067	.380
Positive Religious Support	7.482	.000
Negative Religious Support	2.176	.081
Organizational Religiousness	9.074	.000
Overall Self-Ranking	13.511	.000

The second MANOVA was used to consider if there any significant mean differences in the components of religion, social interest, and Total Wellness for education level. Five different education levels were included: High School (N=28), Trade/Technical School (N=9), Bachelor Degree (N=35), and Advanced Degree (N=50).

Results are reported in Table 23. A significant difference of means was found for Total Wellness with those with Advanced Degrees having the highest mean scores. There were not significant differences in means for social interest or any of the components of religion.

Table 23

MANOVA results for comparing components of religion, social interest, and wellness to education level High School (N=28), Trade/Technical School (N=9), Bachelor Degree (N=35), Advanced Degree (N=50)

Instruments	*F* (2, 120)	*p*
Daily Spiritual Experience	.207	.891
Values/Beliefs	.714	.546
Forgiveness	.039	.990
Private Religious Practices	.815	.488
Positive Religious/Spiritual Coping	.515	.673
Negative Religious/Spiritual Coping	2.077	.107
Positive Religious Support	.798	.497
Negative Religious Support	.285	.836
Organizational Religiousness	.493	.688
Overall Self-Ranking	.502	.681
Social Interest	2.297	.081
Total Wellness	3.587	.016

Summary of the Results

Five different hypotheses were tested in this chapter. Hypothesis one was partially supported with all components of religion except for Negative Religious Support having a significant relationship with Total Wellness, Daily Spiritual experience and Organizational Religiousness having a positive significant relationship with social interest, and Total Wellness having a significant correlation with social interest. The second hypothesis examined the five-second order wellness factors in relation to religion. This hypothesis was also partially supported. Hypothesis three considered the mediating relationship of social interest on the relationship between the components of religion and wellness. This hypothesis was only partially supported with social interest mediating the relationship of one daily spiritual experience with wellness. The fourth and fifth hypotheses were not supported. Two post hoc analyses were conducted with each only being partially supported. Chapter V will offer a discussion of the results that were presented.

CHAPTER V

DISCUSSION AND IMPLICATIONS

In Chapter IV results from this study on the relationship between religion, social interest, and wellness were explained through a discussion of the participants and instruments used in the study, followed by a reporting of the testing of the five hypotheses. In this chapter, a discussion of the participants and instruments is offered, followed by a discussion of the meaning of important findings from testing the five hypotheses. The chapter concludes with potential limitations and implications for counseling practices, counselor education, and future research.

Participants

Participants for the study were taken from a stratified random sample of faculty, staff, and students at the University of North Carolina at Greensboro. As noted in Chapter IV, a total of 125 individuals participated in the study with an overrepresentation of women, younger adults, and Caucasian individuals. The sample was not fully representative of a national sample. According to the US Census Bureau in 2005 females were 50.74% of the population compared to females representing 72.8% of the sample in the current study. The high percentage of females in the study will greatly limit the generalizability of the study to the broader population. Although there was an overrepresentation of Caucasian participants (62.4%) in 2005 Caucasian adults

represented 75.1% of the populations, and the median age was the same in the study as the population. Not surprisingly the majority of participants identified as being Christian. This statistic is consistent with the demographics of the geographic area (Stuart, 2004).

The sample was taken from the University of North Carolina at Greensboro. The overrepresentation of females is consistent with UNCG demographics of 67% females. Also only 27% of the UNCG population is minorities reflecting the lack of African American participants in the study.

Instruments

In Chapter IV descriptive statistics and reliability coefficients were reported for the three instruments used in the study. Three scales of the Brief Multidimensional Measurement of Religiousness and Spirituality had low reliability, Values and Beliefs, Negative Religious and Spiritual Coping, and Overall Self-Ranking. All three of these scales are made up of two questions each, which can contribute to low reliability. Values and Beliefs had considerably lower reliability than the norming group suggesting that results including the scale are not reliable and will not be discussed.

The Social Interest Index total score mean was higher for the study than the norm group suggesting that the participants had a higher level of social interest than that of the norm group. The difference between the two groups might have been due to the differences in demographics for the two groups. The norm group consisted of 83 undergraduates although the current study consisted of faculty, staff and students.

The 5F-Wel total wellness score slightly higher for the study than that of the norm group. This slight difference also could have been contributed to demographics of the two

groups. The norming group for the 5F-Wel had numerous undergraduates, who are known to have lower wellness (Myers & Mobley, 2004). Also, individuals with higher levels of wellness might be more apt to participate in a survey on the subject. Also within the study a correlation was found between components of religion with wellness, suggesting that those who are religious also have higher levels of wellness.

Discussion of Hypotheses

Hypothesis One

Hypothesis one stated that there would be a significant relationship between the components of religion, social interest, and wellness. From the results reported in Chapter IVit was concluded that the hypothesis was partially supported. The first part of the hypothesis involved the components of religion and wellness. Negative Religious Support was the only component not found to have a significant relationship. Daily Spiritual Experience had the highest correlations with wellness.

Effect size was also calculated resulting in a medium to large effect for all components of religion except for Negative Religious Support. This analysis showed the strength of the relationship between the components of religion with wellness.This result was not surprising given the literature on the impact of different aspects of religion on various factors of wellness mentioned in Chapter II (i.e. Abdel-Khalek, 2006; Koenig, George, & Titus, 2004; Lewis & Cruise, 2006).

Although the nine other components of religion had a significant relationship with wellness, partial correlation were used to assess the association between a single component of religion with wellness while controlling for all other components of

religion. Results reported in Chapter IV included that all partial correlations were smaller than the Pearson Product Moment correlations suggesting that each component of religion was not unique in what was being measured. An explanation for such a result is the difficulty in first defining and measuring the multidimensional construct. Although Fetzer (1999) proposed a way of measuring religion by different components, results here suggest that the components are not all unique but overlap. Future studies should consider the use of different measures to get at true variance. Also it would be interesting to consider a total religion score. Although the Brief Multidimensional Measurement of Religiousness/Spirituality addressed religion from a multidimensional perspective, many of the components were only measured by two to four questions. Using measures that consider each component more in-depth might ensure that each component is measuring a unique characteristic.

The second part of hypothesis one stated that there would be a significant relationship between social interest and wellness. Pearson Product Moment correlations supported the hypothesis along with a high effect size. This result is not surprising given the literature on the association between the two constructs (i.e. Ashby, Kottman, & Draper, 2002; Crandall, 1984; Post, 2005). Also the 5F-Wel that was used in measuring wellness was based on Alfred Adler's Individual Psychology, which includes social interest as a basic tenet (Ansbacher & Ansbacher, 1956).

The last part of the first hypothesis stated that there would be a significant relationship between the components of religion and social interest. As reported in Chapter IV, this part of the hypothesis was only partially supported. Daily Spiritual

Experience and Organizational Religiousness were the only two components of religion to have a significant relationship with social interest, with both only having medium effect sizes. It should be noted that a Bonferroni correction was used in determining significant relationships. This correction is an extremely conservative correction and future research should further explore all relationships including those that there were found to not be significant. Partial correlations once again suggested that each component of religion was not measuring a unique aspect of religion.

It was interesting that only two components of religion had a significant relationship with social interest considering previous research suggested a relationship between different aspects of religion and social interest (Leak, 1992; Leak, 2006a). In previous studies that considered religion and social interest, the Social Interest Index was used to measure social interest as in the current study. The difference in the current study with previous research was the way in which religion was measured, specifically it being measured as a multidimensional construct. This could have led to the differences in results. In future research measuring both social interest and the components of religion with new measures will allow for a broader analysis of the relationships.

Hypothesis Two

Hypothesis two stated that there would a significant relationship between the components of religion and the five sub-scales of wellness. Pearson Product Moment correlations were used to test the hypothesis. As results reported in Chapter IV, the hypothesis was only partially supported. The different components of religion varied in the relationships with the subscales of the 5F-Wel. The Essential Self had the most

significant number of relationships with the components of religion with all components expect for Negative Support having a significant relationship. This is not surprising considering one of the elements of the Essential Self is spirituality. In Chapter II it was explained that considerable overlap exists between the constructs of religion and spirituality (e.g., Kelly, 1995b; The Fetzer Institute, 1999; Pargament, 1999), and this overlap could have contributed to the finding that the components of religion had a significant relationship with Essential Self.

What was interesting is that the Physical Self subscale did not have any significant relationships with the components of religion. This finding was contrary to previous research that found associations between physical health/wellness and religion (e.g., Hill, et al., 2006; King, et. al, 2001). One difference in the previous findings and the current study was the measurements used. Previous research tended to measure religion solely through church attendance. Also the Physical Self was measured through questions regarding an individual's exercise and nutrition, although previous studies considered physical wellness in regards to lack of illness (King et al., 2001; Koenig et al., 2004). Future studies aimed at looking at physical wellness in various ways and the relationship with religion will offer a better understanding of the relationship between physical wellness and religion.

In the previous hypothesis there were limited relationships found between the components of religion and social interest. This is interesting considering the relationships found between the Social Self and the components of religion. The subscale of Social Self is another way in which to measure the social interactions of individuals.

Along with Daily Spiritual Experience and Organizational Religiousness reported in hypothesis one, Positive Religious/Spiritual Coping and Negative Religious/Spiritual Coping were found to have significant relationships with the Social Self. It was reported in Chapter II the difficulty in measuring the construct of social interest (Bass et al., 2002). These differing results support the idea that there are multiple ways in which to measure the construct. Future studies need to consider measuring social interest in different ways to understand the dimensions of the construct that have a relationship with the components of religion. It would be interesting to look at the subscales of the Social Interest Index to assess the relationship between the components of religion with the different life tasks ofwork, love, friendship, and self-significance that were a premises to Adler's theory (Greever, Tseng, & Friedland, 1973).

The Creative Self had significant relationship with two components of religion, Daily Spiritual Experience and Positive Religious and Spiritual Coping. The Coping Self only had a significant relationship with Negative Religious and Spiritual Coping. It was interesting that Positive Religious and Spiritual Coping did not have a relationship with the Coping Self considering both measure the impact of coping for an individual. It could be the way in which coping was measured that led to a non-significant relationship.To further explore the relationshipbetween the Coping Self and religious coping, a different measurement of religious coping should be used. Within the BMMRS, religious coping is assessed through four questions. By using an assessment that explores the construct of religious coping more fully would result in a fuller understanding of the relationship between the Coping Self and religious coping.

Hypothesis Three

The third hypothesis stated that there would be a mediating effect of social interest on the relationship between the components of religion and total wellness. Multiple regressions partially supported the hypothesis with Daily Spiritual Experience having a significant relationship with Total Wellness. Social interest accounted for the relationship between Daily Spiritual Experience and Total Wellness. This result was interesting considering that it was hypothesized that social interest would mediate all relationships between the components of religion and wellness.

To understand possible reasons for social interest mediating the relationship between wellness and Daily Spiritual Experience it is important to go back to the definition of the components. Daily Spiritual Experience was "intended to measure the individual's perception of the transcendent (God, the divine) in daily life and the perception of interaction with, or involvement of, the transcendent in life" (Fetzer, 1999, p. 11). According to Adler, many religious individuals live out their religion, relationship with God, through social interest (Ansbacher & Ansbacher, 1964). That is to say that one's relationship with God spurs an individual onto higher levels of social interest, so it is not surprising that social interest would mediate the relationship between Daily Spiritual Experience and Total Wellness.

Hypothesis Four

Hypothesis four stated that there would be significant differences in wellness for different religious groups. As mentioned in Chapter IV, four Christian denominations and individuals with no beliefs were used instead of religious groups because of the lack of

sufficient participants in each religious group. A MANOVA was used to show that the hypothesis was not supported. Although literature has suggested differences between religions and denominations (Fetzer, 1999), these differences were not found in association to Total Wellness in the study. This could have been due to the small group sizes for the five groups. To further explore the dynamics of the relationship between different religion and denominations on Total Wellness, a larger sample with more diversity would be important. Diversity between not only denominations, but also religious group would allow for a better understanding of the differences between varying religious groups.

Hypothesis Five

The last hypothesis stated that there would be significant mean differences in the components of religion, social interest, and Total Wellness for gender, ethnicity, and age. Three MANOVA were used to test the hypothesis as explained in Chapter IV. The hypothesis was partially supported. In regards to ethnicity, only African American participants and Caucasian participants were compared. Although differences in wellness have been shown by ethnicity, this was not found within this study. Differences were also not found regarding social interest. The lack of diversity within the sample might have been a factor,considering the majority of the participants were Caucasian. Levene's test was non-significant showing that the assumption of homogeneity of variance was not violated for both Total Wellness and social interest.

Although social interest and Total Wellness did not have significant differences in regards to ethnicity, eight of the ten components of religion did have differences with

African Americans having higher means on all components of religion. Differences between the components of religion in regards to ethnicity were expected based on previous research discussed in Chapter II that stated African Americans have consistently shown higher levels of religiousness than Caucasians (Harris Poll, 2006; Taylor et al., 1999). All five of the components that were found to have differences in means across ethnicity were found to not have homogeneity of variances according to Levene's test.

The second part of the fifth hypothesis considered differences in gender for the components of religion, social interest, and wellness. There were no gender differences found for Total Wellness. Although gender differences have been found by gender for wellness, these results have not been consistent (Myers & Mobley, 2004). There were no differences found for social interest across gender groups.

It was surprising that only Forgiveness and Positive Support had significant mean differences in regards to gender with women having higher means on these scales than men. It was reported in previous research that women consistently have a higher level of religiousness than men (e.g., Carroll, 2004; Francis, 2005; Maselko & Kubzansky, 2006). Once again the way in which religion was measured differed from the current study. Also Levene's test of homogeneity was significant for Forgiveness, showing that the groups did not have equal variances.

The final part of hypothesis five stated that there would be significant mean differences for components of religion, social interest, and wellness across age groups. Although differences were found between age group one (18 to 34) and two (35 to 54) with the older adults having higher means, there were not differences with group three

(55 and over).Differences not found with the third group weremost likely from there being a low number of participants in this group. A Levene's test was not significant showing homogeneity of variance.

As reported in Chapter IV, social interest did not have significant mean differences across age groups. Age differences were expected considering that a premise of Adler's social interest is the developmental component (Ansbacher & Ansbacher, 1964). It was believed that as individuals develop, so does social interest. This not appearing in the current study most likely is due to a smaller number of older participants. Future studies should aim at a more diverse age sample to fully understand the impact of age on social interest.

Only one component of religion, Organizational Religiousness, was found to have significant differences in regards to age groups with the difference being between groups one and two with the second group having higher means. Previous researchers have consistently reported that as individuals increase in age so does their level of religion (i.e. Gallup Poll, 2007; Harris Poll, 2005; Fiori et al., 2006). In the previous research the ways in which religion was assessed differed across all studies, showing the impact of age on various measurements of religion, so it is surprising that only one component of religion was significant. Once again the lack of older participants could have contributed to the lack of significant results.

Post Hoc

Two post hoc analyses were conducted to gain a further understanding of the relationship between religion, social interest, and wellness. A MANOVA was used to

assess the mean differences between the components of religion across religious groups. Differences were found across all groups for the components of religion except Negative Religious/Spiritual Coping and Religious Support. It is not surprising that there were differences between the groups. It has been discussed that religious groups and denominations differ, although the differences are not always known (Fetzer, 1999).

Considering a large number of participants held advanced degrees, it was important to assess the mean differences for the components of religion, social interest, and wellness across education levels. Total Wellness was the only variable with significant mean differences across education level, with those with more education having higher mean scores. Although no other differences were found, in future studies it will be important to have a population that is more diverse in education level.

Major Findings

This was the first study to date to examine holistic wellness factors in relation to religion and social interest. Almost all components of religion had a significant relationship with wellness. Although it has been concluded through previous research that there is a relationship between religion and wellness, the current study considered religion as a multidimensional concept and measured holistic wellness factors. The current study supported previous research on the topic, along with continuing the research by examining religion in a new way that acknowledges the complexity of the topic. The study showed that not only does religion relate to wellness when religious is measured as a simple construct (i.e., Koenig, George, & Titus, 2004; Lewis & Cruise, 2006), but also when religion is broken down into various components.

When considering the five second-order factors of wellness, there were not consistent relationships with the components of religion. Different aspects of religion related differently to the various aspects of wellness. It was not surprising that the Essential Self was related to more components of religion than the other subscales considering that spirituality is part of the subscale. Research discussed in Chapter II highlighted the interaction between spirituality and religion. Results from this study further this conclusion. This study was the beginning of exploring the interaction of religion and wellness on a more detailed level.

The lack of relationship between all components of religion and social interest was surprising. As mentioned earlier, previous research supported this relationship. One reason for the lack of relationship is the way in which social interest was measured. For example, the number of components of religion that were found to have a relationship with the Social Self shows that there is a relationship between the components of religion and social interaction when measured in a different way. A problem mentioned in Chapter II was the ways in which to measure social interest. Each scale proposed measured a different aspect of the complex construct. The Social Interest Index was used in part because previous research on religion and social interest used this scale to measure social interest. The varying results found in the current study suggest that social interest is a complex construct, and differing ways of measuring it can offer differing results. This could have impacted the mediating role of social interest on the relationship between the components of religion and wellness. If a different way of measuring social interest was used, results could possibly have been different.

Differing results in the current study from previous research concerning the relationship between components of religion and social interest might also be attributed to the way in which religion was measured. Previous research considered religion from a very narrow definition and in no way considered it in a multidimensional way like the current study. The complexity of both constructs of religion and social interest impacts the way in which they are measured and the results of the relationship.

A Bonferroni correction was used in looking at the relationship between the components of religion with wellness and social interest. It should be noted that a Bonferroni correction is a conservative correction that could have masked some of the relationships that were present. Even more important to note is the use of partial correlations in the first two hypotheses. There were notable differences between the correlations and partial correlations for these hypotheses, showing the lack of uniqueness in what each component of religion was measuring. Although the Brief Multidimensional Measurement of Religiousness and Spirituality was designed and tested to measure ten different constructs (Fetzer, 1999; Idler et al., 2004)), the current study speaks to the overlap that is present between the different components.

As mentioned in Chapter II, not only defining religion, but also measuring it is problematic (Hackney & Sanders, 2003). Varying results when looking at the relationships between religion, social interest, and wellness might speak to this fact. The overlap between the components of religion along with the lack of relationship with the construct of social interest and many of the subscales of wellness, most likely were impacted by the way in which religion was measured.

The most significant finding from the study is the presence of significant relationships between the components of religion, social interest, and wellness. It is clear that there is a relationship between the components of religion and wellness. Although only a few components of religion had a relationship with social interest, there were still some relationships. The lack of relationships with the various components of religion and social interest speaks to the difficulty in measuring the constructs and that more research is needed to fully understand the correlations.

Religion

Religion is usually measured as a single construct, although many suggest that religion is multidimensional (Hackney and Sanders, 2003). Within this study, the construct was measured through ten different components based on work of the Fetzer Institute (1999) and the development of the Brief Multidimensional Measurement of Religion and Spirituality. By looking at religion as multidimensional a better understanding of the complexity of religion was gained. Although insight on religion was gained, religion being difficult to measure was further emphasized. It was found that each component of religion was not measuring a unique aspect of religion within the study. There was overlap between the components that needs to be understood further with more research. Also the post hoc analysis of looking at the mean differences of the components of religion across religious groups highlights the thought that different religious groups approach religion in different ways.

Social Interest

It has been reported that measuring social interest is complicated because of the complexity of the construct (Bass et al., 2002). The current study further emphasized this idea with the relationships that were found between social interest, religion, and wellness. Repeatedly results that were expected between social interest and the components of religion were not found. It is believed that results do not suggest a lack of relationship between the constructs, but that the way in which social interest was measured did not get at the aspect of social interest that is related to religion. Results such as the mediating effect of social interest on the relationship between Daily Spiritual Experience and Total Wellness, begins to answer the complex question around the place of social interest in the impact of religion on wellness.

Wellness

Previous research showed a relationship between wellness with both religion and social interest. The current study had similar results further supporting importance of wellness. Such consistent results speak to the way in which the construct has not only been specifically defined, but also the way in which it was measured. Within this study wellness was considered as a multidimensional construct with many different components based on the Indivisible Self Model. It was interesting to see the ways in which the various components of religion related to the different scales of wellness. The current study is the beginning of gaining a more complete understanding of the way in which religion and wellness relates, specifically the role of social interest on the relationship.

Limitations

There are several potential limitations that need consideration in regard to the current study, including definitions of the constructs measured, sampling procedures and sample, self-report, and measurement of religion and social interest. The first limitation is defining the constructs of religion and social interest. The topic of religion has been difficult to define, the connection and differences with spirituality not being clear or distinct. Within research, there is a tendency to define the concept in a narrow way, which results in inconsistencies (Hackney & Sanders, 2003). Within the study, the definition from The Fetzer Institute (1999) was utilized to address the problems of narrowly defining the construct.

In addition, researchers have difficulty in operationally defining social interest (Bass et al., 2003). The concept developed by Adler and merely interpreting the word from German has resulted in multiple translations (Manster et al., 2003). Within the study, the definition by Adler that social interest was the interconnection of all individuals with each other was utilized (Ansbacher & Ansbacher, 1956). Within the study this global construct was found to be difficult to operationalize and measure.

Another potential limitation of the study is the available sample. The study involved only faculty, staff, and students at The University of North Carolina at Greensboro. Even though a stratified sample was used in aiming at getting an equal number of males and females, there was still an overrepresentation of females. Also the stratified sample was used to ensure a higher percentage of African American participants, but there was a majority of Caucasian participants. Faculty, staff, and

students were sampled in hopes of diversifying age although there was a lack of older adults. Considering that the sample was gathered form a college campus, a majority of the participants (70%) had a bachelor's degree or higher. These demographic characteristics hinder generalizability of the study to a broader population. Another limitation to generalizability is that of high mean score for the Social Interest Index. Results from the current study cannot be generalized to individuals will low social interest scores. In addition, the sample was taken from one university in a specific geographic region, which also could impact the results being generalized beyond the area.

The study was conducted through self-report, which could impact internal validity considering that self-report is susceptible to social desirability bias. Although confidentiality was ensured to encourage individuals to respond in a truthful manner, there is still the threat. Along with self-report, respondents verses non-respondents was also a threat. It could be concluded that participants might already have an interest in the subject to agree to be part of the study so that the way in which they answer the questions would differ from non-respondents.

The final limitation is that of instrumentation, especially for social interest and components of religion. Some of the components of the Brief Multidimensional Measurement of Religiousness and Spirituality did not have sufficient reliability. As mentioned in Chapter IV, Negative Religious and Spiritual Coping (.57) and Overall Self-Ranking (.65) also had low reliabilities that could impact the results. Values and Beliefs had an extremely low reliability (.23) resulting in the scale not being considered in the study. A heterogeneous sample might have contributed to such a result with a large

and more diverse sample improving the reliability. In regards to social interest, researchers have reported that social interest is difficult to measure, in part because it is hard to define (Bass et al., 2002). Each scale described looked at a different aspect of Adler's concept of social interest, without much overlap between the various scales.

Implications

The findings of this study have implications for three different areas of counseling: counseling practices, counselor education, and future research. Implications in this section are organized by each of these three areas.

Implications for Counseling Practices

As mentioned in Chapter I and II, counselors tend to prefer working with spirituality instead of religion with clients (Kelly, 1995b). The lack of attention to religion by counselors can threaten the relationship between a counselor and a religious client (Burke et al., 1999). Through the current study, relationships between components of religion, social interest, and wellness were highlighted. These relationships can serve as a way for counselors to better understand religious clients.

It has been reported that two thirds of the population consider religion to be important in their life (Gallup, 2007). In order for counselors to better understand how to address these clients, an assessment needs to be made. Considering that counselors usually see religion as a narrow construct, merely representing if an individual goes to church, the current study shows that religion is a multidimensional construct that must be addressed in such a way. It is also important for counselors to see that spirituality can be an important part of religion for many individuals. By looking at religion as a construct

with many different components, counselors can began to see the many different ways that religion can be used to assist clients in the pursuit of well-being. An assessment with clients should include the different components represented in the Brief Multidimensional Measurement of Religiousness/Spiritual. A client could utilize one of these aspects or all. Through asking questions, a counselor can get a better idea of how an individual's religion can be a way to promote wellness.

The relationship between the components of religion and wellness is an important result from the study for counselors. The relationship can assist counselors in understanding that an improvement in one component of religion could impact the overall wellness of an individual. From this, religion can be seen by counselors as a source of increasing wellness for individuals. The goal of counseling has been said to help individuals achieve greater well-being through a focus on holistic development (Myers, 1992).

In addition from the current study, counselors can also become aware that certain components of religion are related to social interest. In the current study Values/Beliefs, Forgiveness, and Positive Religious Support had significant positive relationships with social interest.It is possible that an increase in one of these areas of religion can serve as an increase to social interest, which according to Adler is an important component to well-being.

Overall, the current study can assist counselors in having a better understanding of religious clients.It has been concluded from previous research that religious clients expect religion to not only be addressed but also be incorporated into the counseling

process (Belaire & Young, 2002; Belaire, Young, & Elder 2005). By clients being better understood by counselors they are more likely to seek counseling.

Implications for Counselor Education

Although the CACREP standards (2001) and the ACA's Code of Ethics (2005) list religion as part of the core curricular requirements in social and cultural foundations, it is not always included in training programs. This leads many counselors to not being prepared to address religious clients in practice. Through looking at the relationship between the components of religion, social interest, and wellness, new curricula can be developed to better teach individuals how to work with religious clients.

From the current study, new curricula can include religion as an important aspect of well-being for many individuals. Previous literature discussed in Chapter II explained that spirituality is often seen as a positive for individuals and religion is seen as a negative (Pargament, 1999). The results of the study that showed the relationship between the components of religion and wellness, offers a concrete way for students to understand the ways in which religion, not just spirituality, can be a positive for a majority of individuals. It is also important for students to understand the multidimensional nature of religion, which the current study emphasized through using ten different components to measure religion.

Results discussed in Chapter IV showed a relationship between some components of religion and social interest, from this religion could be added into the discussion of theories. Social interest is an important component of Adler's Individual Psychology and is considered critical for individual well-being. Through understanding the relationship

between some of the components of religion and social interest, students will better understand the role that religion might play in an individual's pursuit of social interest.

As discussed under hypothesis five, certain components of religion differed across ethnicity, gender, and age. From these results, students can begin to understand the demographics of religious clients. Although each individual is unique and should be treated in such a way, understanding certain characteristics of clients will better prepare students as they approach religious clients.

Another area of counselor education that can be impacted from the current study is that of supervision. Not only is religion lacking from most counselor education curricula, but it also is rarely found in supervision (Kelly 1994). From the study, supervisors will better be able to assist counseling students in understanding religious clients along with the ways that religion can influence an individual's wellness.

Using the findings of the current study, counselor education curricula can be changed in such a way to address religion as one part of the holistic individual. Awareness of religion as an aspect of wellness, incorporating religion into theory discussions, and understanding the characteristic of religious individuals will better prepare students as they begin to counsel. It is not only important for students to understand the role of religion in many people's lives, but also strategies for implementing the topic into counseling. It is critical that curricula is introduced that includes specific ways for this incorporation so that counselors are better prepared for addressing this topic in counseling sessions. Once again this will lead to religious clients being better understood.

Implications for Future Research

The final implication of the current study is for future research. This was the first research to date to examine the relationships between components of religion, social interest, and holistic wellness, which is the beginning of a research agenda.Although overall the hypotheses were partially supported, there is further work that is needed to continue to understand the complexity of the relationships. Future research includes additional correlation studies and outcome studies.

Additional correlation studies are needed to better understand the relationship, specifically between the components of religion and social interest. The lack of relationships found in the current study with religion and social interest was surprising. With both religion and social interest being complex constructs that are difficult to measure, additional studies that offer varying ways of defining and measuring the constructs will assist in understanding the nature of the topic.From these additional correlation studies, it will then be necessary to once again address the mediating role of social interest on the relationship between religion and wellness. Even though the current study examined these variables, it was the beginning in understanding the relationships and the way in which they interact.

Hypothesis four that stated that there would be significant mean differences for wellness across different religious groups was not supported with the lack of diversity within the sample was a limitation to these results. Future research needs to seek diversity in religion and denomination to offer an opportunity to examine the differences between the groups. Literature has stated that there are differences (Fetzer, 1999), but the

differences are not known. By understanding if there are differences across religious groups, counselors will better understand how to address clients from differing religions.

Along with diversity in religious groups, future research needs to aim at a broader population. The current study was taken from faculty, staff, and students, from one university. The sample was overrepresented young adults, women, and Caucasian participants with a high level of education. To fully understand the relationship between religion, social interest, and wellness the current study needs to be conducted with varying populations that seeks a sample that is diverse in ethnicity, age, and gender. This will be critical in generalizing results to a broader population.

Conclusion

A total of 125 faculty, staff, and students participated in the current study that examined the relationship between religion, social interest, and wellness. Although the hypotheses were only partially supported, from the results it was concluded that there were relationships between various components of religion with wellness and social interest. Specifically there was a relationship between all components of religion except for Negative Religious Support, with Total Wellness. Social interest only significantly correlated with Daily Spiritual Experience and had a mediating effect on the relationship between Daily Spiritual Experience and Total Wellness. Few mean differences were found across ethnicity, gender, and age, but this was most likely due to the lack of diversity in the sample.

This study is the first to date to examine religion, social interest, and holistic wellness. It serves as the beginning of a research agenda that will continue to explore

these relationships and the complexity of the topic. Through the current study and future research, curricula can be changed to better prepare counselors to address these important topics in counseling which will result in religious clients feeling understood. If understood, religious individuals will more likely seek out opportunities for counseling. Future studies are needed to continue to explore the relationships between religion, social interest, and wellness specifically the relationship between religion and social interest. It is also important that samples in the future are more diverse not only in regards to gender, ethnicity, and age but also in religious groups and denominations.

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APPENDIX A: RECRUITMENT EMAIL

Dear [Student Organization Representative's Name]:

My name is Amy Bigbee and I am currently a Ph.D. student at the University of North Carolina at Greensboro in the department of Counseling and Educational Development. I am working on my dissertation titled: The relationship between religion, social interest, and wellness in adults. I am looking for volunteers from various university student organizations. As a leader in your organization I am seeking your assistance by you forwarding an email to all your members asking for their participation. Volunteers will complete an online questionnaire that takes approximately 30 minutes. Also, individuals will be eligible to enter a drawing for one of two $50 gift cards.

If you are willing to assist, or have questions, please contact me (albigbee@uncg.edu). Once you agree to participate, I will send you an email to be forwarded to all members.

Thank you for your consideration,

Amy Bigbee
Doctoral Student
The University of North Carolina at Greensboro

APPENDIX B: SURVEY EMAIL

My name is Amy Bigbee and I am currently a Ph.D. student at the University of North Carolina at Greensboro. I am working on my dissertation titled: The relationship between religion, social interest, and wellness in adults. I am looking for volunteers over the age of 18 from various university student organizations to participate in my study. Volunteers will complete an online questionnaire that takes approximately 30 minutes.

To learn more about the study and participant click on the link below:

[insert link]

Also, participants will be eligible to enter a drawing for one of two $50 gift cards.

Thank you for your consideration,

Amy Bigbee
Doctoral Student
The University of North Carolina at Greensboro

APPENDIX C: INFORMED CONSENT

The University of North Carolina at Greensboro

Consent to Act as a Human Participant

Project Title: The relationship between religion, social interest, and wellness in adults.

Project Director: Dr. Jane Myers
Student Researcher: Amy Bigbee

The purpose of study is to explore the relationship between religion, social interest, and wellness in adults. As a participant in the current study you will be asked to complete an online questionnaire including three separate instruments: the Fetzer Brief Multidimensional Measurement of Religiousness/Spirituality, the Social Interest Index, and the Five-Factor Wellness Inventory. The questionnaire will take approximately 30 minutes of your time.

There are no risks from participating in the study. Although there are not any direct benefits from participating in the study, you will have the opportunity to reflect on your religiosity, interactions with others, and personal wellness. Information gained from the research will be used to assist counselors in better serving clients.

Your participation in the study will remain confidential with no identifying data being obtained. Data will be stored on the student researcher's computer with all information password protected. All information will be saved for three years until after the end of the project at which time the files will be erased.

By indicating your agreement with this consent form, you agree that you understand the procedures and any risks and benefits involved in this research. You are free to refuse to participate or to withdraw your consent to participate in this research at any time without penalty or prejudice; your participation is entirely voluntary. Your privacy will be protected because you will not be identified by name as a participant in this project.

The University of North Carolina at Greensboro Institutional Review Board, which ensures that research involving people follows federal regulations, has approved the research and this consent form. Questions regarding your rights as a participant in this project can be answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by Amy Bigbee by calling 336-334-3421 or emailing albigbee@uncg.edu or Dr. Jane Myers by calling 336-334-3423. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

By indicating your agreement, you are affirming that you are 18 years of age or older and are agreeing to participate in the project described above. Please print a copy of this informed consent form for your records

APPENDIX D: SURVEY INSTRUCTIONS

You are being asked to complete a survey that contains three different assessments: the Fetzer Brief Multidimensional Measurement of Religiousness/Spirituality, the Social Interest Index, and the Five-Factor Wellness Inventory. The questionnaire will take approximately 30 minutes of your time. Most questions have a series of answer choices. Please answer all the questions. If there is a question you are not sure of the answer, pick the choice that is closest to how you feel. A few of the questions are fill in the blank, please do not skip these questions. At the conclusion of the survey you will have the opportunity to enter a drawing for one of two $50 gift cards. Thank you for your participation.

APPENDIX E: PILOT STUDY FEEDBACK FORM

Pilot Study Feedback Form

Please complete this short form when you finish all of the surveys. Note any changes that you see would make the process better. Any feedback is much appreciated.

1. Were the questions in the questionnaire clear? If no, please explain________________

____

____

2. If there were any questions difficult to understand, please comment and state which instrument the question was located: the Fetzer Brief Multidimensional Measurement of Religiousness/Spirituality, the Social Interest Index, or the Five-factor Wellness Inventory (5-F Well).

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____

4. If using the bubble sheet, please explain if there was difficulty in recording your answer.

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5. Do you have any further suggestions for improving the study?

____

____

____

Thank you for your time

APPENDIX F: PILOT STUDY PARTICIPANT RECRUITMENT EMAIL

Amy Bigbee who is currently a Ph.D. student at UNCG in the department of Counseling and Educational Development, is looking for volunteers to complete a questionnaire as part of research for her dissertation: The Relationship between Religion, Social Interest, and Wellness in Adults. Anyone over the age of 18 is welcome to participate. Volunteers will answer questions pertaining to their religion, social interactions, and wellness. The questionnaire should only take 30 to 35 minutes and at the conclusion individuals will be asked to provide feedback on the process. She will be at church on Wednesday night to administer the questionnaire after the evening meal. If you have any questions or would like to participate please contact Amy Bigbee (336-340-9299 or albigbee@uncg.edu).

APPENDIX G: PILOT STUDY ORAL PRESENTATION

The Relationship between Religion, Social Interest, and Wellness in Adults: A Pilot Study

You are invited to participate in a study that asks you to examine your religion, social interaction with others, and wellness. The purpose of the current study is to test procedures that will be used in a doctoral dissertation study conducted by Amy Bigbee. As a participant in the current study you will be asked to complete a questionnaire including three separate instruments: the Fetzer Brief Multidimensional Measurement of Religiousness/Spirituality, the Social Interest Index, and the Five-Factor Wellness Inventory. You will also be asked to complete a form to provide feedback on the procedures. The questionnaire will take you approximately 30 – 35 minutes of your time. Individuals asked to participate are adults over the age of 18 who attend First Baptist Church of Greensboro, NC.

Your participation in this study is voluntary and you are free to withdrawal from the study at any time or refuse to participate without penalty. You are free to ask questions at any time. There are no risks from participating in the study. Although there are not any direct benefits from participating in the study, you will have the opportunity to reflect on your religiosity, interactions with others, and personal wellness. Information gained from the research will be used to assist counselors in better serving religious clients.

Your participation in the study will remain confidential. No identifying information will be stored with that data. The information will be scored and maintained in a database with all personal information removed. Your information will be safely secured in the home Amy Bigbee in a locked filing cabinet. All information will be saved for three years until after the end of the project.

The University of North Carolina at Greensboro Institutional Review Board, which ensures that research involving people follows federal regulations, has approved the research and this consent form. Questions regarding your rights as a participant in this project can be answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by Amy Bigbee by calling 336-334-3421 or Dr. Jane Myers by calling 336-334-3423. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project. You should receive two copies of a consent form for this study. One copy needs to be signed and returned to Amy Bigbee and the others is yours to keep.

By signing the consent form, you are agreeing to participate in the study described to you by Amy Bigbee.

APPENDIX H: PILOT STUDY INFORMED CONSENT, SHORT FORM

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: Short Form with Oral Presentation

Project Title: The relationship between religion, social interest, and wellness in adults: A pilot study
Project Director: Amy L Bigbee
Participant's Name: ____

Amy Bigbee has explained in the preceding oral presentation, the procedures involved in this research project, which is part of her doctoral dissertation, including the purpose and what will be required of you. Any benefits and risks were also described. Amy Bigbee has answered all of your current questions regarding your participation in this project. You are free to refuse to participate or to withdraw your consent to participate in this research at any time without penalty or prejudice; your participation is entirely voluntary. Your privacy will be protected because you will not be identified by name as a participant in this project.

The University of North Carolina at Greensboro Institutional Review Board, which ensures that research involving people follows federal regulations, has approved the research and this consent form. Questions regarding your rights as a participant in this project can be answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by Amy Bigbee by calling 336-334-3421 or emailing albigbee@uncg.edu or Dr. Jane Myers by calling 336-334-3423. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

By signing this form, you are affirming that you are 18 years of age or older and are agreeing to participate in the project described to you by Amy Bigbee.

_______________________________________ ______________
Participant's Signature Date

____
Witness* to Oral Presentation
and Participant's Signature

*Investigators and data collectors may not serve as witnesses. Subjects, family members, and persons unaffiliated with the study may serve as witnesses.

____
Signature of person obtaining consent on behalf of UNCG

____
Date

APPENDIX I: CORRELATION MATRIX

Correlations between BMMRS, SII, and Total Wellness

	Total Well	Social Interest	Daily Spirit	Values/ Beliefs	Forgiveness	Priv Rel Pract	Pos Rel/Spi Coping	Neg Rel/Spi Coping	Pos Rel Sup	Neg Rel Sup	Org Rel	Self-Rank
Total Wellness	1	.54	.50	.33	.32	.42	.49	-.32	.34	.13	.43	.33
Social Interest		1	.31	.20	.20	.15	.23	-.10	.14	.18	.25	.19
Daily Spiritual Experience			1	.76	.76	.81	.88	-.36	.63	.16	.72	.71
Values/Beliefs				1	.69	.62	.78	-.22	.40	.25	.49	.61
Forgiveness					1	.68	.73	-.27	.50	.20	.58	.54
Private Religious Practices						1	.83	-.38	.57	.19	.72	.65
Pos Rel/Spiritual Coping							1	-.34	.60	.19	.71	.74
Neg Rel/Spiritual Coping								1	-.38	.00	-.37	-.29
Pos Rel Support									1	.23	.72	.49
Neg Rel Support										1	.27	.14
Org Religiousness											1	.60
Overall Self-Rank												1