Issues of Spirituality and Gender Differences

Michael J. Brawn

ISSUES OF SPIRITUALITYAND GENDER DIFFERENCES

Michael J. Brawn, B.S.

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Abstract

This study focuses on issues of spirituality and gender differences. The often interchanged terms of religion and spirituality are described, and the antagonism of science towards religion which has fostered a dearth of literature is reviewed. Implications for counseling are offered, and observations regarding gender differences are provided. The hypothesis that men and women do not differ on measures of spirituality is examined using the spiritual Well-Being Scale (Ellison & Paloutzian, 1983). Study participants were 45 males and 79 females from a church congregation of moderate Protestants. Results suggest that on measures of spiritual well-being, and on indices of religious involvement there are negligible differences between male and female congregants. Implications from the findings are discussed.

COMMITTEE IN CHARGE OF CANDIDACY

Marilyn Patterson, Ed. D.

Associate Professor

Anita Sankar

Associate Professor

Richard Etz, Ph. D.

Therapist

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Chapter I

Introduction

....the crowd, in unison,

with no one issuing a command, released

their balloons and in silence gazed upwards searching

...searching for answers.

(William Shatner, on Larry King Live, May 1999-

referring to the Columbine massacre)

The resurgence of interest in matters of spirituality and religion, values and ethics, is made especially poignant in light of recent atrocities such as the Columbine massacre and increases in school violence across the United States. Indeed, according to notable theologian Walter Brueggeman (Mars Hill Review, 1999), "the future is given to those who are experienced in groaning"(p. 50). Additionally, America's existential ennui appears to be exemplified by recent fervor attached to the upcoming millennium. Fear of cataclysmic events coupled with "Y2K" are expressed by both secular and religious communities. Science, increasingly revered since the industrial revolution, is on the apparent brink of "failing" human kind. The response seems to be a revitalized interest in matters of transcendence and ultimacy, i.e. spirituality and religiosity. Literature suggests a new epistemology (way of knowing) is being forged from the positivist world view which is amenable to ontology or conception of metaphysical principles. However, the challenge to revise a world view and to investigate it's results is not a simple process and is fraught with complexity.

There appears to be a "seismic shift" of opposing forces regarding appraisal of religious significance. For example, whereas Kelly (1995) reports

that Gallup surveys indicate increased interest in spirituality and religion over the past decade, Aponte (1996) reports on the decline of religious influence in American culture. He concludes that the compulsion for individualism with expressions of divorce rates, fragmented families, sexual laxity, transiency, and disenfranchisement has generated in American society "greater insecurity, depression and anxiety in an unstable human environment" (p. 489). Sperry (1988, as cited in Jones, 1994) observes that current reliance on psychological theory and findings have served to "revise, reinterpret, redefine, or dismiss established religious traditions" (p. 185). He further proports that the current paradigms of cognitivism and mentalism converge in the concept of emergentist mind resulting in a new religion of secular humanism - where the ultimacy of <u>man</u> is essentially worshipped. Peck (1993) would add that attention to separation of church and state issues combined with consumer based economics (materialism) and oversight by watch-guard agencies like the American Civil Liberties Union contribute to continued attenuation of religions influence.

Although these observations are cogent, other observations are equally compelling. For example, Gallup polls provide evidence of Americans reported interest in religiosity. Tloczynski, Knoll, and Fitch (1997) find that 95-99% of the general population endorse a belief in God, 89% report praying, and 69% report a religious institution affiliation. Kelly (1995), in reviewing Gallup surveys since 1950 found the following results relative to Americans perceived importance ascribed to religion: 59% viewed religion as very important -in 1993 compared to 52% in 1978 and 75% in 1952; an additional 29% in 1993 claimed that religion was fairly important to them. Kelly (1995) also indicates demographic distinctions within subgroups of American culture, the most salient to this discussion being the difference of

perceived religious significance between men and women. Women (65%) were more likely than men (52%) to consider religion as very important.

Kelly's (1995) cautions, which is consonant with other investigators that there is a difference between what people say they believe, how they practice what they believe, and how each effect each other. Citing Gallup again, Kelly (1995) reports that although 80% of Americans profess to be Christian only 40% know who delivered the Sermon on the Mount; and similarly while 70% of Americans claim church memberships, only 40% attend services regularly. In addition to the disparity of these figures the question arises as to the qualitative measures of religious practice.

It is apparent that investigation of spirituality and religion is equivocal and does not easily surrender to obvious causality. Perhaps it is for this reason that authors decry the paucity of research aimed at examining the influence of faith and religion on the human condition. However, the past two decades has given rise to seminal research on this subject.

Research seems to follow in one of two theoretical tracks: Allport's (1967) dichotomous Intrinsic vs. Extrinsic Religiousness Model which assesses religiosity, and Elision's (1983) Spiritual Well-Being Construct which deduces spiritual quotients of wellness. Each theoretical framework has spawned subsequent models which vary in applicability and particularity. The bipolar concept of religiousness, intrinsic (I) versus extrinsic (E), was developed by Gordon Allport (Allport & Ross, 1967) in order to distinguish between two types of religious sentiment. Extrinsic religiousness has come to be known as a self serving utilitarian approach to religion - put on much as apparel for ones aggrandizement. Conversely, intrinsic religiousness can be described as internalized religion where there is congruence between ones espoused values and beliefs and their outward expression (Donahue, 1985).

Allport adopted his (I-E) continuum from the earlier work of William James who distinguished between "healthy mindedness" versus the religion of the "sick soul" (Bergin, 1991), and the idea of "wellness" attributable to religion and spirituality has inspired considerable investigation (Ellison, 1983).

Ellison (1983) adopted his definition of spiritual well-being from the 1975 National Interfaith Coalition on Aging as: ... "the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness"(p. 331).

Spiritual wellness can be conceptualized as a coalescence of quest for meaning and purpose with appreciation for depth and mystery of life which seeks harmony from that which resides within an individual and the forces that operate outside the individual (Chandler& Holden, 1992).

Spiritual well-being is conceptualized as two dimensional, where religious well-being (RWB), refers to a sense of well-being in relation to God, and, existential well-being (EWB) refers to a sense of life purpose and life satisfaction, with no specific reference to anything religious. Later Ellison combined these two components (RWB) and (EWB) to form an overall index of spiritual well-being (SWB).

The non-specificity of the spiritual well-being model (as will be discussed) is one of the deciding factors for its selection in this study.

Although each theoretical concept has met with methodological complexity when employed in research, it appears that Allport's (I-E) construct has proven less robust that the (SWB) construct. For instance, Allport (cited in Donahue, 1985) discovered a group of "muddleheads" who insisted on agreeing with items from both the (I) and (E) scales despite Allport's attempt to construct scales to represent religious polar opposites (p. 401). This prompted Allport to expand his original bipolar approach into a

fourfold typology only to have it demonstrated as superfluous by later investigators (Gorusch & McPherson, 1989), and in need of augmentation, i.e. inclusion of different factor analyses (Watson, Morris & Hood, 1989). In fact, the investigation of religious salience once neatly considered as a straightforward dichotomous variable has been expanded to consist of more than ten dimensions of religiosity (De Jong, Faulkner & Warland, 1973, also see Hilty, Morgan & Burns, 1984). The dilemma facing investigators is further complicated when these expanded typologies are used with other measures in order to examine possible relationships between religion and indices of health.

On the other hand, it appears that spiritual well-being may be a more durable (though more nebulous) construct than religiosity, and that spiritual well-being may exceed from religious experiences and practice. Christopher Ellison (1991) found that religiosity contributes to psychological well-being and subjective perceptions of life quality in at least four ways: 1) through social integration and support; 2) through establishment of personal relationships with divine other; 3) through the provision of systems of meaning and existential coherence; and 4) through the promotion of more specific patterns of religious organization and personal lifestyle. These concepts suggest that the subjective experience of spiritual well-being may represent a personal "bottom line" proceeding from a melange of personal, interpersonal and religious experience.

A point of convergence between the two theoretical concepts (I-E and SWB) according to Craig Ellison (1983) is that well-being and intrinsic religiousness were highly correlated ($r = 0.67$) especially due to the (RWB) subscale ($r = 0.79$). Despite these relationships most of the 16 extant religious assessment instruments deal with religious cognition (knowledge), while the Religious Orientation Scale (ROS) (Allport & Ross, 1967) is the most

researched measure of focusing on the interiority or basis of religious commitment (Ellison & Smith, 1991). In other words, investigation of religiosity has divested itself of the simple beauty of Allport's original construct and has lost touch with the essence of what it is to be religious. This idea lead to the development of the Spiritual Well-Being Scale (SWBS) by Ellison and Paloutzean (1982).

It is suggested that the (SWBS) may fare comparably with religiosity measures in relation to other health indices (Chapter II) yet with fewer practical limitations. For example, exponents of Allport's (I-E) construct may compromise applicability in three ways. First, results are often mixed with wide variances between groups respective of gender, age, denomination, education and socioeconomic status. Second, (I-E) typologies are expansive and not easily administered or evaluated. Third, reliance of biblical knowledge as a religious indicator consigns (I-E) as a religious instrument which may or may not be indicative of underlying (or overriding) spirituality.

By contrast, Ellison's (SWB) appears to disregard religious specificity and attempts to assess the espoused spiritual after affects of religious faith and practices. Ellison's (1983) Spiritual Well-Being Scale's (SWBS) lack of religious specificity make it well suited for nonsectarian use and its brevity (20 items) makes it easy to administer and evaluate. However, the (SWBS) is limited in two ways. Primarily, the generality of the questions tend to further encourage a tendency to answer religiously oriented questions affirmatively and secondarily, the (SWBS) scores tend to load on the high end making discrimination difficult. However, Kelly (1995) finds the (SWBS) well suited for counseling considerations and for a variety of applications (Ellison, 1991).

In a meta-analysis of 67 studies involving the (I-E) construct, Donahue (1985) found only 7 addressed the issue of gender differences. While two

studies found no sex differences on scales involving (I-E), four studies reported that women scored significantly higher on I although there was no difference for E. Neither Ellison (1983) nor other authors under review (who report on wellness indicators) report on gender differences. As (I) has been reported to be highly correlated with (SWB) (previously mentioned) it prompts the question whether gender differences exist from results on the (SWBS) subscales of religious well-being (RWB) and extential well-being (EWB). It is not assumed nor implied, though, that similarity exists between extrinsic religiousness (E) and (EWB). However, the researcher would expect to find, based on religious involvement, that women would score more highly than men on (RWB). Although the determinents of existential well-being may derive from other than religious sources, it is hoped that (RWB) will have carry over values to (EWB) in terms of higher scores for women in this area as well.

This study endeavors to explore gender differences as but one focus of diversity by which religion and spirituality may be understood. As post-modern evangelicals have announced, it is only through our sincere appreciation of differences that our religion(s) can become more vital and "real".

The scope of this investigation is limited in three ways: it does not compare results from scales emanating from both Allport's and Ellison's theoretical constructs; it studies a single population; it does not provide for control groups among non-religious subjects.

The purpose of this study is to examine the concept of spiritual well-being as reflected by the (SWBS) between adult male and female moderate Protestants. A survey of religious involvement will be used in order to determine whether participation in religiously affiliated activities is related to spiritual well-being and warrants further investigation.

Chapter II

Literature Review

Distinguishing Between Religion and Spirituality

Over fourteen authors under review have attempted to provide hermeneutics (science of interpretation) to the discussion of religiosity relative to mental health. The quest for definitional clarity does not appear to be a rhetorical exercise, for as Craigie, Liu, Larson, and Lyons (1988) contend, a contributing cause for the dearth of literature relating religeosity to mental health resides in the absence of explanatory models.

Descending from its Latin roots, spirituality, in its substantive definition, necessarily portends belief in an ultimate or transcendent being, power, or force in the universe (Ingersoll, 1994). Functionally, by contrast, spiritual dimensions encompass an individual's or society's ultimate commitment, comprehensive principle of order- the most passionate "powerful arguments" offered for choices that are made - or final value (Farran, Fitchett, Embler&Burck, 1989). The extant contention of James Fowler may prove sympathetic to subsequent discussion of the spiritual dimensions role in counseling considerations. For Fowler (cited in Farran, et al., 1989) spirituality is a "human phenomenon, an apparently generic consequence of the universal human burden of finding and making meaning". Meaning, according to Frankl (as cited in Ingersoll, 1994) can be thought of as that which makes life worth living; and the will to make meaning is manifested in human's innate drive to search for ultimate meaning. Kelly (1995) in a comprehensive review of spirituality (relative to counseling) extrapolates the identifiable values of spirituality as inclusive of: "confidence in the meaning of and purpose of life, a balanced appreciation of material values, an altruistic attitude, a vision for the betterment of the world, and a serious awareness of the tragic side of life....

living out these values with discernible effects on oneself, others, nature, and on one's relationship with whatever one considers to be the ultimate" (p.4). While others feel that "spirituality pertains to the innate capacity to, and tendency to seek to, transcend ones current locus of centricity, which transcendence involves increasing knowledge and love (Chandler & Holden ,1992).

Finally, Ingersoll (1994) in a thorough investigation of spirituality, cites Bollinger (1969) describing spiritual needs as the deepest needs of the self that when met, move the individual towards meaningful identity and purpose.

Before describing religion it is important to note that some authors use the terms religion and sprituality interchangably. For example, Scott Peck (1993) usesWilliam James' definition of religion for his definition of spirituality - "the [human] attempt to be in harmony with the unseen order of things" (p. 233); and that our unique capacity for change and transformation is reflected in our spirituality. As in Peck's example the boundary between religion and spirituality is often cloudy. However, as is illustrated the distinction is relevant.

Although most authors begin their investigation with dictionary definitions they often discover as Albanese (1992, as cited in Kelly, 1995), that dictionary definitions are too restrictive:

> Religion cannot be defined very easily because it thrives both within
> and outside of boundaries... the boundaries of religion are different
> from the logical boundaries of good definitions. In the end, religion is a
> feature that encompasses all of human life (p.3).

Religion

Farran et al. (1989), points to the need to differentiate between spiritual dimensions and the concept of religiosity, whereas the spiritual dimension is

generally associated with the "spirit or soul" involving a relationship to some deity or Higher Power, and resulting with a "state of being", religiosity is more commonly associated with the "state of doing", or a specific unified system of practices associated with a particular religion or denomination (p.187). Religion is furthermore, related to one's "ultimate concern"; the provision of social and personal identification that leads adherents to prefer, over other forms of expression, particular myth, symbol, rite, and ceremony (Marty, 1991, cited in Ingersoll, 1994). Marty cautions, however, that the social identity provided by religious association may not necessarily provide in a personal spirituality. In other words- all things religious may not be spiritual. Certainly, in the Judeo-Christian tradition the distinction between the "letter" and "spirit" of the law illuminates this conclusion. Kelly (1995), attempting to delineate the delicate relationship between religion and spirituality, adopts the notion of Corbett (1990) 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.5)

From this perspective, religion can be conceptualized as a variety of frameworks through which spirituality is expressed. These frameworks or forms of expression are, however, heavily influenced from within the cultural context from which they originate (Bergin & Jensen, 1990; Ingersoll, 1994).

In addition to the cultural influences brought to bear on religion, if one considers the 1,500 religious organizations existing in the United States (Kelly, 1995), and the idea that each individual adherent brings their own "twist" to the practice of their faith, it becomes easier to appreciate the complexity of religion and its relationship to equally ethereal spirituality. It also buttresses the

disharmony between science and religion, and reinforces the quandary of helping professionals in having to tread with confidence on these halloed and uncertain grounds.

<u>Science and Religion</u>

In the Western tradition, the separation of science and religion began with Copernicus in the 16th century as he demonstrated that earth was not the center of the universe. The chasm broadened with the Enlightenment and the skeptical empiricism of philosophers such as Locke, and Hume. By the time of Darwin and Freud the distance between these two theoretical domains had become an impassable gulf (Turbott, 1996).

Freud has come to epitomize the antipathy expressed by science towards religion. In Freud's view religion is "a system of wishful illusions together with a disavowal of reality, such as we find in a state of hallucinatory confusion and a universal obsessional neurosis" (Lukoff, Turner & Lu, 1992, p. 41). Skinnerian behaviorism , ignores religious experience to focus exclusively on observable behavior. The underpinnings of rational emotive behavioral therapy espoused by its originator Albert Ellis denounce religion as "equivalent to irrational thinking and emotional disturbance", a stance vehemently controverted by Bergin (1991). It is interesting to note that Ellis (1992) responded to Bergin and asserted that he did not say that all religion was unhealthy but simply that some religion (devout religiousness) was unhealthy. This is a point of contention that has generated considerable investigation and response regarding the relationship between religion and health. (Ellison, 1991; Ferraro & Jensen, 1991; Jensen, Jensen & Niederhold, 1993; Masters, Bergin, Reynolds & Sullivan, 1991; Meisner, 1996; Tloczyuski, et al., 1997).

It appears that psychology has followed the 'hard' sciences in estranging itself from religion, and yet perhaps the most venerable scientist of all time Albert Einstein concluded that scientists merely discover how Gods' universe operates. It must stand in stark contrast to Einstein's venerated position that the National Academy of Sciences passed in 1981 a resolution stating that "religion and science are separate and mutually exclusive realms of human thought whose presentation in the same context leads to mis-understanding of both scientific theory and religious beliefs" (Jones, 1994, p. 186).

However Jones (1994) argues that the positivist (separatist) view of science has been eroding since 1950. Citing the seminal work of Kuhn (1970) and Laundan (1984), Jones finds in the postpositive view of science commonalties between science and religion: All science (and psychology) are theory - laden; all seeing is "seeing as"; science should not approach nature devoid of all prejudice and prior beliefs; science and non scientific ways of knowing (including religion) are not identical but both are creations of the human mind; science and religion each grapples with real aspects of human experience; religion is not based on faith that is insensitive to the countours of reality but rather it is sensitive to certain realities of human experience. Religion and science exhibit a certain epistemic humility opening themselves to correction and development aiming towards verisimilitude - truth likeness, each attempts to make sense out of a complex of experience, use analogical models rooted in paradigms or worldviews to explain experience, and both are finely nuanced activities shaped by culture not readily reducible to a set of methodological rules or conceptual dogmas, while eliciting and inspiring passionate devotion. This notion of passion appendable to both science and

religion implies valuing and value ladenness is the point of confluence where psychology and counseling professions have received considerable attention.

However the relationship between religion and science has not always been rife with dispute. Several theorists have provided for the amalgamation of the two world views. A select minority of pioneering theorists have constructed models by which to explore the role of spirituality in the human psyche both from a viewpoint of theoretical orientation and therapeutic function.

Religion and Psychology

For Jung, the spiritual need must be satisfied... and religion is the major vehicle in the journey to self actualization (Hergenhahn, 1990). According to Peck (1993), Jung assisted us in understanding the unconscious in ascribing as evil our refusal to meet our "shadow" - that part of personality that we deny, that we avoid thinking about and not be conscious of. Indeed, for Jung individuation, and mental healthiness is predicated on the synthesis of conscious and unconscious aspects of the self (Mack, 1994). The "self" in Jungian tradition is idealized as the God image present within the psyche of each individual. Other theorists would argue that a necessary condition of spirituality involved a process of self-transcendence where "the self is not deified and God is not psychologized" (Benner, 1988, cited in Mack, 1994). The late philosopher Keerkegaard asserted that each individual can only discover truth by becoming grounded in something external to self, specifically God. This idea may have been foundational to existential psychology exemplified by Victor Frankl. (Mack, 1994). "Transcending" is alluded to in his theory in that striving to find meaning in life, is the primary motivational force in humans. A "will to meaning" can be exerted in three areas of existence: through positive creation, work or deeds; through acts of love towards others

within the realm of earthly activities; and discovering meaning through an attitude of acceptance towards adversity and suffering which challenges us to change ourselves when we can no longer change the situation (Mack, 1994). This notion seems especially germane and explanatory of our response to recent atrocities such as Columbine and Kosovo.

Perhaps the closest parallel between religion and behavioral science can be arrived at vis a vis developmental psychology. Developmental theory provides an appreciation of spirituality as it is expressed in qualities of growth associated with developmental stages. There are marked similarities between the criterion of what is considered growth from authors of (Christian) spiritual development and developmental or stage theorists. (Peck, 1993) Both Erikson's developmental psychosocial life cycle and Kohlberg's development of moral reasoning can be explicative of how human growth is decidedly spiritual in nature. Erikson's theory exists of eight bipolar crises, ranging from issues of infancy involving tension between trust and mistrust to attitudes of integrity versus despair in older adulthood. Erikson, as Jung, believed important developments occur throughout ones life. Healthy personality is characterized by attainment of the eight virtues of hope, will, purpose, competence, fidelity, love, care, and wisdom, resulting from the positive resolution to each of the eight developmental stages. For Erikson this succession is not fatalistic. The outcome of every crises resolution is reversible (Hergenhahn, 1990). Preeminent in Erikson's theory are hope and faith. Accordingly, if a child is not inculcated with trust he or she may not have the necessary foundation needed for healthy spiritual growth in adulthood. For Erikson, authentic religion, for whom parents are chiefly responsible to mirror, provides the greatest opportunity for successful development. Here, the notion of authentic versus inauthentic, healthy versus unhealthy religion, is resounded.

For Erikson cautions that religion is not always benign - it may play a role in an individuals misdevelopment (Kelly 1995). This sentiment, also echoed by Freud and Ellis, has been the subject of continuing investigation, (Bergin, 1991; Gorush & McPherson, 1989; Shafranske, 1991). Lawrence Kohlberg (as cited in Mack, 1994), identified six stages of moral reasoning that, similar to Erikson's theory, evolves from the egocentric child, to the socialized individual, to the autonomous person. This evolutionary process moves an individual from self-centeredness to self- transcendence as capability increases to make moral judgments in accord with universal ethical principles.

Meisner (as cited in Shafranske, 1996) examines the pathology of beliefs and distinguishes between open and closed belief systems where a closed system is characterized by rigidity and dogmatism. An open belief system can be characterized as having a low rejection of disbelieves, what May (1982) calls (as the quality of tolerating ambiguity), religious maturity. Bergin (1991; see also Jones, 1991; Kelly, 1995) find that certain fundamentalist or cultist groups possess levels of "defensive need" for strict authoritarian commitment to dogmatic tenets of a belief system as to render the system as potentially unhealthy on measures of mental health. However a belief system is analyzed, it inevitably becomes internalized in the individual adherent, and bears the "stamp" of the individuals personality, so that the beliefs carry a quotient of meaning derived from his or her own psychical realm and world view. This idea, as will be shown, confounds any attempt to examine qualitatively the outcomes of investigation of the relationship between religion and the human condition.

Religion and Mental Health

As mentioned in the previous section, the notion that religion and spirituality may have a demonstrable effect on health has generated

considerable investigation. For example, Bergin,Stinchfield, Gaskin, Masters, and Sullivan (1988), in a study of religious life-styles and mental health among undergraduate LDS (Latter Day Saints) students, found no relationship between religiousness and mental health although a mild positive correlation on certain mental health factors was discovered for individuals who had continuous religious experience. This observation is affirming when viewed from the findings of Kelly (1995) that research prior to 1950 portrayed the relationship of religion and psychology as a "sick portrait."

Gartner (cited in Shefranske 1996) in a review of empirical literature found several indications of the overall positive effect of religious commitment to mental health and prosocial behavior.

In a comprehensive review of literature, Levin and Vanderpool (cited in Shafranske, 1996) found that 22 of 27 studies associated positively religious attendance to ten indices of health and concluded that "frequent (religious) attendance is a protective factor against a wide range of illness outcomes" (p.189). In addition they found that religiously committed individuals lived longer, and that the effect may be stronger for men than women. Moreover, non (church) attendees were four times more likely to commit suicide. Eleven of twelve studies showed a negative relationship between various measures of religious commitment and drug use and that religious traditions that modeled controlled drinking were the best protection against alcoholism. The same studies indicated that personal church attendance was found to be negatively correlated with delinquency in five of six studies. All five studies reviewed also found a negative relationship between church attendance and divorce and a positive correlation between church affiliation and marital satisfaction. Six studies reported a positive relationship between religious commitment and well-being. Six studies demonstrated improvement in psychological functioning

following religious participation or a religious intervention. The preponderance of evidence suggests that religiosity is associated with lower levels of depression.

In a longitudinal study of religion and well-being among 1650 men and women in their early 50's, Willits and Crider (as cited in Payne, Bergin, Beliema, & Jenkins 1991; Ellison, 1991) found that religious attitudes positively related to overall well-being, to marital satisfaction of both men and women, and to job satisfaction among men. They concluded that religiosity is associated with feelings of enhanced overall well-being, and adherence to traditional religious beliefs was the most consistent positive correlate of well-being (p.13). Religious beliefs expressed through religious practices notably participation in organized religious activities may enhance individual perceptions of well-being in several ways: (a) strong religious beliefs enhance perceptions of life quality; (b) church attendance and private devotions appear to bolster religious beliefs and worldviews; (c) religious faith appears palliative to the negative effects of trauma or (according to Kelly, 1995) (d) through social integration and support (affiliations which may carry over to community and private life); (e) through establishing or enhancing a personal relationship with a divine other (God - view); (f) through provision of systems of meaning and existential coherence (provides an explanatory model by which life events may be understood, confronted, and resolved); (Ellison, 1991).

On the other hand, Gartner (as cited in Shafranske,1996) in his a review of literature suggested that the relationship between religion and mental health is ambiguous or complex. Areas of investigation receiving "mixed" reviews include: anxiety, psychosis, self esteem, sexual disorders, intelligence and education, and prejudice. His review of literature suggested that religion is associated with psychopathology including: authoritarianism; dogmatism

rigidity, and tolerance of ambiguity; suggestibility and dependence; self actualization; temporal lobe epilepsy.

Kelly (1995), citing from Schamaker's (1992) comprehensive review, finds similar results to Gartner's (1996) review. Kelly's summary of relatedness between religion and mental health include some notable addendums to Gartner's (1991) summary. These include, on the positive aspects of relationship to religiosity: measures of personal adjustment, and helpfulness in times of crisis, and compulsive behavior in the elderly. In addition, he points out to the likeliness of psychiatric patients to be non religious; and that intrinsic religiousness is positively correlated with seven criteria for assessing absence of mental illness symptoms.

Although the previously cited studies were generated from subjects within the United States, similar discrepant findings are reported from European studies. In a review of literature from the last century through 1991, Kalstead (1996) found, that based on 91 studies providing empirical evidence of the relationship to religiousness, 47 studies showed a negative relationship, 37 a positive relationship, and 31 no relationship between religiousness and positive measures of mental health and personality. Kalstead comments, however, that rarely were correlations above .20, which accounted for less than five percent of the variance in the measures of mental health and personality.

Religion and Counseling

There seems to be some agreement (Reisner, & Lawson 1992) that both the psychotherapist and the minister find their roots in the shaman of primitive cultures from whom was sought the "treatment" of maladies involving spirit, mind, and body- all in one. The assumptive system of the Shaman derived from existent culture is of the religio- magical variety, whereas

modern society is influenced by a rationalistic and scientific assumptive system. Leahey (1992, as cited in Porter, 1995) asserts that psychological science is firmly committed to naturalism and materialism.

Despite apparent antagonism between scientific and religious traditions, some common interest (beyond that discussed previously) may be epitomized by exponents of both views. The founder of pastoral psychology, Seward Hiltnes (as cited in Reisner, & Lawson 1992) espoused that religion and psychoanalysis have in common an accent on truth and on self awareness, and the concept of acceptance common to psychotherapies is akin to religious concepts of Gods grace and benevolence. Furthermore Menniger (as cited in Aponte, 1996) noted that religion and psychotherapy seek to help human beings overcome their egocentricity, their arrogance, and narcissism.

London (as cited in Jones, 1994), claimed that psychology is a moralistic enterprise with substantial religious content - a "secular priesthood" with an intrinsically moralistic mission to reform or heal. Bergin (1991) found in the psychotherapeutic process, the undeniable participation of values including religious values, thus, implying that therapists cannot not impose their values during the therapy hour. Therapists, argues O'Donohue (1989, as cited in Jones, 1994), are granted by research only limited information needed to completely understand the therapeutic process and are often compelled to rely on tacit, background metaphysical notions for guidance in how respond to a client (see also, Tjeltveit, 1989). He further contends that the value assumptions embodied in psychotherapeutic theories implicitly or explicitly make judgments about human life that is "good" (healthy, whole, adaptive, realistic, rational, etc.) and "bad" (abnormal, pathological, immature, stunted, self deceived, etc.). Accordingly, in that psychotherapies are inherently prescriptive (involving retrospective repair of past damage and prospective

planning for the future), "those that speak to the future are entangled with problems of salvation...and the arguments which explain and justify total to a moral code." (London, as cited in Jones 1994, p. 192).

As therapy involves values and ideas about ethical matters, therapists function as applied ethicists (Tjeltveit, 1992); that is, therapists reflect on, have, convictions about, and/or attempt to influence others about ethical aspects of practical situations. Jones (1994) concludes that in American society psychology seems to be filling the void created by the waning influence of religion in answering questions of ultimacy and providing moral guidance. He argues that religion and therapy each serves the function of establishing a "deep structure" for understanding life through the enactment of myths and ritual, which are given power through the personal empathy and institutional setting in which they are administered- in so doing, they both elevate self esteem and enhance social integration.

However for Bergin (1991) this notion introduces areas of consternation for many authors. For Braun (1981, as cited in Jones, 1994) mental health practitioners are an atypical subpopulation in America, with lower levels of religious participation and higher levels of agnosticism, skepticism, and atheism, than the general population (Bergin & Jensen, 1990). They also have found that marriage and family therapists consistently manifest the highest level of religiosity, followed closely by clinical sound workers, with psychiatrists and finally clinical psychologists showing the least involvement. However Myers (1998) in replicating Bergin's study with professional counselors (who were omitted from previous studies) found that clients with spiritual concerns have a greater chance of those concerns being addressed, if they select a professional counselor for their mental health needs. A tangential note that may be subsequently relevant is that in Myers (1998) study, female

professional counselor respondents outnumbered male respondents almost three to one. This raises the possibility that therapists (especially applied psychologists) may misunderstand or inappropriately evaluate client religiosity and the place of faith in their lives. This is especially dubious in light of what Kelly (1998) defines as value convergence- the phenomenon that over the course of therapy, a client's values more towards' those of the counselor/ therapist. Indeed, it appears that this may be a two way interaction, for as Gartner, Hahmann, Harmatz, and Larson (1990) contend, the interaction of patient and clinical ideology produces a potent influence on clinical judgment as "patient values appear to be the second most powerful predictor of clinical bias, second only to the patient's social class" (p. 98).

Methodology Concerns

Gartner (as cited in Shafranski, 1996) issues a caveat regarding the pitfalls of religious investigation- a warning echoed by others (Kelly, 1995; Payne et al., 1991). In contending that the inconsistency of empirical findings (between religion and mental health) testify to methodological complexities (and not to their face validity), Gartner posits the following recommendations for consideration of comprehensive investigation: (i) integrate findings from studies using different measures of religious commitment including comparison of different religious affiliations and members to nonmembers, (ii) measure levels of church involvement, (iii) measure religious salience (ie, religiosity), and (iv) measure credal belief (typologies -e.g. intrinsic vs. extrinsic). Kelly would add to the aforementioned recommendations the need for longitudinal (life span) study, and, to investigate regional and cross cultural differences, gender and ethnic differences, as well as socio-economic determinants.

Indeed, for Kelly (1995) and others (Bergin 1991; Ellison, 1983; Ferraro & Jensen, 1991; Payne et al., 1991) the singular conceptual utilization

of correlational studies without benefit of multiple methodologies is highly suspect as to reliability. A cautionary note bears repetition regarding decisive acceptance of conclusions from the aforementioned findings. As Gartner (1996) concludes, "few studies control potential confounding or mediating variables" (p. 189). Kelly (1995), summarizing Gartner's consternation over methodologies employed in the study of religious issues, illustrates a prime example of concern which may inform subsequent investigations- "negative relationships between religion and mental health tend to occur when "soft" or intropsychic measure of mental health (e.g., paper-and -pencil instruments measuring authoritarianism, etc. are used), whereas positive relationships tend to occur when "hard" or behavioral variables are used (e.g. measures of drug use, rates of delinquency, etc.) (p.82).

The sentiment derived from this investigation suggests the implausibility of attaching conclusive causality to religion as it applies to the human condition. The constellation of variables by which individuals adopt, internalize, and express religious beliefs (as only one aspect of a world view) may be so interwoven as to make unraveling improbable if not impossible.

Religion and Well-Being

Although the relationships between religion and health appeared to be generally favorable the complexities of methodology obviate useful assessment of religions overall affect so as to provide little practical applicability to practioners (Donahue, 1985). Whereas some investigators (Hilty, et al., 1984) argued that religion as a multidemensional phenomenon commands equally multifarious analysis, others suggested (Ellison & Smith, 1991) that numerous findings did not result in an overall quotient of religiosity or spirituality.

Ellison (1991) claimed that although the objective and indirect consequences or religions experiences are elusive, "the positive influence of

religous certainty on subjective experience of well-being is direct and substantial" (p. 80). Simply stated, the product of faith and faith practices is an overriding sense of wellness.

Ellison (1991) reported that the concept of well-being corresponds with other theoretical constructs (I-E) in having a positive relationship with various health indices. For example, individuals who possess strong religious faith repored higher levels of life satisfaction, greater personal happiness, and fewer negative psychosocial consequences of traumatic life events than do their non religious counterparts (also see Chamberlain & Zika, 1988; 1992). Moreover Tloczynski, Knoll and Fitch (1997) found that high levels of spirituality (measured on two scales) were found to be associated with eight healthy personality characteristics. They concluded that their study "gives strong support to those theorists who have contended that a spiritual approach to life fosters well-being" (p.212).

If a "spiritual approach" to life includes practice of religion and if religious participation differs according to gender it follows that males and females will experience spiritual well-being differently.

Though it may appear that the theoretical constructs of Allport and Ellison were desparate, it is only a matter of perspective. Proponents of Allport's Religious Intrensicness-Extrensicness model seemed to favor increasing complexity in factor analysis of religious variability while advocates of Ellison's Well-Being model preferred a simpler more global assessment of spirituality. Both views examined the same question which asked what effect/affect religion and spirituality have on human life.

Extrinsic Versus Intrinsic Religiosity

The strongest positive relationships between spiritual well-being and religiosity occurs with the advent of a quality known as religious intrinsicness

(I) (Payne, et al., 1991). This concept coined by Gordon Allport (1960) has since undergirded much of research discussion relating psychology to religion (Donahue, 1985). Hergenhahn (1990) characterized intrinsic religion as "healthy" religion while Hathaway and Pargament (1990) described it as "a master motive orientation that interiorizes the total creed on ones faith without reservation (p. 424). (I) as a meaning endowing framework attempts to derive explanation for the many mysteries that characterizes human existence yet provides tolerance for ambiguities such as the fact that the innocent often suffer (Donahue, 1998; Hergenhahn, 1990).

Conversely, Extrinsic religiousness represents a utilitarian approach, subordinating religion to attainment of non religious goals (Hathaway & Pargament, 1990). It is self serving, a religion of comfort and social convention (Donahue, 1985), an immature carry over from childhood in which God (deity) is trivialized as Santa Claus or imbued with human qualities of favoritism ("my church is better than your church") (Hergenhahn, 1990). Simply summed up by Allport (cited in Donahue, 1985) "the extrinsically motivated person use his (her) religion, whereas the intrinsically motivated lives his (her) religion" (p.434). One can easily infer from the distinction between intrinsic and extrinsic religiousness how an individual religious adherent could measure highly on several indices of religiosity and yet possess few enduring spiritual "fruits". As alluded to previously, the notion of measuring religiosity and spirituality on differing measures continues to confound and complicate investigations.

Hilty, et al., (1984) assert that most researchers have conceptualized religious involvement as a multidimensional construct. They cite the seminal theoretical typology of Glock (1954) which consisted of four dimensions [(later incorporating a fifth dimension proposed by Fukuyama (1961)]

including: Ritualistic (practice), Experiential (feelings), Consequential (effects/applications on lifestyle), and Religious Knowledge. Hilty et al.,(1984) contend that greater investigative rigor and precision will be achieved utilizing the expanded typology of Hunt and King (1967, 1972b). This new typology consisted of eleven dimensions: Assent to creedal proposition, religious knowledge, theological perspective, dogmatism vs. openness, the extrinsic vs. intrinsic, worship, participation in organizational activities, financial support and attitudes, involvement with friends in the social activities of the congregation, loyalty to the institutional church and attitudes towards moral questions.

Commenting on the distinction of his well-being model Ellison (1983) explained that :

> Spiritual well-being arises from an underlying state of spiritual health
> and is an expression of it, much like . . . complexion and pulse rate are
> expressions of good health . . . well being measures may then be seen
> more like a stethoscope than like the heart itself (p. 332).

Ingersoll (1994) reported that although researchers on spiritual well-being note that spirituality must be understood as multi-dimensional, little work has identified those dimensions. Ingersoll goes on to describe a conceptual framework for appreciating spirituality in seven dimensions: meaning, conception of diversity, relationships, mystery, play, experience, and dimensional integration.

Gender Differences

Several authors under review have, in critiquing their investigations, recommended for future investigations, the control of some confounding variables. As Hataway and Pargament (1990) explain, "complex and unclear results have often been reported investigating the relationship between specific

facets of religiousness and mental health... the relationship may depend on the mediating influences of a class of intervening factors that can be called 'psychoreligious' variables...these variables indicate how ones faith influences ones life or vice versa" (p. 438).

The question becomes in what domains do variances appear to accumulate? Where differences do appear to 'pool' in investigations of religions role in the human condition are in differences of: denomination (fundamentalist, conservative, moderate, and liberal); ethnicity; socio-economic status, age, and gender. The most compelling difference by virtue of its occurent findings in literature, and relevance to counseling as a basic human distinction is that of gender. Counselors serve female and male clients. If our world views are fashioned in large part by our gender orientation it holds that our spirituality and religiousness may be affectively fashioned from the same crucible that forges our sexual identity.

Women are more religious than men, is a claim so axiomatic that few investigators have dared to challenge it. However, as Thompson (1991) explains, during the past decade a Renaissance of interest has been spawned on the topic of religion and gender. In a meta analysis of previous research, he concludes that among women: (i) religion appears more salient to everyday activities, (ii) personal faith is stronger, (iii) commitment to orthodox beliefs is greater, and (iv) involvement in worship and other religious activities is more common than among men. Thompson also claims that researchers who treated religiosity as a multidimensional construct have sometimes been able to find expected genders differences for religious participation but not for religious beliefs. This idea prompts the question as to whether other constructs may effectively elucidate gender differences relative to religious beliefs and practices.

A Historical Analysis of Gender Differences

A digression into some historical and textual observations as well as a review of recent research will be foundational to subsequent discussion of religion's affective relationship with well being and gender

Within the past decade authors from varied disciplines have begun to challenge the archetypal (perhaps patriarchitypical) gender role assignments of the past. Often extrapolated from anthropological and biological studies, gender distinctions are reported: 1) males, on average, are larger and have greater physical strength than females in the same population; 2) males are more aggressive (Notman & Nadelson, 1991). In contrast, women have been characterized as having greater verbal ability than men, while men generally excel in visual-spatial ability, mathematical ability, and are more competitive than women (Macoby & Jacklin, 1974). Some modest to negligible difference may include: 1) women have more tactile sensitivity. 2) women are more anxious, fearful, and timid. 3) boys are more (physically) active, 4) men are more competitive, 5) men are naturally more dominant, and 6) women are generally more compliant (Maccoby & Jacklin, 1974).

Restack (1979), in a review of physiological gender differences, concludes that women favor a "communicative mode" of relating to others and perceiving their world. Women are more proficient at rapid sequenced tasks and fine motor performance. He finds that women are more attentive in social contexts to faces, speech characteristics and demonstrate consistently superior linguistic ability. In a review of studies relating gender to various sorts of memory and learning, Gallian, Ward, and Taylor (1988) conclude that women demonstrate superior discrimination learning, demonstrate better memory for verbal content while males demonstrate greater recollection of performance rather than verbalized material. From the perspective of marriage and family

relations, Rokeach (cited in Sussman & Steinmetz, 1987) observe that gender is related to differences in espoused values, finding that men place of higher value than women on "comfortable life", and exciting life, a sense of accomplishment, freedom, pleasure, and social recognition; whereas women, he contends, value a world of peace, happiness, inner harmony, salvation, self-respect, and wisdom. Other will argue with this traditional sociological typing, insisting that many perceived innate gender differences are a consequence of social conditioning, social pressure, and stereotyping (Losh-Hesselbart cited in Sussman and Steinmetz, 1987).

Notman and Nadelson (1991) find, convincingly, that the most pervasive and unavoidable constraint on institutionalized gender roles is women's chief responsibility for the care of offspring. Herein lies their historical vantage suggesting that the influences of Victorianism coupled with effects of industrialization combined to consign women to the entire responsibility for not only the care and nurture of children but also for the purveyance of moral, ethical, and religious traditions.

This concept has prompted recent investigations into the relationship between men and women and their religious affiliations vis a vis work force participation (Hertel, 1988). He finds, based on a twelve year review of the General Social Survey data, that religion bears differently on work force participation among men and women. Whereas among men, apostates (one who forsakes his or her religion) show the lowest level of work force participation; however, among women, apostates have the highest levels. Women in the work force have increased consistently at about one percent per year from a low of 38% in 1972 to a high of 58% in 1985. Though the interrelational matrix of dimensions - work, gender, education, denominational switching is complex and beyond the purview of this investigation, it is

sufficient to suggest that effects of increased work participation (and increased education) have abrogated traditional sex role identities. The overall effect may be seen in the increasing voice of women in religious activity and the movement among men to re orient themselves to changing spiritual, religious, and family roles.

Gender Influences on Religion

The patriarchal images of God are evolving- perhaps evolving as a result of several influences not the least of which is feminism (Kimmel, 1996). Having matured as a legitimate movement, feminism has sought expression in virtually all aspects of American culture, with religion as no exception. Nelson, Cheek and Au (1985) find that cross-cultural research links the father figure with decision making and directiveness as well as supportiveness, and the mother figure with such characteristics as tenderness, patience, and sympathetic concern. Furthermore, they suggest that although Americans continue to choose "father" as an adjective for God, this term conveys different meaning than it meant for our ancestors. A new view of God as supportive (and "healer") replaces old imagery of a vindictive, punitive or even powerful figure (p. 400). Although they claim that various cultural influences contribute to a revised God view, it is suggested that the influence of women in religious domains is undeniable. As an individuals' God view may be "gendered" it bears effectively on interpretation of religions dogma and tenets eventuating in ones world view. For Kelly (1995) and others (Ingersoll, 1994) appreciation of one's God view is foundational to discussion of spiritual concerns.

The quest for enlarging definition of divine relations is not unanswered by masculine interest. As Kimmel (1996) reports, "as a people we are more spiritually restive, hungrier for a nourishment of the soul then we have been in

years" (p.15). He points to the Million Man March, the mythopoetic movement (Robert Bly), and Promise Keepers as masculine response to the need for spiritual ministering (also see Dollahite, 1998). However, their responses (and perhaps any gender elite movement) is not without criticism. As Kimmel (1996) explains "these movements ground spirituality in a politics of gender and sexual exclusion that disfigures the religious impulse, granting access to the 'Truth' only to believers (adherents)" (p. 16). He concludes, as others (Dollahite, 1998; Thompson, 1991; Wigger, 1993) that truly democratic personhood would be grounded in an ethical vision of politics that embraces our differences within a context of racial and sexual equality and of gender justice. Succinctly stated - "there are differences that should be celebrated not obliterated" (Cohen ,Geller, Gottlieb, Greenburg, Sabath,1998, p. 55).

Chapter III

Method

Participants

Subjects for this investigation were solicited from a moderate Protestant denomination (United Methodist) established in a Midwestern community of approximately 50,000 inhabitants. Male and female respondents ranged in age from 18 to 65 years and older. Of 210 surveys issues, 132 (63%) were returned to the investigator within a two week period. Eight respondents were rejected for the following reasons: failure to designate gender; multiple responses to single scale items; omitting responses to one or more survey or scale items. The remaining sample pool was comprised of 79 (64%) women, and 45 (36%) men. By the report of the Senior Pastor, this sample of 124 participants in this study was drawn from a congregation where average Sunday service attendance exceeds 400 worshippers. Participants were distributed by age as follows:

Table 1. <u>Men and women by age group</u>

Age	Women		Men	
	<u>n</u>	<u>%</u>	<u>n</u>	<u>%</u>
18-25	3	4%	1	2%
26-35	11	14%	6	13%
36-45	7	9%	2	4%
46-55	13	16%	9	20%
56-65	11	14%	11	24%
Over 65	34	43%	16	36%
Total	79	100%	45	100%

A tally of demographic data from the instrument survey revealed that that breadkown in racial background was as follows for the women: African Americans (5%) Caucasian ,(93.7%), and "other" (1.3%); for the men the racial background was as follows: African American (11%), and Caucasian (88.9%). All but three participants (two female, and one male) reported being church members with one undecided as to membership.

Instrument

The Spiritual Well-Being Scale (SWBS) (Ellison & Paloutzian, 1982) is used for respondents to report perceived spiritual quality of life. According to D'Costa (as cited in Buros, 1995) the SWBS is a well conceived, well researched 20 - item paper and pencil rating scale. The items of the (SWBS) are self- beliefs statements, divided equally between domains of existential well-being (EWB), and religious well-being (RWB) to combine to form an index of overall spiritual well-being (SWB). The scale items are rated on a 6 - point Likert scale reflecting Strongly Agree at one end, and Strongly Disagree at the other. Items are phrased in positive and negative modes equally, thereby encouraging the responder's attentiveness and reducing possible response- set bias.

Extensive normative data gathering has been reported by Ellison (Ellison & Smith 1991), though he claims that more research with non-evangelical populations is needed in order to address ceiling effects observed for the (RWB) scale among largely Christian religious samples. Ellison (1983) provided factor analysis of (SWBS) items using Varimax-rotation on data obtained from three religiously affiliated colleges involving 206 students. Whereas religious items load on the (RWB) factor,

existential items appeared to load onto two subfactors- one connoting life direction and one related to life satisfaction.

Reliability coefficients for both subscales and the combined (SWB) scale are quite high. Ellison (1983) reports test retest reliability coefficients as 0.93 (SWB), 0.96 (RWB), and 0.86 (EWB). Coefficient alphas from seven studies indicate satisfactory internal consistency, with .78 for the (EWB), 0.87 for the (RWB) and 0.89 for the (SWB). Though Ellison (1983) claims examination of item content suggests good face validity, D' Costa (in Buros, 1995) cautions that this may prove a potential liability when used for outcome assessment and in religious congregations - two uses of the many suggested by the authors. Concurrent validity, although difficult to ascertain, is found favorably in correlations with related measures such as Crumbaugh's (1969) Purpose in Life Test (for EWB, $r = 0.68$) and Allport and Ross's (1967) measure of Intrinsic Religion (for RWB, $r = 0.79$) (D'Costa as cited in Buros,1995).

Schoenrade (as cited in Buros, 1995) reviews the limitations inherent in the (SWBS). She concludes that ceiling effects (inability to discriminate at the upper end of its scores) and subsequent negatively skewed distribution of scores, render the (SWBS) unable to provide the discrimination typically desired. In that the (SWBS) is so simple, direct, and easily scored, it is also easily faked. This is further complicated with the notion (previously discussed) of positive bias associated with answering religiously oriented question. Rather, Shoenrade succinctly indicates "the scale is currently useful for research and as a global index of lack of well-being" (p. 56).

D'Costa (as cited in Buros, 1995) contends that the extensive references to the involvement of God in the respondent's life place limitations on the nonsectarian claims of the (SWBS), and may be less applicable for those

whose religion places less emphasis on a personal, caring God. Nevertheless, both reviewers endorse acceptance of (SWBS) as to its reliability, validity and soundness of conceptual basis. They commend the professionalism of the scales' authors, - their avoidance of undue claims, and receptivity to continuing investigatory input.

Procedure

Subjects participating in this research were volunteers from a moderate (Ellison, 1991) Protestant denomination (United Methodist) located in a Midwestern metroplex of approximately 100,000 citizens. To maintain consistency the researcher, a member of the aforementioned church, chose the particular church for reasons of convenience and accessibility as well as for its designation as moderate. The church Pastor, having been coached as to the ramifications and ethical implications of the research project, invited participation in the survey during each of three worship services. Ushers dispensed self addressed envelopes containing: a cover letter; a demographic sheet, a church involvement inventory; and the (SWBS) to worshipers during each service. The cover letter instructions gave assurance of confidentiality. The Pastor instructed those who were disinterested in participating to leave their envelopes in the pew, later to be collected and reissued during subsequent services. He also invited volunteers to obtain a survey for use by the non attending spouse or significant other. As mentioned previously, of 210 surveys, 130 were collected by the researcher for initial scoring within a two week period. Data analysis was done with the (SPSS-2) and are presented in the next chapter.

Chapter IV

Results

This research sought to examine the hypothesis that there are no differences between adult males and females on measures of spirituality. However, the researcher hoped to demonstrate a distinction between male and female spirituality in terms of religious involvement and actual participation,

The vast majority of respondents reported regular, (i.e.. twice or more per month) attendance, 96% for women and 91% for men. For participation in other religiously affiliated organizations and activities, only 14% of the women reported no affiliation while 28% of the men reported no participation beyond attending worship services. At the upper end of religious affiliation, 13% of women participated in more than four activities compared to 9% for male affiliates.

Other indices of perceived devotedness, such as financial contribution and partaking of holy communion, showed similiarities between men and women. While 97% of male respondents reported participation in holy communion at least once every three months, 95% of women reported similar frequency of participation. Reporting on their level of financial contribution to church, regular tithing was indicated by 90% of men and 95% of women. However, when asked to describe Bible usage ranging from 'never' through 'diverse purposes' to 'for purpose of regular devotion', 30% women reported regular use of the bible for devotional purpose compared to 18% for male devotees.

As the survery data suggests, there are very slight differences between male and female respondents in overall church involvement.

Table 2. Means, standard deviations and t-test results, testing differences
between male and females in religious well-being, existential well-being and
spiritual well-being

Scales	Gender	N	Mean	SD	t	p
RWB	Male	45	54.35	6.79	-.706	.481
	Female	79	55.18	6.04		
EWB	Male	45	53.02	5.93	.192	.848
	Female	79	52.79	6.42		
SWB	Male	45	107.37	11.87	-.280	.780
	Female	79	107.98	11.53		

As table 2 indicates, on indices of religious well-being (RWB) there
were no significant differences between males and females (t = - 0.706, p =
0.481). In addition, results of testing on the (SWBS)'s second subscale,
existenial well-being (EWB), showed negligible gender differences (t = 0.192,
p = 0.848). Furthermore, it followed that on the overall indication of spiritual
well-being (SWB), there were no significant gender differences (t = - 0.280, p
= 0.780).

<center>Chapter V</center>
<center>Discussion</center>

The null hypothesis for this project was that gender has no bearing on measures of spirituality. An implicit alternative hypothesis derived from a review of literature suggested that men and women may differ religiously based on levels of religious involvement. However, based on results of data examined in this investigation (Chapter IV), the null hypothesis was retained.

Overview of results

Religious involvement data gleaned from survey questions resulted in interesting yet insignificant findings. For instance, women reported greater participation in total religiously affiliated activities (beyond attending worship services) 86% for women and 72% for men. However, this result was expected though even greater differences was anticipated. An index of perceived devotness ie. Bible usage, resulted in similar findings to that of religious participation. Regular use of the Bible for devotional purposes was reported for women 30% and for men 18%. Though this difference was expected, it was not met with preconceived ideas about the amount of difference.

[Readers are asked to note that although religiosity factor analysis is available (eg. Hilty, et al., 1984), analyses juxtaposing gender differences remains elusive.]

The results from spiritual well-being index (SWB, combined RWB and EWB scores) are even more closely alligned that indices for religous participation (male, 107.38 vs. female, 107.99). It is not surprising, given similar religious involvement between males and females of this study that comparable idications of well-being would be reported. However, although (expectedly) women scored slightly higher than men on religous well-being

(RWB), it was expected that women would also score significantly higher on existential well-being (EWB). Males in fact scored slightly higher than females on (EWB). It may be that men and women attend differently to stressors in their environments and result in varying degrees of existential certainty.

Nevertheless, the results must be considered in the context of a single congregation where a melange of qualities may have combined to form a "corporate identity" distinct from other groups (Ellison, 1991). Thereby, extrapolation from the findings is difficult and introduces one of many limitations inherent in this study.

Limitations of the study

The decision to study a decidedly "middle of the road" congregation was calculated in order to control for variability and to avoid extremes on the religious continuum from open-liberal to conservative-fundamentalist. However the desire for comparative results from differing religious affiliations is compelling. Futhermore result comparisons from "baseline" non religious samples may have helped in appreciating the ceiling effects presented in the results of this study. However the obvious references to God may render the (SWBS, ROS) or other religiosity instruments invalid for use with many non religously affiliated individuals and with those for whom a personal caring God is inconsistent with their God-view (Kelly, 1995; Reisner & Lawson, 1992).

Although it was suspected that older adults would volunteer for this study more readily than younger adults, the fact that 40% of the respondents were 65 years or older was met with some consternation. Moberg (as cited in Ellison & Smith, 1991) had found that the elderly often score highly on indices of spiritual well-being suggesting religous salience increases with age.

The desparity of male versus female participants, though forecast, (79 women vs. 45 men) may have confounded results. Cost and time constraints

discouraged solicitation of larger samples, and perameters were not established to limit or equalize the number of participants within age groupings.

A signifiant limitation by purposeful design of the investigator was the use of a single instrument (SWBS). Research thus far has followed in the reductionist/positvest vein that invites investigation of religiosity as a multidimensional concept which demands increasing particularity. It was hoped that following in the holistic tradition (Ellison, 1983) an elemental quotiant of the affects of spirituality and religiosity could be derived using a simpler design. These observations lead to respectful considerations for future research.

Recommendations and Conclusions

Given the aforementioned limitations the following recommendations may inform future investigations: 1) employ larger sized samples with limit perameters for age groupings, 2) use comparison groups representing different theological perspectives or non religious orientation, and 3) utilize comparisons derived from secular wellness instruments.

It is obvious that thematic investigations of religion and spirituality subjects is arduous and even more complex when coupled with elusive variables such as gender differences. However the desire of client populations desiring their spiritual issues be involved in the therapeutic process commands attention not only by researchers but by practioners and educators alike. There is promising evidence of revived interest in spirituality and religiosity.

The comprehensive work of Kelly (1995) is emblematic of the respectful concern afforded the study of religion and spirituality in the arena of counseling and psychotherapy. He offers sound and unbiased advice as to how helping professionals may respectfully approach issues of transcendence.

Kelly finds that:

Spirituality is a hopeful and participatory opeing to all reality,

bright and dark, and to an open-ended course of life devleopment, in

which the evolution of the individual person--the "I"--is inextricably

grounded in relation reality--the "I-Thou" of human relationship and

the "I-Thou-He/She" of human community (p.89).

The open and communal nature of spirituality is echoed by writers of the

postmodern evangelical Christian tradition:

Again, humility is invited as we approach the Bible. We read

with openness to seeing new things and openness to correction. We

break ourselves out of our myopic worldview by reading within

community of people from different backgrounds (Longmann, 1999,

p. 30).

The most basic human relation distinction is that of gender. This study

was not undertaken to derive differences between men and women for

"differences sake". Rather it was hoped that women and men are equal image

bearers of God and that their distinctive ways of expressing spiritual certainty

would show a dynamic of complementarity. In other words if either man or

woman enjoy greater spiritual "fruits" as a result of faith practice and the

course of those gifts can be charted it behoves us to journey there. It may be as

Thompson (1991) suggests that it is not our gender that effects our

assimilation of religous and spiritual matters but rather it is our gender

orientation that enables the process. Others contend that religiosity appends

differently depending on the stage of personality development when religion is

introduced. We humans simply do not know all the answers of how

transcendence is negotiated.

Thankfully we have questions, and questioning undoubtedly is part of the making of meaning. We do know that women and men are "significantly and intrigingly different...and the differences invite fascinating, unending exploration...ultimately we must succumb to the mystery of gender by not defining it too closely and precisely" (Allender & Longman, 1995, p.159).

Appendix A

Michael J. Brawn

224 Avalon

East Alton, IL 62024

Dear Participant,

Thank you for your assistance with this research project.

In order to uphold strict confidentiality and to protect your privacy, you are asked not to include your name or any personal commentary which may be connected with your identity. I am however, asking for your response to some descriptive statements that will assist in formulating comparative statistics.

Please return this page and the completed questionnaire. Thank you again for your time and help.

Michael J. Brawn

(Please check each that apply)

Gender: Male _____   Female _____

Age: 18-25 _____   26-35 _____   36-45 _____   46-55 _____

     56-65 _____   over 65 _____

Cultural background: African American _____   Asian _____

                Caucasian (white) _____   Hispanic _____

                Other _____

Faith practices and church involvement

1. Are you presently a church member?

     Yes _____   No _____   Undecided _____

2. About how often do you attend worship service?

_____ Once or more times a week

_____ About twice a month

_____ About once a month

_____ A few times a year

_____ Never

3. Do you contribute funds to the church?

_____ Never

_____ Sometimes

_____ Regularly

4. In how many religious affiliated organizations, groups, or activities (such as choir, youth groups, committees, and boards, etc.) do you participate?

None _____   One _____   Two _____

Three _____   Four _____   Five or More _____

5. How would you describe your use of the Bible?

_____ I read the Bible regularly for devotional purposes.

_____ I read the Bible somewhat irregularly, primarily for devotional purposes.

_____ I read the Bible occasionally for its ethical and moral teachings.

_____ I read the Bible for diverse purposes.

_____ I seldom, if ever, read the Bible.

_____ I never read the Bible.

6. How often do you take Holy Communion?

_____ Once a week

_____ Once a month

_____ Once every three months

_____ Twice a year

_____ Not this year

_____ Never

Appendix B

Spiritual Well-Being Scale

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.

SA = Strongly Agree   D = Disagree

MA = Moderately Agree   MD = Moderately Disagree

A = Agree   SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God.   SA   MA   A   D   MD   SD

2. I don't know who I am, where I came from, or where I'm going.   SA   MA   A   D   MD   SD

3. I believe that God loves me and cares about me.   SA   MA   A   D   MD   SD

4. I feel that life is a positive experience.   SA   MA   A   D   MD   SD

5. I believe that God is impersonal and not interested in my daily situations.   SA   MA   A   D   MD   SD

6. I feel unsettled about my future.   SA   MA   A   D   MD   SD

7. I have a personally meaningful relationship with God.   SA   MA   A   D   MD   SD

8. I feel very fulfilled and satisfied with life.   SA   MA   A   D   MD   SD

9. I don't get much personal strength and support from my God.   SA   MA   A   D   MD   SD

10. I feel a sense of well-being about the direction my life is headed in.   SA   MA   A   D   MD   SD

11. I believe that God is concerned about my problems.   SA   MA   A   D   MD   SD

12. I don't enjoy much about life.   SA   MA   A   D   MD   SD

13. I don't have a personally satisfying relationship with God.   SA   MA   A   D   MD   SD

14. I feel good about my future.   SA   MA   A   D   MD   SD

15. My relationship with God helps me not to feel lonely.   SA   MA   A   D   MD   SD

16. I feel that life is full of conflict and unhappiness.   SA   MA   A   D   MD   SD

17. I feel most fulfilled when I'm in close communion with God.   SA   MA   A   D   MD   SD

18. Life doesn't have much meaning.   SA   MA   A   D   MD   SD

19. My relation with God contributes to my sense of well-being.   SA   MA   A   D   MD   SD

20. I believe there is some real purpose for my life.   SA   MA   A   D   MD   SD

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