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THE PRELIMINARY DEVELOPMENT OF A SENTENCE COMPLETION
INVENTORY TO ASSESS PSYCHOLOGICALLY
UNHEALTHY RELIGIOUS BELIEFS

THESIS

Presented to the Graduate Council of the
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By

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To assess psychologically unhealthy Protestant beliefs a Religious Sentence Completion Inventory (RSCI), and Scoring Manual, were developed from a pilot study.

In the main study 103 undergraduate students were subjects. Interscorer reliability for the RSCI was .83.

Results revealed significant positive correlations between the RSCI, and maladjustment validity criteria: a Minnesota Multiphasic Personality Inventory (MMPI) total weighted score; and MMPI clinical scales 1, 2, 3, 4, 6, 7, and 8; but not validity scale F; for females. Only MMPI scale 6 correlated with the RSCI for males.

These data appear to partially support the proposition that whether Protestant beliefs hinder or do not hinder mental health depends upon the particular kind of beliefs a Protestant holds.

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CHAPTER I

INTRODUCTION

Does religion hinder mental health? Some people maintain that religious individuals are psychologically unhealthy. Others claim that religion does not hinder mental health. There is a third possibility: whether religion hinders or does not hinder mental health may depend upon the nature of an individual's belief system; i.e., the particular kind of beliefs a person holds. Consideration is given to each of these three possibilities in the following sections.

Religion a Hindrance to Mental Health

Marx (1844) stated that religion "is the opium of the people [p. 131]." He saw religion as an instrument of the bourgeoisie used for oppression of the proletariat.

Freud (1927) regarded religion as man's attempt to manufacture an illusion of a father image in order to satisfy his wishes for protection from danger, anxiety, and helplessness. For Freud religion signified infantile regression.

Reinach (1930) expressed the opinion of many people who see religion as an inhibition when he said that

religion is "a sum of scruples which impede the free exercise of our faculties [p. 3]."

The claim that religion fosters humanitarian attitudes and behavior has been seriously questioned by those who point to the injustices, brutalities, and wars carried out in the name of religion. Religious inquisitions, witch-burnings, crusades, and abuses perpetrated by the divine right of kings seem to contradict blatantly the principles of brotherhood and mercy. Nietzsche (1888) wrote:

I call Christianity the one great curse, the one enormous and innermost perversion, the one great instinct of revenge, for which no means are too venomous, too underhand, too underground and too petty,--I call it the one immortal blemish of mankind [Aphorism 62].

Hitler, whose bigotry led to the death of six million Jews during World War II, invoked the name of deity to justify his anti-Semitism: "I believe that I am acting in accordance with the will of the Almighty Creator: by defending myself against the Jew, I am fighting for the work of the Lord [Cited by Glock & Stark, 1966, p. xv]." Kirkpatrick (1949) found a significant negative correlation between a measure of religiosity and a measure of humanitarianism.

In a 1946 study Allport and Kramer reported that in college students "who claim that religion was a marked or moderate factor in their training, we find considerably more cases in the higher prejudice group than in the lower [pp. 25-26]." In addition, Allport and Kramer found that

students with no religious affiliation were less likely to be anti-Negro than those who labeled themselves as Catholics or Protestants.

The extensive series of studies by Adorno, Frenkel-Brunswick, Levinson and Sanford (1950) reported under the title The Authoritarian Personality found significant relationships between certain types of religionists and authoritarianism, ethnocentrism, prejudice, and anti-Semitism. Jones (1958) found that Naval Aviation cadets who scored high on authoritarianism were more likely to have a religious background. Stouffer (1955) found religious people to be less tolerant even after controlling for education.

In a study reported by Rokeach (1960) it was found that

on all four variables--opinionation, dogmatism, F [authoritarianism-fascism] and ethnocentrism--the means for the Catholics are significantly or very significantly higher than those obtained by Protestants and nonbelievers [p. 111].

Also, nonbelievers were found to be significantly less ethnocentric than Protestants (Rokeach, 1960). Other studies using the Dogmatism scales developed by Rokeach have also found significant relationships between religiosity and dogmatism (Carmichael, 1963; DiGiuseppe, 1971; Stanley, 1963; Steininger, Durso, & Pasquarriello, 1972).

Furthermore, religiosity has been correlated with numerous other personality traits. The majority of the

correlated traits noted in this section are typically considered maladaptive. For male and female college students religiosity as measured by three separate methods: the Religion scale of the Allport-Vernon-Lindzey Study of Values (1960), self-ratings, and frequency of church attendance, were each positively correlated with acquiescence (Fisher, 1964).

Tennison and Snyder (1968) used as their measure of religiosity an average of the scores from the Attitude Toward the Church Scale (Thurstone and Chave, 1929), and the Kirkpatrick Religiosity Scale (1949; also known as the Belief Pattern Scale). With 299 college students as subjects Tennison and Snyder found a significant positive correlation between religiosity and the following scales of the Edwards Personal Preference Schedule (EPPS) (Edwards, 1954): abasement,* affiliation,* deference,* and nurturance*; and a significant negative correlation with achievement,* aggression, autonomy, dominance,* and intraception (correct predictions indicated by asterisks). On the basis of psychoanalytic theory the authors made predictions for eight of the 13 EPPS scales and successfully predicted six of the eight.

Using frequency of church attendance as the index of religiosity on an undergraduate sample, McClain (1970) found differences between those attending with high frequency and those attending "rarely" or "never". High-frequency

attenders scored significantly higher on the EPPS scales of abasement and deference, and significantly lower on autonomy and heterosexuality. On The Sixteen Personality Factor Questionnaire (Cattell and Eber, 1962), high-frequency church attenders were significantly more conscientious, tender-minded, conservative, dependent, and subdued, and significantly less assertive (McClain, 1970). McClain states:

it appears that nonattendance or irregular attendance has the advantages associated with autonomy, independence, and self-sufficiency. Within this pattern of self-direction are many of the components of creativity: free thinking, freedom from being rule-bound, nonconformity, experimentation, love of the new and the different, access to inner stimuli, initiative, artistic temperament, and inquiring attitude [p. 364].

Broen (1955) found a significant positive correlation between combined scores on three indices of religiosity (Thurstone, 1931; Thurstone & Chave, 1929) and the Minnesota Multiphasic Personality Inventory (MMPI) Pt scale.

Religion Not a Hindrance to Mental Health

Other theorists and studies have given support to the view that religion is not a hindrance to mental health. Indeed some individuals have maintained that religion is necessary for mental health. Jung (1931) writes:

During the past thirty years, people from all the civilized countries of the earth have consulted me. I have treated many hundreds of patients, the larger number being Protestants, a smaller number Jews, and not more than five or six believing Catholics. Among all my patients in the second half of life--that is to say, over thirty-five--there has not been one whose problem in the last resort was not that of finding a

religious outlook on life. It is safe to say that every one of them fell ill because he had lost that which the living religions of every age have given to their followers, and none of them has been really healed who did not regain his religious outlook [p. 264].

In a study of 3,666 entering college freshman Bohrnstedt, Borgatta, and Evans (1968) found the Conventional Religiosity scale (Francesco, 1959) to be significantly and negatively correlated with seven of the 14 clinical and validity MMPI scales: 2, 3, 4, 5, 8, 9, and F. Bohrnstedt et al. (1968) noted that "the negative correlations between religiosity and D [scale 2] confirm results reported in Brown and Lowe (1948) and Johnson (1948) [p. 258]." Verification of these results from the Brown and Lowe (1948) and Johnson (1948) studies is found in Dahlstrom and Welsh (1960). In summarizing the results of the Johnson (1948) study Dahlstrom and Welsh (1960) also state, "undergraduates with strong feelings against religious beliefs were more likely to have primed codes than those who were active in their church activities [p. 272]." The study by Broen (1955) previously cited found a significant negative correlation between higher scores on the Attitude Toward the Bible scale (Thurstone, 1931) and the MMPI D scale.

In the introduction to their study, which sought a clearer picture of the relationship between religion and mental health, Lowe and Bratten (1966) state:

While both psychoanalytic personality theory and clinical evidence relate heightened religiosity to disordered personality states, there has been little work of an empirical nature done to test such a hypothesis in a clinical setting [p. 435].

Lowe and Braaten gathered data on 508 mental hospital patients. Severity of mental illness was determined by diagnostic categories, open- versus closed-ward status, voluntary and committed status, and length of hospitalization. Lowe and Braaten found that as the severity of mental illness increased patients became significantly less certain of God, tended to feel that God was more remote and impersonal, were less dependent on God's help, less likely to believe that God loved them, tended to regard religion more as an instrument for meeting introverted needs, and were less concerned about loving their neighbor.

Armstrong, Larsen, and Mourer (1962) compared hospitalized psychotics with a nonhospitalized normal group and found that "the patient groups had significantly less interest in religion; they also had a lower church attendance, [and] found religion less helpful...[p. 48]." The previously cited study by McClain (1970) with undergraduate college students indicated possible personality weaknesses correlated with frequency of attendance at church or synagogue. This same study also yielded significant correlations between less frequent attenders and (1) acceptance of the pleasure principle, (2) rejection of the reality principle, and (3) rejection of the morality principle.

Chambers, Wilson, and Barger (1968) compared entering freshmen who labeled themselves as either affiliated or not affiliated with a religious group. Students were also given the Picture Identification Test (Chambers 1965; Chambers & Lieberman, 1965), which purports to measure numerous Murray (1938) needs. The authors concluded that the religiously nonaffiliated group had more need conflicts; e.g., "non-affiliators...are likely to have inner conflicts which make it difficult for them to express their desires for independence effectively [p. 210]." They also had poorer perception of goals than the religiously affiliated group.

A study by Benson (1966) found church attendance negatively related to meaninglessness.

Religion a Hindrance to Mental Health: It Depends

General Considerations

In contrast to those who maintain that religion is invariably a hindrance to mental health, and also in contrast to those who maintain that religion is not a hindrance to mental health, a third alternative has been proposed. Proponents of this third alternative contend that whether religion is a hindrance or not a hindrance to mental health depends on what kind of religion is under consideration.

In his classic work on the psychology of religion, James (1902) opposed the view that all religious experiences should

be lumped into one stereotyped category. James cites examples of a wide spectrum of religious experience (hence the title, Varieties of Religious Experience), which leads him to conclude: "If an Emerson were forced to be a Wesley, or a Moody forced to be a Whitman, the total human consciousness of the divine would suffer [1902, p. 477]."

According to James, two major temperamental types of religious experience may be delineated: the healthy-minded and the sick-minded. The former temperamental type is more likely to be optimistic and liberal, e.g., Whitman. The sick-minded type is frequently found among those who are inclined to be sensitive, pessimistic, and conservative, e.g., Bunyan, Tolstoy. James asserts that whatever temperamental or even neurotic features may accompany an individual's religion, the individual's religion should nevertheless be judged by its fruits. In keeping with his pragmatic philosophy, James makes a case for evaluating religion on the basis of its pragmatic results rather than on the basis of its historical, physiological, or psychological origins. James admits that many of the major exponents of religion exhibited neurotic personality characteristics. Nevertheless, James asserts that the truth of religion must be determined independently of the neurological types of religious individuals. Thus James maintains that some differences among religious individuals are desirable. He also states

that other distinctions among religious individuals are qualitative, e.g., those in whom religion is a "dull habit" and those in whom it is an "acute fever."

Menninger (1945) argues that religion may be either a help or hindrance to mental health.

The manner in which a man utilizes his religion-- whether it be to enrich or ennoble his life or to excuse his selfishness and cruelty, or to rationalize his delusions and hallucinations, or to clothe himself in the comforting illusion of omnipotence-- is a commentary on his mental health [p. 467].

Allport (1950) made a distinction between the mature and immature religious sentiment. The mature religious sentiment is

(1) well differentiated; (2) dynamic in character in spite of its derivative nature; (3) productive of a consistent morality; (4) comprehensive; (5) integral; and (6) fundamentally heuristic [p. 57]. ... An heuristic belief is one that is held tentatively until it can be confirmed or until it helps us discover a more valid belief. ... The heuristic believer's [faith] is his working hypothesis [p. 72].

Adorno et al. (1950) found significant positive relationships between religiosity and authoritarianism, ethnocentrism, prejudice, and anti-Semitism. However, one of the conclusions of these same studies was that what a person believes and how a person holds his beliefs are important considerations in determining the relationship between religion and prejudice.

In general, it appeared that gross objective factors--denomination and frequency of church attendance-- were less significant for prejudice than were certain psychological trends reflected in the way the subject

accepted or rejected religion and in the content of his religious ideology [Adorno et al., 1950, p. 221].

In a recent study which used the Rokeach (1960)

Dogmatism scale and the California Personality Inventory (CPI), Gilmore (1969) concluded,

This study provides clear support for the general hypothesis that within a group of Pentecostal believers known to hold highly fundamental religious beliefs, it is possible to identify individuals who hold their beliefs in an open or non-dogmatic manner, and, further, that these non-dogmatic Pentecostals score significantly higher on measures of personal adjustment and interpersonal skill [i.e., the CPI] than do closed or dogmatic Pentecostals [p. 164].

Gilmore (1969) also found that non-dogmatic Pentecostals were as well adjusted as college students and the normative samples of the CPI.

Various theologians, mental hospital chaplains, pastoral counselors, seminary professors of pastoral psychology, general practitioner pastors, and religiously trained college teachers have recognized and made distinctions between psychologically healthy and unhealthy religious faiths (e.g., Bruder, 1963; Buttrick, 1942; Clark, 1958; Clinebell, 1965; Cortes, 1965; Johnson, 1945, 1958; Miller, 1965; Oates, 1955, 1958, 1970, 1973; Roberts, 1950; St. Clair, 1963; Tillich, 1951, 1952, 1957a, 1957b, 1963; Wise, 1942, 1951, 1956). These religious leaders recognize that the wrong kind of religious faith may produce an individual who is rigid, overdependent, repressive, unproductive, inhibited, self-destructive, grandiose, sadistic, unrealistic, obsessive-compulsive,

insensitive to actual consequences, self-deceived, regressive, negative, isolated, a blind conformer, an obstructor of progress, passive, or overbearing. In fact, these religious leaders acknowledge that the wrong kind of religious faith may result in any variety of neurosis, psychosis or maladaptive behavior. These same religious leaders (cited above) take the position that the right kind of religious faith may initiate, perpetuate, and improve psychological health. Nevertheless, these religious leaders do not endorse everything which is done in the name of religion. In the words of Allport and Ross (1967), these religious leaders are not "indiscriminately proreligious." Some religious leaders have maintained that Freud's criticism of religion would in the long run be helpful in purging religion from some of its spurious forms of expression.

Fosdick contended that what Freud called religion Jesus called sin (cited by Oates, 1955, p. 27). Apparently the most severe words that Jesus ever spoke were directed to religious people, particularly religious leaders. Jesus forthrightly rebuked the scribes and Pharisees for their hostile and stubborn resistance to truth, their hypocrisy, and their preoccupation with triviality (Matthew 23). On one occasion when the religious leaders sought to entangle Jesus in his talk by asking him trick questions, Jesus handled their questions adroitly and made the comment, "Truly, I say to you, the tax collectors and the harlots go into the kingdom of

God before you [Matthew 21:31]." On another occasion the Pharisees and scribes accused his disciples of not following the ceremony of washing their hands at meals, and Jesus said, "And why do you transgress the commandment of God for the sake of your tradition [Matthew 15:3]," and, quoting Isaiah, Jesus added

'This people honors me with their lips,
but their heart is far from me;
in vain do they worship me,
teaching as doctrines the precepts of men
[Matthew 15:8-9].'

That Jesus did not endorse everything that was done in the name of religion is seen in his admonition, "Not every one who says to me, 'Lord, Lord' shall enter the kingdom of heaven, but he who does the will of my Father in heaven [Matthew 7:21]." Moreover, Jesus told a parable in which the wheat and tares (good seed and weeds) grew up together (healthy and unhealthy religion). The servants in the parable ask whether the two should be promptly separated. But the servants were told to leave the two together since if they attempted to destroy the weeds they might destroy the good seeds as well. Wait until the harvest when they can be safely separated [Matthew 13:24-30]. Thus Jesus was aware of qualitative differences between various forms of religious expression.

Nor have other leaders of the world's chief religions been indiscriminately proreligious. Mohammed, Buddha,

Zoroaster, Krishna, Moses, Mahavira, Nanak, and Confucius have all sanctioned certain religious beliefs and practice and repudiated others. For example, on one occasion Buddha was approached by a would-be disciple who complained that he, Malunkyaputta, would not be willing to follow the Blessed One unless the Buddha would elucidate certain theoretical religious questions. Buddha believed, however, that answering such questions was unnecessary and diverted attention from more urgent matters. So Buddha replied:

"It is as if, Malunkyaputta, a man had been wounded by an arrow thickly smeared with poison, and his friends and companions, his relatives and kinsfolk, were to procure for him a physician or surgeon; and the sick man were to say, 'I will not have this arrow taken out until I have learnt whether the man who wounded me belonged to the warrior caste, or to the Brahmana caste, or to the agricultural caste, or to the menial caste.'

"Or again he were to say, 'I will not have this arrow taken out until I have learnt whether the arrow which wounded me was an ordinary arrow, or a claw-headed arrow, or a vekanda, or an iron arrow, or a calf-tooth arrow, or a karavirapatta.' That man would die, Malunkyaputta, without ever having learnt this [The Majjhima-Nikaya, Sutta 63]."

Intrinsic and Extrinsic Religion

This subsection describes some of the major theoretical and empirical attempts which have been made to pinpoint areas where differences in religious belief may determine whether religion hinders or does not hinder mental health.

Allport sought to distinguish between intrinsic and extrinsic religion. According to Hunt and King (1971), the

intrinsic and extrinsic concepts developed out of Allport's earlier thinking and experimental work.

The germ of the I-E [intrinsic-extrinsic] concept appeared undefined and unnamed in The Individual and His Religion (Allport, 1950, p. 59). In The Nature of Prejudice, Allport (1954, pp. 451-56) discussed "two kinds of religion" related to ethnic prejudice. The terms "interiorized" and "institutionalized" were used for I and E, respectively; but no formal definition was given. He first introduced I and E labels in the Tufts lecture published as "Religion and Prejudice" (Allport, 1959). The first of his two succinct, formal definitions appeared in a preface written for a reprinting of that article (Allport, 1960). His most complete, and regretfully his last, discussions of the concept were in "The Religious Context of Prejudice" (Allport, 1966) and "Personal Religious Orientation and Prejudice" (Allport and Ross, 1967) [Hunt & King, 1971, p. 340].

Extrinsically religious individuals are described thus:

Persons with this orientation are disposed to use religion for their own ends. The term is borrowed from axiology, to designate an interest that is held because it serves other, more ultimate interests. Extrinsic values are always instrumental and utilitarian. Persons with this orientation may find religion useful in a variety of ways--to provide security and solace, sociability and distraction, status and self-justification. The embraced creed is lightly held or else selectively shaped to fit more primary needs. In theological terms the extrinsic type turns to God, but without turning away from self [Allport & Ross, 1967, p. 434].

On the other hand, intrinsically religious individuals are characterized thus:

Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible brought into harmony with the religious beliefs and prescriptions. Having embraced a creed the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion [Allport & Ross, 1967, p. 434].

Allport's distinction between extrinsic and intrinsic religion was an attempt to determine what kind of religion was more likely to be related to prejudice and what kind of religion was less likely to be related to prejudice.

Allport's distinction between extrinsic and intrinsic religious types seems to have grown out of earlier studies where casual, less frequent church attenders were found to be higher in prejudice than the more devout, frequent church attenders. Nonattenders were frequently found to be less prejudiced than casual church attenders but devout attenders were often found to be less prejudiced than nonattenders.

Allport reasoned that if religion makes for prejudice, then the more a person exposed himself to religion, the more prejudiced he would become. However, Allport observed that there was evidence of a curvilinear relationship between church attendance and prejudice. "Many studies show that frequent [church] attenders are less prejudiced than infrequent attenders and often less prejudiced even than nonattenders [Allport & Ross, 1967, p. 433]." In support of the curvilinear relationship between church attendance and prejudice, Allport et al. (1967) cite studies by Adorno et al. (1950), Friedrichs (1959), Holtzman (1956), Pettigrew (1959), Pinkney (1961), Struening (1963), and Tumin (1958).

Allport et al. (1967) regard the casual, infrequent church attender as one who is more likely to be extrinsic

in religious orientation and more prejudiced, whereas the devout, frequent attender is more likely to be intrinsic in his religious orientation and freer of prejudice.

On the basis of Allport's proposed distinction between extrinsic and intrinsic religion, Wilson (1960) developed a 15-item dichotomous Extrinsic Religious Values Scale (ERV). Wilson found that with a variety of religious groups his ERV correlated significantly higher with the California Anti-Semitism Scale (AS) than did Levinson's (1954) Religious Conventionalism Scale (RC). The RC scale is a general measure of religiosity and is not designed to distinguish between extrinsic and intrinsic religion. Thus Wilson found that a certain kind of religion, i.e. extrinsic religion, correlated significantly higher with a measure of prejudice than did a general measure of religiosity.

Wilson's (1960) ERV was designed to measure extrinsic religion only and made no attempt to measure intrinsic religion. Another scale designed to measure both extrinsic and intrinsic religion was developed by members of a seminar at Harvard, apparently under Allport's leadership. This instrument is referred to as the Intrinsic/Extrinsic scale by Feagin (1964), and as the Religious Orientation scale by Allport and Ross (1967). The two scales contain the same items except that one of the 21 items used by Feagin (1964) in his study is omitted in the study by

Allport et al. (1967). In both studies a significantly higher positive relationship was found between extrinsically religious subjects and prejudice than was found with intrinsically religious subjects.

The Allport and Ross (1967) study also turned up unexpected findings which are summarized by Robinson and Shaver (1973):

there were also a number of people who agreed with both sets of items [extrinsic and intrinsic], and they were the most prejudiced of all! Allport and Ross labeled them "indiscriminantly proreligious." Since their sample was drawn from church-attenders they did not have a chance to observe the fourth possible type of person, the "indiscriminantly anti-religious (or non-religious)." Recent unpublished research with college students, however (Robert Brannon, personal communication), indicates that in liberal environments such people abound. It remains to be seen how they would actually score on prejudice measures, however [p. 637].

Protestant Religious Beliefs: Focus of the Present Study

The present study is primarily concerned with the religious beliefs of Protestants. Therefore, attention is now directed to some of the specific areas where variant Protestant beliefs may differentially affect mental health.

Repression and control.--Allport's proposal to separate out intrinsic and extrinsic religious types to discover whether they are differentially related to prejudice appears to be promising. Distinctions among Protestant religious beliefs along dimensions other than those proposed by

Allport would seem to warrant investigation. Such distinctions may be fruitful in researching possible differential relationships with adjustment measures. One of the major lines of distinction among Protestant beliefs theorized in the present study is that of unhealthy emotional repression, and healthy emotional expression and control.

One individual may believe that his religion exempts him from experiences or temptations of anger, sex, anxiety, doubt, meaninglessness, despair, or grief--with consequent repression, denial, anxiety, or guilt. Another individual may believe that his religion does not require him to deny his experiences or temptations of anger, sex, anxiety, doubt, meaninglessness, despair, or grief, but that he is able to admit, suppress, seek to change, accept, control, or express these emotions--whichever is appropriate and in accordance with his personal convictions.

Some Protestants regard temptation as sin. For example, those who see temptation as sin find it hard to believe that Jesus did not fail in some way when he cried from the cross, "My God, My God why hast thou forsaken me [Matthew 27:46]?" On the other hand, those who make a distinction between temptation and sin (e.g., Tillich, 1957a) interpret Jesus' cry of dereliction as another instance in which Jesus participated in the depths of our humanity (doubt, despair, meaninglessness), but where at

the same time he was able to express honestly what he was going through, and where at the same time he maintained faith and control even in the midst of his experience of disintegrated meaning. This type of faith is not based on feeling but is the faith which stands when other supports are taken away (Tillich, 1952). Thus a faith which integrates the experience of doubt is considered as radically different from the faith which denies the existence of experienced doubt. Similarly with other affective and intellectual states.

Jesus said it was "necessary that temptations come [Matthew 18:7]," and Jesus himself "was in all points tempted like as we are, yet without sin [Hebrews 4:15]." The prayer which Jesus taught to his disciples states, "...lead us not into temptation,/But deliver us from evil [Matthew 6:13]," which implies that temptation is inevitable and that we are not to be delivered from temptation, but delivered from the evil to which it tempts us. Contrary to Christ's realism regarding temptation are those who have taught and believed that Protestants are not supposed to experience temptation. Many Protestants have been taught and have believed that they should love and feel no anger, that decent people do not experience sexual desire except for their spouse, that those who have faith never experience doubt, fear, or anxiety; that if you are a Christian you do

not grieve over a lost loved one, that you always feel that God is real, and that you do not have any problems. Jesus taught the responsible handling of emotions but did not teach that when a person commits himself to the Christian way he no longer experiences negative emotions or temptations.

Just as some people may deny certain emotions and temptations, others may believe that there is no need to control or restrain emotions, impulses, and temptations. The present study seeks to test the theory that Protestant beliefs which indicate lack of control are related to maladjustment measures as well as beliefs that lead to repression.

Material possessions, the flesh, and the self.--Other lines of distinction among Protestant beliefs which may differentially relate to maladjustment measures are found in the areas of material possessions, the flesh, and the self. Protestant teaching and preaching have often left people with the impression that material possessions and money are inherently evil, that all self-seeking is sin, and that the flesh is to be despised. Although these aspects of people's lives have repeatedly become detrimental obsessions and idolatrous distortions, Biblical theology teaches that God originally intended for them to be good: "In the beginning God created.... And God saw that it was very good

[Genesis 1:1,31]," "seek ye first the kingdom of God, and his righteousness; and all these things [food, drink, clothing] shall be added unto you [Matthew 6:33]," "your body is a temple of the Holy Spirit [1 Corinthians 6:19]," "And the Word became flesh... [John 1:14]," "the laborer deserves his wages [Luke 10:7]," "How hard [but not impossible] it is for those who have riches to enter the kingdom of heaven [Luke 18:24]."

Similarly, Protestants have frequently been given the impression that all self-seeking is wrong and have consequently engaged in orgies of masochistic behavior. However, the great commandment, endorsed by Christ, includes proper love for one's self under God: "Thou shalt love the Lord thy God.... Thou shalt love thy neighbour as thyself [Matthew 22:37,39]." There is a self that is legitimate, made in the image of God, which should be affirmed, respected, nurtured, developed, and expressed; and which should glorify God. There is another false, narrow, diabolic, and distorted self which is the self that is to be denied. Bernard of Clairvaux (c. 1140) described four stages of spiritual development:

1. Loving oneself for one's own sake
2. Loving God for one's own sake
3. Loving God for God's sake
4. Loving oneself for God's sake [cited by Oates, 1973, p. 68].

According to Bernard of Clairvaux, proper love for one's self is guided by and may be an expression of one's love for God.

Important distinctions between selfishness and healthy self-love have been made by Fromm (1947, 1956).

Religious beliefs may also lead a person to grandiosity, to conceptions of personal uniqueness or privilege before God or other people which are unwarranted and unrealistic. It is one thing for a person to believe that he is the object of God's love; it is another to believe that God loves him more than he loves other people.

Thus Protestant beliefs which exaggerate one's special status before God or other people, or beliefs that deny legitimate self-love, are regarded in the present study as unhealthy.

Freedom, responsibility, sin, guilt, and forgiveness.-- Important distinctions may be made among the different beliefs Protestants hold regarding freedom, responsibility, sin, guilt, and forgiveness, which may differentially relate to maladjustment measures.

Some persons believe they have no freedom, others believe their freedom is unlimited, and others believe they have a limited measure of freedom. It is theorized that the first two views of freedom are positively related to maladjustment.

Release from exaggerated and imaginary guilt has been an important goal in psychology and psychoanalysis for decades. More recently there has been a renewal of emphasis

upon the importance of individual responsibility (Glasser, 1965; Mowrer, 1961, 1964; Menninger, 1973; Berne, 1961, 1964), development of a healthy conscience (Mowrer, 1961, 1964; Menninger, 1973), recognition of the reality of behavioral consequences (Glasser, 1965; Skinner, 1969), individual acknowledgement of real guilt and sin (Mowrer, 1961, 1964; Menninger, 1973), the genuine need for forgiveness (Mowrer, 1961, 1964), the importance of decisions and contracts (Berne, 1966; Harris, 1967; Steiner, 1971), and the importance of the conative-volitional aspect of personality (May, 1969). Protestant beliefs which either deny or distort the realities of freedom, responsibility, sin, guilt, and forgiveness are theorized in the present study to positively relate to maladjustment.

Functional autonomy.--Allport (1961) defined functional autonomy as "any acquired system of motivation in which the tensions involved are not of the same kind as the antecedent tensions which the acquired system developed [p. 229]." The son of a politician may at first imitate his father's political behavior. Later the son may engage in political activities because he has chosen them for himself (Allport, 1961).

Protestant beliefs may or may not be functionally autonomous. Beliefs may reflect unthinking imitation or they may be rigorously and independently thought out.

Religious beliefs may be parroted platitudes or they may arise from deep and authentic personal meanings. Whether or not an individual has thought through his beliefs and chosen them for himself is theorized to differentially relate to maladjustment. This is particularly true in the late teen and adult years, when developmentally the mature individual may realistically be expected to achieve functional autonomy.

Acceptance of self, others, and God.--A crucial point in theology and psychology is an individual's ability to accept the acceptance of others and to accept one's self. Rogers (1959) has stated the importance of "unconditional positive regard [p. 208]" on the part of the therapist for the client. But a person may not believe that a therapist or other people accept him unconditionally even when this acceptance is an actual objective reality. Rather he may believe that others are against him, make impossible demands of him, and do not care about him. Such tendencies when they become extreme may be labeled as paranoia.

Likewise, psychological problems may occur when an individual is unable to achieve a reasonable measure of self-acceptance. Harris (1967), an exponent of transactional analysis, has stated in simplified popular form various combinations of self- and other-acceptance and nonacceptance which he calls life positions:

1. I'm not ok--you're ok
2. I'm not ok--you're not ok
3. I'm ok--you're not ok
4. I'm ok--you're ok

Harris designates the last position as healthy and the other three as unhealthy. In Protestant theology the need for acceptance is extended to include the dimension of an individual's relationship with God. Since the Reformation, Protestant theology has held that self-justification and self-rejection result in a breakdown in one's relationship with God (e.g., arrogance, anxiety, guilt, estrangement). Neither insisting that God accept one because one thinks he is good enough (self-justification) nor refusing to believe that one could possibly be accepted because one is not good enough (self-rejection)--neither of these positions is the proper basis of a relationship with God according to Protestant thought. Rather the proper basis is believed to be justification by faith, or, as Tillich (1948) has stated it, accepting the fact that God accepts you in spite of your unacceptability.

It is theorized that Protestants who are self-justifying or self-rejecting, or who are unable to come up with a reason for acceptance--have difficulty accepting the acceptance of God and of others. Such persons are more likely to be maladjusted.

Persuasion and coercion.--When a confrontation occurs between persons of different belief systems, the discussion may deteriorate into destructive conflict. The unpleasant emotional escalations which may come out of such encounters have prompted some to avoid serious involvement in religion and religious debate. Some people believe religious issues can never be proven one way or the other, so that discussion of such issues is futile. Thus the statement is commonly made that one should avoid the discussion of religion and politics, presumably for the sake of avoiding futility and keeping the peace.

Many people are sensitive and resentful when someone asks them if they have made a particular type of religious commitment or when someone seeks to persuade them to change their religious belief, or even to discuss religious beliefs. People who approach others with religion are often considered obscene, out of order, abnormal, insulting, untactful, antisocial, fanatical, irrational, absurd, or presumptuous--which may or may not do justice to the facts. If religion has become a taboo subject (Farberow, 1963), then some of the same detrimental effects that accrue from treating sex as a taboo subject may be expected to occur.

If persuasion involves genuine respect for another person's freedom, and if coercion, on the other hand, is devoid of respect for the freedom of other persons, then an important distinction may be made between persuasion and

coercion. Protestants who confuse persuasion and coercion in their thinking, feeling, and behavior may be less psychologically healthy than those who are able to achieve this distinction. Protestants who overreact and dogmatically or disrespectfully reject religious encounters may be less psychologically healthy than those who open-mindedly or respectfully decline or accept such encounters. Furthermore, Protestants who use tactics of coercion in religious encounters would be suspect as to the psychological problems or unhealthy religious beliefs which might motivate such behavior.

Measuring the Religious Variable

General Considerations

The aim of the present study is to test the proposition that whether or not Protestant religious belief hinders or does not hinder mental health depends upon the particular kind of beliefs which are adhered to; that is, it depends upon the nature of an individual Protestant's beliefs about religion.

The question then arises: what method is most effective for measuring an individual's beliefs about religion? A brief and helpful introduction to the measurement of the religious variable is given in Robinson and Shaver (1973). Some of the more frequently used and promising religious measuring instruments are given verbatim, with introductions

to each instrument by Robinson and Shaver (1973) and Shaw and Wright (1967).

Many religious instruments are attitude scales, either of the Likert type (e.g., Allport & Ross, 1967; Brown, 1962; Brown & Lowe, 1951; Dynes, 1955; Feagin, 1964; King, 1967; Martin & Westie, 1959; Putney & Middleton, 1961; Thouless, 1935; Wilke, 1934) or Thurstone type (Ausubel & Schpoont, 1957; Bardis, 1961; Ferguson, 1944; Poppleton & Pilkington, 1963; several scales by Thurstone, 1931; Thurstone & Chave, 1929); some instruments are multiple-choice (Faulkner & Dejong, 1965; Survey Research Center, 1969), some are forced-choice questionnaires (Broen, 1956; Kirkpatrick, 1949), dichotomous-choice (Wilson, 1960) or true-false (Martin & Nichols, 1962); some employ a combination of item types (Funk, 1958; Glock & Stark, 1966; Glock, Ringer & Babbie, 1967; Lenski, 1961); there is at least one adjective check list (Gorsuch, 1968), ipsative scale (Allport, Verson & Lindzey, 1960), essay (Brown, 1964), interview (Allen & Spilka, 1967), and one identification with descriptions of religious experience (Hood, 1970).

These instruments were examined and evaluated as to their suitability for the present purpose of assessing unhealthy beliefs about religion. It was concluded that the available instruments were unsatisfactory for the present study for one or more of the following reasons: too direct,

too narrow in scope, too general, too lacking in depth or precision, or too discrepant in purpose from the desired aims of the present study. The interview, as conducted by Allen and Spilka (1967) and modified for the present purpose, was considered promising but too costly.

Consideration was given to the possibility of constructing a questionnaire designed particularly for the purposes of the present study. This was abandoned because this method was deemed too direct for the present study to adequately handle the problems of social desirability or religious desirability. Furthermore, the construction of an indirect, customized questionnaire was thought to require a larger investment of resources than were available for the present study. Various projective methods were then considered, and the sentence completion method appeared to be an appropriate, relatively simple and efficient method for the purposes of the present study.

Sentence Completion Method

Brief histories, overviews, and summaries of research on the sentence completion method are found in Goldberg (1965), Sacks and Levy (1950), Lanyon (1970), and Daston (1968).

In a handbook of readings on projective techniques, editor Murstein (1965) states in the introduction to Goldberg's (1965) article,

This is the most comprehensive and, in my opinion, the best review written on the Sentence Completion Method. Further, the thoroughness of the article reveals a very unanticipated fact (at least to the editor). The Sentence Completion Method is a valid test, generally speaking, and probably the most valid of all the projective techniques reported in the literature [p. 777].

Sundberg's (1961) survey listed Sentence Completion Tests (of all kinds) as 13th in frequency of use among other psychological tests. Murstein (1965) points out that one reason why the sentence completion test has not been used more frequently is that "it is not as glamorous as the Rorschach and TAT and has little of the mystical about it to inspire a cult [p. 778]."

Research on the sentence completion method has centered around three major areas (following Goldberg, 1965): (1) effects of instruction and set, (2) effects of variation of sentence stem, and (3) treatment of responses.

Instruction and set.--There is little evidence to indicate that instructions which emphasize truthfulness ("Complete these sentences to express your real feelings," Rotter Incomplete Sentence Sentences Blank, 1950, p. 5) or speed ("Complete as rapidly as possible with the first thing that comes to your mind," Stein, 1947, p. 48) produce better results than instructions that do not emphasize these elements (Goldberg, 1965). However, Meltzoff (1951) found that instructions which were higher in threat produced more positively toned responses, and instructions

lower in threat produced more negatively toned responses. Meltzoff concluded that subjects have some power to control their responses in accordance with different instructions, set, and levels of threat.

Variation of sentence stem.--Rotter and Rafferty (1950) and Holsopple and Miale (1954) favor sentence stems with minimal structure, e.g., "I like/," "People/," "I can't/," "Reading/," "Sometimes/." Forer (1950), however, favors greater stem structure, e.g., "I could hate a person who/," "When my father came home, I/," "When I am criticized, I/." Forer believes that greater stem structure evokes fewer evasive responses and makes the interpretation of responses easier and more definite.

Person reference (I; or he, she; or an arbitrary proper name) of the sentence stem has received research attention. Although the evidence is inconclusive, first-person stems seem to be most productive generally; however, third-person stems may be more productive of negative feelings. These are the conclusions of Lanyon, 1970, who relies mainly on Sacks' (1949) study because of the weaknesses she finds in other studies in this area.

Treatment of responses.--The third major area of research on sentence completion methodology is the treatment of responses. Treatment of responses has been classified

by Goldberg (1965) into (a) formal analysis, (b) content analysis, with two subtypes: impressionistic and objective.

Formal analysis of responses includes such characteristics of responses as length of completion, use of personal pronouns, time for reaction and for completion, absolute and relative frequency of parts of speech, range of words used in relation to number of words used, and first word used (classifications reviewed by Benton, Wilde & Erdice, 1957, cited by Goldberg). According to Goldberg (1965), formal analysis of sentence completion responses has not generally yielded promising results.

Impressionistic methods of treating sentence completion responses has been endorsed and used particularly by Holsopple and Miale (1954), although there seems to be little empirical support for this method. Stein (1947), Sacks and Levy (1950), and Forer (1960), for the purposes of clinical interpretation, favor some structuring of treatment responses. However, they oppose the more highly structured semi-objective scoring system of Rotter and Rafferty (1950).

Rotter and Rafferty (1950) developed a manual for scoring responses on their Incomplete Sentences Blank (ISB). The ISB yields a single total score of adjustment. The ISB interrater reliabilities are .91 and .96 for male and female protocols respectively (Rotter & Rafferty, 1950). The ISB has been cross-validated by Churchill and Crandall

(1955). Other semi-objective scoring systems have also produced significant research results (Rohde, 1957; Stotsky & Weinburg, 1956; Sechrest & Hemphill, 1954; Rychlak, Mussen & Bennett, 1957; Jenkins and Blodget, 1960).

Whether impressionistic or a combination of impressionistic and moderate structuring or a semi-objective specific scoring system is preferable seems to depend on the purposes one is seeking to achieve (Goldberg, 1965). Specific scoring methods appear to be better for specific research purposes, whereas less structured approaches seem to be more suitable for broad clinical purposes.

Advantages and disadvantages.--Examination of numerous studies by Goldberg (1965) led him to the conclusion that the sentence completion method has been "relatively unsuccessful" in measuring the variables of intelligence, achievement, and social perception, but has had "consistent success" in the areas of the psychological adjustment of adults and the evaluation of the severity of psychiatric disturbance [pp. 38, 39].

The following advantages and disadvantages of the sentence completion method have been summarized by Rotter and Rafferty (1950).

1. There is freedom of response. That is, the subject is not forced to answer yes, no or ? to the examiner's question. He may respond, instead, in any way he desires.

2. Some disguise in the purpose of the test is present. Although the subject may be aware of the general intent, what constitutes a "good" or "bad" answer is not readily apparent to most subjects.
3. Group administration is relatively efficient. Most incomplete sentences tests can be given to a group of any size without apparent loss of validity.
4. No special training is ordinarily necessary for administration. Interpretation depends on the examiner's general clinical experience, although the examiner does not need specific training in the use of this method.
5. The sentence completion method lends itself easily to objective scoring for screening or experimental purposes. ...the Incomplete Sentences Blank demonstrates the ease with which relatively objective scoring may be done.
6. The time of administration tends to be shorter than for most tests and the time of scoring or analysis tends to be shorter than for most projective techniques.
7. The method is extremely flexible in that new sentence beginnings can be constructed or "tailor made" for a variety of clinical, applied and experimental purposes.

On the other hand, the method has three major disadvantages as compared to other personality measures.

1. Although susceptible to semi-objective scoring, it cannot be machine scored and requires general skill and knowledge of personality analysis for clinical appraisal and interpretation.
2. There is not as much disguise of purpose as in other projective methods. Consequently, a sophisticated subject may be able to keep the examiner from knowing what he does not wish to reveal.
3. Insufficient material is obtained in some cases, particularly from illiterate, disturbed or uncooperative subjects. Application of the method as a group test also requires writing and language skills and has not yet been adequately evaluated for potential clinical usefulness for younger children[p.4].

Some of the advantages of the sentence completion method listed by Rotter and Rafferty seem particularly suited for assessing psychologically unhealthy beliefs about religion. For example, freedom of response is both an opportunity and a requirement for a S. It is an opportunity in that the S is not limited to whatever responses might be presented to him as options by the E. The S is free to respond in whatever way he chooses. This is particularly important when one considers the wide variety of beliefs which individuals of different persuasions hold about religion. Furthermore, the S does not have socially and religiously desirable or undesirable options provided for him to evaluate, reject, or accept. Desirable and undesirable responses in many of the existing instruments which measure the religious variable are easily recognized. In contrast, the sentence completion method requires a S to provide his own response, and religiously desirable or undesirable responses for a given sentence stem may not be what the S expects. As Rotter and Rafferty (1950) maintain, some disguise is achieved for some Ss.

Moreover, the advantage of group administration is a desirable if not necessary feature of the sentence completion method for the present study.

Definitions

In the present study Protestant and non-Protestant individuals are defined according to self-ratings of subjects regarding their strongest religious or non-religious influence in the past, and the name that best describes a subject's present nonreligious or religious belief.

Protestants are defined in terms of the following combinations of past and present self-ratings:

PAST Agnostic, Atheist, Non-Protestant, Protestant, or Other; and Protestant, or Other (specific commitment to a Protestant group indicated) PRESENT
PAST Protestant, or Other (specific commitment to a Protestant group indicated); and Agnostic, Atheist, or Other (no specific commitment to a Non-Protestant group indicated) PRESENT

Non-Protestant individuals are defined in terms of the following combinations of past and present self-ratings:

PAST Agnostic, Atheist, Non-Protestant, Protestant, or Other; and Non-Protestant, or Other (specific commitment to Non-Protestant group indicated)
PRESENT
PAST Agnostic, Atheist, or Other (no specific commitment to a Protestant group indicated); and Agnostic, Atheist, or Other (no specific commitment to a Protestant group indicated)
PRESENT

Statement of the Problem

Are certain beliefs of Protestants, regarded as unhealthy, significantly correlated with psychological maladjustment?

Hypotheses

The following hypotheses are investigated in the present study:

1. For the Protestant group, there is a significant positive correlation between the total unhealthy religious belief scores on the Religious Sentence Completion Inventory (RSCI), and total weighted maladjustment scores on the Minnesota Multiphasic Personality Inventory (MMPI).

2. For the Protestant group, the total unhealthy religious belief scores on the RSCI are significantly and positively correlated with T scores on each of the following MMPI clinical scales: 1, 2, 3, 4, 6, 7, and 8; and with MMPI validity scale F. There is no significant positive correlation between the RSCI, and MMPI clinical scale 9.

3. For the Protestant group, the RSCI is a better predictor of the MMPI criteria (total weighted maladjustment score, clinical scales 1, 2, 3, 4, 6, 7, 8, and validity scale F) than are traditional measures of religiosity (church membership, church attendance frequency, prayer frequency, and Bible reading frequency).

CHAPTER II

METHOD

Subjects

One hundred and three North Texas State University (NTSU) Protestant undergraduate students from nine sections of required freshman and sophomore English courses, first summer session, 1974, served as Ss. According to the NTSU Registrar's Office, 214 students were enrolled in the nine English sections to which the survey materials of the present study were administered. Ss who dropped, were absent from class when the survey was administered, or who rejected the survey task were not included in the present study. Also, Ss who participated in the survey but who were categorized as non-Protestant (34 individuals) were not included in the statistical calculations of the present study. Non-Protestants were excluded because the sentence stems and Scoring Manual of the Religious Sentence Completion Inventory (RSCI) appear to be most appropriate for Protestant Ss.

Ss ranged in age from 17 to 36, mean 20.65, median 19, and mode 18. Fifty of the Ss were males, and 53 were females; 82 of the Ss were single, 17 married, and four were divorced.

Seventy-two Ss were freshmen, 15 sophomores, 12 juniors, 3 seniors, and one was a graduate student.

Forty-three Ss were categorized into the upper socio-economic class, 51 into the middle class, and 9 into the lower class. Ss were categorized according to a system based on father's annual income and/or vocation, and adapted from Hodge, Siegel, and Rossi (1964).

Eighty-four of the Ss were Caucasian, 17 were Black, one was Latin American, and one was Oriental.

Fourteen of the Ss were Education majors, 14 were Biology and health-related, 12 Business, 7 Music, 6 Sociology; and the other Ss were representative of the undergraduate majors available to students at NTSU.

Measuring Instruments

A Religious Sentence Completion Inventory (RSCI), Form A, was constructed to measure psychologically unhealthy religious beliefs. Sentence stems were derived by examining references in theology, psychology, psychology of religion, existing instruments which measure religious variables, and verbatim stems of other sentence completion tests. Several religious stems were found in other sentence completion tests. For example: "God is/," "Religion/," "Death/ [Rohde, 1957, pp. 55, 56, 57];" and "God/," "Sin/," "Death/ [Kelly & Fiske, 1951, Michigan Sentence Completion Test, pp. 218, 219]." Nine

racial-religious stems were used in the study by Glock and Stark (1966), e.g., "I can't understand why Jews/," "I can't understand why Catholics/," "Its a shame Protestants/ [Appendix, p. 12]." Two sentence completion stems were used in a religious study by Brown (1964): "For me as an individual person, a set of religious beliefs/," and, "In my everyday life, religious beliefs/ [p. 94]."

Keeping in mind the suggestions which came from the examination of the sources mentioned above, and the theoretical and empirical considerations set forth in previous sections of the present study, a pool of approximately 600 religious sentence stems were generated. One hundred items were selected from the pool of sentence stems to make up the RSCI, Form A. The RSCI, Form A was used in a pilot study with 33 undergraduate student Ss. Responses to the 100 stems in the pilot study were examined for each S. Thirty-five of the 100 original item stems were selected to be scored. This selection of sentence stems for scoring was made on the basis of theoretical considerations drawn from theology and psychology, and on the basis of empirical statistical analysis of pilot study RSCI responses and their correlation with criteria measures of psychological maladjustment. A scoring manual made up of categories and examples of responses to be scored either "one" or "zero" was compiled.

It was decided to retain the 100-item RSCI, Form A, for the main study in spite of the fact that only 35 of the items would be scored, and 65 items not evaluated. This was done for two reasons: (1) to avoid carry-over effects which might occur if the scored stems were placed too close together. The nonevaluated items therefore serve as fillers. (2) To accumulate responses from a broader sample of Ss. Additional responses from undergraduate Ss, including the present main study, and a sampling of church populations and mental hospital patients in future projects seems desirable before making a final decision on the exclusion or inclusion of items.

The criterion measure of psychological maladjustment for the main study was the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway & McKinley, 1943, 1967).

The Minnesota Multiphasic Personality Inventory (MMPI) is designed to provide an objective assessment of some of the major personality characteristics that affect personal and social adjustment. The point of view determining the importance of a trait in this case is that of the clinical or personnel worker who wishes to assay those traits that are commonly characteristic of disabling psychological abnormality [Hathaway and McKinley, 1967, p. 7].

In the present study the old Group Form of the MMPI was administered in abbreviated form. Thirteen scattered (non-sequential) items were added to the first 366 items to allow full scoring of all MMPI clinical and validity scales relevant to the present study (scales Mf and 0 excluded).

Since 13 of the MMPI items were administered out of their usual order and context, one needs to ask if this would significantly affect the MMPI scores in the present study. Out-of-context (sequence) effects of MMPI items have been extensively studied and do not appear to significantly influence MMPI scale scores (Perkins and Goldberg, 1964).

A Personal Information Questionnaire (PIQ; Appendix B) was included in the study to obtain basic demographic information, and a Religious Information Questionnaire (RIQ; Appendix D) to obtain data on various aspects of the S's religious beliefs and experience.

Instructions for the RSCI, PIQ, and RIQ are found in the Appendices. Instructions for the RSCI state that the S is to write down what he believes. This is a departure from the typical instructions to Ss on sentence completion tests, which state that the S is to write down his feelings. This change was deemed justifiable for the present study since the primary focus of concern is individual beliefs.

Procedure

All tests involved in the study were group-administered. The PIQ, RSCI, and RIQ, were handed out to Ss at the beginning of the testing period. Materials were marked with numbers for the purpose of identifying the materials which belonged to the same S while at the same time preserving the S's anonymity. The first page containing the general

instructions for all parts of the testing was visible to Ss. Ss were instructed not to turn to other pages of the testing materials until told to do so. The more projective RSCI was presented to Ss first, followed by other test materials.

The attention of the Ss was directed to the chalkboard. The examiner went over the outline on the chalkboard (Figure 2.1) with the Ss in order to give the Ss an overall view of what to expect and to clarify procedure. This

Part	Number of Pages
General Instructions	1
I. Personal Information Questionnaire	1
II. RSCI: Instructions	1
RSCI: 100 Items	7
III. RIQ	3
Turn in materials above.	
Pick up part IV from examiner.	
IV. Test Booklet	16
Answer Sheet for Test Booklet	1
Read instructions on test booklet.	
Answer only the following questions:	
#1-366; 373, 374, 382, 383, 396,	
397, 398, 405, 406, 460, 461,	
501, 502	

Fig. 2.1--Chalkboard outline for administration of survey.

approach was used in the pilot study and was found to reduce confusion and questions regarding procedure.

The printed general instructions for the entire survey were read aloud by the examiner with the request that the

Ss read the instructions silently at the same time. Ss were then asked if they had questions. Following the opportunity for questions, Ss were instructed to begin work on the survey materials.

When Ss had completed the PIQ, RSCI, and the RIQ, these materials were turned in to the E. The E checked the test materials for omissions. If omissions were found the S was encouraged to complete the omitted item(s). When the E had determined that all items had been completed by the S (or as many as S was willing to complete) on the PIQ, RSCI, and RIQ, the E gave to the S an MMPI test booklet and answer sheet. Only the S's number was placed on the answer sheet by E for identification.

When the S turned in his MMPI materials a quick check was made of his MMPI answer sheet for omissions (particularly the last 13 scattered items). If omissions were found, the S was encouraged to complete the omissions. If after the S had been given encouragement to complete his omissions, thirty or more omissions remained, this was considered a large number of omissions (Dahlstrom, Welsh, & Dahlstrom, 1972). If the remaining omissions were more than one out of five items, of the total number of items scored for any one of the clinical or validity scales (Dahlstrom et al., 1972) relevant to the present study, the protocol was discarded.

Scoring

Responses from the administration of the 100-item RSCI, Form A, of the pilot study Ss, were used to construct a Scoring Manual. Responses of all Ss in the pilot study for a given RSCI item were typed on one sheet. This was done for all 100 items. Responses were numbered and typed in order so that the particular response of a given S could be quickly identified. Responses of all Ss to each of the 100 items were examined. Responses were regarded as unhealthy if they fit into the following guidelines.

1. If the response appeared to be unhealthy on the basis of theoretical principles in psychology and/or Protestant theology (see section above, "Protestant religious beliefs: focus of the present study"), and/or
2. if the scoring of a given response increased the positive correlation between the criterion of psychological maladjustment, the Mini-Mult; and the RSCI.

The Mini-Mult is a 71-item short form of the MMPI developed by Kincannon (1967, 1968), and was used in the pilot study but not in the main study. On the RSCI, responses scored "one" indicate psychologically unhealthy religious beliefs. Thus the higher the total score on the RSCI the higher the maladjustment is considered to be. Responses scored "zero," indicate the absence of psychologically unhealthy beliefs about religion.

Scoring sheets were made listing all Ss in the pilot study and all 100 of the original sentence completion items. Possible responses to be scored as "one" were

marked down on these scoring sheets for each S based on the two guidelines listed above. Tentative total scores on the RSCI for each pilot study S were calculated. These total RSCI scores were compared by inspection with each S's corresponding total MMPI score.

When it appeared that a S was being overscored on the RSCI in relation to his MMPI criterion score, responses which had been scored "one" for that S were reevaluated. One or more of that S's responses were changed from score "one" to score "zero." On the other hand, when a S's tentatively proposed total RSCI score was compared by inspection with his total MMPI score and it appeared that the S was being underscored, then that S's responses on the pilot study were also reevaluated. The S's responses were reexamined to see if any of his "zero" scored responses might be changed to "one." Again, both theoretical and empirical considerations in the guidelines above were taken into account. Whenever a particular response scoring was switched from either "zero" to "one" or vice versa, for either an underscored or overscored S, the list of responses for that item for all Ss was examined. If similar responses for other Ss were found which also had to be switched due to a proposed scoring revision for a particular S, then the effect on the RSCI total score for all of these Ss was assessed in making a decision as to

whether the proposed scoring revision actually resulted in an overall improvement in the desired correlation. At a number of stages in the scoring development, correlations between Mini-Mult total scores and RSCI total scores were conjectured and estimated, and at several stages these correlations were actually calculated. The method used for calculating the Mini-Mult total score was the same method which was subsequently used for the MMPI in the main study and is explained below.

Dozens of scoring systems were considered and re-considered in the process of developing the Scoring Manual. Thus with the two guidelines above, repeated trial and error, and a series of estimated and calculated correlations, increasingly firm decisions were made on which responses to score "one" and which to score "zero." The results of these efforts may be seen in the Scoring Manual (Appendix E). When most of the decisions regarding which items and which responses were to be scored, a final correlation for this particular phase of the scoring development was computed. Significant positive correlations were found between the RSCI total scores and the total Mini-Mult scores; and for Mini-Mult clinical scales 1, 2, 3, 4, 6, 7, and 8; and for validity scale F. For these calculations the Mini-Mult raw scores were first converted to equivalent raw scores on the standard MMPI. No significant correlation

was found for scale 9. Clinical scales 5 and 0 were not included in the pilot or main study of the present project.

On the basis of the scoring development analysis it was decided to score 38 of the original 100 RSCI items. However, subsequently a further examination of the 38 RSCI items scored was made. As a result of this examination, five items (1, 2, 14, 66, and 75), whose scoring seemed to be on a rather weak theoretical or statistical basis, were eliminated. Two other previously discarded items (56, and 91), were added to the items to be scored because of their seeming theoretical promise. Thus a total of 35 items was selected to be scored in the main study.

On the basis of RSCI response data from the pilot study, and subsequent analysis, a Scoring Manual was constructed (Appendix E) for the 35 items selected for scoring in the main study. Scoring principles, categories, and examples are provided in the Scoring Manual to aid scorers in their scoring decisions. Since the pilot study indicated no significant sex differences ($t_{obs} = 1.52$, $t_{.05(31)} = 2.04$, $p = .14$) it was not considered necessary to set up separate scoring systems for male and female Ss.

As previously stated, the E checked all survey materials for omissions when they were handed in by Ss. If, however, in spite of the checking and efforts by E to get the S to complete his protocol, one to six omissions were

still found by the scorers, the protocol was prorated. If seven or more omissions occurred in the protocol, it was discarded. Procedures for discarding protocols with too many nonscored items are found in the Scoring Manual (Appendix E). If more than 5% of the Protestant protocols had been discarded, the sample would not have been considered random.

Statistical Treatment

Only protocols of subjects defined as Protestants ($N = 103$; see Chapter I) were included in the statistical analysis of the present study.

Pearson product-moment correlations between Ss' total RSCI scores and total weighted MMPI scores (see below) were calculated. Correlations between Ss' total RSCI scores and each of the MMPI clinical scales 1, 2, 3, 4, 6, 7, 8, and 9, and validity scale F were also calculated. A probability equal to or less than .05 was set as the level of significance for each correlation.

A method for transforming MMPI T-scores into weighted values has been adapted from Hathaway (Dahlstrom & Welsh, 1960) for the present study, to compute a total MMPI maladjustment score. In their description of the Hathaway transformation Dahlstrom and Welsh state,

A linear, unidimensional procedure has been devised by Hathaway in the course of MMPI research which serves to summarize the degree of similarity

between two sets of personality scores. This technique, called the code-comparison procedure (CC'), is based upon the following approximate normalization of the T scores on each of the MMPI clinical scales:

T-Score Value	Weight
90 or above	6
80-89	5
70-79	4
55-69	3
46-54	2
40-45	1
39 or below	0

The regular, K-corrected T scores for the reference profile are transformed into these single-digit values. Generally the scores on scale 5 (Mf) are not used in these computations, only eight of the basic clinical scales being retained [p. 259].

To test the potency of traditional measures of religiosity (church membership, church attendance frequency, prayer frequency, Bible reading frequency) to predict the MMPI criteria (MMPI total score, clinical scales 1, 2, 3, 4, 6, 7, 8, and 9, and validity scale F), a multiple regression correlation technique based on an analysis of variance rationale (Overall & Klett, 1972, pp. 425-430) was employed. The between-groups variance (regression variance) divided by the within-group variance (residual variance) yields an F ratio which was used to test the probability of significant differences. A probability equal to or less than .05 was set as the level of significance for each multiple regression correlation (F ratio).

A two-way analysis of variance (two-way to take into account the sex variable) was used to compare MMPI FK (Freshmen norms, K-corrected T scores) and MMPI AK (Adult

norms, K-corrected T scores) total weighted T-score means among the given categories within each of the four traditional measures of religiosity. The Newman-Keuls procedure was used to test for significance among means. A probability equal to or less than .05 was set as the level of significance for each F test and individual comparison between means.

A two-way analysis of variance (two-way to take into account the sex variable) was used to compare RSCI raw score means among the given categories within each of the four traditional measures of religiosity. Tests for significance followed the same procedure described above for MMPI FK and MMPI AK total weighted T score means.

The most frequently used method for establishing reliability for sentence completion tests has been interrater or interscorer reliability (Rotter & Rafferty, 1950; Rohde, 1957; Lanyon, 1970, 1972; Mosher, 1961; Churchill & Crandall, 1955; Stotsky & Weinberg, 1956; Rychlak, Mussen, & Bennett, 1957; Rozytko, 1959). In the present study three scorers with master's degrees in clinical psychology scored the RSCI protocols. In order to test the reliability of the scoring system, the three scorers independently scored the same 21 protocols chosen by random numbers from the total sample of 105 (two Ss were later discarded by the scorers). For the 21 protocols

which were used to determine interscorer reliability, the following procedure was observed:

1. Responses to the 35 items to be scored were typed on sheets separate from the protocols themselves to avoid scorer halo effects.

2. Responses for each item were typed in random order so that the scorer did not know which combination of responses belonged to the same S, to avoid scorer halo effects.

3. Responses were reproduced in the typing as the S had recorded them, e.g. misspelling, grammatical errors, etc.

4. The total RSCI scores of Ss were used to calculate interscorer reliability.

For the purpose of the present study an interscorer reliability of .70 was set as the minimum standard for establishing satisfactory reliability for the RSCI (Helmstadter, 1964). An analysis of variance procedure outlined by Winer (1971, pp. 283-296) was used to estimate interscorer reliability for the present study.

Since each of the three scorers scored 21 of the protocols, there were three scores for each of the 21 Ss. To test the hypotheses of the present study, an average of the three total scores for each of these 21 Ss was used (rounded to the closest whole number).

The other 82 protocols were randomly divided among the scorers for scoring. Thus each of the scorers scored the same 21 protocols used for determining reliability, and in addition, each scorer scored 28 protocols independently of the other two scorers. Scorers had no knowledge of the MMPI scores of Ss.

Test-retest reliability is generally not considered satisfactory for sentence completion tests (Stephens, 1960; Goldberg, 1965). Split-half reliability and other tests of internal consistency were not considered appropriate for the RSCI, since many of the items and item responses are regarded as heterogenous.

CHAPTER III

RESULTS

Interscorer Reliability

Interscorer reliability for the three scorers combined was .83. The reliability coefficient between scorers 1 and 2, was .56; between scorers 2 and 3, .76; and between scorers 1 and 3, .66.

Validity

Hypothesis 1: RSCI and MMPI Total Score

The correlations in Tables 3.1 and 3.2 between the total RSCI scores, and the MMPI FK and AK total weighted scores, indicate that Hypothesis 1 of the present study is supported for males and females combined, for females, but not for males. The total weighted MMPI score is tentatively regarded as a rough index of "general adjustment."

Hypothesis 2: RSCI and MMPI Scales 1-4, 6-8

An inspection of Tables 3.1 and 3.2 reveals a significant positive correlation between RSCI scores, and some of the individual MMPI scales. Hypothesis 2 was supported for MMPI scales 2, 4, 6, 7 (MMPI Freshmen norms only), and 8, when all Ss were combined into one group. Thus four (five for the Freshmen norms) of the eight parts of Hypothesis 2 are supported for the entire data.

TABLE 3.1

CORRELATIONS BETWEEN THE RELIGIOUS SENTENCE COMPLETION INVENTORY, AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY K-CORRECTED T SCORES, UNIVERSITY OF NORTH CAROLINA FRESHMEN NORMS

	Males and Females ^a			Males ^b			Females ^c		
	Mean	SD ^d	r ^e	Mean	SD ^d	r ^e	Mean	SD ^d	r ^e
MMPI FK	19.39 ^f	6.60 ^f	.28**	21.18 ^f	6.52	.13	17.70	6.27	.41**
1	49.84	11.35	.06	49.88	12.50	.16	49.81	10.27	-.09
F	59.53	17.69	.17	63.96	22.40	.14	55.36	10.23	.14
K	42.68	15.97	-.04	48.98	10.79	-.09	36.74	17.80	-.14
1	56.46	12.64	.16	58.44	14.41	-.02	54.58	10.51	.42**
2	53.40	11.36	.25* ^g	53.98	11.65	.21	52.85	11.16	.30*
3	53.66	10.97	.14	55.18	11.58	-.01	52.23	10.26	.29*
4	55.56	11.15	.24*	56.24	9.01	.19	54.92	12.90	.30*
6	53.67	13.57	.33**	59.00	13.75	.29*	48.64	11.39	.31*
7	57.18	11.85	.19*	59.30	12.16	.05	55.19	11.31	.34*
8	60.13	16.21	.27**	65.04	18.00	.13	55.49	12.85	.42**
9	58.85 ^h	11.96 ^h	-.01	59.66	12.65 ^h	-.08	58.09	11.35	.06
RSCI	7.73 ^h	3.49 ^h	. . .	8.32 ^h	3.90 ^h	. . .	7.17 ^h	2.99 ^h	. . .

Source of MMPI Freshmen Norms: Dahlstrom, Welsh, and Dahlstrom, 1972, pp. 382-383

*p < .05

**p < .01

^aN = 103, ^bdf = 101, ^cr_{.05} = .19, ^dr_{.01} = .25

^bN = 50, ^cdf = 48, ^dr_{.05} = .28

^cN = 53, ^ddf = 51, ^er_{.05} = .27, ^fr_{.01} = .35

^dSD = Standard deviation

^er = Pearson product-moment correlations

^ftotal weighted score, combines MMPI scales 1-4, 6-9

^gSee text

^hRaw scores

TABLE 3.2

CORRELATIONS BETWEEN THE RELIGIOUS SENTENCE COMPLETION INVENTORY, AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY K-CORRECTED T SCORES, MINNESOTA ADULT NORMS

	Males and Females ^a			Males ^b			Females ^c		
	Mean	SD ^d	r _e	Mean	SD ^d	r _e	Mean	SD ^d	r _e
MMPI AK	22.17 ^f	5.40 ^f	.27**	23.06 ^f	5.65 ^f	.15	21.32 ^f	5.07 ^f	.38**
L	48.00	6.55	.08	49.00	7.16	.15	47.06	5.83	-.08
F	60.91	13.29	.16	62.52	15.55	.15	59.40	10.67	.14
K	51.75	8.80	-.06	53.68	9.46	-.09	49.92	7.78	-.11
1	53.99	9.02	.16	55.24	10.09	-.03	52.81	7.78	.42**
2	53.99	10.94	.26**	55.16	11.83	.21	52.89	10.02	.30*
3	56.79	8.12	.13	57.36	8.53	.00	56.25	7.77	.29*
4	61.44	10.99	.24*	62.54	9.20	.19	60.40	12.44	.29*
6	58.79	11.20	.31**	60.52	12.04	.28*	57.15	10.19	.30*
7	61.28	11.16	.18	62.08	12.05	.05	60.53	10.31	.34*
8	64.61	15.34	.26**	66.76	17.23	.14	62.58	13.17	.42**
9	65.48	12.10	.00	66.54	12.26	-.08	64.47	11.97	.07
RSCI	7.73 ^g	3.49 ^g	. . .	8.32 ^g	3.90 ^g	. . .	7.17 ^g	2.99 ^g	. . .

Source of MMPI Adult Norms: Hathaway and McKinley, 1967

*p < .05

**p < .01

^aN = 103, \underline{df} = 101, \underline{r} .05 = .19, \underline{r} .01 = .25

^bN = 50, \underline{df} = 48, \underline{r} .05 = .28

^cN = 53, \underline{df} = 51, \underline{r} .05 = .27, \underline{r} .01 = .35

^dSD = Standard deviation

^er = Pearson product-moment correlations

^fTotal weighted score, combines MMPI scales 1-4, 6-9

^gRaw scores

For females by themselves significant positive correlations were found between RSCI total scores and MMPI scales 1, 2, 3, 4, 6, 7, and 8 (Tables 3.1 and 3.2). For males, however, a significant positive correlation was found between RSCI scores and MMPI scale 6 only (Tables 3.1 and 3.2). Thus seven of the eight parts of Hypothesis 2 were supported for females (scale F unsupported), but only one of the eight parts of Hypothesis 2 was supported for males.

The results above were those found for the total sample ($N = 103$: male $N = 50$, female $N = 53$). When inconsistent MMPI TR Index female Ss ($N = 4$) were eliminated from the total female sample, there were no changes in the significant correlations found for the seven MMPI scales in the total female sample. However, when inconsistent TR Index male Ss ($N = 5$) were eliminated from the total male sample, MMPI scale 6 was found not to be significant (see below).

Hypothesis 2: RSCI and MMPI Scale 9

No significant correlations were found between the total RSCI scores, and MMPI scale 9 for males, or females, or for males and females combined (Tables 3.1 and 3.2). These findings do not contradict the portion of Hypothesis 2 which states that no significant correlation would be found between the RSCI, and MMPI scale 9.

Hypothesis 2: RSCI and MMPI Scale F

No significant correlations were found between the RSCI scores, and MMPI validity scale F, for males, or females, or for males and females combined (Tables 3.1 and 3.2). These findings fail to support that portion of Hypothesis 2 which states that a significant positive correlation would be found. This was the only portion of Hypothesis 2 which was not supported for females.

Sex Differences

The sex differences found in the present study (Tables 3.1 and 3.2) were not anticipated since, as previously stated, no significant differences were found between RSCI means of males (8.22), and females (6.63) in the pilot study ($t_{\text{obs}} = 1.52$, $t_{.05}(31) = 2.04$, $p = .14$). In fact, in the main study no significant difference was found between the RSCI means of males (8.32), and of females (7.17) ($t_{\text{obs}} = 1.69$, $t_{.05}(101) = 1.98$, $p = .10$). However, as a further check on possible sex differences, correlations were computed separately for males and for females on the main study data. The differences between males and females which are found in Tables 3.1 and 3.2 were discovered. Thus sex differences do not reveal themselves when means are compared. Differences are found when correlations of males and females are computed separately.

A variance sex difference was also discovered. According to Bartlett's test, there were statistical grounds for accepting the assumption of homogeneity of variance for males and females in the pilot study ($\chi^2 = .06$, $p = .97$), but not in the main study ($\chi^2 = 8.02$, $p = .02$).

Other Subgroup Breakdowns

Correlations for various other subgroup breakdowns were computed to investigate possible differences (church member, $N = 79$, nonmember, $N = 24$; race: Caucasian, $N = 84$, Black, $N = 17$; denomination: Baptist, $N = 42$, Methodist, $N = 11$, Church of Christ, $N = 9$, other Protestant, $N = 13$, none, $N = 28$; present Protestant, $N = 74$, former Protestant, $N = 29$). The resulting data did not appear to provide any convincing evidence (in many cases this was due to the small N of the subgroups) that the RSCI was more or less valid for any particular subgroup. For example, the RSCI did not appear to be more valid for those Ss who indicated that they were at the present Protestant than for those who indicated that they were formerly but not at the present Protestant. Thus no breakdowns of the subgroups listed above are recorded in the present study.

Notes on Tables 3.1 and 3.2

To better understand the validity data found in Tables 3.1 and 3.2, some of the features and background information

regarding these two tables are noted in this section. Both similarities and differences are found when Tables 3.1 and 3.2 are compared. The two tables are similar in their general format. However, in Table 3.1 MMPI norms for University of North Carolina Freshmen were used, whereas in Table 3.2 norms for Minnesota Adults were employed. In both tables the data is derived from the same source: the raw scores on the RSCI and the raw scores on the MMPI criteria of the 103 Ss who participated in the main study of the present project. The notation MMPI FK in Table 3.1 indicates total weighted scores derived from the Freshmen norms and K-corrected T scores. The notation MMPI AK in Table 3.2 indicates MMPI total weighted scores derived from the Adult norms and K-corrected T scores. The method for calculating MMPI FK and MMPI AK is the same method described in Chapter II. Note that although MMPI total weighted scores are derived from T scores, the MMPI total score means and standard deviations (Tables 3.1 and 3.2) are different from MMPI individual scale standard score means of 50 and deviations of 10.

In both Tables 3.1 and 3.2, MMPI K-corrected T scores were used for all calculations involving the individual MMPI validity and clinical scales. T scores were used for all Ss, since males and females receive different T scores for the same raw scores on five of the MMPI scales relevant to the present study (scales 1, 2, 3, 7, and 8). For

example, a male and female may both obtain a raw score of 37 on MMPI scale 7, but the T score for the female would be 69, whereas the T score for the male would be 79. The differences between T scores of males and females vary as one moves up and down a given scale. However, differences are usually smaller than the 10 T-score points difference cited in the example above. Therefore, since males and females receive different T scores for the same raw score on five of the MMPI scales, it was necessary to use T scores instead of raw scores in calculating the combined male and female data; otherwise these correlations would have been spurious.

In both Tables 3.1 and 3.2, MMPI validity scales L and K are included even though they are not directly involved in any of the hypotheses of the study. MMPI validity scales are included in the tables because this information influences the interpretation of the other scales and are also of general interest.

In regard to the particular correlations which were found to be significant, Table 3.1 (Freshmen norms) and Table 3.2 (Adult norms) are identical, with two exceptions. For males and females combined, MMPI clinical scale 7 is significant for the Freshmen norms but just short of significance for the Adult norms. Also, for males and females combined, MMPI clinical scale 2 is significant at the .05 level for the Freshmen norms but technically not

significant at the .01 level, as is the case for the Adult norms. When the correlation for scale 2 for males and females is rounded to two places, the correlation would seem to be significant, but when the ten-thousandths place of the correlation is considered or when the correlation to four places is transformed into a t score (Hays, 1973, p. 647) the correlation is found to be significant at the .05 level for the Freshmen norms but not at the .01 level, as is the case for the Adult norms.

Sample MMPI Means and Standard Deviations

In examining Tables 3.1 and 3.2 one notes that most of the MMPI validity and clinical scale means tend to be above the standard mean of 50, and some of the standard deviations seem to be large (above the standard standard deviation of 10). Some of these deviations from the mean may be expected due to chance. Nevertheless, when the mean of the means is calculated it is found to be above 50 (Table 3.3) with and without inconsistent TR Index Ss (see below). Inspection of Table 3.3 reveals less deviation in the mean of means for the Freshmen norms than for the Adult norms. Since 72 of the 103 Ss (70%) who participated in the present study were freshmen, it is logical to expect that the Freshmen norms (Table 3.1) would more closely fit the sample than the Adult norms (Table 3.2). However, when the

TABLE 3.3

COMBINED MMPI INDIVIDUAL SCALES, WITH AND WITHOUT
INCONSISTENT MMPI TR INDEX SUBJECTS

	Males and Females		Males		Females	
	With TR <u>Ss</u>	With- out TR <u>Ss</u>	With TR <u>Ss</u>	With- out TR <u>Ss</u>	With TR <u>Ss</u>	With- out TR <u>Ss</u>
Freshmen						
Mean of Means	54.63	53.48	57.24	55.66	52.17	51.48
SD	13.16	12.35	13.54	12.51	11.82	11.31
<u>N</u>	103	94	50	45	53	49
Adult						
Mean of Means	57.91	56.91	59.22	57.89	56.68	56.01
SD	10.68	9.96	11.40	10.47	9.81	9.35
<u>N</u>	103	94	50	45	53	49

individual standard deviations (Tables 3.1 and 3.2) and the means of the standard deviations (Table 3.3) for the 11 MMPI scales are examined, it is observed that the Adult norms rather than the Freshmen norms seem to more closely fit the sample (see below for further notes on the standard deviations).

In an attempt to determine why the MMPI scale means of means in the present study repeatedly deviated above 50, an examination was made of the protocols of Ss (N = 29, male N = 18, female N = 11) with an MMPI F scale raw score ≥ 10 (T score 70 for Freshmen, 66 for Adult norms). Large F scores suggest the possibility that a S has responded randomly or carelessly on the MMPI. To check on whether Ss

with F scale raw scores ≥ 10 were responding randomly or carelessly, these protocols were scored on the MMPI TR (Test-retest) Index developed by Buechley and Ball (1952). There are 16 items on the MMPI that are repeated in the group form (regular test booklet), which was the form used in the present study. Subjects answer the same question twice in two different locations in the total item sequence. "Buechley and Ball (1952) first pointed out how this duplication could be employed systematically to furnish a check on the subject's consistency within one test session [Dahlstrom et al., 1972, p. 141]." The duplicated items are regarded as a Test-retest (TR) even though they are scored from a single administration of the MMPI.

To make the practical problem of hand scoring easier, Buechley and Ball (1952) scored only 14 of the 16 duplicated items on the MMPI in developing their TR Index scale. Raw scores represent the number of items to which a S has responded inconsistently out of the total of 14. Buechley and Ball (1952) established raw scores of 0-3 as acceptable levels of response inconsistency and scores of four and above as indicative of questionable response reliability (Dahlstrom et al., 1972).

In the present study sample it was found that out of the 29 Ss who had F raw scores ≥ 10 , five males and four females had TR Index raw scores of four or above. When these nine Ss were eliminated from the total sample ($N = 103$),

individual MMPI means decreased approximately 4.5 on the F scale and 3.5 on scale 8 for males, and 1.5 and 2.0 on these same respective scales for females. It is on these two scales that random responding is most likely to result in scores that are relatively larger than on other scales (Dahlstrom et al., 1972). However, random responding increases the probability that validity and clinical scales (? scale excepted) other than the F and 8 scale will also be above the standard mean of 50, although not as much as on these two latter scales. The removal of the inconsistent TR subjects seems to have affected the sample data in accordance with the pattern of random responding. Other MMPI scale means also decreased from approximately 0.5 to 2.0 points for males. Female means on these other scales decreased as much as 1.4 and several increased no more than 0.4 (approximate figures). Thus when one compares the means of the MMPI scales it is seen that elimination of the inconsistent TR Ss results in sample means which are for the most part closer to the standard means of 50 on both the Freshmen and Adult norms. This same trend is found for the mean of means (Table 3.3).

Explanations other than random responding apparently account for the deviation of the sample mean and standard deviation of the K scale for females on the Freshmen norms (Table 3.1). The Adult norm sample mean and standard deviation appear to be closer to expected values. The

larger Freshmen norm deviations on the K scale may have occurred because it was necessary to estimate 19 of the T scores for females on K since no T scores for the 19 females with low K raw scores were provided by the Freshmen norms. It was not necessary to estimate any of the T values for K for the Adult norms. The Freshmen norm T scores for K for the 19 females may have been estimated too low by the E of the present study.

There is another tenable explanation for the mean and standard deviation of K deviation on the Freshmen norms. An inquiry into how the Freshmen norms were derived revealed that the female portion of the norms was based on only 129 Ss, whereas the male norms were based on 1,537 Ss (Dahlstrom, personal communication, 1974). "The [range of] K scale values for the women may be somewhat curtailed because it is a much smaller sized group [Dahlstrom, personal communication, 1974]." This large discrepancy between the number of male and female Ss was due to the fact that most of the women who attended the University of North Carolina as freshmen in the fall of 1971, when the data for the Freshmen norms were collected, attended the women's college branch at Greensboro, whereas only a small number were in attendance on the main campus at Chapel Hill, where the data were collected (Dahlstrom, personal communication, 1974).

Thus the greater deviation of the mean and standard deviation for K on the Freshmen norms as compared with the

Adult norms may be due to inaccurate estimations of the 19 female K T scores by the E and/or the small sample upon which the MMPI Freshmen norms for females are based.

One of the male Ss raw scores for F on the MMPI was quite high (40), and it was necessary to estimate his T score for both the Freshmen (125) and Adult norms (115). However, this one estimation does little to explain either the large means or standard deviations in the total sample. This S was eliminated in the calculations where inconsistent male TR Ss were removed.

Elimination of all nine inconsistent TR Ss resulted in decreasing not only the means on the MMPI scales but also some of the larger standard deviations found in the total sample (Table 3.3). On the Freshmen norm the standard deviation decreased and moved closer to the norm of 10 by approximately five points on the F scale, by three on scale 8 for males, and by approximately 2.0 and 2.5 on these same respective scales, for females. Similar decreases in standard deviations were found for the Adult norms when inconsistent TR Ss were eliminated. Thus when inconsistent TR Ss are eliminated, both means and standard deviations of the remaining subsample(s) are closer to standard standard deviations and standard means of both Freshmen and Adult norms.

As previously noted, when means are compared, the Freshmen norms appear to differ less from the sample than

the Adult norms. In this respect the Freshmen norms may better represent the present sample. This cannot be stated with certainty, however, since it is possible that the higher means on the Adult norms may reflect the actual maladjustment level of the sample. The Adult norms probably do better represent the sample on scale K for females (see above). The larger standard deviation for males on the F scale for the Freshmen norms compared with the Adult norms suggests that the Adult norm may better fit the sample than the Freshmen norms on this particular scale for males.

The Adult norm data (Table 3.2) is included in the present study for purposes of comparison with the Freshmen norms, and because in some respects the Adult norm may better represent the present sample. Furthermore, the Adult norms are widely employed by researchers and clinicians and are useful when comparisons are made in relation to the large accumulation of data and interpretation which uses the Adult norm framework (Dahlstrom et al., 1972).

Hypothesis 2: RSCI and MMPI Scales, Correlational Sketches

The following are generalized adjectival descriptions summarizing the significant correlations between the RSCI, and MMPI scales for males and females. These summaries are based on research studies summarized by Dahlstrom, Welsh, and Dahlstrom (1972).

High males.--College males who scored two standard deviations or above (16.12 or above) the mean score on the

RSCI would tend to be high (70 T score and above) on MMPI scale 6.

These males are described by others as sensitive, emotional, and prone to worry. They also tend to be kind, affectionate, softhearted, sentimental, peaceable, cooperative, courageous, grateful, and have wide interests.

These males described themselves as trustful, amorous and worldly.

High-point males.--No descriptions for college or normal males were provided by Dahlstrom et al., (1972).

Low-point males.--No descriptions for college or normal males were provided by Dahlstrom et al., (1972).

Low males.--College males who scored one standard deviation or below (4.42 and below) the mean on the RSCI would tend to be low (T score of 40 and below) on MMPI scale 6.

These males are described by others as balanced, cheerful, self-distrusting, and conscienceless.

They described themselves as orderly, and mixing well socially.

High females.--College females who scored two standard deviations or above (13.15 or above) the RSCI mean would tend to be high (70 T score or above) on at least one of the

following MMPI scales: 1, 2, 3, 4, 6, 7, or 8. Therefore, these females may be characterized by a large number of adjectives.

These females tend to be described by others as frank, high-strung, sensitive, prone to worry, emotional, soft-hearted, good tempered, modest, responsive, and enthusiastic. They are also characterized as cheerful, conscientious, cooperative, courageous, easygoing, intuitive, practical, orderly, kind, nonaggressive, reasonable, shy, talkative, and verbal. In addition, they are said to be adaptable, assertive, and having general aesthetic interests.

These women described themselves as dissatisfied, high-strung, prone to worry, emotional, frank, fair-minded, sensitive, shy, and talkative. They also described themselves as affectionate, generous, facing-life, courageous, adventurous, enterprising, enthusiastic, deliberate, modest, naive, idealistic, peaceable, sociable, and talkative.

High-point females.--College females who scored .4 standard deviations or above (8.37 or above) the mean of the RSCI would tend to have a high point on one of the following MMPI scales: 1, 2, 3, 4, 6, 7, or 8. These females may be characterized by a broad spectrum of adjectives.

These females tend to be described by others as affected, arrogant, apathetic, moody, undependable,

frivolous, dependent, shrewd, clever, seclusive, secretive, shy, and submissive. They were also described as high-strung, irritable, incoherent, and flattering. In addition, they were said to be adaptable, clear-thinking, courageous, humble, kind, sociable, peaceable, poised, quiet, serious, orderly, trustful, sophisticated, wise, worldly, religious, and as having general aesthetic interests.

Descriptions of these women significantly avoided such terms as clever, alert, aggressive, enterprising, energetic, cheerful, friendly, talkative, grateful, conventional, practical, idealistic, impatient, rebellious, undependable, independent, self-confident, mature, individualistic, partial, self-centered, self-controlled, and sensitive.

These women described themselves as affected, boastful, show-off, aloof, selfish, moody, gloomy, depressed, hostile, rebellious, pugnacious, ruthless, unself-controlled, eccentric, fickle, dependent, timid, worrying, submissive, shy, secretive, self-dissatisfied, self-distrusting, popular, and as having many physical complaints. They also described themselves as sociable, serious, softhearted, trustful, quiet, conventional, contented, sentimental, naive, and as having aesthetic interests.

Self-descriptions of these women significantly avoided such terms as practical, adaptable, aggressive, easily bored, friendly, independent, lively, loyal, self-confident, alert, boastful, cheerful, clear-thinking, conceited,

contented, courageous, decisive, easygoing, emotional, energetic, kind, laughterful, natural, peaceable, persevering, poised, show-off, shy, suspicious, talkative, unrealistic, and worldly.

Low-point females.--College females who scored .4 standard deviations or below (5.97) the mean on the RSCI would tend to have a low point on one of the following MMPI scales: 1, 2, 3, 4, 6, 7, or 8. Thus these females may be characterized by a large number of adjectives.

These women tend to be described by others as humble, thoughtful, idealistic, and deliberate. They were also described as inflexible, lacking heterosexual interest, having poor rapport with others, seclusive, socially withdrawn, shy, timid, awkward, self-dissatisfied, and self-distrusting.

Descriptions of these women significantly avoided such terms as sociable, worldly, cheerful, laughterful, high-strung, aggressive, adaptable, and unemotional.

These women described themselves as cooperative, modest, self-effacing, and relaxed. They also described themselves as aggressive, cynical, hardhearted, rebellious, rough, secretive, and shrewd.

Self-descriptions of these women significantly avoided the term sentimental.

Low females.--College females who scored one standard deviation or below (4.18 or below) the mean on the RSCI would tend to be low (T score 40 or below) on at least one of the following MMPI scales: 1, 2, 3, 4, 6, 7, and 8.

These women tend to be described by others as balanced, good tempered, temperate, mature, peaceable, reasonable, trustful, conventional, facing life, cheerful, serious, and modest. They were also described as having general aesthetic interests.

These women described themselves as balanced, trustful, sensitive, and as having wide interests. They also described themselves as contented, facing life, modest, peaceable, placid, relaxed, self-confident, self-controlled, alert, reverent, persevering, loyal, wise, and as having home and family interests. They also described themselves as inflexible.

Hypothesis 3: Traditional Measures of Religiosity

Hypothesis 3 states that the RSCI is a better predictor of the MMPI criteria (total weighted maladjustment score, clinical scales 1, 2, 3, 4, 6, 7, 8, and validity scale F) than are traditional measures of religiosity (church membership, church attendance, prayer frequency, and Bible reading frequency).

Hypothesis 3: Traditional Measures of Religiosity and the RSCI as Predictors of the MMPI Criteria, Multiple Regression

To test the potency of traditional measures of religiosity to predict the MMPI criteria, a multiple regression correlation technique based on an analysis of variance rationale (Overall & Klett, 1972, pp. 425-430) was employed. This method involves breaking a single variable into two or more dummy variables (e.g., the single variable church attendance was broken down into dummy variables consisting of the different categories of church attendance: (1) more than once a week, (2) once a week, (3) once or twice a month, (4) very seldom, (5) never). Each S is assigned a number for each category or dummy variable (except for the last category, which is treated in a special way). For example, a S who indicated that he attended church once or twice a month would receive a "one" in category 3, and zeros in categories 1, 2, and 4. A S who belonged to category 5 receives a -1 in categories 1, 2, 3, and 4. In all cases the last category (category 5 in the case of church attendance) was omitted, received no score, but was indicated by a -1 in each of the other categories which were included. From the standpoint of analysis of variance each category was regarded as a group. The between-group variance (regression variance) divided by the within-group variance (residual variance) yields an F ratio which was used to test the hypothesis and to determine the probability of significant difference.

Tables 3.4, 3.5, and 3.6 show the results of the multiple regression analysis regarding the potency of traditional measures to predict the MMPI criteria, for males and females, males, and females, respectively. Note that both the multiple \underline{R} and the multiple \underline{R}_c (multiple \underline{R} corrected for shrinkage) are given. Note also that the test of significance is an \underline{F} test, which indicates whether a given multiple \underline{R} significantly differs from a correlation which might occur due to chance (McNemar, 1969, pp. 318-320).

Only one significant multiple \underline{R} is found in Tables 3.4-3.6. Male church attendance did significantly correlate with MMPI validity scale L. However, scale L was not relevant to Hypothesis 3, and furthermore this one statistically significant \underline{R} may have occurred due to chance.

No significant multiple regression correlations were found (Tables 3.4-3.6) which were relevant to Hypothesis 3. Thus of the 108 predictions none were found to be significantly different between traditional measures of religiosity predictors (church membership, church attendance, prayer frequency, and Bible reading frequency) and the MMPI criteria. In contrast to these traditional measures of religiosity, the RSCI was able to predict 14 of the 27 MMPI criteria predictions, according to the results reported above regarding Hypothesis 1 and 2. Thus Hypothesis 3, which states that the RSCI is a better predictor of the MMPI criteria than is any one of the four traditional measures

TABLE 3.4

MULTIPLE REGRESSION CORRELATIONS BETWEEN TRADITIONAL MEASURES OF RELIGIOSITY
AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY: FOR MALES AND FEMALES

	Church Membership			Church Attendance			Prayer Frequency			Bible Frequency		
	\bar{R}^a	$\frac{R^b}{R^c}$	\bar{P}	\bar{R}^a	$\frac{R^b}{R^c}$	\bar{P}	\bar{R}^a	$\frac{R^b}{R^c}$	\bar{P}	\bar{R}^a	$\frac{R^b}{R^c}$	\bar{P}
MMPI FK ^c	.09	.00	0.44	.16	.00	0.50	.06	.00	0.08	.22	.11	1.31
MMPI AK ^d	.06	.00	0.21	.18	.00	0.64	.08	.00	0.13	.23	.11	1.34
L	.04	.00	0.09	.28	.18	1.71	.14	.00	0.38	.14	.00	0.52
F	.17	.09	1.46	.19	.00	0.73	.60	.22	2.05	.06	.00	0.10
K	.09	.00	0.39	.20	.00	0.77	.57	.00	0.65	.08	.00	0.14
1	.04	.00	0.10	.18	.00	0.63	.68	.00	0.92	.13	.00	0.40
2	.04	.00	0.09	.18	.00	0.69	.64	.00	0.33	.20	.03	1.02
3	.03	.00	0.04	.14	.00	0.41	.84	.00	0.60	.13	.00	0.41
4	.00	.00	0.00	.20	.00	0.80	.55	.09	1.19	.26	.17	1.75
6	.23	.19	2.87	.10	.00	0.19	.97	.00	0.13	.15	.00	0.60
7	.02	.00	0.01	.12	.00	0.30	.91	.00	0.50	.19	.00	0.91
8	.15	.06	1.16	.21	.00	0.87	.51	.00	0.54	.17	.00	0.73
9	.17	.09	1.43	.26	.14	1.42	.22	.00	0.35	.13	.00	0.43

* $p < .05$ ^a \bar{R} = Multiple regression correlation coefficient^b \bar{R}_c = Multiple regression correlation coefficient, corrected for shrinkage^cMMPI FK = MMPI Freshmen norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9^dMMPI AK = MMPI Adult norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9

TABLE 3.5

MULTIPLE REGRESSION CORRELATIONS BETWEEN TRADITIONAL MEASURES OF RELIGIOSITY AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY: FOR MALES

	Church Membership			Church Attendance			Prayer Frequency			Bible Frequency		
	\bar{R}_a	\bar{R}_c	P	\bar{R}_a	\bar{R}_c	P	\bar{R}_a	\bar{R}_c	P	\bar{R}_a	\bar{R}_c	P
MMPI FK ^c	.11	.00	0.29	.75	.81	.45	.36	.16	1.27	.29	.19	1.45
MMPI AK ^d	.09	.00	0.19	.82	.73	.55	.32	.03	1.01	.42	.19	1.46
L	.17	.00	0.68	.51	.05*	2.46*	.25	.00	0.61	.69	.39	1.97
F	.14	.00	0.47	.63	.71	.58	.41	.27	1.79	.14	.19	0.44
K	.00	.00	0.00	1.00	.40	.05	.23	.00	0.47	.79	.07	0.05
1	.06	.00	0.09	.92	.57	.78	.42	.28	1.84	.12	.18	0.37
2	.06	.00	0.10	.91	.70	.60	.37	.19	1.36	.26	.29	1.05
3	.05	.00	0.06	.94	.72	.57	.41	.28	1.82	.13	.12	0.18
4	.06	.00	0.08	.93	.98	.16	.14	.00	0.17	.97	.00	0.63
6	.23	.12	1.34	.27	.75	.54	.13	.00	0.14	.93	.19	1.45
7	.03	.00	0.03	.97	.58	.76	.35	.16	1.26	.30	.12	1.17
8	.09	.00	0.21	.81	.44	.98	.31	.00	0.94	.46	.15	1.27
9	.15	.00	0.57	.57	.63	.69	.24	.00	0.53	.75	.00	0.84

*p < .05

^a \bar{R} = Multiple regression correlation coefficient

^b \bar{R}_c = Multiple regression correlation coefficient, corrected for shrinkage

^cMMPI FK = MMPI Freshmen norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9

^dMMPI AK = MMPI Adult norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9

TABLE 3.6

MULTIPLE REGRESSION CORRELATIONS BETWEEN TRADITIONAL MEASURES OF RELIGIOSITY AND THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY: FOR FEMALES

	Church Membership			Church Attendance			Prayer Frequency			Bible Frequency					
	\bar{R}^a	\bar{R}^b	\bar{F}	\bar{R}^a	\bar{R}^b	\bar{F}	\bar{R}^a	\bar{R}^b	\bar{F}	\bar{R}^a	\bar{R}^b	\bar{F}	\bar{p}		
MMPI FK ^c	.08	.00	0.16	.25	.00	0.63	.67	.24	.00	0.60	.70	.28	.02	1.01	.41
MMPI AK ^d	.07	.00	0.12	.27	.00	0.76	.59	.19	.00	0.36	.87	.29	.00	0.73	.58
L	.16	.00	0.62	.24	.00	0.59	.71	.18	.00	0.33	.89	.22	.00	0.60	.66
F	.05	.00	0.07	.38	.23	1.58	.18	.19	.00	0.36	.87	.16	.00	0.32	.86
K	.01	.00	0.00	.20	.00	0.38	.86	.27	.00	0.75	.59	.18	.00	0.39	.81
1	.13	.00	0.42	.35	.17	1.30	.28	.26	.00	0.66	.65	.25	.00	0.79	.54
2	.01	.00	0.01	.18	.00	0.32	.90	.27	.00	0.73	.60	.24	.00	0.75	.56
3	.24	.14	1.52	.33	.13	1.17	.34	.27	.00	0.72	.62	.19	.00	0.47	.76
4	.08	.00	0.18	.28	.00	0.78	.57	.38	.24	1.63	.17	.29	.10	1.13	.35
6	.03	.00	0.03	.23	.00	0.52	.76	.31	.00	0.99	.44	.35	.22	1.67	.17
7	.20	.04	1.05	.21	.00	0.44	.82	.23	.00	0.51	.77	.26	.00	0.87	.49
8	.07	.00	0.12	.27	.00	0.72	.61	.22	.00	0.48	.79	.20	.00	0.51	.73
9	.16	.00	0.66	.29	.00	0.89	.50	.22	.00	0.47	.80	.17	.00	0.37	.83

* $\bar{p} < .05$

$\bar{a}R$ = Multiple regression correlation coefficient

$\bar{b}R_c$ = Multiple regression correlation coefficient, corrected for shrinkage

$\bar{c}MMPI$ FK = MMPI Freshmen norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9

$\bar{d}MMPI$ AK = MMPI Adult norms, K-corrected T scores, total weighted scores, combines MMPI scales 1-4, 6-9

of religiosity is supported. Note that the multiple regression data reported in Tables 3.4-3.6 were calculated from Freshmen norms. Similar results to those reported here for Freshmen norms were found for Adult norms, although the numerical data is not recorded in the present study. The one difference was that for the Adult norms the multiple correlation for church attendance and MMPI scale L for males fell just short of significance, whereas this particular multiple correlation was significant for the Freshmen norms.

It is noted that both the multiple \underline{R} correlation and the simple Pearson product-moment correlation (\underline{r}) are involved in the above conclusion, supporting Hypothesis 3. Hypothesis 3 regards the potency of traditional measures of religiosity to predict the MMPI criteria compared with the potency of the RSCI to predict the MMPI criteria. The multiple \underline{R} was used to test the potency of traditional measures to predict the MMPI criteria. The simple Pearson \underline{r} was used to test the potency of the RSCI to predict the MMPI criteria. One may ask whether it is legitimate to compare multiple \underline{R} correlations with simple Pearson \underline{r} 's.

The multiple \underline{R} is itself based on two or more Pearson \underline{r} 's. If the \underline{r} 's on which a particular multiple \underline{R} is based are actually zero in the population, it is probable that these \underline{r} 's and the consequent multiple \underline{R} will in the sample turn out to deviate from zero due to the combined chance

deviations of the several r's. The F test used to test the level of significance of the multiple R's in the present study takes into account these combined chance deviations of the several Pearson r's, which together comprise the multiple R correlations. A given calculated multiple R therefore involves the combined chance variations of several Pearson r's, whereas a simple Pearson r taken by itself involves only once chance variation. Consequently, other things being equal, the multiple R correlation must be relatively higher than a simple Pearson r in order to reach a given level of significance. The respective tests of significance take into account the difference in meaning of, for example, a .40 multiple R as compared with a .40 simple Pearson r. Differences therefore do exist regarding the determination of significant differences for R and r. Nevertheless, once significant differences have been determined or ruled out, the results regarding significance for multiple R's may be compared with the results regarding significance for simple r's, provided the same level of significance has been applied in each case. In the present study a .05 level of significance was used in testing the significance of both multiple R's and simple r's. Comparing the results of multiple R tests of significance with the results of simple Pearson r tests of significance is therefore considered defensible.

Hypothesis 3: Traditional Measures of Religiosity, MMPI Total Score Means, and Sex; Analysis of Variance

As an adjunct to the multiple regression analysis used to test Hypothesis 3, a two-way analysis of variance (two-way to take into account the sex variable) for unequal Ns, using the method of unweighted means (Winer, 1971, p. 445f), was used to compare MMPI FK total score means among the given categories within each of the four traditional measures of religiosity. Tests of significant difference (Newman-Keuls) were made between separate MMPI FK total score means of groups within the various categories of church membership (2 x 2), church attendance (2 x 5), prayer frequency (2 x 5), and Bible reading frequency (2 x 4). Thus 27 comparisons of means were made for each of three groups: males, females, and males and females combined. Hence a total of 81 comparisons was made between MMPI FK total score means among the total of sixteen categories of the four measures of traditional religiosity. No significant differences were found (Tables G.1-G.8). Hence, regardless of the category in which a S placed himself or herself in regard to each of the four measures of traditional religiosity, the MMPI FK total score mean of Ss in a given category did not differ significantly from the MMPI FK total score mean in another category of the same traditional measure. These findings do not contradict Hypothesis 3, which states that the RSCI is a better predictor of the

MMPI criteria of maladjustment than traditional measures of religiosity. Furthermore, these findings are not inconsistent with the general implication of Hypothesis 3; i.e., that qualitative differences in the mental health of Protestants are not adequately distinguished by traditional quantitative and categorical measures of religiosity. Similar statistical results were found for MMPI AK (Adult norm) total score means as for MMPI FK (Freshmen norm) total score means reported above, although the numerical data are not recorded in the present study.

Hypothesis 3: Traditional Measures of Religiosity, RSCI Means, and Sex; Analysis of Variance

As a further adjunct to the multiple regression analysis used to test Hypothesis 3, a two-way analysis of variance (two-way to take into account the sex variable) for unequal N_s , using the method of unweighted means (Winer, 1971, p. 445f), was used to compare RSCI raw score means among the given categories with each of the four traditional measures of religiosity. Tests of significant difference (Newman-Keuls) were made between separate RSCI raw score means of groups within the various categories of traditional religiosity. A total of 81 comparisons was made. Only 11 of the total of 81 comparisons among RSCI means were found to be significant (Tables G.9-G.16).

An inspection of Table G.9 reveals that the RSCI mean for male church members is not significantly different from

that of male nonmembers. Likewise, no significant difference was found between female church members and female nonmembers. However, the RSCI mean for male and female church members combined is significantly smaller than the mean for nonmembers.

An inspection of Table G.11 reveals only one significant difference among RSCI means and various categories of church attendance for males (Never-Very Seldom), and no differences for females. For males and females combined, there are significant differences between those who never attend church, and each of the other four categories of church attendance.

An inspection of Table G.13 reveals only one significant difference among RSCI means and various categories of prayer frequency for males (Never-More Than 1/Day), and no significant differences for females. For males and females combined, there are significant differences between those who never pray and each of the other four categories of prayer frequency.

An inspection of Table G.15 reveals no significant differences among RSCI means and various categories of Bible reading frequency, for males, for females, and for males and females combined.

Thus the preponderance of these findings is not inconsistent with the general implication of Hypothesis 3;

i.e., that qualitative differences in the mental health of Protestant beliefs (in this instance as measured by the RSCI) are not adequately distinguished by traditional quantitative and categorical measures of religiosity.

CHAPTER IV

DISCUSSION

Introductory Summary

Does religion hinder mental health? Some people maintain that religious individuals are psychologically unhealthy. Others claim that religion does not hinder mental health. A third possibility is investigated in the present study: whether religion hinders or does not hinder mental health depends upon the nature of an individual's belief system; i.e., the particular kind of beliefs a person holds.

The present study is confined to Protestants and Protestant beliefs about religion. To assess the particular Protestant beliefs regarded as unhealthy, a Religious Sentence Completion Inventory (RSCI) was developed. A Scoring Manual for the RSCI was developed from a pilot study, using an abbreviated form (Mini-Mult) of the Minnesota Multiphasic Personality Inventory (MMPI) as the maladjustment criterion. The main study followed, with 103 undergraduate students as Ss. Interscorer reliability for the RSCI was .83.

The results of the main study revealed significant positive correlations for females between the RSCI and

the MMPI total score, and MMPI scales 1, 2, 3, 4, 6, 7, and 8. No significant correlation was found for females between the RSCI and MMPI validity scale F. Only MMPI scale 6 correlated with the RSCI for males. These data appear to partially support the proposition that whether or not Protestant beliefs about religion are psychologically unhealthy does depend upon the nature of an individual's belief system; i.e., the particular kind of beliefs a person holds.

Support for this main thesis of the present study is stronger for females (eight of nine correlations hypothesized significant), than for males (one of nine correlations hypothesized significant) (Tables 3.1 and 3.2). Possible reasons for the sex differences which were found are the small number of males in the pilot study, and the inability of many Protestant males to see religion as a legitimately masculine endeavor.

Furthermore, the RSCI was found to be a better predictor of the MMPI criteria (14 of 27 predictions significantly different) than were traditional measures (church membership, church attendance, prayer frequency, and Bible reading frequency) of religiosity (none of 108 predictions significantly different). These findings are interpreted as supporting the view that traditional quantitative and categorical measures of religiosity do not satisfactorily discriminate qualitative mental health differences among Protestants.

Further analysis of the data from the present study, including examination of specific RSCI responses, and additional appropriate research, are seen as likely to contribute to the improvement of reliability and validity of the RSCI in the future.

Interscorer Reliability

Interscorer reliability for the three scorers (.83) appears to be satisfactory for the present preliminary stage of the Scoring Manual. The relatively lower reliabilities between pairs of scorers are probably partly due to the restricted range of the correlated comparisons (Guilford, 1965, p. 341f).

Improvement of interscorer reliability may be achieved by having the developer of the RSCI score all of the protocols in the present study. Item-by-item, as well as total-score comparisons, could then be made among the developer of the Scoring Manual and each of the three scorers who participated in the present main study. Large differences among the scorers would probably indicate that the developer had not adequately defined and communicated the scoring system to the scorers.

A question for consideration is whether scoring of the RSCI requires any special psychometric, psychological, or theological training. Scoring decisions on the RSCI do require more than elementary arithmetic skills. Some

appreciation of the importance of accuracy and objectivity seems necessary. Likewise acquaintance with basic psychological and Protestant theological concepts seems desirable. Further research on the minimal qualifications necessary for scorers would be appropriate, particularly after the RSCI has been more adequately developed. Until this developmental adequacy is achieved, it is recommended that individuals who served as scorers for the RSCI have at least elementary psychometric, psychological, and theological discrimination skills.

Validity

A number of considerations are relevant regarding validity in the present study.

Sex Differences

The question arises as to why the RSCI seems to be more valid for females than for males. Why are there eight significant correlations for females and only one for males? In fact, even the one significant correlation which was found for males (scale 6) is suspect, since it falls below the level of significance when inconsistent TR Ss are removed from the total sample (see Chapter III).

Small number of males in the pilot study.--A logical explanation for the sex differences which were found appears to be that only nine male Ss participated in the pilot study,

in which there was a total of 33 Ss. The Scoring Manual may not adequately represent distinctions between healthy and unhealthy responses for males, or may need to be scored in a different manner than for females.

True-and-false questionnaires require that a S put himself in one of two categories (if the S answers at all). In contrast to true-and-false questionnaires, sentence completion tests elicit a wide variety of responses. Thus it is necessary to have a large sample of responses to each item for a sentence completion test in order to make empirically meaningful decisions as to response scoring. The sample of responses needs to be large in order to have some indication of the variety of responses which are likely to occur. Also, the sample of responses needs to be large in order to have a sufficient number of similar-type responses to determine whether the scoring of a particular response improves the correlation with the criteria. The number of males in the pilot study may have been too small to achieve this sampling adequacy for males.

Is it masculine to be religious?--In addition to the reason offered above as a possible explanation for the sex differences discovered in the present study, there is another consideration. For many Protestant males there is a tendency to look upon interest in religion and the church as something that most appropriately belongs to the life and role of women and children.

Early conditioning often subconsciously but influentially leads males to believe that religion is for sissies, weaklings, losers, the overdependent, overly emotional, and the gullible; that religion is anti-rational, unscientific, and impractical. All of these impressions of religion for many Protestant males subtract from the popular American image of masculinity. For college men, taking an interest in sports, sex, cars, and motorcycles is a way of boosting the male image with many of one's peers. Taking an interest in religion often has the opposite effect. Contributing to this sissified image of Protestant religion is the frequently weak and effeminate portrayal of the central personage of Christianity, Jesus Christ. For many Protestant males religion is put into the same category as tiddlywinks, Mickey Mouse, crying, and the outward show of the more tender emotions. Thus this sex-religion stereotype may stunt the religious development of many Protestant males and may have made it difficult for males in the present study to participate responsibly in the Religious Sentence Completion Inventory.

Summary and conclusion.--The failure to support Hypothesis 1 and all but one of the eight parts of Hypothesis 2 for males in the present study may be accounted for by the small number of males in the pilot study on which the RSCI Scoring Manual is largely based,

and/or the inability of Protestant males to see religion as a legitimately masculine endeavor.

Therefore, for future research it seems advisable to devise separate RSCI Scoring Manuals for males and for females. The lack of homogeneity of variance for males and for females in the main study may be another reason in favor of separate Scoring Manuals.

Other investigators have found it necessary to devise separate scoring manuals for their sentence completion instruments. In their development of the Incomplete Sentences Blank, designed to measure general adjustment, Rotter and Rafferty (1950) found it necessary to devise separate scoring manuals for males and females. Although in many instances the two manuals seem to score very much alike, there are enough differences to significantly affect the total score if the sex-appropriate scoring manual is not used.

The examiner is cautioned against using interchangeably the scoring manual for male and female records. In constructing the scoring manuals, it was found that responses made by male and female subjects can not be scored by using the same criteria [Rotter & Rafferty, 1950, p. 54].

Mosher (1961) also found it necessary to devise a separate scoring manual for males and for females for the Mosher Incomplete Sentences Test (MIST), which was designed to measure guilt.

Comparison of the Sample with Other Undergraduates

Since the sample means of the individual MMPI scales in the present main study are for the most part above 50 (Tables 3.1 and 3.2), and since the standard deviations seem large, the question is raised as to whether the sample is atypical; i.e., more maladjusted than a typical undergraduate or adult sample would normally be. This question is particularly relevant to the male subsample. The elimination of the TR Index Ss with raw scores ≥ 4 reduced some of the means and standard deviations so that they appear to be closer to the norm groups. However, even after the inconsistent TR Ss are removed, the mean of means of the MMPI scales continues to be larger than 50, and some standard deviations appear to remain large (Table 3.3). Some of this variation is no doubt due to chance. The chance factor probably explains the female subsample deviations, since they appear to be minor and occur on both sides of the standard mean of 50 (see Chapter III for explanation of Freshmen norm K scale deviations).

However, since most of the means are larger than 50 for males, and the mean of means remains rather large even when the inconsistent TR Ss are removed, the possibility that the male sample is somewhat atypical cannot be ruled out. That is, the male subsample may be moderately more maladjusted than the typical undergraduate or adult population. This characteristic of the male subsample should be kept in mind

when evaluating and comparing the results of the present study. For example, the RSCI mean for males may be higher for males in the present study than it would be in another more normal sample.

Hypothesis 1: RSCI and MMPI Total Scores

The total weighted MMPI score is tentatively regarded as a rough index of general adjustment. A general adjustment index was desired as a criterion for the RSCI, since the RSCI is considered heterogenous in content. The MMPI total weighted score is regarded as experimental and should be interpreted with caution.

Combining scores on the MMPI (see Chapter II) is not a typical or well-established procedure. One may question the validity of the particular MMPI total score used in the present study, on several grounds.

First, some if not all of the MMPI clinical scales used in the present study (1-4, 6-9) to calculate the total MMPI score may not be unipolar. A review of the MMPI Handbook scale interpretations (Dahlstrom et al., 1972) reveals some evidence for the unipolarity of MMPI clinical scales 1, 2, 4, 7, and 9. Evidence for unipolarity on scales 3, 6, and 8 appears to be less convincing.

In the second place, one may question the value of the relative weights assigned to various T scores on the scales. Is a T score above 90, weighted as 6, indicative of three

times as serious maladjustment as a T score of 53, which is weighted as 2? If not, what values should be assigned to these and other T scores?

Third, no significant correlation was found between the RSCI, and MMPI scale 9, either in the pilot study or in the main study. However, in the present study the MMPI total score includes scale 9. Therefore, a more accurate index of general adjustment for the specific purpose of comparison with the RSCI might be a total MMPI weighted score which excluded scale 9. For purposes of comparison and exploration, this abbreviated MMPI total score without scale 9 was calculated (Table 4.1), using both the Freshmen and Adult MMPI norms previously cited. Inspection of Table 4.1 shows

TABLE 4.1

COMPARATIVE CORRELATIONS OF THE RSCI, WITH MMPI
TOTAL WEIGHTED SCORES: WITH AND WITHOUT MMPI
SCALE 9; FOR ADULT, AND FRESHMEN NORMS

	MMPI Total K-Corrected Weighted T Scores			
	Adults With 9	Adults Without 9	Freshmen With 9	Freshmen Without 9
Males	.15	.18	.13	.16
Females	.38	.41	.41	.44
Total	.27	.29	.28	.31

slight improvements in the correlation without inclusion of scale 9 in the MMPI total score for both Freshmen and Adult

norms. Whether or not these correlational improvements are stable and significant needs to be demonstrated in future research.

The MMPI total scores used in the pilot study to develop the RSCI Scoring Manual included scale 9. For the purpose of improving the RSCI Scoring Manual in the future, it will probably help if scale 9 is excluded from the MMPI total score when making criterion comparisons.

The three considerations discussed above raise questions of caution regarding the validity of the MMPI total score employed in the present study. On the other hand, there is evidence from the present study which lends some support to the validity of the MMPI total score. For example, the MMPI total score was used in the pilot study to develop the RSCI Scoring Manual. Since the RSCI seems to have some tentative validity when it is correlated with the MMPI individual scales in the main study, one possible inference is that the MMPI total score is picking up to some extent on elevations from the individual MMPI scales.

More direct support for the validity of the MMPI total score is found in MMPI total score correlations with MMPI individual scales in the present main study. The MMPI FK total score correlated with individual MMPI scales 1-4, 6-8, from .66 - .83 for all Ss, .57 - .86 for males, and .68 - .82 for females, in the present main study. These correlations were all significant ($p < .01$). The MMPI FK total

score correlations with MMPI scale 9 were .50 for all Ss, .47 for males, and .53 for females (all $p < .01$). Similar results were found for MMPI AK correlations.

Thus, the total MMPI weighted score may be tentatively regarded as a rough index of general adjustment. The probability is that the MMPI total score has considerable validity but could be improved by further research and revision. For the present study the MMPI total score is regarded as experimental and should be interpreted with caution.

Hypothesis 2: RSCI and MMPI Scales

Since the validity of the MMPI protocols of inconsistent MMPI TR Index Ss (see Chapter III) is questionable, it is more likely that the correlations between the RSCI and MMPI criteria are more valid without these nine inconsistent TR Ss. When these inconsistent TR Ss were removed, there were no changes in significant correlations for females from the total female sample results. However, when the inconsistent TR Ss ($N = 5$) were eliminated from the male sample, no significant correlations were found for males between the RSCI and MMPI criteria. A significant correlation for MMPI scale 6 was found for the total male sample (Tables 3.1 and 3.2), but scale 6 was not significant (for both Freshmen and Adult norms $r_{obs} = .20$, $r_{.05}(43) = .29$) when the inconsistent TR Ss were eliminated. This finding casts doubt upon the

significant correlation found in the total male sample of the present study. This finding lends added support to the need for devising a separate RSCI Scoring Manual for males.

When inconsistent TR Ss were removed, no significant differences were found between the RSCI and MMPI FK total scores, or for scales 7 or 8, for males and females combined. This contrasts with the total sample results, where significant differences on these scales were found. Significant differences on MMPI AK, and scales 2, 4, and 6 remained the same with or without inconsistent TR Ss for males and females combined. Since no significant correlations were found for males, whereas seven of eight were found to be significant for females, the combined correlations for males and females appear to have limited meaning.

The sections which follow attempt to relate the meaning of RSCI item responses to the MMPI individual scales. Adjectival descriptions of the meaning of the various correlations between the RSCI, and MMPI scales are given in the previous chapter. There is value in these general descriptions, based on empirical research. The composite descriptions in Chapter III are based on collective profile configurations of correlations between the RSCI and the MMPI. In most cases more than one MMPI scale is involved. Evaluations of several MMPI scales together has the advantage of avoiding descriptions based on one scale only. For

example, one individual may be high on MMPI scale 4, but he may also be high on three other scales. Another person may be high only on scale 4. Interpreting these two protocols on the basis of scale 4 only may make these individuals appear more similar than they actually are.

On the other hand, broad descriptions such as those in the previous chapter can become quite diffuse and difficult to apply meaningfully, and may lack a persuasive theoretical framework. Thus there is value also in analyzing the significant correlations between the RSCI and MMPI on the basis of the separate individual MMPI scales.

RSCI and MMPI scale 1.--A significant positive correlation was found between the total RSCI scores and MMPI scale 1 for females, but not for males (Tables 3.1 and 3.2). Individuals who are elevated on this scale are characterized by a "lack of insight into the emotional basis for their preoccupation with somatic processes [Dahlstrom et al., 1972, p. 178]." Ninety percent of the items on this scale are concerned with physical symptoms and health. The RSCI was not intentionally designed to correlate with scale 1. One may ask which items and responses on the RSCI might be related to MMPI scale 1. There are responses on the RSCI which are scored unhealthy because of a lack of admission of emotional reality, denial of emotional need, naive beliefs about the magical removal of emotional problems, and item

responses where a lack of healthy affirmation regarding one's self, body, sickness, and the material world are found. It is conceivable that these unhealthy and unrealistic religious beliefs may either precipitate or be derived from emotional immaturity and abnormal concern for one's bodily functioning.

RSCI and MMPI scale 2.--A significant positive correlation was found between the RSCI, and MMPI scale 2 for females, but not for males (Tables 3.1 and 3.2). Unhealthy and unrealistic religious beliefs regarding faith, hope, love, giving, sacrifice, success, failure, "goodness," and death may result in a denial on the RSCI of the human emotions of anger, grief, pessimism, doubt, and sexuality, as well as a denial of legitimate self, material, and achievement needs. Such denial may lead to overt or covert depression; e.g., smiling depression, loss of interest in things, feelings of uselessness, worthlessness, retardation of functioning, and shyness. Protestant religious beliefs may be used in Pollyanna ways as a denial of depression, as an escape from emotional responsibility, an excuse for not functioning, a resignation from problem solving, an emphasis on grace that does not take competence and works seriously, and as a compensation for failures: personal, physical, social, or vocational. Thus unhealthy Protestant beliefs may precipitate or be derived from depression.

RSCI and MMPI scale 3.--A significant positive correlation was found between the RSCI and MMPI scale 3 for females, but not for males (Tables 3.1 and 3.2).

This scale was developed to aid in the identification of patients using the neurotic defenses of the conversion form of hysteria. These patients appear to use physical symptoms as a means of solving conflicts or avoiding mature responsibilities [Dahlstrom et al., 1972, p. 191] .

Scale 3 has the second highest percentage (38) of items regarding physical symptoms, of the ten basic MMPI clinical scales. Endorsement of physical symptoms on scale 1 is more likely to be general and diffuse, whereas endorsement of physical symptoms on scale 3 is more likely to be specific.

Individuals with elevated scores on this scale appear to be particularly fond of denial. They have a tendency to deny troubles and to deny impulses in themselves which are uncomplimentary to them. The contradictions and denials of these women seem to appear in the form of various reaction formations; i.e., the more they feel one way, the more they act the opposite. For example, the more disappointed, irritated, and negative their attitudes toward others are, the more friendly and sociable they attempt to be. The more worrisome and insecure they are, the more poised and assured they attempt to appear. The greedier they feel, the more generous they attempt to appear. The more inferior they feel, the more vain they become. The more impotent they

feel, the more they seek to display, dramatize, and convince others of their power.

These women have a tendency to become increasingly overexcited and hysterical under increasing stress, presumably because of their inability to adequately and inwardly handle escalations of emotion. These escalations of emotion get out of control because they are denied and because methods of coping are unsatisfactory.

The denial and reaction formations described above are logically and psychologically similar to responses on the RSCI which are scored as psychologically unhealthy; e.g., denial of fears, doubts, problems, sexual feelings, and anger. Personal denial may easily be compounded by social denial, and personal and social denial may be even further compounded by religious denial (or vice versa).

RSCI and MMPI scale 4.--A significant positive correlation was found between the RSCI and MMPI scale 4 for females, but not for males (Tables 3.1 and 3.2). Unhealthy religious beliefs on the RSCI which indicate a lack of control of temptation, a lack of concern regarding matters of conscience, a more-sinned-against-than-sinner attitude, would appear to have some similarity to the characteristics of females with elevated scores on this scale. Females with elevated scores on scale 4 tend to externalize blame for their troubles. They complain that, because of what others

have done to them or failed to do for them, they have been unjustly deprived of freedom, happiness, prosperity, success, prestige, love, and understanding. These women have a tendency to act out their dissatisfactions on their environment by disregarding social customs and moral standards, by violating laws and getting into trouble with authority figures. These women have a tendency not to profit from punishment and to be emotionally shallow in their relations with others "particularly in sexual and affectional display [Dahlstrom et al., 1972, p. 195] ."

RSCI and MMPI scale 6.--A significant positive correlation was found between the RSCI and MMPI scale 6 for females, for males, and for females and males combined (Tables 3.1 and 3.2). Individuals with elevations on this scale tend to believe that other people are against them, that the motives of others are unscrupulous, and that they are being adversely pressured, influenced, and plotted against. Individuals with elevations on scale 6 have a tendency to build up false and rigid belief systems which do not correspond with reality. A number of responses on the RSCI which are scored as unhealthy reflect unrealistic beliefs. Such persons are likely to be shy, timid, suspicious, and cynical about others. These individuals are characterized by others as ruthless, clever, fickle, and hardhearted. They have a tendency to project motives onto

others which actually are within themselves. "People are against me," actually means, "I am against others." "People are not trustworthy," actually means, "I am not trustworthy." "People won't relate to me," actually means, "I won't relate to others." "People don't care about me," actually means, "I don't care about others." "People don't do good things for me," actually means, "I don't do good things for others." "People are no good," actually means, "I am no good." The excessive downgrading of others and upgrading of themselves may both largely stem from an individual's downgrading of his own self. Some items on the RSCI specifically concern acceptance of others and the acceptance of oneself (4, 17, 36, 47, 56, 58, 72, 86, 88), and may be important contributing elements to the correlation with scale 6.

RSCI and MMPI scale 7.--A significant positive correlation was found between the RSCI, and MMPI scale 7 for females, but not for males (Tables 3.1 and 3.2). Responses of perhaps 22 of the 35 items evaluated for scoring on the RSCI may directly or indirectly contribute to the correlation on this scale. RSCI responses regarding fear, anger, sex, temptation, sin, conscience, forgiveness, and self-evaluation may contribute to the correlation on this scale. Individuals with elevations on this scale are likely to repress threatening emotions, have abnormal fears, experience excessive anxiety and guilt, be easily embarrassed,

have unrealistically high levels of morality and aspiration, suffer from excessive self-criticism and self-dissatisfaction, and are likely to be indecisive, inhibited, and immobilized.

RSCI and MMPI scale 8.--A significant positive correlation was found between the RSCI and MMPI scale 8 for females, but not for males (Tables 3.1 and 3.2). Individuals with elevated scores on scale 8 tend to be seclusive, secretive, and serious. They are likely to be apathetic and undependable, lacking in self-confidence and maturity. These individuals describe themselves as conceited, boastful, selfish, hostile, rebellious, and pugnacious. In contrast to these self-descriptions, other people described these individuals as humble, peaceable, and grateful. This contrast suggests that even normal inner feelings of aggressiveness, anger, self-seeking, self-affirmation, self-autonomy, and competitiveness may arouse excessive concern, suppression, and concealment on the part of these individuals. This may cause them to appear outwardly placid, even apathetic. Thus their oversensitivity within may result in their presenting a poker face of "insensitivity" to other people.

Unhealthy RSCI responses regarding social and emotional isolation and immaturity may relate to this scale. In general, unhealthy Protestant beliefs may lead to withdrawal and alienation from others. And in particular, unhealthy

Protestant beliefs regarding fear, anger, doubt, sexuality, temptation, conscience, and self may lead to emotional immaturity.

Unlike psychotic groups who are high on this scale, there is little to suggest any appreciable degree of disorganization in their [college women] behavior... since [they were described by their peers with] such terms as orderly, wise, clear-thinking, and adaptable [which] seem to convey good control and integration [Dahlstrom et al., 1972, p. 280].

RSCI and MMPI scale 9.--No significant correlations were found between the RSCI and MMPI scale 9 for males or for females, or for males and females combined (Tables 3.1 and 3.2). The two major reasons for not hypothesizing a significant correlation between the RSCI and MMPI scale 9 were (1) the pilot study failed to indicate such a relationship, (2) there is no reason to believe at the present time that a substantial number of responses which are scored as unhealthy on the RSCI would reflect personality characteristics associated with MMPI scale 9.

RSCI and MMPI scale F.--No significant correlations were found between the RSCI and MMPI validity scale F for males or for females, or for males and females combined (Tables 3.1 and 3.2). A relationship between the RSCI and scale F was hypothesized mainly on the basis of the pilot study, where a significant correlation was found.

A reconsideration of the factors which influence scale F indicates that under some circumstances a correlation between the RSCI and scale F might be found. The endorsement of certain items on the F scale may correspond to certain items on the RSCI. However, (1) if the appropriate corresponding items on the RSCI and scale F are not endorsed, or (2) if items on the F scale are endorsed concerning past behavior which has been adequately resolved and overcome by the individual, or (3) if the individual endorses items on the F scale out of ignorance, carelessness, confusion, an unusually atypical test-taking orientation, or out of hostility, then it is quite possible that the RSCI and scale F would not correlate.

Hypothesis 3: RSCI and Traditional Measures of Religiosity

The RSCI was found to be a better predictor of the MMPI criteria than were any of four traditional measures of religiosity (Tables 3.4-3.6). Thus Hypothesis 3 was supported. This finding is interpreted as supporting the view that a qualitative measure of religiosity (RSCI) rather than quantitative traditional measures of religiosity better predicts maladjustment (MMPI criteria).

Many studies concerning the relationship between religion and mental health have used traditional measures of religiosity as independent variables. The results of

the present study regarding Hypothesis 3 call into question the adequacy of traditional measures in such studies.

Professional baseball scouts do not judge the quality of a prospective player exclusively on the basis of whether or not the player is a formal member of a baseball team, the frequency with which the player plays baseball, how often the player reads books about baseball, or how much the player meditates on the game. These indices leave a lot to be desired in choosing a professional baseball player. These indices may indicate necessary basic conditions for a professional baseball player but they are far from sufficient conditions. Likewise, the quality of an individual's religious faith would not seem to be adequately measured by the typical quantitative indicators of religiosity such as church membership, church attendance, prayer frequency, or Bible reading frequency. This is not to say that such activities may not be important or vital to a healthy and vigorous religious life. It is simply to say that a given quantitative category of religiosity, such as Bible reading frequency, does not adequately distinguish the qualitative level on which a given individual is functioning.

CHAPTER V

CONCLUSIONS

Limitations of the Present Study

One limitation of the present study is that the responses on the three sets of 28 protocols, which were independently scored by each of the three scorers, were not typed out randomly on sheets separate from the original written protocols of the Ss. The failure to take this precaution may mean that the results of the present study are contaminated by "halo" effects. The method of typing responses on separate sheets was employed with the 21 protocols which were used to determine interscorer reliability (see Chapter II).

Another apparently serious limitation of the present study is that only nine males were included in the pilot study upon which the RSCI Scoring Manual was largely based. This may have been a major factor in the failure to anticipate and provide separate Scoring Manuals for males and females in the present main study.

A further limitation of the present study was that the N for Blacks and for the lower socio-economic class groups were too small to determine whether relevant significant differences exist for these subgroups.

Moreover, there may be a limitation as well as an advantage in using religious sentence-completion stems. The religious stems which make up the RSCI frequently evoke strong emotional responses. Observation by the E of Ss in both the pilot and main studies, as well as examination of Ss written responses, seem to indicate both an advantage and a disadvantage of religious stems. Religious stems apparently give some Ss an opportunity to respond in ways which they may not have revealed themselves on "nonreligious" tests. Religious stems may encourage some Ss to be more self-disclosing in their expression of positive and/or negative belief responses. However, for other Ss religious stems may cause them to react with responses indicating greater rebellion, rejection, and evasiveness than they would on a nonreligious test. Thus religious stems may be responsible for increasing validity for some Ss, and decreasing validity for others. The possibility of constructing validity measures for the RSCI might be considered to discriminate between individuals whose validity remains intact, or is increased, or decreased by religious stems or other factors.

Another possibility for consideration is to use some of the religious stems in the RSCI in combination with other nonreligious stems. The heavy concentration of religious stems on the RSCI may have adverse effects on the responses and scores of some Ss.

Future Research and Development

The RSCI responses and data gleaned from Ss in the present study may be used to improve the RSCI Scoring Manual. The revised RSCI Scoring Manual may then be used in future research. RSCI total scores, as well as the specific responses of individual Ss, may be examined in relation to the same Ss MMPI total score. By this method discovery of additional responses to score, or other scored responses which need to be made more precise or otherwise revised, may be achieved.

From the present study it seems advisable to devise separate RSCI Scoring Manuals for males and for females, as previously discussed.

A reconsideration seems in order regarding the possibility of a graded scoring system for RSCI responses adjudged to be unhealthy. Such graded systems of scoring have apparently been successful in other developments of sentence completion tests. Weights of 0-6 are assigned to sentence completion responses by Rotter and Rafferty (1950), weights of 0-5 by Mosher (1961), and weights of 0-2 by Lanyon (1970).

The above-suggested experimentations and changes may improve the reliability and validity of the RSCI.

The possibility of devising scales for the RSCI may also be considered. At the present time it appears that

responses scored as unhealthy on the RSCI are related to the standard defense mechanisms outlined by psychoanalytic theory. Unhealthy RSCI responses are related to MMPI clinical scales which reflect characteristics and categories that have traditionally been set forth in abnormal psychology. RSCI responses regarded as unhealthy are also related to some of the more recent emphases on responsibility cited previously. Viable scales might turn out to include one or more of the above dimensions or others determined by factor analysis.

Following improvements in the scoring system, mentioned above, research could be done with mental hospital, prison, post-college, and Protestant church groups. Also, research could be done with Protestant pastoral-counseling counselees, Protestant seminary students, and practicing Protestant clergymen.

It is important to note at this point that administering the RSCI in a church environment may significantly change the set of a given S from a set which this same S might have in a college classroom. It is well to keep in mind that the present main study data was collected in a college classroom setting. Thus data collected from administrations of the RSCI in a church or semi-church environment should be treated with caution. To solve this problem, an RSCI validity scale to measure factors such as social-religious desirability might be devised and

used to correct and adjust RSCI raw scores. The RSCI already has some built-in protection against social-religious desirability effects, since some of the item stems are designed to elicit (unless the S knows better) what a S may believe is a desirable social-religious response which actually turns out to be an unhealthy belief. For example, consider the following response to RSCI item 57: "A Christian who has doubts about God / is not a true Christian." This particular response would be regarded by some Ss as a healthy response but the response is actually scored as unhealthy. Conversely, in a church environment some Ss may actually approach the RSCI with an anti-social-religious desirability set which they might not have in a college classroom. Anonymous administrations or administrations of the RSCI by persons not on the church staff or membership, who agreed to keep results in confidence, may help to offset some of the adverse influences on RSCI scores of contaminating sets.

Criterion measures other than those employed in the present study might also be researched: MMPI special scales for ego strength, dependency, anxiety, and Welsh's A and R factors, pastor's ratings, psychologist's ratings, and sociometric data.

It seems reasonable to assume that the results of the present study would generalize rather well to other normal populations of Protestant females in the United States. The one MMPI scale (6) with which RSCI scores for men

correlated was barely significant. Furthermore, this one correlation for males on scale 6 was not significant when inconsistent MMPI TR Index males were removed from the total sample of males. This finding casts doubt upon the validity of the significant correlation found in the total male sample. A more adequate and valid scoring system for males needs to be developed before generalizations to male groups could be made with confidence.

The results of the present study may not generalize well to Protestant seminary students or to Protestant pastors, either male or female. Special norms and possibly special scoring manuals for seminary students and pastors may be needed. Such modifications of the RSCI may be worthwhile. At the present time Protestants seem to be taking greater interest in not only training pastors in pastoral psychology but also in improving the mental health of pastors themselves. It may be that pastors are particularly susceptible to problematic involvements with psychology and theology precisely because they often have heavy personal and professional investments in both fields.

In the present study the decision was made to include a broad "Protestant" sample. Individuals with Protestant backgrounds who at the present regarded themselves as agnostic, atheist, or "Other," and who had not committed themselves to a specific nonProtestant group, were all categorized as Protestants (N = 29). Of course individuals

who regarded themselves as Protestant at the time they were tested were also regarded as Protestants (N = 74). From the standpoint of religious development, many undergraduate students go through a stage of evaluation, reevaluation, and rebellion regarding the beliefs to which they were exposed earlier in life. With many undergraduate students in an unsettled state, it is difficult to determine whether doubt and rejection of their religious background represents a mature permanent choice or whether their doubt and rejection is a transitory stage of religious development. Thus for this reason the Protestant category in the present study was made broadly inclusive. Although the present study data did not indicate that former Protestants and present Protestants should be considered separately, more research is needed to determine if this finding is stable.

Sentence completion tests similar to the RSCI could be developed for agnostics, atheists, and the indiscriminantly anti-religious, as well as faith groups such as Catholics, Jews, and Moslems, etc.

The question arises as to whether a sentence completion test could be devised which would be applicable to any faith group. Perhaps the same sentence completion stems could be used with different scoring systems. Assuming that this would be possible, the massive resources required to carry out research on such a gigantic project would seem

prohibitive at the present time. However, with the increasing contact and intermingling of faith groups which were previously more confined to certain geographical areas, and with the plurality of belief systems, the need for devising a universal instrument becomes more pressing.

Uses of the RSCI

The first thing which needs to be said about the RSCI is that it is in a preliminary stage of development. Therefore, the RSCI should be used for research purposes only.

If and when the reliability and validity of the RSCI have been satisfactorily established, it may be found to be useful for a number of purposes. The RSCI might be used as part of a test battery for Protestant mental-hospital patients. In a mental-hospital setting useful information for the psychologist, psychiatrist, and chaplain might be obtained from the RSCI. Similar use might be made of the RSCI in a prison setting.

Furthermore, in other clinical settings the RSCI might be used particularly to assess bizarre and dangerous religious beliefs. Some individuals who have tendencies to be self-destructive or destructive to others have found justification for their tendencies in a grossly sick religious faith. Individuals have justified their killing of others by saying that "It was the will of God." People

have justified radical self-abuse, such as tearing out their eyes, on the basis of twisted literalistic interpretations of scripture.

The RSCI might be used by pastors or by pastoral counselors in a Protestant church setting where there is concern for mental health and qualified personnel are present to administer and follow up on the RSCI. One of the more natural settings for the RSCI would be in pastoral counseling centers.

Many Protestant seminaries are showing increasing interest in the mental health of seminary students. Likewise, the need for pastoral counseling and psychotherapy for practicing clergymen and their families has become increasingly apparent. Assuming that the RSCI could be adapted for use with such religiously specialized groups it may be one of the helpful tools in assessment.

Proper use of the RSCI raises the question as to who should administer the RSCI, and who should treat the individual where a combination of theological and psychological problems is indicated. Qualifications for administration would seem to include those attributes which are important for most paper-and-pencil tests. Qualifications for scorers were discussed previously. The question of who should treat the individual where a combination of theological and psychological problems is indicated has been

discussed by Menninger (1953), Mowrer (1961), and Clinebell (1966). Clergymen vary widely in their psychological training, sophistication, and objectivity; and psychologists and psychiatrists vary widely in their theological training, sophistication, and objectivity. The answer to this question seems to lie in the individual clergyman's, psychologist's, psychiatrist's, or counselor's ability to assess his own and others' competence or lack of competence in dealing with theological-psychological problems. The ability to assess competence and to act accordingly, e.g. to refer when one cannot do justice to his counselee, seems to be a logical but sometimes difficult solution to apply.

What About Psychologically Healthy Religious Beliefs?

One may ask why the present study is preoccupied with psychologically unhealthy religious beliefs. What about psychologically healthy beliefs? Is not the assessment of healthy religious beliefs as important as, or even more important than the assessment of unhealthy religious beliefs? The omission of more direct consideration of psychologically healthy religious beliefs from the present study was not chosen because of a prejudgment that such beliefs do not exist or are not important. This omission was due to the following practical and theoretical considerations.

First, consideration of healthy beliefs was omitted because of the difficulty of making distinctions between genuinely healthy religious beliefs and religious beliefs which are socially or religiously desirable. Socially and religiously desirable beliefs may be adopted merely because they are socially acceptable or respectable, not because they have been independently evaluated and autonomously chosen by an individual. The importance of identifying and/or eliminating socially desirable responses from psychological testing instruments has been recognized in psychology (Crowne & Marlowe, 1964, Edwards, 1957). The social desirability problem has been one of the reasons by which psychological testing instruments have generally been geared to assessing psychological maladjustment rather than adjustment and normalcy.

Second, consideration of healthy beliefs was omitted because the MMPI, criteria measure of the present study, is regarded as predominantly a measure of maladjustment rather than adjustment. This limitation of the MMPI seemed indirectly to be borne out in the pilot study of the present study when it was discovered that a graded system of scoring for the RSCI which attempted to include healthy religious belief responses did not result in improved positive correlations between the RSCI and MMPI (Mini-Mult). Use of other criterion measures such as sociometric data may

result in improved correlations with the RSCI, particularly if the RSCI were scored according to a graded scoring system which scored healthy as well as unhealthy responses.

Third, another reason for omitting consideration of healthy religious beliefs from the present study was to limit the scope of the present study.

A fourth reason for omitting consideration of healthy beliefs from the present study was that to some extent psychologically healthy beliefs may be inferred from the absence of psychologically unhealthy religious beliefs. This inference, however, is subject to two important qualifications: (a) using the analogy of medicine, one may see that one person who is sick and another person who is well may both undergo the same series of medical tests, and in both cases no indication of disease may be found. In the case of the sick person the medical tests did not detect the particular disease problem. In the case of the well person there was no disease to detect. Thus one may see that evidence for the absence of disease from medical tests may or may not indicate the actual absence of disease in a given individual. From the standpoint of probability, each addition of a valid instrument of medical diagnosis (excluding overlapping elements) to a series of medical tests increases the probability of detecting disease if such disease exists, and increases the probability that an

individual is healthy if no evidence of disease is discovered. However, the possibility that disease exists is not entirely eliminated in the latter case. This illustration from medicine would seem to generally apply to psychological tests which are predominantly maladjustment measures. In particular, the medical analogy would seem to apply in the present study to the MMPI criteria, and to the interpretation of RSCI scores. And (b) again using a medical analogy, medical diagnostic tests do not always indicate the degree of positive health; e.g., the individual's physical skill, agility, endurance, muscular strength, organismic reserve, exercise habits, nutritional habits, sleep habits, or ability to apply his physical energy to his tasks. Likewise psychological instruments, specifically the MMPI and RSCI, may not indicate the degree of psychological or religious health which an individual may possess over and beyond signs which indicate the absence of psychological maladjustment. Thus the absence of psychologically unhealthy religious beliefs on the RSCI may indicate an increased probability that one's beliefs are healthy, but it does not eliminate the possibility that one's beliefs are not healthy.

Because of the four considerations above, psychologically healthy religious beliefs were omitted from more direct consideration in the present study.

Is Sincerity Enough?

One of the most prevalent beliefs in the United States regarding religion is "It doesn't make any difference what you believe as long as you are sincere." Americans like to pride themselves in showing tolerance of diversity-- including diversity of belief. Nevertheless, in practice there is still much intolerance, dogmatism, prejudice, and inconsideration. However, in an effort not to hurt people's feelings, to be nice, fair, an all-embracing sincerity is proclaimed, endorsed, and exalted above all belief differences. Many times the motives for endorsing sincerity are themselves quite sincere and noble. Perhaps the endorser of sincerity sincerely does not wish to be rejectionistic, condemnatory, narrow-minded, self-righteous, arrogant, or offensive in his attitude toward others who differ in their belief.

There is a great deal to be said in favor of tolerance and sincerity regarding religious beliefs. Ugly, destructive, and horribly tragic consequences have come from religious conflicts.

On the other hand, abhorrence of religious strife may have pushed Americans to the other extreme. All beliefs are regarded as equal--equally good, or equally bad, or equally indifferent, depending on one's point of view. On the surface, such a view of equality of belief sounds very good, altogether fitting and proper. However, sincerity

does not determine truth. Consider the following instances in which a person may be sincerely wrong. "I sincerely believed the mushroom wasn't the poisonous kind, so I gave it to a friend to eat." "I sincerely didn't think the gun was loaded, so I pulled the trigger and shot a neighbor." "I sincerely believed I was doing the right thing when I insisted that my son take over the family business." "I sincerely thought I was doing the right thing when I quit school and got married." "I sincerely believed that the other car would give me the right of way." From these examples one is able to see that sincerity does not determine truth nor does sincerity preserve one from possible disastrous consequences of erroneous belief.

In physics, chemistry, biology, mathematics, sincerity is not regarded as the ultimate criterion of truth. In the social sciences sincerity, although it is a desirable virtue, is not regarded as a sufficient criterion for establishing scientific law. Even in philosophy, more than sincerity is required in most cases, and one is expected to set forth logical arguments in defense of his view. In religion, however, there is thought to be little or no basis for one's convictions other than subjective experience and sincere belief. It is true that the subjective element is a major factor in religion, as it often is in other fields.

However, if the proposition of the present study is true, that some beliefs are psychologically unhealthy, then one must raise a serious question concerning the popular American notion of sincerity.

There are certain differences in religious belief which are due to individual taste, interest, preference, and need. What is best religiously for one person may not be for another. Nevertheless, over and above these preferential differences in belief, there may be religious beliefs that are qualitatively different. A parallel example is found in the field of nutrition. Cultures as well as individuals may differ in their dietary habits. Two diets may differ in the types of foods consumed and yet may still be equally nourishing. Nevertheless, one would be mistaken in drawing the conclusion that all diets therefore are equally healthy. All diets, whatever the variety of their content, need to be evaluated from the standpoint of sound nutritional principles. Likewise, allowances should be made for certain individual preferences in religious belief. Such allowances, however, should not overlook the possibility that some beliefs may be quite different in their effect upon one's mental health, or, for that matter, upon some other legitimate criterion.

One of the problems faced by clergymen, psychologists, psychiatrists, and counselors is whether another person's religious beliefs should be confronted and challenged. If

all religious beliefs are regarded as detrimental, then all religious beliefs may be challenged. If all religious beliefs are regarded as good, there is no reason or basis for confrontation. If all religious beliefs are regarded as entities that should never be tampered with, whether they be good, bad, or indifferent, then they shall be left alone. However, even when another person's beliefs are left alone, the individual may be as much or more affected as when his beliefs are challenged. But if a counselor believes that some religious beliefs are unhealthy and others are not, then there need to be some criteria for making this discrimination. The proposition of the present study is that this distinction does exist, and that the distinction needs to be researched and delineated. Tolerance of religious beliefs sounds good, and is often called for. But where religious beliefs are detrimental to oneself or others, they need to be diagnosed and treated. Serious errors have and may be made in the diagnosis and treatment of unhealthy religious beliefs. This does not mean, however, that attempts to diagnose and treat religious beliefs that are unhealthy should be abandoned, any more than that errors in medical practice mean that medicine should be abandoned. Rather, errors in diagnosing and treating religious beliefs emphasize the importance of developing reliable and valid tools and methods for diagnosing and treating unhealthy religious beliefs.

CHAPTER VI

SUMMARY

Does religion hinder mental health? Some people maintain that religious individuals are psychologically unhealthy. Others claim that religion does not hinder mental health. A third possibility was investigated in the present study: whether religion hinders or does not hinder mental health depends upon the nature of an individual's belief system; i.e., the particular kind of beliefs a person holds.

The present study is confined to Protestants and Protestant beliefs about religion. To assess the particular Protestant beliefs regarded as unhealthy, a Religious Sentence Completion Inventory (RSCI) was developed. A Scoring Manual for the RSCI was developed from a pilot study, using an abbreviated form (Mini-Mult) of the Minnesota Multiphasic Personality Inventory (MMPI) as the maladjustment criterion. The main study followed with 103 undergraduate students as Ss. Interscorer reliability for the RSCI was .83.

The results of the main study revealed significant positive correlations between the RSCI and maladjustment validity criteria: an MMPI total score, and MMPI clinical scales 1, 2, 3, 4, 6, 7, and 8, but not F, for females.

Only MMPI scale 6 correlated with the RSCI for males, although this one correlation is suspect. Possible reasons for the sex differences were the small number of males in the pilot study, and the inability of many Protestant males to see religion as a legitimately masculine endeavor.

These data appear to partially support the proposition that whether or not Protestant beliefs about religion are psychologically unhealthy does depend upon the nature of an individual's belief system; i.e., the particular kind of beliefs a person holds. Support for this main thesis of the present study is stronger for females (eight of nine correlations hypothesized significant) than for males (one of nine correlations hypothesized significant).

Furthermore, the RSCI was found to be a better predictor of the MMPI criteria (14 of 27 predictions significantly different) than were traditional measures (church membership, church attendance, prayer frequency, and Bible reading frequency) of religiosity (none of 108 predictions significantly different). These findings are interpreted as supporting the view that traditional quantitative and categorical measures of religiosity do not satisfactorily discriminate qualitative mental health differences among Protestants.

Further analysis of the data from the present study, including examination of specific RSCI responses and

additional appropriate research, are seen as likely to contribute to the improvement of reliability and validity of the RSCI in the future. Uses of the RSCI were considered, as well as the development of instruments of similar type for other faith groups.

APPENDIX A

INSTRUCTIONS

- *Please do not write your name on any of the survey materials. Only numbers will be used to identify survey materials.
- *Answer each part of the survey in the proper order. When you have completed one part go on to the next part.
- *Your responses to the following test materials will be kept in confidence. Your name will not be associated with your test responses.
- *Your responses to the survey materials will have no influence upon your grades in courses in which you are presently enrolled, and will not influence your future academic standing at North Texas State University.
- *You will receive no academic credit for your participation in this research project.
- *Some parts of this survey concern your personal beliefs about religion. If you sincerely object to revealing your personal beliefs about religion you may turn this sheet over and write a statement explaining the reason for your objection.
- *Your honest answers will increase the accuracy of the research.

APPENDIX B

PERSONAL INFORMATION QUESTIONNAIRE

Please do not put your name on this questionnaire.

Date _____.

Age _____; Sex (circle one) : Male Female ;

Nationality _____; Race _____;

Marital status (circle one) : Single Married Divorced

Widow(er);

Highest grade completed in elementary or high school

(circle one): 1 2 3 4 5 6 7 8 9 10 11 12 ;

Check highest educational level or degree in college or

university: I have never attended _____;

I am a freshman _____; sophomore _____; junior _____; senior _____;

I am a college graduate _____;

I am a graduate student _____; have a master's degree _____;

have an earned doctorate _____;

Present occupation _____.

For the following questions, "father" means the major adult male person in your household when you were growing up. If no male figure was present answer for mother or major female person in household.

Whether your "father" is living, deceased, or retired; answer in terms of his present or previous most productive years.

Father's occupation _____.

Father's approximate income for a year: \$ _____.

APPENDIX C

RELIGIOUS SENTENCE COMPLETION INVENTORY

*On the seven pages which follow you will find one hundred numbered items. Each item is an incomplete statement.

*Complete the numbered incomplete statements so that they make complete sentences.

*EXAMPLES of how one incomplete statement might be completed by four different people:

(A) I believe that Adam and Eve / never actually existed.

(B) I believe that Adam and Eve / were actually the first two people on earth.

(C) I believe that Adam and Eve / don't help us to understand very much about what people are like today.

(D) I believe that Adam and Eve / illustrate some important characteristics of human nature that are still true today.

*The slash mark (/) in the examples above indicate the separation of the printed incomplete statement from the written response given by the person.

*The Religious Sentence Completion Inventory is concerned with any and all beliefs about religion which you may have.

*Whether your beliefs are in disagreement or agreement with, or are indifferent toward traditional and orthodox religious belief systems we are interested in having you fill out the following items.

*Please write so that your answers can be read.

RELIGIOUS SENTENCE COMPLETION INVENTORY

*Do the items in order.

*If you are unable to complete an item, circle the number of that item and go on to the next item.

*Do the items as quickly as you can.

*Complete the following incomplete sentences by writing down what you believe.

1. Believing in God
2. To me God seems
3. As far as I am concerned the ten commandments
4. Racial integration in the churches
5. When I have a hard decision to make, I believe God
6. Heaven
7. Talking about religion in my family when I was growing up
8. My sins
9. People join the church because
10. Asking God in prayer
11. Christianity is based on

12. After death
13. People sin because
14. I consider the authority of the Bible
15. Becoming spiritually perfect in this life
16. For me to evangelize other people
17. The unforgivable sin
18. When Jesus said a person should take up his cross, he meant
19. A person who does not feel good enough to pray
20. The rewards of a Christian
21. Serving God
22. A good definition of sin
23. Knowing God
24. If someone asks me if I have been saved
25. God's will for me
26. Temptation
27. To lose one's life for Christ
28. When I feel that God is not real

29. From a Christian point of view, drug pushers
30. Depending on God
31. When my conscience bothers me
32. Hypocrisy in the church
33. God's love for me
34. Resisting temptation with will power
35. Jesus taught that God's eye is on the sparrow,
which means
36. Compared with other people my sins
37. A Christian faces death
38. The difference between Jesus and other men
39. God's purpose for people
40. Punishment for sin
41. If you become a Christian your freedom
42. God's achievement of a final victory over evil
in history
43. The way to handle temptation
44. Christians who let other people run over them

45. The voice of God
46. To the Christian material things
47. When someone accuses me of being a sinner, I
48. To deny oneself
49. Prayer
50. An open-minded Christian
51. The Bible verse, "every one who is angry with his brother shall be liable to judgment," to me means
52. Certainty in religion
53. To the Christian, money
54. The main message of the Bible
55. Billy Graham
56. The great commandment in the Bible teaches that loving oneself
57. A Christian who has doubts about God
58. If there is a judgment after death, and I am asked why I should be allowed into heaven, I would
59. To a Christian sickness means
60. When a person becomes a Christian learning more

61. I believe the way I do, because
62. People can stop sinning by
63. To obey Christ's commandment to love, means that feeling angry toward other people
64. Jesus Christ
65. People who do not attend church
66. The Bible verse, "every one who looks at a woman lustfully has already committed adultery with her in his heart," to me means
67. To say that Christ is the answer
68. To be humble a Christian must
69. Conquering my sins
70. I think of clergymen as
71. The effectiveness of private prayer depends on
72. When someone tries to persuade me to believe in Christ
73. When a person has faith, his fears
74. Evil in the world means that the goodness of God
75. I believe my relationship with God
76. I like sermons that

77. A Christian who feels discouraged
78. For a Christian, the flesh
79. My calling from God
80. When you have sinned, you should
81. An ambitious Christian
82. An emotional religious experience
83. The purpose of the church
84. To change human nature
85. The problems of Christians
86. Because of my relationship with God, I believe I am
87. To me the cross of Christ
88. The difference between my temptations, and the temptations of other people
89. Hell
90. If a church service is not interesting
91. A Christian who feels sexual desire
92. The failures of the church
93. Forgiving myself

94. People who pray in their battle with temptation
95. When I compare the way I look at religion with the way my mother looks at it
96. Reading the Bible
97. People who don't believe that they must give an account of themselves to God after death
98. When a Christian loses a loved one, grieving
99. Believing without understanding
100. Tests like this

*At the beginning of this part of the survey you were asked to circle the number of any items that you were unable to complete.

*Go back and complete any items which you may have omitted before going on to the next part.

APPENDIX D

RELIGIOUS INFORMATION QUESTIONNAIRE

Instructions:

Please do not put your name on this Religious Information Questionnaire.

Please answer all questions.

If you are not clear on how to answer any of the following questions, ask the administrator of the survey for help.

1a. In the list below write the word "PAST" in the blank to the left of the name that best describes: the strongest religious or nonreligious influence upon you in the past (choose one name only):

PAST	PRESENT
_____	_____
Agnosticism (I do <u>not</u> know whether God can be known or not)	
_____	_____
Atheism (I do <u>not</u> believe in God)	
_____	_____
Bhuddism	
_____	_____
Confucianism	
_____	_____
Eastern Orthodox Christianity	
_____	_____
Hinduism	
_____	_____
Islam (Muslim)	
_____	_____
Judaism	
_____	_____
Protestant Christianity (E.g., Assembly of God, Baptist, Christian, Christian Science, Church of Christ, Church of God, Congregational, Episcopal, Jehovah's Witnesses, Lutheran, Methodist, Mormon, Pentecostal, Presbyterian, Quaker, Salvation Army, Seventh Day Adventist, United Church of Christ, etc.)	
_____	_____
Roman Catholic Christianity	
_____	_____
Shintoism	
_____	_____
Taoism	
_____	_____
Unitarian Universalist (I consider myself part of Protestant Christianity)	
_____	_____
Unitarian Universalist (I do <u>not</u> consider myself part of Protestant Christianity)	
_____	_____
Zoroastrianism	
_____	_____
Other (please be specific)	

- 1b. In the list on the previous page (Question 1a) write the word "PRESENT" in the blank space to the right of the name that best describes your present nonreligious or religious belief (choose one name only).
- 2a. Are you a member of a church, synagogue, temple or other religious group? Yes _____; No _____.
- 2b. If you answered, "yes" to question 2a, what is the full name of the church, synagogue, temple or religious group of which you are a member? _____

- 2c. How often do you attend church, synagogue, temple or other religious group? Never _____; Very Seldom _____; Once or twice a month _____; Once a week _____; More than once a week _____.
3. Which of the following do you believe best describes your view about religion (check one only):
Nonbeliever _____; Undecided _____; Conservative _____;
Liberal _____; Somewhere between Liberal and Conservative _____.
4. How often do you pray? More than once a day _____;
Once a day _____; At least once a week _____;
Very seldom _____; Never _____.

- 5a. How often do you read the Bible? (please answer regardless of your religious position) Never____; Very Seldom____; Weekly____; Daily_____.
- 5b. If the Bible is not the sacred literature of your religion: What is the sacred literature of your religion (be specific, e.g. Koran, Torah, Tripitaka, Vedas, etc.)? _____
- 5c. If the Bible is not the sacred literature of your religion: How often do you read the sacred literature of your religion? Never____; Very Seldom____; Weekly____; Daily_____.
6. I consider myself to be: Very religious____; of Average Religiosity____; Not very religious____; Neutral toward religion____; Against religion_____.

APPENDIX E

RELIGIOUS SENTENCE COMPLETION INVENTORY SCORING MANUAL

Scoring

Scoring of the Religious Sentence Completion Inventory (RSCI) requires that a decision be made as to whether or not a given response is psychologically unhealthy. Psychologically unhealthy responses are defined and determined by the categories and examples which are found in the RSCI Scoring Manual.

The meaning of a psychologically unhealthy response is defined separately for each sentence stem. The principles or categories for scoring one sentence stem may be different from the principles used to score another item. Furthermore, scorers should note that only 35 of the 100 sentence stems are evaluated for scoring (4, 8, 17, 24, 26, 28, 29, 31, 34, 36, 39, 41, 43, 46, 47, 49, 51, 56, 57, 58, 59, 63, 67, 69, 72, 73, 78, 85, 86, 88, 89, 91, 93, 97, and 98). The other 65 sentence stems do not need to be evaluated.

There should be sufficient grounds, based on the scoring manual categories and examples, for scoring a response as "one," otherwise score the response as "zero." In other words, if there is more doubt than confidence that a response should be scored as "one," the response should be

scored "zero." When a decision has been made to score a response as psychologically unhealthy, one point, and only one point is assigned to that response.

The sentence completion method may elicit a wide variety of responses for any given sentence stem. Therefore, it is not possible to include in the Scoring Manual every example of sentence completions which subjects may give. Thus the Scoring Manual may be used as a guide to determine whether a given response of a subject sufficiently approximates the principles or categories and examples found in the Scoring Manual to be scored as "one" or "zero."

Response fragments are scored in the usual manner if a complete thought has been expressed. For example, "Temptation / is hard to overcome at times but with...." Even though the subject did not finish the sentence in a formal sense he has expressed a complete thought which in this case is scored "zero." Such response fragments therefore are not considered to be omitted items, nor are they considered to be nonscorable responses (see below).

Responses which include errors in spelling grammatical structure are scored if the scorer is able to make a good guess as to the meaning and intent of the subject. For example, "The unforgivable sin / is dieing." The scorer may assume that the subject made a spelling error and that his corrected response would be, "is dying," which would be

scored "one." Similarly, "My sins / is always forgiven," may be reasonable interpreted to mean, "My sins / are always forgiven," and scored "zero."

Responses which have been crossed out but which are still readable and scorable, are scored. For example, "Temptation / ~~is-the-work-of-the-devil~~," is evaluated as if it had not been crossed out, and would be in this case scored "zero."

Responses which have been crossed out but which include, in addition, uncrossed out revisions: score uncrossed out revisions only. For example, "Temptation / ~~is-the-work-of-the-devil~~ doesn't bother me," only the uncrossed out revision is scored and in this case is scored "one."

Omissions

It is important for scorers to note and add up all omissions since one to six omissions are prorated, and protocols with seven or more omissions are discarded (see below). Omissions are defined as sentence stems which have no written responses following the stem, whether or not sentence stem numbers have been circled. Sentence stems followed only by a slash (/) are also considered omissions.

Nonscored Responses

In addition to omissions it is important for scorers to note certain types of responses which are not scored.

Nonscored responses in the RSCI protocol are counted and mean that the protocol is either prorated or in some rare cases discarded (see below). Nonscored responses are defined as responses to sentence stems such as

don't want to answer.
 I can't answer.
 don't know.
 unknown.
 no idea.
 don't understand.
 I haven't thought about it.
 no comment.
 no opinion.
 I can't speak for other Christians.
 I can't identify with this.
 ?
 !
 ----- . (line drawn after sentence stem)

The following are also considered nonscored responses.

Response fragments with incomplete thought, e.g., "The unforgivable sin / is...." Errors in spelling and grammar where the scorer is unable to make a good guess as to the meaning and intent of the subject, e.g., "Temptation / is fishie. Illegible responses where a good guess cannot be made by the scorer as to the meaning or intent of the subject. Crossed out responses which are illegible or nonscorable by the above standards.

Caution: some responses are scored that should not be confused with the examples and principles outlined above for nonscored responses. Examples of responses which are scored but which may be confused with nonscored responses are:

24. If someone asks me if I have been saved / I'd say I didn't know.

39. God's purpose for people / I don't know why we are here.

58. If there is a judgment after death, and I am asked why I should be allowed into heaven, I would / not know what to say.

Treatment of Omissions and Nonscored Responses

Whenever an RSCI protocol contains omissions and/or nonscored responses, the following procedure should be followed in sequence.

- A. Discard protocols with seven (7) or more omissions.
- B. Discard protocols with nineteen (19) or more omissions and/or nonscored responses.
- C. Prorate protocols with six (6) or less omissions.
- D. Prorate protocols with six (6) or less omissions, and in which there are eighteen (18) or less total omissions and/or nonscored responses. Furthermore, when the total omissions and/or nonscored responses ranges from seven (7) to eighteen (18), points are added to the individual's RSCI prorated score according to the following system:

Total Omissions and/or Nonscored Responses	Points Added to Prorated Score
7 - 8	1
9 - 10	2
11 - 12	3
13 - 14	4
15 - 16	5
17 - 18	6

The following examples illustrate the corresponding capital letters of the general principles above concerning the treatment of omissions and nonscored responses.

A. Example 1: protocol containing eight (8) omissions. Discard protocol.

B. Example 2: protocol with five (5) omissions and fifteen (15) nonscored responses. Total of twenty (20) omissions and/or nonscored responses. Discard protocol.

Example 3: protocol with nineteen (19) nonscored responses. Discard protocol.

C. Example 4: protocol with five (5) omissions and a RSCI raw score of 9. Prorate:

Total RSCI items scored

Total RSCI items scored — number of omissions

X RSCI raw score

$$= \frac{35}{35 - 5} \times 9 = \frac{35}{30} \times 9 = 10.499 \text{ (round off to 10)}$$

RSCI prorated score is 10.

D. Example 5: protocol with two (2) omissions and four (4) nonscored responses, and RSCI raw score of 5. Total omissions and nonscored responses is 6. Prorate:

Total RSCI items scored

Total RSCI items scored — Total omissions and non-scored responses

X RSCI raw score

$$= \frac{35}{35 - 6} \times 7 = \frac{35}{29} \times 7 = 8.45 \text{ (round off to 8)}$$

RSCI prorated score is 8.

Example 6: RSCI protocol with four (4) omissions and twelve (12) nonscored responses, and a RSCI raw score of 6.

Total omissions and nonscored responses is 16. Prorate:

Total RSCI items scored

Total RSCI items scored — Total omissions and/or nonscored responses

X RSCI raw score

$$= \frac{35}{35 - 16} \times 6 = \frac{35}{19} \times 6 = 11.05 \text{ (rounded off to 11)}$$

RSCI prorated score is 11. Also, an addition is made to this prorated score. Points are added for total omission and/or nonscored responses ranging from seven (7) to eighteen (18). Thus in this case for sixteen (16) omissions and nonscored responses five (5) points are added to the already prorated score according to the system on the previous page. Finally, RSCI prorated score plus added points = 11 + 5 = 16 = RSCI total score.

4. Racial integration in the churches/

Score 1

Prejudice
 should not exist
 I'm against it
 should be allowed but
 I'm too prejudiced
 to feel comfortable
 with it
 is stupid
 is silly
 why should we have to
 they don't want it

Score 0

General
 is a good idea
 is good
 should be practiced more
 is needed
 is ok
 should always have been

 means nothing because most
 people will remain
 prejudiced

 doesn't exist

 will be widely accepted in
 the future

8. My sins/

Score 1

Denial
 are none
 don't exist
 are not sins to me, but
 probably are to other
 people

 Minimizing
 are few
 are very few in my way
 of thinking

 Neutralizing
 are relative to social
 norms

 Obliteration
 must be demolished

 Doubts about forgiveness
 will hopefully be
 forgiven

Score 0

General
 are many
 are forgiven
 are like the average
 persons
 are many but I am eager to
 repent

17. The unforgivable sin/

Score 1

Specific act or sin
 is murder
 is taking God's name in
 vain
 is hate
 is hypocrisy
 is to use a person
 is not believing in God
 is dying

Guilty of, no hope
 is what I've done
 no hope

Score 0

Spiritual condition, shutting
 oneself off from God
 is blasphemy against the
 Holy Spirit
 is rejecting Christ
 is placing yourself in a
 position where God cannot
 get through to you
 is the sin that is not asked
 to be forgiven

Other
 can't be defined
 has not been discovered
 does not exist
 is none
 God can forgive all
 differs with different people

24. If someone asks me if I have been saved/

Score 1

Overdecisive
 I tell them I have
 without a doubt

Score 0

General
 I say yes
 I say no
 I'd say I didn't know
 I really wouldn't know what
 to say
 I could not answer
 I hope so
 I ask them from what
 I ask them, "by whose
 terms?"
 I wonder
 I then begin to think about
 getting saved

26. Temptation/

Score 1

Denial

doesn't exist
 I don't have any
 doesn't bother me

Uncontrolled

is something to yield to
 is good, everyone needs
 something
 is too great
 is impossible to
 overcome

Guilt

makes me feel guilty
 makes me feel bad about
 myself
 brings anxiety to the
 conscience

Score 0

General

is part of everyone's life
 is everywhere
 is hard to overcome
 is hard to overcome at times
 but with the help of God
 it is possible
 is hard to defeat
 is strong in everyone's life
 is really hard to stay away
 from
 occurs all the time
 something you shouldn't do
 is often pleasant
 is a normal want for
 something
 is not of God
 is the work of the devil
 is desirable for growth

28. When I feel that God is not real/

Score 1

Score 0

Denial

I never have this thought
I don't
is never

Overdisturbed

I am doubting him
I feel guilty
I have a serious problem
I can't get out of
I get so scared I cry
I think I have lost my
mind

General

I remember my faith is not
based on my feelings
Whatever my feelings God is
still God
Feelings come and go
Something is missing in me,
not God
It will pass
It usually means I've
neglected him
He understands and remains
the same
I talk it over with him
I've lost touch temporarily
it tests my faith
I pray to him to strengthen
my faith
I don't worry about it
I don't feel ashamed
I think of all the good
things
is because things have gone
bad
when sadness hits me
is when I lose a loved one
I think about his word
I just think about it
I have the oddest feelings
I just look around

29. From a Christian point of view, drug pushers/

Score 1

Score 0

Overly punitive

don't deserve to live
should be thrown out of
the country
shot on sight
should be put in jail
for life
should be severely
punished

General

should be stopped
are bad and should be helped
and forgiven
are wrong
are sinners
need help
should be punished
are helping users mess up
their lives
are tempters
are workers of the devil
are sinners and need to turn
to God
are in need of Jesus
are probably non believers
do not believe in God
are people too
are hurting his fellow man

31. When my conscience bothers me/

Score 1

Score 0

Denial

it doesn't

Rejection

I ignore it
I work on my bicycle
I sublimate the feelings
and react the complete
opposite

Neutralize

I rationalize it
I realize it is because
my environment has told
me what I have done is
not socially acceptable

General

I try to straighten out in
my mind what I have done
I try to find out why
I try to think over how
serious it is
I am usually doing the wrong
thing
I know I have done wrong
I sometimes pray
I pray and try to make it
right
I do what I have to do so it
will stop bothering me
I usually dwell on it a
while then let it go
I ask God to forgive me
I try to make things right
I feel I may have been
unfair to someone
I stop doing what is wrong
I am thankful

34. Resisting temptation with will power/

Score 1

Score 0

Loss of control
 doesn't work for me
 can't be done (unqualified)

Near loss of control
 is something I'm not too good at
 is something I've done once in my life

No need to control
 who wants to resist it?
 if you can't beat it join it
 is like not eating when you are hungry

General

is possible with God's help
 may not be enough in some cases, then we should ask God to strengthen our will
 can be done but is still hard to do
 is good for those who can
 is hard
 is a tough thing to do, I don't always succeed
 is hard but rewarding
 will make smaller disciplinary actions easier
 is one of man's most difficult feats
 will make you feel better
 can be accomplished

36. Compared with other people my sins/

Score 1

Score 0

Denial
 don't exist
 are none
 mean nothing; sins are relative

Much less
 aren't that bad
 are minor
 are not as bad as some people's are
 are few
 are very small
 are small
 are few, but who am I to say

Much more
 are great
 are greater in number
 Irrelevance and redundancy
 are between God and I
 are my sins

General

are just as bad
 are no different
 are just as great
 are just as many
 are probably the same
 aren't any worse
 are average
 are the same in God's eyes
 are about equal to theirs
 are the same but have been atoned for by Christ
 are just as bad or worse
 are probably entirely different

39. God's purpose for people/

Score 1

Unknown (unqualified)
 is beyond me
 I don't know why we are
 here
 has yet to appear to me

Unclear
 is not clear to me
 (unqualified)

Destructive
 is to kill each other
 off

Score 0

General
 is to love one another
 is to love him
 is unclear to me except that
 they should love him
 is to be saved
 is to live right
 is to take care of his earth
 is varied
 is to spread the Gospel to
 others
 is to live in harmony
 is to better their lives
 is for people to have their
 own purpose
 is to build a better world
 is to let them be free
 I really don't know, but God
 does desire all men to
 come to know Him
 is to trust in Jesus and have
 abundant life
 is to glorify God and enjoy
 him forever
 is to die and go to heaven,
 which is ridiculous
 is to survive on earth
 is his will according to his
 plan

41. If you become a Christian your freedom/

Score 1

Score 0

Loss of freedom to have or do good	General
is taken away	increases
is lost	expands
is none	is changed
still don't have it	is limited from doing wrong
is limited (unqualified)	not kept from doing good
is severely limited (unqualified)	to love others grows
Unlimited (unqualified)	not kept from having good things
is unlimited	hasn't left you
	does not change
	is the same as before
	is not really harmed
	is not taken away from you
	from Satan's influence will be greater
	is about the same
	is God's will
	is from sin
	perfect obedience to God is perfect freedom

43. The way to handle temptation/

Score 1

Score 0

Uncontrolled	is to ask God to help you conquer it
is to succumb to it	is through prayer
is to do what you feel like doing	is to pray for strength
Dismissal (unqualified)	is in the power of Christ
is to cast it out of your mind	is to not let it happen
Rationalize	cast it out of your mind and put your mind on what is good
is to realize it may not be an evil move	is up to you
	is avoid it
	is to face it and decide what you want more--the right thing or the wrong thing
	confront it and conquer with God's help
	is to avoid tempting situations

46. To the Christian material things/

Score 1

Over rejection
 are not necessary
 are not important
 are irrelevant
 are of no value
 wrong to possess
 are evil
 don't count

Score 0

General
 are a gift from God
 are fine as long as you put
 God first
 are subordinated to God's will
 are meant for good but man
 often makes them evil
 are often needed
 are still important
 should not blot out their
 love for God
 shouldn't be the main focus
 of his life
 are good
 are transient
 should be of little importance
 are useless in heaven
 aren't really material things
 are as important as spiritual
 things

47. When someone accuses me of being a sinner, I/

Score 1

Denial
 can't agree

Defensive
 ask who are they to
 judge me
 say it takes one to know
 one
 tell them to mind their
 own business
 take it as their personal
 opinion
 ask them what makes them
 think they are so
 perfect

Score 0

General
 agree
 agree with them even though
 sometimes it hurts
 get mad but I know it is true
 ask God about it
 reply yes, no one has ever
 been without sin except
 Jesus
 ask for some explanation
 ask them what do they consider
 sin
 tell them they are probably
 right
 just look at them
 say, everyone is a sinner

49. Prayer/

Score 1

Platitudes
is good for the soul
is the answer

Score 0

General
is a way of talking to God
is helpful
is the answer to many
problems
can make you close to God
is comforting
is fantastic
is a very important part of
Christianity
in your own words is very
healthy for your mind
is a way of relieving
tension
is for fools
is not for me
is not useful to me

51. The Bible verse, "every one who is angry with his brother shall be liable to judgment," to me means/

Score 1

Score 0

Anger is wrong

we shouldn't get angry
that being angry with
another person is evil
in the sight of God
that its a sin to get
mad at anybody

General

watch your inner feelings
that when we get angry
there is a danger that we
will sin and suffer the
consequences

Reference to love, kindness,
niceness, etc. without
mention of a way to cope
with anger

try to be nice to every-
one
that you should love
everyone
love your neighbor
love thy brother in
spite of what happens
he is not practicing
brotherly love

Complaints about stem
that someone has jerked
a verse out of
context
is incomplete
nothing

Irrelevance

every person is judged
for his own sins but
mine have been taken
care of by Jesus

56. The great commandment in the Bible teaches that loving oneself/

Score 1

Wrong

is sinful
is wrong
is selfish
ain't too cool

Score 0

General

is not sinful
is permitted
is all right
is commanded
is ok when its for God
is approved by Christ
is ok when its rightly understood and practiced
may express one's love for God
is not selfish
is ok if its for the right self
is ok if its the right kind of love
is secondary to loving God
helps you understand how to love your neighbor
means that we should love others as much as ourselves
is important
is a guide to loving others
should be equal to loving thy neighbor and less to loving God
should take a backseat to loving your fellow man.
is needed to live
is not as important as loving God
is secondary to loving others comes last
should be expressed by loving your neighbor
is probably wrong, but to me its not
is necessary to love others
I don't know

57. A Christian who has doubts about God/

Score 1

Score 0

Not a Christian

is not a Christian
 is not truly a Christian
 will not be one
 cannot be a true
 Christian

General

is not uncommon
 is very normal
 is normal
 is just human
 is the rule rather than the
 exception
 is still a Christian
 should do some soul searching
 should pray a lot
 is weak in his faith
 should ask for help to solve
 his doubts
 should find out why he has
 doubts
 should wonder why he is a
 Christian
 isn't really sure of himself
 or God
 should re-evaluate Christianity
 is probably more likely to be
 on the right track about God

58. If there is a judgment after death, and I am asked why I should be allowed into heaven, I would/

Score 1

Score 0

Self-justification

answer because I have
been as good as
anyone else
say I lived a good life
say that I committed no
big evil on earth
say that I treated
everyone fairly
say because I am a
good person
hope that my life would
prove how I have
lived
say that I want to be-
cause "me" is what is
important
say because I love you
say that I would try
to live accordingly
say because I led my
life the only way I
felt was right

General

say because I believe God in
his love will receive me
say because I believe in God
say because of my belief in
Christ
answer because Jesus took my
sins away
say because I accepted Jesus
Christ into my life
say because I love and believe
in God
reply God gave me eternal
life if I would only ask
say I've believed and accepted
God into my heart
say for I believe
say because Jesus died for my
sin and I accept humbly his
forgiveness
say because Jesus Christ has
taken my iniquity and I
accept his work

Self-rejection

say because I don't
belong
say I'm not good
enough
say I'm unworthy
say my sin is too great

Unable to answer

not have an answer
not answer
not know the answer
not know what to say

Other

ask why does heaven
exist
say because I've already
lived in hell all
my life
say I'm afraid of hell
say I'm not a sinner often
and I believe in an after
life
say because I love you

59. To a Christian sickness means/

Score 1

Redundancy
 sickness
 illness
 being ill
 that someone is ill

Score 0

General
 being in sin
 God's will
 punishment
 losing faith with God
 what it means to any other
 person
 people have drifted away
 from God
 nothing
 a physical or mental
 ailment
 prayer
 strengthening of faith
 you haven't been taking care
 of yourself
 spiritual sickness
 that it must have been
 something you ate
 a sign that the body is not
 all important
 that he better see a
 doctor
 God as your doctor
 a natural event that has to
 happen sometime due to the
 chaos around in the world
 since the Fall
 having to pray and join with
 people to make things
 better
 not to be afraid

63. To obey Christ's commandment to love, means
that feeling angry toward other people/

Score 1

Score 0

Denial

is not possible
should never come about
doesn't exist
won't happen

General

is wrong
is a sin
is bad
is not right
is natural, but don't let it
last along
is not loving
is normal
is not acceptable
isn't the right way to feel
or act
should be suppressed
can be wrong
is natural but forgive and
forget
is something to be worked on
can't solve anything
is to care about other people
is still a basic human emotion
but you still forgive in
the end
is wrong but it will happen
would all be forgiven
is normal but you must
reconcile with them

67. To say that Christ is the answer/

Score 1

Dogmatic agreement
is the only way to
look at things

Assumption that statement
is dogmatic
is being dogmatic

Score 0

General
is what some people believe
is one alternative to the
troubles of life
is right for some people
is to say that Christ is the
way to heaven
shouldn't be forced on
anyone
raises a question: "the
answer to what?"
is not telling the truth
is right to a certain
degree
is an over simplified
version of salvation
is all you need
isn't good because you
yourself and Christ and
other people are the
answer
is the truth
is as right as saying there
is no answer
means Christ is the mediator
between God and men
means no matter what the
problem he's there
is a good thing for some
people but not all
is heard a lot in sermons
is that Christ knows the way
may be a way of not looking
at the problem realistically
is saying he is the way, the
truth and the life
does not help an immediate
problem
is not always right
is correct if you have a
problem of wanting
something to make life
worth living

69. Conquering my sins/

Score 1

No need to
 is stupid
 no need to
 why should I?
 would be hazzardous to
 my health

Extreme hardship
 is hell

Score 0

General
 is difficult
 would be hard
 is a big task
 would take a lifetime
 is never easy
 is impossible
 is not forseable in the near
 future
 is too big a job for me alone
 is accomplished only through
 Christ's help
 is possible with the help of
 God
 is my task with God's help
 is possible through Christ
 is what Christ did
 has been done by Christ
 doesn't worry me
 is all in my mind
 would be a great victory
 is a must
 is making me closer to God
 I hope I can
 is strictly up to the
 definition of sin

72. When someone tries to persuade me to believe in Christ/

Score 1

Score 0

Overreaction against
persuasion

- I don't listen
- I just turn my
attention away
- I turn off
- I don't always listen
- I don't always listen,
although I should
- I tell them to practice
what they preach
- I tell them I already
do, do you?

Honest admission of feelings

- I find it hard to take
- I usually get very
defensive

Non-dogmatically or
respectfully decline or accept

- I listen
- I listen but I have my own
feelings
- I listen, and proceed with
what I was doing before
they showed
- I politely excuse myself
- I say I'm okay, you're okay,
and then walk off
- I listen to why they feel
this way

Other

- I say I already do
- I already believe in Him and
am glad to find a "brother"
or "sister" in Christ
- I listen and agree
- I don't need to be persuaded
- I usually give it some
thought
- I ask them to give me a
reason why

73. When a person has faith, his fears/

Score 1

Score 0

Denial

nothing
 are nonexistent
 are gone
 are ended
 unnecessary because God
 is in control

Underestimation

will soon disappear
 should be few
 are few in number
 can easily be conquered

General

still come, and still need to
 be conquered
 are not completely gone
 are lessened
 are still there
 are as real as anyone elses
 are still real
 for the most part are still
 there but many of them are
 taken care of by his faith
 are controllable
 will be helped to be over-
 come
 decrease
 still exist
 has something to lean on
 are not so hard on him
 are not as great as a person
 without faith
 have supposedly diminished
 disappear sometimes
 are multiplied tenfold

78. For a Christian, the flesh/

Score 1

Evil (unqualified)
is sinful
is the sinful nature

Score 0

General
is good only when in a
Christian manner
is not as good as the
unknown
is a house for us while we
are on the earth
is the temporary container of
his soul in this world
is secondary to the soul
is minor--its the soul that
counts
is a cover for the soul
is of God
is sacred
is weak
is merely a passing thing
is something to be covered
by clothing
is only physical
is giving into material
temptations
is an important thing
is the flesh
is Jesus' body
is done in remembrance of
God
has the same meaning that it
has for other people
in the context of Paul
represents the ways that
are not of God
is part of the integumentary
system
can be hurt
don't know
is not important
is unimportant

85. The problems of Christians/

Score 1

Denial

they don't have problems
no problems

Minimizing

are few compared to others
are fewer than those
who aren't

Score 0

General

are no different than
anyone else's
are the same as anybody's
are different because they
know where the answer
lies
are many
is their failure to see
their mistakes
is that they are afraid to
do what God wants them
to do
are they lack faith in God
is that few are really
sincere
is not being strong enough
Christians
is narrow-mindedness
is that they are not true
Christians
are none that can't be
handled with a little
help from God
is that it's hard to
sacrifice today for a
reward that may be many
tomorrows away
is that there is not
enough of them
is that they have yet to
discover the meaning of
a true Christian
is that they are too often
hypocrites
is they try to make
everyone believe and
they can't
many are not real
Christians

86. Because of my relationship with God, I believe I am/

Score 1

Score 0

Overly special
 more favored by God
 than others
 more fortunate than the
 non-Christians
 unique

Uncertainty, confusion
 totally in the dark
 a person who is a
 little mixed up now

Overly negative
 destined to hell
 cast into the outer
 darkness
 possessed by the devil

General
 part of God's family
 one of God's children
 richly blessed
 beginning to understand God's
 love for me
 a little better person
 as good as anyone else
 free to make the most of my
 life
 able to give back something
 to him in return for what
 he has done for me
 trying to live a good life
 in good standing
 saved
 going to be saved
 far from a real Christian
 Christian
 a good person
 honest with him and myself
 going to heaven
 a minority
 an average person
 with him
 saved in my heart
 right before him
 to be rewarded with life
 after death

88. The difference between my temptations, and the temptations of other people/

Score 1

Score 0

Very different

are pretty large
they just aren't like
mine
no one could understand
what I go through
is that mine are more
sinful
is that my desires are
different from theirs

Uncontrolled

is that I try to fulfill
mine
is that I yield
is that I yield and
seldom feel guilty

More control than others

is that I have greater
will power to control
them

General

are few
are no different
are pretty much the same
are very minor
is zero
are nil
are the same, it is the
responses that are
different
is that my temptations are
mine and yours are yours
there is no difference, its
in how you deal with them
is that they are my
temptations
are the same from the
devil
are none
is probably not really
different
is that they are testing me
as to whether I'm a
Christian

89. Hell/

Score 1

Platitude
 is fire and brimstone
 is fire and torment
 is burning

For sinners (unqualified)
 is for sinners
 is a place for sinners

Hostile consignment
 is where some people
 ought to be now

Lack of love
 is the ungodly
 is other people

Score 0

General
 for sinner's who won't
 accept God's love
 when a person is unwilling
 to accept God's love
 is the place unbelievers go
 after death
 is when your sins aren't
 forgiven
 is not a place but a feeling
 unbelieving sinners get
 separation from God
 is a place of eternal
 separation from God
 its not God's will that any
 should perish
 is not a good place to go
 is where I don't want to go
 is the place where no one
 wants to go
 was once a part of heaven
 is on earth
 is the Devil's home
 is the Devil's heaven
 is experienced by some
 people everyday
 being apart from God
 is horrible
 is punishment
 like heaven is no specific
 area
 exists if you believe it
 exists
 is an abstract term
 is a real place, but I'm
 undecided as to who will
 occupy it
 doesn't exist
 does not exist, I pray
 is in your mind
 is a place for Satan and his
 followers
 no one knows if it exists or
 not
 is make believe

91. A Christian who feels sexual desire/

Score 1

Score 0

Denial

doesn't feel it
 doesn't have any
 doesn't exist
 I don't have any
 none
 doesn't
 is not possible
 won't happen
 can't happen

Wrong

shouldn't
 shouldn't feel that way
 isn't a Christian

General

is normal
 is a normal human being
 is a normal Christian
 is human
 needs not to worry
 is not sinning
 should overcome it through
 marriage or God or both
 is blessed under marriage
 should pray and conquer his
 his desires
 is a normal person, as long
 as the desire isn't too
 great
 is ok if he doesn't let it
 get out of control
 should relieve his desires
 is healthy
 this is a temptation of the
 devil
 sex can be beautiful

93. Forgiving myself/

Score 1

Over disturbed
 much crying and
 sleepless nights

Impossible
 can't be done
 impossible
 I just can't

Ridiculous
 is ridiculous
 is silly

Score 0

General
 is sometimes hard to do
 can be difficult
 means nothing unless God does
 comes after God's forgiveness
 is easier when I know God is
 forgiving me also
 helps
 is easy
 for things is not as important
 as God forgiving them
 is great if God does too
 is what I do if I feel I
 should
 is wrong, only God can
 forgive us
 should be asked of God
 takes a lot of courage
 is harder than being forgiven
 by others
 is natural
 depends on what needs to be
 forgiven
 helps me to rationalize my
 wrong doings

97. People who don't believe that they must give an account of themselves to God after death/

Score 1

Overreaction
are hell bound
are crazy

Score 0

General
shouldn't have to believe it
know just as much about
death as anyone else
are kind of like me
are being realistic
believe the way I do
shouldn't be looked down upon
is their right to believe
that
are welcome to think that way
are fooling themselves
are going to have a big
surprise
are the ones that are
probably going to be too
embarrassed to do so
are badly mistaken
shall regret when it is too
late
should read their Bible
are ignoring their sins and
are probably very guilty
are being bold when they
should be humble
don't believe his written
words
are sinners and the devil
has got them
are in great number
that's their opinion
don't care about the present
life
have their own beliefs
realize it would be useless
are as accurate as anyone
else
don't believe in God
are not Christians
have not been raised in the
Presbyterian Church!

98. When a Christian loses a loved one, grieving/

Score 1

Score 0

Denial

should not be present,
only joy
is unnecessary
should be happiness
instead

Wrong

is wrong
should be omitted
is not what God wants
is unChristian
is not acting like a
true Christian

Minimize

is easy to bear
doesn't bother him

Cannot be resolved

never stops
you never get over it
no reason for living
no reason for going on
life is over

General

is still hard
is only natural
is only natural, but comfort
is there
is healthy, but not over a
long period of time
should not consume his whole
life
is normal
is not quite as hard because
of God's help
is not as hard
expresses how he felt
won't bring him back
is natural and God helps them
along
should be done
relieves pressure
is understandable
is not shameful
is good for himself
is good to talk over with
someone who understands
is not the chief function
but being happy for him is
comes because it hurts
sometimes weakens his faith
in God
is human nature, yet he
should have faith enough to
know that he will meet the
dead after his death

APPENDIX F

RELIGIOUS SENTENCE COMPLETION INVENTORY SCORING FORM (reduced from 8 1/2 x 11)

5 R
 6 C
 7 D
 8

RELIGIOUS SENTENCE COMPLETION INVENTORY
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35
 4 8 17 24 26 28 29 31 34 36 39 41 43 46 47 49 51 56 57 58 59 63 67 69 72 73 78 85 86 88 89 91 92 97 98
 R O N O 35 P A T
 M O N + O R D O
 I N N + O D T

BLUC = BLUE NUMBER ON RSCI PROTOCOL	O + N = OMISSIONS PLUS NONSCORED RESPONSES
RED = RED NUMBER ON RSCI PROTOCOL	35 - O + N = 35 (TOTAL ITEMS) MINUS (OMISSIONS PLUS NONSCORED RESPONSES)
RAW = RAW SCORE	PRO = PROGRAMMED SCORE
O = OMISSIONS	APP = ADDED POINTS
NON = NONSCORED RESPONSES	TOT = TOTAL SCORE

I = RESPONSE SCORED "NONE"
 - = RESPONSE SCORED "ZERO"
 O = OMITTED RESPONSE
 N = NONSCORED RESPONSE
 X = DISCARDED PROTOCOL
 PLACE IN "TOT" COLUMN

APPENDIX G

SUPPLEMENTARY TABLES

TABLE G.1

2 x 2 ANALYSIS OF VARIANCE OF MMPI FK TOTAL SCORES,
CHURCH MEMBERSHIP, AND SEX

		Church Membership		
		Members	Nonmembers	Total
Males	<u>N</u>	33	17	50
	<u>SD</u>	6.58	6.46	6.52
	Means	20.67	22.18	21.18 ^a
	Difference	1.51		
Females	<u>N</u>	46	7	53
	<u>SD</u>	6.25	6.75	6.27
	Means	17.89	16.43	17.70 ^b
	Difference	1.46		
Total	<u>N</u>	79	24	103
	<u>SD</u>	6.50	6.93	6.60
	Means	19.05	20.50	19.39
	Difference	1.45		

* $p < .05$

^a^b Difference between row means for Males and Females = 3.48, $p < .05$.

TABLE G.2

SUMMARY OF 2 x 2 ANALYSIS OF VARIANCE (UNWEIGHTED
MEANS) OF MMPI FK TOTAL SCORES, CHURCH
MEMBERSHIP, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	286.3203	1	286.3203	6.94	.01
Church Membership	0.0087	1	0.0087	.00	.99
Interaction	34.8253	1	34.8253	.84	.36
Within	4085.9747	99	41.2725	. . .	. .
Total	4207.1290	102	. . . .	. . . .	. .

TABLE G.3

2 x 5 ANALYSIS OF VARIANCE OF MMPI FK TOTAL SCORES,
CHURCH ATTENDANCE, AND SEX

		Church Attendance					
		More Than 1/Week	1/Week	1 or 2 /Month	Very Seldom	Never	Total
Males	<u>N</u>	9	9	6	17	9	50
	<u>SD</u>	5.49	6.06	6.60	7.88	5.40	6.52
	Means	21.22	18.44	22.50	21.29	22.78	21.18 ^a
	r=2 ^c		2.78	4.06	1.21	1.48	
	r=3 ^c			1.28	2.85	0.28	
	r=4 ^c				0.07	4.33	
	r=5 ^c					1.56	
Females	<u>N</u>	16	11	10	11	5	53
	<u>SD</u>	6.47	5.46	4.88	7.58	7.09	6.27
	Means	16.25	20.00	18.30	16.27	19.20	17.70 ^b
	r=2 ^c		3.75	1.70	2.03	2.93	
	r=3 ^c			2.05	2.72	0.90	
	r=4 ^c				0.02	0.80	
	r=5 ^c					2.95	
Total	<u>N</u>	25	20	16	28	14	103
	<u>SD</u>	6.49	5.64	5.76	8.02	6.05	6.60
	Means	18.04	19.30	19.88	19.32	21.50	19.39
	r=2 ^c		1.26	0.58	0.55	2.18	
	r=3 ^c			1.84	0.02	1.63	
	r=4 ^c				1.28	2.20	
	r=5 ^c					3.46	

* $p < .05$

^{ab}Difference between row means for Males, and Females = 3.48, $p < .01$.

^cr = number of steps between means; row data represents the difference between means, and significant differences were determined by the Newman-Keuls test.

TABLE G.4
 SUMMARY OF 2 x 5 ANALYSIS OF VARIANCE (UNWEIGHTED
 MEANS) OF MMPI FK TOTAL SCORES, CHURCH
 ATTENDANCE, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	238.3677	1	238.3677	5.69	.02
Church Attendance	74.7215	4	18.6804	0.45	.78
Interaction	136.9133	4	34.2283	0.82	.52
Within	3894.4446	93	41.8757	. . .	. .
Total	4344.4471	102	. . . .	. . . .	. .

TABLE G.5

2 x 5 ANALYSIS OF VARIANCE OF MMPI FK TOTAL SCORES,
PRAYER FREQUENCY, AND SEX

		Prayer Frequency					
		More Than 1/Day	1/Day	At Least 1/Week	Very Seldom	Never	Total
Males	<u>N</u>	13	9	11	9	8	50
	<u>SD</u>	6.26	6.23	5.26	6.50	7.76	6.52
	Means	23.31	19.89	17.45	22.67	22.63	21.18 ^a
	r=2 ^c		3.42	2.43	5.21	0.04	
	r=3 ^c			5.85	2.78	5.17	
	r=4 ^c				0.64	2.74	
	r=5 ^c				0.68		
Females	<u>N</u>	16	11	11	9	6	53
	<u>SD</u>	6.80	7.23	4.66	5.27	7.31	6.27
	Means	16.69	18.00	20.45	16.67	16.33	17.70 ^b
	r=2 ^c		1.31	2.45	3.79	0.33	
	r=3 ^c			3.77	1.33	4.12	
	r=4 ^c				0.02	1.67	
	r=5 ^c				0.35		
Total	<u>N</u>	29	20	22	18	14	103
	<u>SD</u>	7.27	6.69	5.08	6.52	7.97	6.60
	Means	19.66	18.85	18.95	19.67	19.93	19.39
	r=2 ^c		0.81	0.10	0.71	0.26	
	r=3 ^c			0.70	0.82	0.97	
	r=4 ^c				0.01	1.08	
	r=5 ^c				0.27		

*p < .05

**p < .01

^{ab}Difference between row means for Males, and
Females = 3.48, p < .01.

^cr = number of steps between means; row data represents
the difference between means, and significant differences
were determined by the Newman-Keuls test.

TABLE G.6
 SUMMARY OF 2 x 5 ANALYSIS OF VARIANCE (UNWEIGHTED
 MEANS) OF MMPI FK TOTAL SCORES, PRAYER
 FREQUENCY, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	305.5166	1	305.5166	7.60	.01
Prayer Frequency	16.2002	4	4.0500	0.10	.98
Interaction	330.7457	4	82.6864	2.06	.09
Within	3739.7585	93	40.2125	. . .	. .
Total	4392.2210	102	. . . .	. . .	. .

TABLE G.7

2 x 5 ANALYSIS OF VARIANCE OF MMPI FK TOTAL SCORES,
BIBLE READING FREQUENCY, AND SEX

		Bible Reading Frequency				
		Daily	Weekly	Very Seldom	Never	Total
Males	<u>N</u>	4	14	24	8	50
	<u>SD</u>	5.45	6.53	5.97	7.39	6.52
	Means	24.50	17.86	22.42	21.63	21.18 ^a
	r=2 ^c		6.64	4.56	0.79	
	r=3 ^c			2.08	3.77	
	r=4 ^c			2.87		
Females	<u>N</u>	5	13	25	10	53
	<u>SD</u>	3.56	7.24	6.31	5.27	6.27
	Means	15.80	17.38	19.32	15.00	17.70 ^b
	r=2 ^c		1.58	1.94	4.32	
	r=3 ^c			3.52	2.38	
	r=4 ^c			0.80		
Total	<u>N</u>	9	27	49	18	103
	<u>SD</u>	6.20	7.24	6.31	5.27	6.27
	Means	19.67	17.63	20.84	17.94	19.39
	r=2 ^c		2.04	3.21	2.89	
	r=3 ^c			1.17	0.31	
	r=4 ^c			1.72		

*p < .05

^{ab}Difference between row means of Males, and Females = 3.48, p < .01.

^cr = number of steps between means; row data represents the difference between means, and significant differences were determined by the Newman-Keuls test.

TABLE G.8

SUMMARY OF 2 x 4 ANALYSIS OF VARIANCE (UNWEIGHTED MEANS) OF MMPI FK TOTAL SCORES, BIBLE READING FREQUENCY, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	394.4568	1	394.4568	10.05	.002
Bible Reading Frequency	123.0713	3	41.0238	1.04	.38
Interaction	177.4356	3	59.1452	1.51	.22
Within	3729.7395	95	39.2604	. . .	. .
Total	4424.7032	102	. . . .	. . . .	. .

TABLE G.9
2 x 2 ANALYSIS OF VARIANCE OF RSCI RAW SCORES,
CHURCH MEMBERSHIP, AND SEX

		Church Membership		
		Members	Nonmembers	Total
Males	<u>N</u>	33	17	50
	<u>SD</u>	4.04	3.25	3.90
	Means	7.58	9.76	8.32 ^a
	Difference	2.19		
Females	<u>N</u>	46	7	53
	<u>SD</u>	2.91	3.58	2.99
	Means	7.02	8.14	7.17 ^b
	Difference	1.12		
Total	<u>N</u>	79	24	103
	<u>SD</u>	3.41	3.36	3.49
	Means	7.25	9.29	7.73
	Difference	1.59*		

* $p < .05$
^{ab} Difference between row means for Males and Females = 1.15, $p < .05$.

TABLE G.10

SUMMARY OF 2 x 2 ANALYSIS OF VARIANCE (UNWEIGHTED
MEANS) OF RSCI RAW SCORES, CHURCH
MEMBERSHIP, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	18.6597	1	18.6597	1.61	.21
Church Membership	43.1831	1	43.1831	3.72	.06
Interaction	4.4941	1	4.4941	0.39	.54
Within	1148.9548	99	11.6056	. . .	. . .
Total	1215.2917	102	. . . .	. . . .	. . . .

TABLE G.11

2 x 5 ANALYSIS OF VARIANCE OF RSCI RAW
SCORES, CHURCH ATTENDANCE, AND SEX

		Church Attendance					
		More Than 1/Week	1/Week	1 or 2 /Month	Very Seldom	Never	Total
Males	<u>N</u>	9	9	6	17	9	50
	<u>SD</u>	3.64	0.58	2.50	3.26	3.84	3.90
	Means	6.67	9.33	8.33	7.00	11.44	8.32 ^a
	r=2 ^c		2.67	1.00	1.33	4.44*	
	r=3 ^c			1.67	2.33	3.11	
	r=4 ^c				0.33	2.11	
	r=5 ^c				4.78		
Females	<u>N</u>	16	11	10	11	5	53
	<u>SD</u>	2.85	3.47	3.31	1.50	3.91	2.99
	Means	7.13	6.64	7.50	6.36	9.60	7.17 ^b
	r=2 ^c		0.49	0.86	1.14	3.24	
	r=3 ^c			0.38	0.27	2.10	
	r=4 ^c				0.76	2.96	
	r=5 ^c				2.48		
Total	<u>N</u>	25	20	16	28	14	103
	<u>SD</u>	3.09	4.13	2.97	2.69	3.83	3.49
	Means	6.96	7.85	7.81	6.75	10.79	7.73
	r=2 ^c		0.89	0.04	1.06	4.04**	
	r=3 ^c			0.85	1.10	2.97*	
	r=4 ^c				0.21	2.94*	
	r=5 ^c				3.83**		

* $p < .05$ ** $p < .01$

^{ab}Difference between row means for Males and Females = 1.15, $p > .05$.

^cr = number of steps between means; row data represents the difference between means, and significant differences were determined by the Newman-Keuls range test.

TABLE G.12

SUMMARY OF 2 x 5 ANALYSIS OF VARIANCE (UNWEIGHTED
MEANS) OF RSCI RAW SCORES, CHURCH
ATTENDANCE, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	27.9505	1	27.9505	2.55	.11
Church Attendance	169.0729	4	42.2682	3.86	.01
Interaction	26.3721	4	6.5930	0.60	.66
Within	1018.0965	93	10.9473	. . .	. .
Total	1241.492	102	. . . .	. . .	. .

TABLE G.13

2 x 5 ANALYSIS OF VARIANCE OF RSCI RAW
SCORES, PRAYER FREQUENCY, AND SEX

		Prayer Frequency					
		More Than 1/Day	1/Day	At Least 1/Week	Very Seldom	Never	Total
Males	<u>N</u>	13	9	11	9	8	50
	<u>SD</u>	2.81	2.96	3.49	5.40	3.34	3.90
	Means	5.62	8.44	9.18	9.11	10.50	3.32 ^a
	r=2 ^c		2.83	0.74	0.07	1.39	
	r=3 ^c			3.57	0.67	1.32	
	r=4 ^c				3.50	2.06	
	r=5 ^c				4.88*		
Females	<u>N</u>	16	11	11	9	6	53
	<u>SD</u>	2.47	3.03	3.35	1.13	4.13	2.99
	Means	5.69	8.00	8.27	6.44	8.67	7.17 ^b
	r=2 ^c		2.31	0.27	1.83	2.22	
	r=3 ^c			2.59	1.56	0.39	
	r=4 ^c				0.76	0.67	
	r=5 ^c				2.98		
Total	<u>N</u>	29	20	22	18	14	103
	<u>SD</u>	2.58	2.93	3.37	4.02	3.67	3.49
	Means	5.66	8.20	8.73	7.78	9.71	7.73
	r=2 ^c		2.54*	0.53	0.95	1.94	
	r=3 ^c			3.07**	0.42	0.99	
	r=4 ^c				2.12*	1.51	
	r=5 ^c				4.06**		

*p < .05

**p < .01

^{ab}Difference between row means for Males and Females = 1.15, $p > .05$.

^cr = number of steps between means; row data represents the difference between means, and significant differences were determined by the Newman-Keuls range test.

TABLE G. 14

SUMMARY OF 2 x 5 ANALYSIS OF VARIANCE (UNWEIGHTED
MEANS) OF RSCI RAW SCORES, PRAYER
FREQUENCY, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	32.2276	1	32.2276	3.03	.09
Prayer Frequency	166.8046	4	41.7011	3.92	.01
Interaction	23.2196	4	5.8049	0.56	.70
Within	988.9993	93	10.6344	. . .	. .
Total	1211.2511	102	. . . .	. . . .	. .

TABLE G.15

2 x 4 ANALYSIS OF VARIANCE OF RSCI RAW SCORES,
BIBLE READING FREQUENCY, AND SEX

		Bible Reading Frequency				
		Daily	Weekly	Very Seldom	Never	Total
Males	<u>N</u>	4	14	24	8	50
	<u>SD</u>	2.06	3.34	4.24	3.81	3.90
	Means	5.25	8.07	8.29	10.38	8.32 ^a
	r=2 ^c		2.82	0.22	2.08	
	r=3 ^c			3.04	2.30	
	r=4 ^c				5.13	
Females	<u>N</u>	5	13	25	10	53
	<u>SD</u>	2.92	2.72	3.08	3.20	2.99
	Means	7.00	6.08	7.72	7.30	7.17 ^b
	r=2 ^c		0.92	1.64	0.42	
	r=3 ^c			0.72	1.22	
	r=4 ^c				0.30	
Total	<u>N</u>	9	27	49	18	103
	<u>SD</u>	2.59	3.17	3.66	3.73	3.49
	Means	6.22	7.11	8.00	8.67	7.73
	r=2 ^c		0.89	0.89	0.67	
	r=3 ^c			1.78	1.56	
	r=4 ^c				2.44	

*p < .05

**p < .01

^{ab}Difference between row means of Males and Females = 1.15, $p > .05$.

^cr = number of steps between means; row data represents the difference between means, and significant differences were determined by the Newman-Keuls range test.

TABLE G.16

SUMMARY OF 2 x 4 ANALYSIS OF VARIANCE (UNWEIGHTED
MEANS) OF RSCI RAW SCORES, BIBLE READING
FREQUENCY, AND SEX

Source of Variation	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>p</u>
Sex	16.7303	1	16.7303	1.43	.24
Bible Reading Frequency	72.7724	3	24.2575	2.07	.11
Interaction	57.6239	3	19.2080	1.64	.19
Within	1114.5750	95	11.7324
Total	1261.7016	102

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