To the Graduate Council:

I am submitting herewith a dissertation written by Joseph Daniel Robertson, Jr. entitled "An Investigation of Religiosity and Mental Health Measures in Bible College Students." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

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We have read this dissertation and recommend its acceptance:

Accepted for the Council:

Vice Provost
and Dean of The Graduate School

AN INVESTIGATION OF RELIGIOSITY AND MENTAL HEALTH MEASURES IN BIBLE COLLEGE STUDENTS

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Joseph Daniel Robertson, Jr.

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DEDICATION

This dissertation is dedicated to Peggy Mizelle Robertson and Joseph Daniel Robertson, Sr. Their contribution to my life has been immeasurable.

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ABSTRACT

The purpose of this study was to clarify what type of relationship exists between religiosity and mental health characteristics. Religiosity was measured by the Religious Orientation Scale (Allport & Ross, 1967), in which four religious orientations are described. Mental health characteristics included manifest anxiety, self-esteem, and negative and positive daily stressors.

The Religious Orientation Scale was administered to Bible college students along with the Taylor Manifest Anxiety Scale, the Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale. It was hypothesized that there would be no significant differences among the four religious orientations on measures of anxiety, self-esteem, and negative and positive daily stressors. The Pearson Product Moment Correlation Coefficient and T-Tests were used in the analysis of the data.

Results indicated that the intrinsically religious subjects had low manifest anxiety, high self-esteem, and experienced few daily hassles and uplifts. Support for the consideration of religious orientations in religiosity research and support for the contentions of Allport and Ross (1967) concerning the intrinsic religious orientation were found in the results of the study.

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CHAPTER 1

INTRODUCTION

Problem Statement

The field of religiosity research has yielded highly contradictory results with respect to the relationship between religiosity and mental health characteristics. Some researchers have found positive relationships (Acklin, Brown, & Mauger, 1983; Allport & Ross, 1967; Feagin, 1964; Martin, 1984); others have found negative relationships (Aday, 1984-85; Kirkpatrick, 1949; Martin & Westie, 1959; Rokeach, 1970; Stouffer, 1955); while still other researchers have found little, if any relationship between the two variables (Bergin, 1983; Martin & Westie, 1959; Middleton & Putney, 1962). Therefore, the purpose of this study was to clarify which of the above positions reflected most accurately the relationship between religiosity and mental health characteristics. In this study, religiosity was measured by the Religious Orientation Scale (Allport & Ross, 1967), while mental health characteristics included manifest anxiety, self-esteem, and negative and positive daily stressors.

Hypotheses

For Bible college students completing Gordon Allport's Religious Orientation Scale (Allport & Ross, 1967), the following predictions were made:

(1) There would be no significant differences among religious orientations on levels of manifest anxiety as measured by the Taylor Manifest Anxiety Scale (Taylor, 1953).

(2) There would be no significant differences among religious orientations on levels of self-esteem as measured by the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967; Hovland & Janis, 1959; Janis, 1954).

(3) There would be no significant differences among religious orientations on levels of daily irritations as measured by the Hassles Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981).

(4) There would be no significant differences among religious orientations on levels of daily satisfactions as measured by the Uplifts Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981).

Rationale for the Study

Three important purposes were accomplished in this study: First, it helped clarify the importance of considering the role religion plays in people's lives when investigating the relationship between religiosity and mental health. Second, it followed-up a portion of Gordon Allport's work on religiosity and religious orientations. Third, it followed-up pilot studies previously conducted by the researcher on religiosity and mental health characteristics.

Primarily, the results of this study helped clarify the importance of considering the role religion plays in people's lives with respect to mental health and adjustment. According to Allport, religiosity research is incomplete without the distinctions that his scale and others make. Allport and Ross (1967, p. 442) concluded their study with the following contention:

> One final word: our research argues strongly that social scientists who employ the variable "religion" or "religiosity" in the future will do well to keep in mind the crucial distinction between religious attitudes that are intrinsic, extrinsic, and indiscriminately pro. To know that a person is in some sense "religious" is not as important as to know the role religion plays in the economy of his [or her] life. (The categories of nonreligious and indiscriminately antireligious will also for some purposes be of central

significance, although the present research, confined as it is to churchgoers, does not employ them.)

Religion has always influenced international politics, domestic concerns, and individual behavior, cognition, and emotion. Holy wars have been waged throughout history, and there seems to be no end in sight. Religious differences have played a major role in the constant conflict between Israelis and Arabs. Current religious controversies among Muslim factions in the Arab world have created internal strife, problems with other Arab nations, and international turmoil. The recent Iran-Contra dilemma in American politics apparently originated when one Muslim group more friendly toward Israel and the United States approached the Israelis with a plan to overthrow the Iranian regime. Catholics and Protestants have warred in the streets of Northern Ireland for decades. Terrorists have held world powers at bay as a result of their religious beliefs and zeal. The Pope has stirred international controversies concerning human rights in communist and third world nations, as well as social issues in the Western world.

Not only have religious issues been major world concerns, media headlines have continued to reflect the daily importance of religious issues in America. Court battles concerning separation of church and state in every facet of local, state, and federal government have abounded in newspaper columns, magazine articles, and radio and television reports. Recently controversial media reports centered on the personal lives of television evangelists and other religious leaders. The political power and influence of the Moral Majority has made headlines. The religious beliefs of declared presidential candidates have brought both jeers and cheers from the media and the American people.

On the individual level, most people have taken some stand on religion. An individual may have ignored religious issues, embraced religion, or campaigned against it. In any case, religion has been an important individual characteristic in that it has influenced personal behavior, cognition, and emotion. Thousands of people have suffered from neuroses or psychoses resulting from religious conflict. Many neurotic people have

conceded guilt and anxiety as a consequence of actions, thoughts, or feelings contrary to their religious standards. Some were taught to deal with the discrepancy by lowering religious standards, thus experiencing less guilt and anxiety. Others were taught to live more consistently so there would be less guilt and anxiety. Psychotic disorders have frequently involved religious themes. Some individuals have heard voices and believed they were from God, Satan, angels, or demons. Many psychotics have believed they were Jesus or other religious leaders or symbols. As a result, considering an individual's religious orientation in the therapeutic setting has been a widely discussed topic in recent years (Bergin, 1980a, 1980b, 1988a, 1988b; Bergin, Masters, & Richards, 1987; Bergin, Stinchfield, Gaskin, & Masters, 1988; Ellis, 1980, 1986, 1987; Fenn-Baker, 1986; Kivley, 1988; Purdy, Simari, & Colon, 1983; Seligman, 1988; Sharkey & Malony, 1986; Stewart, 1987; Walls, 1980). Worthington (1988) has even suggested a model for working with religious clients in therapy.

The second purpose served by this study was to follow-up Gordon Allport's research on religiosity. He was an important figure in early religiosity research and originally suggested the concept of religious orientations. In his discussion of religious measurement, Gorsuch (1984, p. 235) stated, "First historically is the work of Allport." Earlier in the article, Gorsuch discussed measurement and the common paradigm accepted in the area of religious measurement and research. In that context, Gorsuch (1984, p. 228) contended, "The forerunner of such programs was conducted by Gordon Allport." Likewise, Donahue (1985, p. 400) maintained, "No approach to religiousness has had greater impact on the empirical psychology of religion than Gordon W. Allport's concepts on intrinsic (I) and extrinsic (E) religiousness (Meadow & Kahoe, 1984)."

Many of the confusing findings in religiosity research might have been clarified through the use of Allport's religious orientations. In fact, contradictions in research findings and expected outcomes led Allport to research religiosity. Gordon Allport (1954)

began by investigating the relationship between prejudice and religiosity. In the course of his research, he developed the Religious Orientation Scale, which identified three religious orientations. The first orientation Allport identified was the extrinsic orientation. Extrinsically religious people were involved in religious groups for external reasons, such as social support, expectations of their community, or for perceived benefits. The second orientation Allport discovered was the intrinsic orientation. Intrinsic people were involved in religious groups for internal reasons, hence they attempted to apply religious principles in daily living. Allport also found a third orientation which he labelled the indiscriminately proreligious. Indiscriminately proreligious people responded inconsistently and agreed equally with both the intrinsic and extrinsic subscales. They seemed to agree with any statement that was "religious" and responded with stereotypic support to anything connected with religion. In terms of prejudice, Allport found intrinsics to be the least prejudiced, extrinsics to be more prejudiced, and the indiscriminately proreligious to be the most prejudiced. Allport suggested a fourth orientation which he did not find in his particular sample, but he said had been confirmed in unpublished research. Allport believed these people would disagree with statements on both intrinsic and extrinsic subscales, hence he suggested the orientation would be indiscriminately antireligious or nonreligious. He maintained that he did not find this orientation because his sample dealt exclusively with churchgoers. Allport stated, "Some pilot work with markedly liberal groups indicates that this type does exist, however, even among members of 'religious' organizations" (Allport & Ross, 1967, p. 438). Robinson and Shaver (1973, p. 637) also mentioned unpublished research confirming the existence of the indiscriminately antireligious orientation. Thompson (1974) and Hood (1978) verified the existence of the fourth category in the research literature.

The last purpose served by the present study was following-up earlier studies by the researcher. Unpublished studies with the Bible college population have tended to

support Allport's contention that intrinsic religiosity correlates highly with positive mental health characteristics, while extrinsic orientations relate to negative characteristics. In these studies the researcher has compared Bible college students to students at a major university, as well as students at a private church-related liberal arts college, and a private church-related university. The Bible college students in these studies were found to be more nurturing, more conservative in their religious beliefs, more involved in "religious" activities, less stressed, less extrinsic in religious orientation, and less externally controlled (Robertson, 1983; Robertson, Williams, & Robertson, 1984). In the present study, the researcher examined the relationship between the experience of anxiety, esteem, stress, and religious orientation. The focus of this study was entirely on the Bible college population and attempted to determine whether or not religious orientation related to levels of anxiety, self-esteem, and daily stressors, and also whether the Religious Orientation Scale would be a valuable tool in working with a Bible College population.

In summary, religious themes and issues have permeated society. Social scientists will continue to research and study all of these religiosity issues-- international, domestic, and personal. As more is learned about religious orientations, more is learned about the world and about ways to resolve conflicts involving religious differences. Yet Allport stated that in order to study the religious dynamic properly, a researcher must determine what role religious belief plays in a person's life. The present study attempted to clarify the role religion plays in people's lives when investigating the relationship between religiosity and mental health. It was also an attempt to follow-up the work of Gordon Allport, a major researcher of religiosity. Finally, it was a continuation of the researcher's previous studies of the Bible college population.

Definition of Terms

Extrinsic Religious Orientation. Allport and Ross (1967) described people with the extrinsic religious orientation as using religion for their own ends. Extrinsically religious people participated in religious activities for ulterior motives. They have "used" religion for security, social status, self-justification, or other self-serving motives. "In theological terms the extrinsic type turns to God, but without turning away from self" (p. 434). On the Religious Orientation Scale, the extrinsic would score above the midpoint on the extrinsic subscale and below the midpoint on the intrinsic subscale.

Intrinsic Religious Orientation. Allport and Ross (1967) provided a description of people with the intrinsic religious orientation. Intrinsically religious people have "internalized" their faith system. "Having embraced a creed the individual endeavors to internalize it and follow it fully. It is in this sense that he [or she] lives his [or her] religion" (p. 434). On the Religious Orientation Scale, the intrinsic would score below the midpoint on the extrinsic subscale and above the midpoint on the intrinsic subscale.

Indiscriminately Antireligious or Nonreligious Orientation. Allport and Ross (1967) provided no description of the indiscriminately antireligious or nonreligious orientation because the orientation was not found in their sample. "Since nonchurchgoers are excluded from our samples, such cases are not found. (Some pilot work with markedly liberal groups indicates that this type does exist, however, even among members of 'religious' organizations)" (p. 438). However, they characterized this orientation as people who would disagree with items on both subscales. Hence these people would score below the midpoint on the extrinsic subscale and below the midpoint on the intrinsic subscale of the Religious Orientation Scale.

Indiscriminately Proreligious Orientation. Allport and Ross (1967) described people with the indiscriminately proreligious orientation as people who would give blanket

agreement to any statement that seemed remotely religious. "They persist in endorsing any or all items that to them seem favorable to religion in any sense. Their responses, therefore, are 'indiscriminately proreligious' " (p. 437). Hence these people would score above the midpoint on the extrinsic subscale and above the midpoint on the intrinsic subscale of the Religious Orientation Scale.

Mental Health. Mental health, as defined by the present study, included manifest anxiety, self-esteem, and negative and positive daily stressors. Good mental health would be characterized by low manifest anxiety as measured by the Taylor Manifest Anxiety Scale, high self-esteem as measured by the Janis-Field Feelings of Inadequacy Scale, low daily irritations as measured by the Hassles Scale, and high daily satisfaction as measured by the Uplifts Scale.

Religiosity. Religiosity has been defined in a variety of ways, usually relying on self-reports concerning characteristics such as church attendance, prayer, money given to the church or other religious organizations, reading the Bible or other religious literature, involvement in church-related activities or organizations, and prosocial or religious behaviors. In this study, religiosity referred to the four orientations outlined by Allport (extrinsic, intrinsic, indiscriminately antireligious or nonreligious, and indiscriminately proreligious).

CHAPTER II

REVIEW OF LITERATURE

Religious Orientations

The notion of religious orientations was proposed by Gordon Allport (1954) while studying religiosity and prejudice. According to Allport and Ross (1967), intrinsically religious people lived their religion. They engaged in behaviors that were consistent with their religious convictions and had "internalized" their faith and belief systems. Allport and Ross described the intrinsically religious as people who attended religious services frequently, attempted to put their faith into action, and displayed tolerance and flexibility toward other people. In contrast, extrinsically religious people tended to have discrepancies between their professed belief system and their actions. Allport and Ross wrote that most churchgoers were extrinsically religious. Extrinsically religious people attended religious services less frequently than the intrinsically religious, did not exhibit behaviors consistent with their professed religious values, and tended to be intolerant and inflexible in their dealings with other people. Allport's third category was the indiscriminately proreligious orientation. The indiscriminately proreligious person tended to be the least tolerant and flexible. A fourth category, hypothesized by Allport and later verified by published and unpublished research, was the indiscriminately antireligious individual (Hood, 1978; Thompson, 1974). The indiscriminately antireligious individual, also called the nonreligious individual, tended to exhibit tolerance and flexibility similar to that of the intrinsically religious person.

Allport originally hypothesized the existence of these religious orientations as a result of some perplexing research findings. Before he made the distinction between

religious orientations, he found that religious people were more prejudiced than other populations he researched. Allport had difficulty understanding why people who met together because they professed to love their neighbors as themselves would be higher on measures of prejudice. Hence, he postulated religious orientations and then observed the existence of three categories of religious people.

Allport and Ross (1967) discovered that intrinsically religious people were more tolerant, flexible, and accepting of others, while Feagin (1964) found them to be less prejudiced than extrinsically religious and indiscriminately proreligious people. Other researchers found the extrinsic religious orientation correlated with the F scale and measures of dogmatism, while intrinsic religiosity remained uncorrelated (Kahoe, 1974; Paloutzian, Jackson, & Crandall, 1978; Thompson, 1974).

In his meta-analysis of studies on intrinsic and extrinsic religiousness, Donahue (1985) reported no correlations between intrinsic religiousness and negatively evaluated characteristics. However, he found positive correlations between intrinsic religiousness and other measures of religious belief and commitment. In contrast, he discovered positive correlations between extrinsic religiousness and negatively evaluated characteristics, yet extrinsic religiosity was uncorrelated with the measures of religious belief and commitment.

Several researchers have investigated sex differences in religious orientations. Paloutzian, Jackson, and Crandall (1978) found no sex differences among religious orientations. However, others have discovered that women tend to be more intrinsic than men and intrinsic religiosity in women was unrelated to the feminism movement (Baither & Saltzberg, 1978; McClain, 1979; Thompson, 1974).

Intrinsics have been shown to relate to an internal locus of control and lower trait anxiety. Kahoe (1974) reported an association between internal locus of control and the intrinsic religious orientation. Sturgeon and Hamley (1979) also indicated a relationship between intrinsic religiosity and internal locus of control as well as lower levels of anxiety.

Baker and Gorsuch (1982) found intrinsics to relate negatively to trait anxiety while extrinsics related positively to trait anxiety. Intrinsic religiosity negatively correlated with anxiety, but positively correlated with "normality" in a study conducted by Bergin, Masters, and Richards (1987). Well-being and healthy-mindedness related to confident believers who were very religious and confident nonreligious people (Shaver, Lenauer, & Sadd, 1980).

Bible college students have been shown to be more conservative, more involved in religious activities, less stressed, less extrinsic in religious orientation, and less externally controlled than similar students at a private church-affiliated liberal arts college and a church-affiliated university (Robertson, Williams, & Robertson, 1984).

McClain (1978) discovered intrinsically religious subjects reported greater levels of self-control, personal and social adequacy, and stereotyped femininity. Indiscriminately antireligious or nonreligious subjects tended to report greater levels of egocentric sexuality and restlessness. Bergin, Masters, and Richards (1987) also found positive relationships between intrinsics and self-control and "better" personality functioning. However, they indicated the opposite was true for the extrinsic religious orientation. Intrinsic religiosity was related to responsibility, intrinsic motivation, and g.p.a., whereas extrinsics related to extrinsic motivation and had negative relationships with college aptitude (Kahoe, 1974).

According to Baither and Saltzberg (1978), the intrinisc religious orientation is related to rational thinking. The extrinsic religious orientation was less rational than the intrinsic orientation. Ernsberger and Manaster (1981) maintained that religious orientations related to moral development and denominational teachings.

Caution should be exercised when interpreting the results of these studies. Some of the researchers utilized the Allport and Ross (1967) version of the Religious Orientation Scale, while others made use of the Feagin (1964) version. Also, some of the investigators

used the older scoring procedure while others used the newer procedure, utilizing either the distribution or theoretical midpoints to determine the four religious orientations.

The results of several decades of religious research since Allport originally developed his construct have proven to be quite controversial. Victor (1984) classified religiosity research over the past few decades in three categories. The first category indicated that highly religious people displayed more socially acceptable behaviors and attitudes than less religious people. The second category of religiosity research suggested that highly religious people displayed less socially acceptable behaviors and attitudes than less religious people. Finally, the third category of religiosity research manifested no differences between high religious and low religious people in terms of socially acceptable behaviors and attitudes. Victor's categories of religiosity research were used in the organization of this literature review.

Positive Relationship Between Religiosity and Health

The first category of research supported the contention that highly religious people had higher levels of physical and psychological health than the less religious. As stated earlier, previous research with the Bible college population indicated that these subjects were more nurturing than subjects at a major university (Robertson, 1983).

Religious commitment was related to greater meaning in life and higher levels of life satisfaction. Intrinsically religious cancer patients were shown to have higher levels of attributed life meaning and lower levels of despair, anger-hostility, and social isolation (Acklin, Brown, & Mauger, 1983). Also elderly people who were characterized as having high religious commitment, an intrinsic religious orientation, or attending church services regularly, tended to have higher life satisfaction than others (Guy, 1982; Koenig, Kvale, & Ferrel, 1988; Markides, 1983; Rogalski & Paisey, 1987; Van-Haitsma, 1986). McClure

and Loden (1982) found that time spent on religious activities was positively related to happiness with religion and overall life satisfaction.

Other studies indicated that higher levels of religiosity were associated with feelings of belonging, esteem, and self-actualization. The research findings of Martin (1984) supported the hypothesis that religiosity deterred suicide and enhanced group cohesiveness and psychic cohesiveness. Stewart (1987) proposed that religious people were involved in one social institution which provided them a sense of belonging, and that participation in religious activities and traditions served to strengthen group solidarity. Gelbond (1979) reported that people moving toward self-actualization tended to report more peak religious experiences. Finney and Malony (1985) discovered that using prayer in conjunction with psychotherapy increased therapeutic benefits and enhanced the individual's spirituality. In a study of psychological health among Blacks, the respondents related religion and spirituality as the most important components of psychological health (Edwards, 1987).

Several studies have shown positive relationships between religiosity and rationality, introversion, and internal locus of control (Baither & Saltzberg, 1978; Francis, Pearson, Carter, & Kay, 1981; Francis, Pearson, & Kay, 1983; Furnham, 1982; Kahoe, 1974; Kivett, 1979; O'Dowd, 1984-85; Silvestri, 1979; Sturgeon & Hamley, 1979). Many studies suggested that high religiosity lessened anxiety, tension, emotional distress, and maladjustment, but promoted positive mental and physical health (Baker & Gorsuch, 1982; Bergin, Masters, & Richards, 1987; Elkins, Anchor, & Sandler, 1979; Ness & Wintrob, 1980; Panton, 1979; Rosen, 1982; Shaver, Lanauer, & Sadd, 1980). Another group of studies focused on the finding that highly religious people tended to have less fear of death than less religious or non-religious people (Downey, 1984; Kraft, Litwin, & Barber, 1987; McMordie, 1981; Paloutzian, 1981; Rigdon & Epting, 1985).

Some evidence indicated that high religiosity lessened the likelihood of substance abuse and aided the recovery of substance abusers. Kohn (1984) found that spirituality

aided in recovery from alcoholism, and Jolly and Orford (1983) concluded that religious people were more often associated with abstinence and less often associated with frequent drinking. Victor (1984) cited studies that maintained that substance abuse was overrepresented in psychiatric patients with no religious preference (McDonald & Luckett, 1983), and that drug usage was negatively correlated with religiosity (Eckstein, 1980).

One body of research supported the contention that religiosity was associated with socially and personally positive characteristics. Research indicated that being highly religious was related to having faith in others, lower levels of prejudice, higher levels of moral reasoning, conservative attitudes, higher grade point averages, sensitivity, empathy, conscientiousness, responsibility, self-control, personal and social adequacy, stereotyped femininity (nurturing qualities), emotional openness, voluntaristic humanitarianism, concern for others, social interest, and fewer antisocial acts (Allport & Ross, 1967; Bahr & Martin, 1983; Bergin, Masters, & Richards, 1987; Donahue, 1985; Ernsberger & Manaster, 1981; Feagin, 1964; Josefowitz & Marjoribanks, 1978; Kahoe, 1974; Koubek, 1984; McClain, 1978, 1979; Morgan, 1983; Nelson & Dynes, 1976; Paloutzian, Jackson, & Crandall, 1978; Tobacyk, 1983; Victor, 1984; Wiebe & Fleck, 1980).

Negative Relationship Between Religiosity and Health

The second category of research suggested religiosity was negatively related to psychological health. Wiebe and Fleck (1980) found intrinsically religious Protestants to be mildly neurotic, and intrinsically religious Catholics to be strongly neurotic and aggressive. One study conducted with low ability children in church-operated residential schools discovered that religiosity was negatively associated with IQ and age, yet had a positive relationship to neuroticism (Francis, Pearson, & Stubbs, 1985).

Victor (1984) cited research which contended that highly religious people tended to be more racially prejudiced (Rokeach, 1970), and Martin and Westie (1959) reported that religious fundamentalism was positively related to bigotry. Albee (1984) maintained that religious orthodoxy fostered sexist and patriarchal attitudes which were detrimental to society. Victor (1984) also referred to studies indicating that highly religious people tended to be less humanitarian (Kirkpatrick, 1949; Stouffer, 1955).

Investigators have shown a relationship between religiosity, as well as religious preference, and fear of accidental injury or death in women (Dodd & Mills, 1985). Aday (1984-85) concluded church attendance was positively related to death anxiety and belief in afterlife, while Downey (1984) demonstrated a curvilinear relationship between religiosity and anxiety, with moderately religious subjects exhibiting significantly higher fear of death. Researchers who studied adolescents refusing cancer treatments found lower state anxiety and subjective distress, but higher trait anxiety, religiosity, and external locus of control when compared to similar adolescents undergoing cancer treatments (Blotcky, Cohen, Conatser, & Klopovich, 1985).

Francis, Pearson, and Kay (1983b, 1983c) found positive relationships between Lie scale scores on the Junior Eysenck Personality Inventory and religiosity, which they assumed was the result of the highly religious students being less insightful. Researchers investigating intrinsic religiosity have maintained that findings indicate a selfish wish for social desirability rather than any type of internalized faith system (Batson, 1976; Batson & Gray, 1981; Batson, Naifeh, & Pate, 1978; Batson & Ventis, 1982). Ellis (1987) has suggested that strong nonbelievers are likely to be more honest than strong believers. Graves (1983) reported that religiosity was not only detrimental to the progress of a patient, but was possibly a transmitter of thought disorder. Ellis (1986) argued that individuals holding devout beliefs in dogmatic religions tended to be emotionally disturbed. One study indicated that the perception of God as punitive was related to self-blame and unquestioning

obedience in youths (Nelsen & Kroliczak, 1984). Randall and Desnosiers (1980) demonstrated a positive relationship between supernaturalism and external locus of control, while Victor (1984) found the highly religious to be less accepting of others. Although researchers (Kremer, 1988; Watson, Hood, & Morris, 1988) have disputed their methodology, Batson and Ventis (1982) found that intrinsically religious subjects avoided existential questions and were rigid and absolutist in their thinking.

No Relationship Between Religiosity and Health.

The third category of research indicated no relationship between religiosity and health variables. Bergin (1983) did a meta-analysis of 24 studies on religiosity and personality. His results did not support a relationship between high religiosity and psychopathology, and only indicated slightly positive correlates for religion. Bergin, Stinchfield, Gaskin, and Masters (1988) concluded that there was no evidence for either a positive or negative correlation between religiosity and mental health, rather some modes of religious involvement appeared to correlate with disturbance while other modes appeared to correlate with enhanced stability and resilience.

Sharkey and Maloney (1986) conducted a study to assess the validity of Albert Ellis's contention that religiosity was associated with mental disturbance. They found no significant differences among religious, atheist, and neutral clients in Ellis's own counseling center.

Martin and Westie (1959) demonstrated no relationship between intolerance and frequency of church attendance, prayer, Bible reading, or income given to the church. Victor (1984) cited studies that indicated no relationship between antisocial acts or cheating and religiosity (Middleton & Putney, 1962; Smith, Wheeler, & Diener, 1975). Also, Ritzema (1979) reviewed studies concerning measures of religiosity and altruism and found

no significant relationships between religious commitment and helping (Annis, 1976; Batson, 1976; Darley & Batson, 1973; Forbes, Tevault, & Gromoll, 1971; McKenna, 1976; Smith, Wheeler, & Diener, 1975). Finally, Shaver, Lanauer, and Sadd (1980) concluded that both strongly religious people and confidently nonreligious people were associated with better mental and physical health than people who professed religious beliefs but were less committed to them.

Summary

In conclusion, Lea (1982, p. 347) summarized research findings in the United States over the previous two decades on religiosity and mental health as follows: (1) Religiosity was positively related to prejudice, except for a small number of people extremely committed to their value system. (2) Religiosity was negatively related to adjustment in young people but positively related to adjustment in adults, especially among the elderly. (3) Religiosity was not significantly related to positive or negative social behavior. (4) "Healthy" religiosity met the tests of reason and social responsibility, and integrated all aspects of an individual's life. (5) "Unhealthy" religiosity was preoccupied with sin, guilt, and rigidity. (6) Religious pathology was understood in the context of the beliefs and practices of the religious group, along with evaluation of individual functioning. (7) Intervention was best when conducted in an accepting atmosphere and within the religious framework. Effective interventions included clarifying concerns in light of more mature beliefs and pointing out scriptural references reflecting healthier ways of relating.

Lea also made the point that research studies on religiosity and mental health tended to be correlational rather than experimental; hence, causal inferences were not warranted. Lea warned of bias in these studies: "Just as many religionists incorrectly assume a general positive relationship exists between religion and psychological functioning, many social

scientists assume, a priori, that religion cannot help but be detrimental to one's psychological functioning" (p. 348). Similarly, Gorsuch (1984) maintained that one factor in the confusing results of religiosity research has been the unidimensionality approach to religious research. He suggested that religious phenomena were multidimensional and could not be easily measured.

Obviously, research on religiosity has yielded contradictory and even controversial results. Yet these contradictions may not come as a surprise, since Allport and Ross warned of the need to consider religious orientations when engaging in religiosity research. The contention which concluded the Allport and Ross (1967, p. 442) study bears repeating: "To know that a person is in some sense 'religious' is not as important as to know the role religion plays in the economy of his [or her] life."

CHAPTER III

METHOD

Background Information

The study was conducted at Johnson Bible College in Knoxville, Tennessee. Johnson Bible College is a special purpose undergraduate and graduate institution. The school's purpose is to educate students in specialized Christian ministries, with primary emphasis on the preaching ministry. It was originally founded as the School of the Evangelists by Ashley S. Johnson on May 12, 1893. It is the third oldest Bible college in the United States, and it is the oldest among the Christian Churches or Churches of Christ. Johnson Bible College has been professionally accredited by the American Association of Bible Colleges and regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. It was one of the first two Bible colleges to become a member of the Southern Association of Colleges and Schools. Johnson Bible College enrolls around 400 students and is located about 12 miles south of downtown Knoxville on a 50 acre campus overlooking the French Broad River. All students major in Bible and specialize in either preaching, missions, youth ministry, Christian education, church music, counseling, communications, deaf ministry, microcomputers, or elementary education. The curriculum is divided into three divisions: Biblical studies, general studies, and specialized studies (Johnson Bible College Catalog, 1987-1989).

Johnson Bible College enrolled 401 undergraduate students and 29 graduate students in the fall semester of 1988. There were 183 freshmen, 69 sophomores, 81 juniors, 61 seniors, and 7 unclassified students. The students represented 25 states, as well as the District of Columbia, and several foreign nations. The largest percentages of

the student population were from Indiana (27%), Tennessee (15%), North Carolina (6%), Pennsylvania (6%), Virginia (6%), Florida (5%), Kentucky (5%), Georgia (4%), Illinois (4%), Ohio (4%), and West Virginia (3%). According to the Johnson Bible College President's Annual Report for 1988, there were 306 single and 95 married undergraduates. The college enrolled 226 male and 175 female undergraduates.

Sample

The study was conducted during the fall semester of 1988. The participating subjects were drawn from the introductory psychology, human development, counseling theories, educational psychology, and orientation courses at Johnson Bible College. These courses enrolled the best cross-section of students available from the student population of the college. Tables 1-3 have summarized the descriptive characteristics of the sample. First, Table 1 has listed home states represented by the students in the sample. Second, Table 2 has provided information on the subjects' sex and class. Finally, Table 3 has revealed the age ranges for each class represented in the sample.

Table 1

Sample Home States, Numbers, and Proportions

STATE	PARTICIPANTS	PERCENTAGE
Indiana	49	26%
Tennessee	40	21%
North Carolina	16	8%
Pennsylvania	11	6%
Florida	10	5%
Georgia	10	5%
Virginia	10	5%
West Virginia	9	5%
Ohio	6	3%
Kentucky	5	3%
Illinois	4	2%
Michigan	3	2%
Oklahoma	3	2%
South Carolina	3	2%
Texas	2	1%
Alabama	1	0.4%
Arizona	1	0.4%
California	1	0.4%
District of Columbia	1	0.4%
Missouri	1	0.4%
Foreign Countries	4	2%
TOTAL = 20 states 4 foreign countries	190	100%

Table 2

Subjects' Sex and Class

		SEX					
		Females		Males		Totals	
CLASS	Freshmen	39	(21%)	52	(27%)	91	(47%)
	Sophomores	17	(9%)	18	(9%)	35	(18.5%)
	Juniors	13	(7%)	22	(12%)	35	(18.5%)
	Seniors	12	(6%)	17	(9%)	29	(15%)
	Totals	81	(43%)	109	(57%)	190	(100%)

Table 3

Subjects' Age and Class

		CLASS				
		FRESHMEN	SOPHOMORES	JUNIORS	SENIORS	TOTALS
	18	42	2	0	0	44
	19	23	11	0	0	34
A	20	8	8	18	0	34
G	21	3	7	5	11	26
E	22	3	0	0	11	14
S	23-30	8	6	9	6	29
	31-40	3	0	2	1	6
	41-50	1	1	1	0	3
	TOTALS	91	35	35	29	190

Procedures

The experimenter distributed informed consent statements along with the Religious Orientation Scale, the Taylor Manifest Anxiety Scale, the Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale to all participants in the study. The scales were paper and pencil, and required approximately 45-50 minutes to administer. When the scales were collected, they were scored to determine religious orientations, as well as levels of manifest anxiety, self-esteem, daily annoyances, and daily satisfactions.

Instrumentation

The Religious Orientation Scale

The Religious Orientation Scale was developed by Gordon Allport. The evolution of his concepts of four religious orientations is reflected in his writings (Allport, 1950, 1954, 1959, 1961, 1962, 1963, 1964, 1966a, 1966b, 1968; Allport & Ross, 1967). The Religious Orientation Scale contains separate intrinsic and extrinsic subscales. Hood (1970, 1971) suggested a new scoring procedure for the scale which splits each of the subscales at the midpoint, thus creating four religious orientations. Hood also changed the scoring so that 4's and 5's indicated high responses on the subscales and 1's and 2's indicated low responses on the subscales. The scoring method classified subjects into the four orientations of intrinsic (high intrinsic score and low extrinsic score), extrinsic (high extrinsic score and low intrinsic score), indiscriminately proreligious (high scores on both subscales), and indiscriminately antireligious or nonreligious (low scores on both subscales). Donahue (1985) suggested that Hood's procedure yields a better method of analysis than earlier scoring procedures.

Robinson and Shaver (1973, pp. 616-617) reported on the reliability of the Religious Orientation Scale. They indicated that Feagin (1964) found item-to-scale correlations ranging from .22 to .54 for the complete scale. When analyzing item-to-subscale correlations, Feagin found a range of .54 to .71 for the top six items on the intrinsic subscale, and .48 to .68 for the top six items on the extrinsic subscale. Allport and Ross (1967), however, reported item-to-subscale correlations ranging from .18 to .58 in their study. Robinson and Shaver (1973) also discussed validity and concluded, "In the studies by Feagin and Allport and Ross, as well as in unpublished research available to us, the Intrinsic-Extrinsic Scale appears consistently to demonstrate its construct validity"

(p. 617). Donahue (1985) conducted a meta-analysis on intrinsic and extrinsic religiousness and reported, "Nearly 70 published studies have used Allport's Religious Orientation Scale (ROS), making it one of the most frequently used measures of religiousness" (Donahue, 1985, p. 400). Donahue concluded that the intrinsic subscale had consistently correlated significantly with religious commitment and related measures. Likewise, the extrinsic subscale had consistently correlated with measures "of religion that gives religion a bad name" (p. 416), such as rigidity, intolerance, prejudice, etc. Donahue ended his review and meta-analysis by saying, "Although, as was noted earlier, this research is at an initial stage, the findings currently available bode well for the potential of the I-E framework as a powerful explanatory tool in personality-social psychology" (p. 416).

The Religious Orientation Scale as used by Feagin (1964) and Allport and Ross (1967) has been printed in Appendix A. Although subscales were listed separately, the intrinsic and extrinsic subscale items were mixed for the study. Item number 12 was only used in the Feagin study. Each item's correlation with the total subscale was listed in parentheses following the item. The first number listed was the Allport and Ross correlation, and when there was a second number listed, it was the Feagin correlation. The scoring values for each response were also listed for the reader's convenience, although they would not be listed on the scale in research situations.

The Taylor Manifest Anxiety Scale

The Taylor Manifest Anxiety Scale was developed by Janet Taylor for use in the selection of subjects for research purposes (Taylor, 1953). The scale has been popular in academic circles and primarily used for research purposes. In their discussion of self-concept measures as related to anxiety, Shaver and Robinson (1973, p. 55) stated, "The

most used anxiety measures come from the MMPI (e.g., the Manifest Anxiety Scale, Taylor, 1953) and are widely available."

In giving his historical perspective on trends, theories, and research in anxiety, Spielberger (1972, p. 6) reported:

> Interest in anxiety research at mid-century was further stimulated by the development of Taylor's (1951, 1953) Manifest Anxiety Scale and Mandler and Sarason's (1952: Sarason & Mandler, 1952) Test Anxiety Questionnaire, the first of a number of psychometric instruments designed to assess fear and anxiety in adults. . . .

In discussing relationships between various measures of anxiety, Phillips, Martin, and Meyers (Spielberger, 1972, p. 426) observed, "The Taylor Manifest Anxiety Scale (MAS) is the generic instrument in anxiety research." After reviewing anxiety measurement in the context of conceptual and methodological issues in anxiety research, Spielberger (1972, p. 490) noted:

> General measures of trait anxiety such as the Taylor (1953) Manifest Anxiety Scale, the IPAT Anxiety Scale (Cattell & Scheier, 1963), and the A-Trait Scale of the State Trait Anxiety Inventory (Spielberger et al., 1970) are highly correlated with one another. These scales seem to measure anxiety proneness in social situations. Individuals who are high in A-Trait are more disposed to experience elevations in A-State in situations that pose threats to self-esteem, and especially in interpersonal relationships in which personal adequacy is evaluated(Spielberger, 1966, 1971).

Finally, in relating his reasons for using Taylor's Manifest Anxiety Scale in one of his studies, Spielberger (1966) delivered a three point argument. Essentially, he said the Taylor Manifest Anxiety Scale had: (a) acceptable content validity; (b) moderately well established concurrent validity; and, (c) acceptable construct validity. Hence, Spielberger (1966, p. 368) concluded:

> Thus, among the various operational measures of anxiety that were available at the time our research was initiated, the MAS had the most impressive credentials. Furthermore, the MAS had been used in more studies than all other anxiety measures combined and thereby permitted a broader basis for comparing our findings with those reported by other investigators. For these reasons we started with the MAS as our measure of anxiety, and we continued to use it because it appeared to get at the anxiety phenomena in which we were interested.

To develop the Manifest Anxiety Scale, Taylor submitted 200 items from the Minnesota Multiphasic Personality Inventory to five clinicians along with a description of chronic anxiety reactions. The five clinicians were asked to choose items that best related to chronic anxiety reactions. Taylor then chose 65 of the original 200 statements on which there was at least 80% agreement among the clinicians as indicating chronic anxiety reactions. She added additional items that were not related to the measure of anxiety and administered it to introductory psychology students. The scale went through several modifications and now uses only the 50 items that showed the highest correlations with total anxiety scores. These items were supplemented by 225 other statements and entitled the Biographical Inventory. Taylor reported test-retest correlations ranging from .81-.89, and concluded that for each group tested, individual scores and relative positions remained constant over several months.

Only the 50 statements indicative of manifest anxiety were used in this study. Subjects were told that the scale measured ways people experienced stress or anxiety, and some statements were true for some people, while some statements were false for some people. The scale was listed in Appendix B.

Janis-Field Feelings of Inadequacy Scale

The Janis-Field Feelings of Inadequacy Scale was originally developed by Janis to measure feelings of inadequacy in research involving persuasion. Because some items date back to studies in 1954 (Janis, 1954) and because of its early use in persuasibility investigations (Hovland & Janis, 1959), the scale has been widely used in research. The scale used in the present study was a revised version (Eagly, 1967) which contained 20 items.

Robinson and Shaver (1973) reviewed the entire field of research on self-concept and ranked the Janis-Field Feelings of Inadequacy Scale as third of the most popular measures of self-esteem. The scale required 10-15 minutes to administer; it was available for research at no cost; and it has been widely used with college students. Hence, the Janis-Field Feelings of Inadequacy Scale was the best suited inventory available on self-esteem for this particular study and it has been printed in Appendix C.

Robinson and Shaver (1973, pp. 76-77) summarized the reliability and validity of the Janis-Field Feelings of Inadequacy Scale. They report split half reliabilities ranging from .72 to .88 (Eagly, 1967, 1969; Taylor & Reitz, 1968). Robinson and Shaver cited evidence that the scale has demonstrated strong convergent validity, correlating highly with similar scales. They also noted studies concerning the discriminant and predictive validity of the scale; however, these measures were weaker.

Hassles and Uplifts

Richard Lazarus and his colleagues have proposed that minor stresses and pleasures have major implications for an individual's health and happiness. While a standard life events methodology dominated research on psychological symptoms, Lazarus and his colleagues preferred to focus on more minor, daily events that they called hassles and uplifts. Kanner, Coyne, Schaefer, and Lazarus (1981, p. 1) summarized their work as follows:

> Hassles and Uplifts Scales were constructed and administered once a month for 10 consecutive months to a community sample of middle-aged adults. It was found that the Hassles Scale was a better predictor of concurrent and subsequent psychological symptoms than were the life events scores, and the scale shared most of the variance in symptoms accounted for by life events. When the effects of life events scores were removed, hassles and symptoms remained significantly correlated. Uplifts were positively related to symptoms for women but not for men. Hassles and Uplifts were also shown to be related, although only modestly so, to positive and negative

affect, thus providing discriminate validation for hassles and uplifts in comparison to measures of emotion. It was concluded that the assessment of daily hassles and uplifts may be a better approach to the prediction of adaptational outcomes than the usual life events approach.

"Hassles are the irritating, frustrating, distressing demands that to some degree characterize everyday transactions with the environment" (Kanner, Coyne, Schaefer, & Lazarus, 1981, p. 3). The Hassles Scale was composed of 117 hassles which encompassed the areas of work, health, family, environment, practical considerations, and chance occurrences. Respondents were asked to circle items which were hassles to them over the previous month. They were also asked to circle the severity of each hassle on a scale of 1-3 (1=somewhat severe, 2=moderately severe, 3=extremely severe).

Uplifts were defined as "positive experiences such as the joy derived from the manifestations of love, relief at hearing good news, the pleasure of a goodnight's rest, and so on" (Kanner, Coyne, Schaefer, & Lazarus, 1981, p. 6). The Uplifts Scale was composed of 135 daily uplifts which encompassed areas similar to the Hassles Scale. Respondents were asked to circle any items which served as uplifts in the previous month and then rank each circled uplift on a scale of 1-3 (1=somewhat strong, 2=moderately strong, 3=extremely strong).

The researchers found test-retest correlations of 0.79 for hassles and 0.72 for uplifts over a period of several months. The two scales had a significant positive correlation of 0.51, which they felt reflected either a common response style or a tendency for people experiencing many hassles to also experience many uplifts, while those experiencing few hassles also experience few uplifts.

As a result of the number of inventories which were utilized in this particular study, and the time constraints involved in the subjects' schedules, short versions of the Hassles Scale and Uplifts Scale used in self-management research were also used in this particular study. The short version of the Hassles Scale consisted of 41 items, along with three open-ended items, so the subject could include personal hassles not listed on the scale. The

Hassles Scale was printed in Appendix D. The short version of the Uplifts Scale consisted of 42 items, as well as three open-ended items, which the subject could complete for personal uplifts not included on the scale. The Uplifts Scale was printed in Appendix E.

Analysis of Data

There was difficulty in determining the appropriate statistical analysis for these attitudinal inventories. Some contended the scores were interval measures and could be analyzed with parametric statistics. Others argued such assumptions would be inappropriate and suggested the utilization of nonparametric statistics, thereby treating the attitudinal measures as ordinal data.

Ordinal data allows rank ordering. Its properties include equality or inequality, as well as greater than or less than. However, ordinal data cannot tell a researcher about the amount of difference between each score. In contrast, interval data not only tells the researcher about equality or inequality, greater than or less than, but they also define the intervals between scores. Interval measures may assume a zero point, even if it is arbitrary.

Ferguson (1981, p. 13) stated, "Many of the variables used in psychology are ordinal." Later, in discussing nonparametric analysis, Ferguson (1981, p. 379) observed, "Because of difficulties associated with the measurement of psychological variables, statistical methods for handling rank-order data are of particular interest to psychologists."

Runyon and Haber (1976, p. 23) made the following statement:

> It should be clear that one of the most sought-after goals of the behavioral scientist is to achieve measurements which are at least interval in nature. Indeed, interval scaling is assumed for most of the statistical tests reported in this book. However, although it is debatable that many of our scales achieve interval measurement, most behavioral scientists are willing to make this assumption.

Huck, Cormier, and Bounds (1974, p. 198) summed up the researcher's dilemma concerning data analysis in the following way: "the procedure the researcher decides to use may be determined by the level of measurement, the researcher's feeling about sample size, or his attitude toward violations of the parametric assumptions." These concerns relate to whether the researcher views the measures as ordinal or interval, whether the sample is small or large, and whether the sample comes from a distribution-free or normally distributed population. Huck, Cormier, and Bounds (1974, p. 197) also stated, "Generally, it is agreed that unless there is sufficient evidence to suggest that the population is extremely non-normal and that the variances are heterogeneous, parametric tests should be used because of their additional power."

An additional consideration related to the typical method of analysis in the articles reviewed in religiosity research. Overwhelmingly, researchers have treated their measures as interval data and have utilized parametric analyses. As a result of these considerations, the data analysis used in this study remained consistent with previous researchers. The Pearson Product Moment Correlation Coefficient was utilized in determining values of "r" for the overall study and for scores within each religious orientation. T-tests indicated the statistical significance of the correlations derived from the data. However, to test for independence between religious orientations, the non-parametric Chi-Square Test of Independence would have been more appropriate because the scores were categorized by the four religious orientations. However, as a result of the heavily skewed distribution, the Chi-Square Test of Independence was abandoned. The small cell size for two of the religious orientations distorted the chi-square, even when a Yates correction formula was computed. Hence, a correlation matrix was computed within the two larger categories of religious orientations and the .05 confidence level was accepted in testing the significance of the correlations.

CHAPTER IV

RESULTS

The results of the data analysis are presented in the context of each of the four hypotheses. For Bible college students completing Gordon Allport's Religious Orientation Scale (Allport & Ross, 1967), the following predictions were made:

(1) There would be no significant differences among religious orientations on levels of manifest anxiety as measured by the Taylor Manifest Anxiety Scale (Taylor, 1953).

Initially, all subjects' scores were categorized by religious orientations as determined by their scores on the Religious Orientation Scale. The resulting orientations were skewed heavily in the direction of intrinsic religiosity, which would be expected at a Bible college. The scores on the Religious Orientation Scale showed there were 167 intrinsically religious subjects (88%), 14 indiscriminately proreligious subjects (7%), seven indiscriminately antireligious or nonreligious subjects (4%), and two extrinsically religious subjects (1%).

The intrinsically religious subjects' scores on the intrinsic subscale of the Religious Orientation Scale showed a negative correlation of -0.237 ($df=165$; $p<.01$) with scores on the Taylor Manifest Anxiety Scale. Hence, there does appear to be a significant inverse relationship between intrinsic religiosity and levels of manifest anxiety.

The indiscriminately proreligious subjects had a negative correlation of -0.153 ($df=12$) between their scores on the intrinsic subscale of the Religious Orientation Scale and their scores on the Taylor Manifest Anxiety Scale. The relationship was not significant.

(2) There would be no significant differences among religious orientations on levels of self-esteem as measured by the Janis-Field Feelings of Inadequacy Scale (Eagly, 1967; Hovland & Janis, 1959; Janis, 1954).

The correlation was 0.350 (df=165; $p<.001$) between scores on the intrinsic subscale of the Religious Orientation Scale and scores on the Janis-Field Feelings of Inadequacy Scale for the intrinsically religious orientation. Intrinsically religious subjects tended to report high levels of self-esteem.

Indiscriminately proreligious subjects' scores on the intrinsic subscale of the Religious Orientation Scale had a correlation of 0.258 (df=12) with scores on the Janis-Field Feelings of Inadequacy Scale. The relationship was not significant.

(3) There would be no significant differences among religious orientations on levels of daily irritations as measured by the Hassles Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981).

A correlation of -0.207 (df=165; $p<.01$) was found between the intrinsic subscale scores on the Religious Orientation Scale and the scores on the Hassles Scale for intrinsically religious subjects. Thus, for intrinsically religious subjects, there is a significant inverse relationship between intrinsic religiosity and the experience of daily negative stressors, such as irritations, annoyances, and frustrations. At the same time, the intrinsically religious subjects' scores on the extrinsic subscale and their scores on the Hassles Scale were positively correlated ($r=0.256$; df=165; $p<.001$). While both sets of scores were low in this religious orientation, the two sets of scores correlated significantly.

There were no significant correlations between the intrinsic or extrinsic subscale of the Religious Orientation Scale and the scores on the Hassles Scale for the indiscriminately proreligious subjects. The intrinsic subscale had a correlation of 0.042 (df=12) with the Hassles Scale; the extrinsic subscale correlated 0.325 (df=12) with the Hassles Scale.

(4) There would be no significant differences among religious orientations on levels of daily satisfactions as measured by the Uplifts Scale (Kanner, Coyne, Schaefer, & Lazarus, 1981).

The intrinsically religious subjects had a correlation of -0.070 (df=165) between intrinsic subscale scores on the Religious Orientation Scale and scores on the Uplifts Scale. The relationship was not significant. However, the extrinsic subscale scores had a correlation of 0.251 (df=165; $p<.001$) with the Uplifts Scale scores. Both sets of scores were low, yet in this religious orientation these two measures correlated significantly.

The indiscriminately proreligious orientation had no significant correlations between either subscale on the Religious Orientation Scale and the Uplifts Scale. The correlation between the intrinsic subscale and the Uplifts Scale was -0.039 (df=12), while the correlation was 0.036 (df=12) between the extrinsic subscale and the Uplifts Scale.

The findings have been summarized in Tables 4-9. The number and proportion of subjects who scored in each of the religious orientations were reported in Table 4. The range, mean and standard deviation for the intrinsically religious subjects and indiscriminately proreligious subjects were described in Table 5 and Table 6 respectively. The correlation matrix for those who scored as intrinsically religious was shown in Table 7, and the matrix for subjects who scored as indiscriminately proreligious was indicated in Table 8. Finally, the means on each inventory for intrinsically religious subjects who scored the highest on the intrinsic subscale of the Religious Orientation Scale was revealed in Table 9.

The scatter plot for the intrinsically religious subjects' scores on the intrinsic and extrinsic subscales of the Religious Orientation Scale was plotted in Figure 1. Scatter plots for the scores on the intrinsic subscale and the Taylor Manifest Anxiety Scale, the Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale for the intrinsically religious subjects were illustrated in Figures 2-5 respectively.

Table 4

Number and Proportion of Subjects in Each Religious Orientation

RELIGIOUS ORIENTATION	NUMBER OF SUBJECTS	PERCENTAGE
Extrinsically religious	2	1%
Indiscriminately antireligious	7	4%
Indiscriminately proreligious	14	7%
Intrinsically religious	167	88%
TOTALS	190	100%

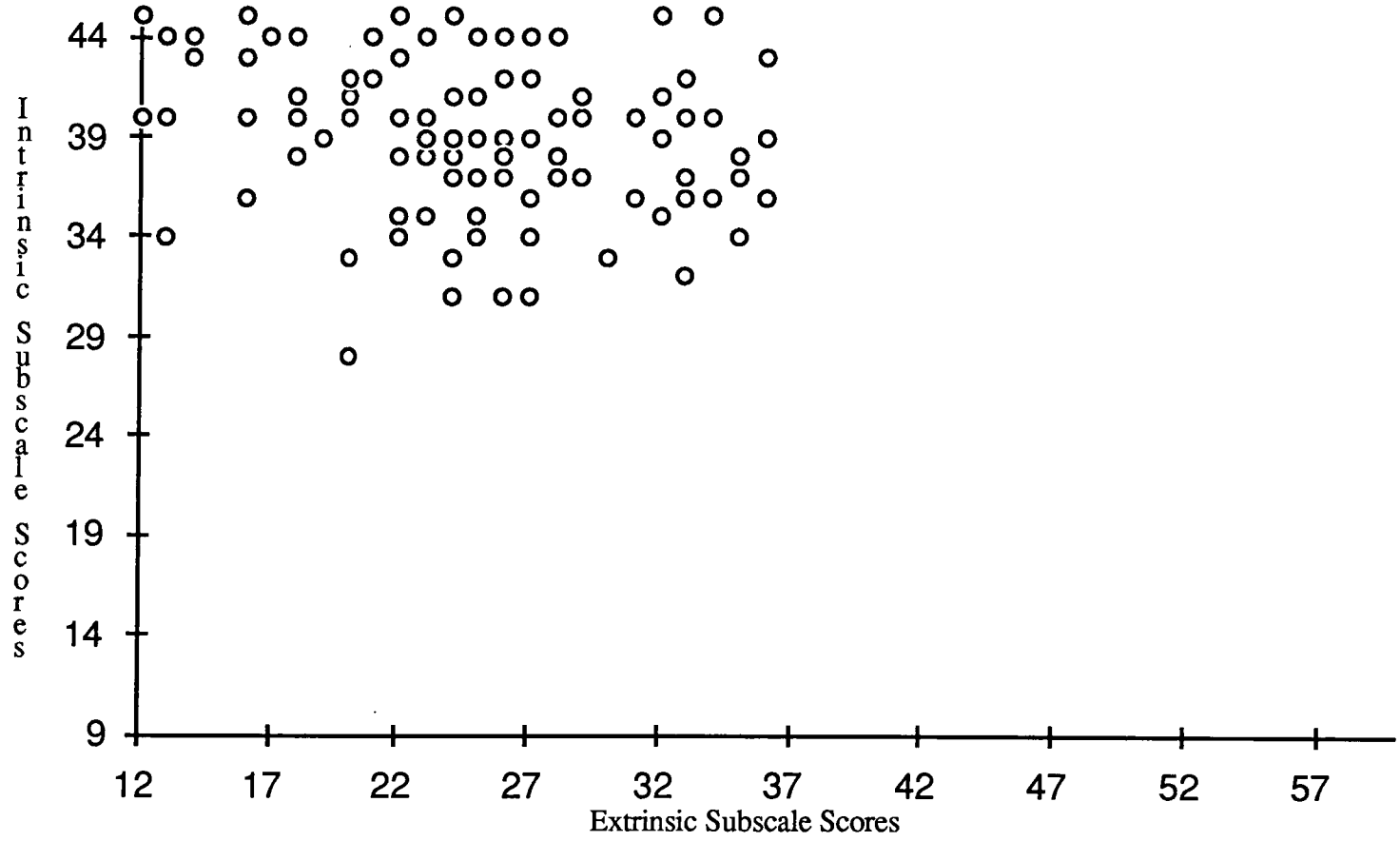


Figure 1. Scatter Plot for the Intrinsic and Extrinsic Subscales for the Intrinsic Religious Orientation

Table 5

Ranges, Means, and Standard Deviations for the Religious Orientation Scale, Taylor Manifest Anxiety Scale, Janis-Field Feelings of Inadequacy Scale, Hassles Scale, and Uplifts Scale for the Intrinsic Religious Orientation.

	InROS	ExROS	TMAS	J-F	Hassles	Uplifts
Number	167	167	167	167	167	167
Maximum	45	36	45	100	85	110
Minimum	28	12	1	34	2	8
Mean	39	24.7	17.4	66.8	26.9	55
Standard Deviation	4	6.2	10.2	13.6	19.2	24.4

Table 6

Ranges, Means, and Standard Deviations for the Religious Orientation Scale, Taylor Manifest Anxiety Scale, Janis-Field Feelings of Inadequacy Scale, Hassles Scale, and Uplifts Scale for the Indiscriminately Proreligious Orientation.

	InROS	ExROS	TMAS	J-F	Hassles	Uplifts
Number	14	14	14	14	14	14
Maximum	45	52	36	94	93	96
Minimum	30	37	6	42	3	17
Mean	37.9	41.1	19.9	67.4	40.4	68.6
Standard Deviation	4.5	4.0	8.9	12.7	27.9	22.1

Table 7

Intrinsic and Extrinsic Subscale Correlations of the Religious Orientation Scale with the Taylor Manifest Anxiety Scale, Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale for the Intrinsic Religious Orientation.

INVENTORY	ExROS	TMAS	J-F	Hassles	Uplifts
InROS	-0.183*	-0.237**	0.350***	-0.207**	-0.070
ExROS		0.075	-0.058	0.256***	0.251***

* Significant at the .05 level.
** Significant at the .01 level.
*** Significant at the .001 level.

Table 8

Intrinsic and Extrinsic Subscale Correlations of the Religious Orientation Scale with the Taylor Manifest Anxiety Scale, Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale for the Indiscriminately Proreligious Orientation.

INVENTORY	ExROS	TMAS	J-F	Hassles	Uplifts
InROS	0.234	-0.153	0.258	0.042	-0.039
ExROS		0.016	0.109	0.325	0.036

(No significant correlation)

Table 9

Inventory Means for Intrinsically Religious Subjects with the Highest Intrinsic Subscale Scores on the Religious Orientation Scale

	InROS	ExROS	TMAS	J-F	Hassles	Uplifts
Number	14	14	14	14	14	14
Mean	45	23.4	12.8	74.8	19.9	50.5

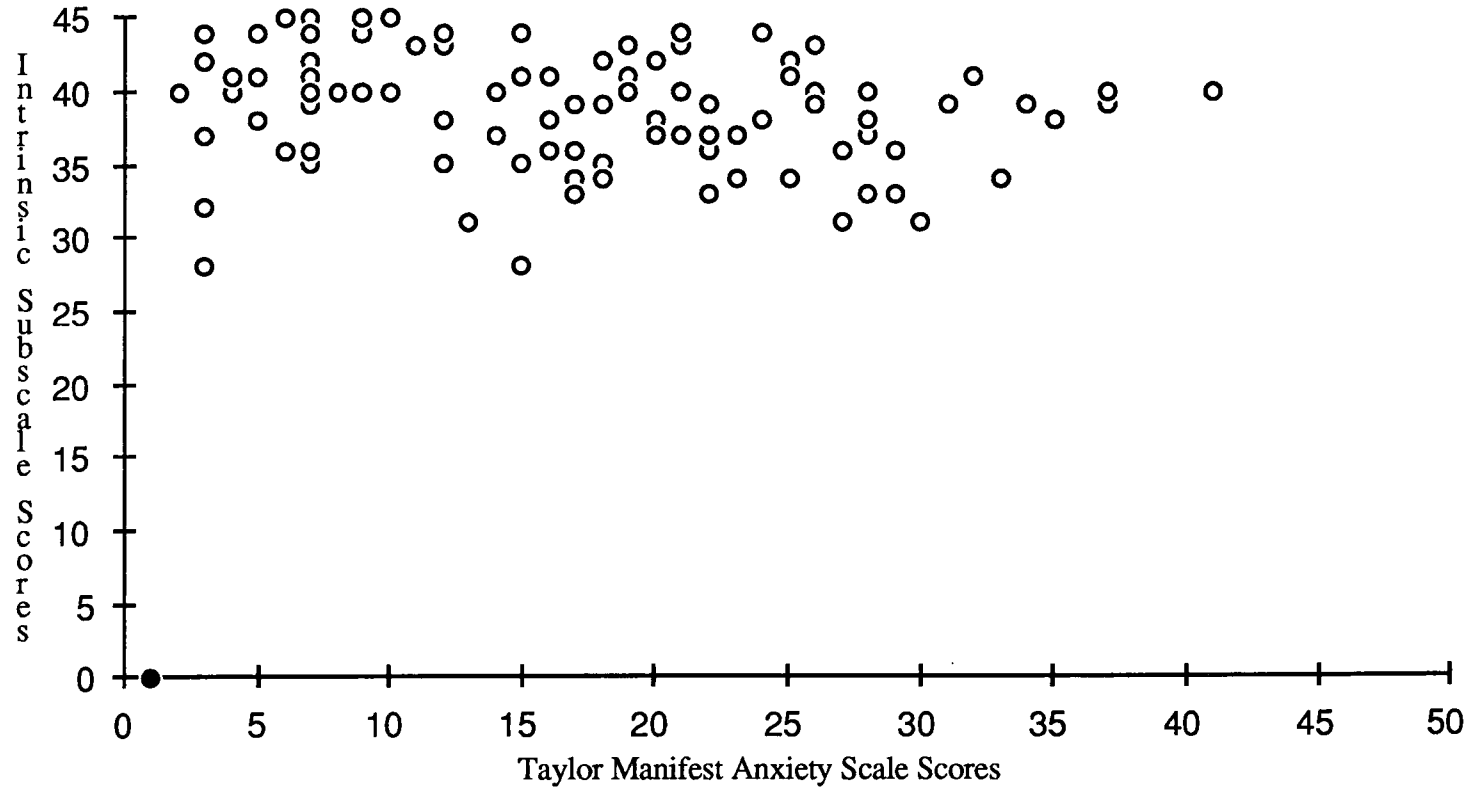


Figure 2. Scatter Plot for the Intrinsic Subscale and the Taylor Manifest Anxiety Scale for the Intrinsic Religious Orientation

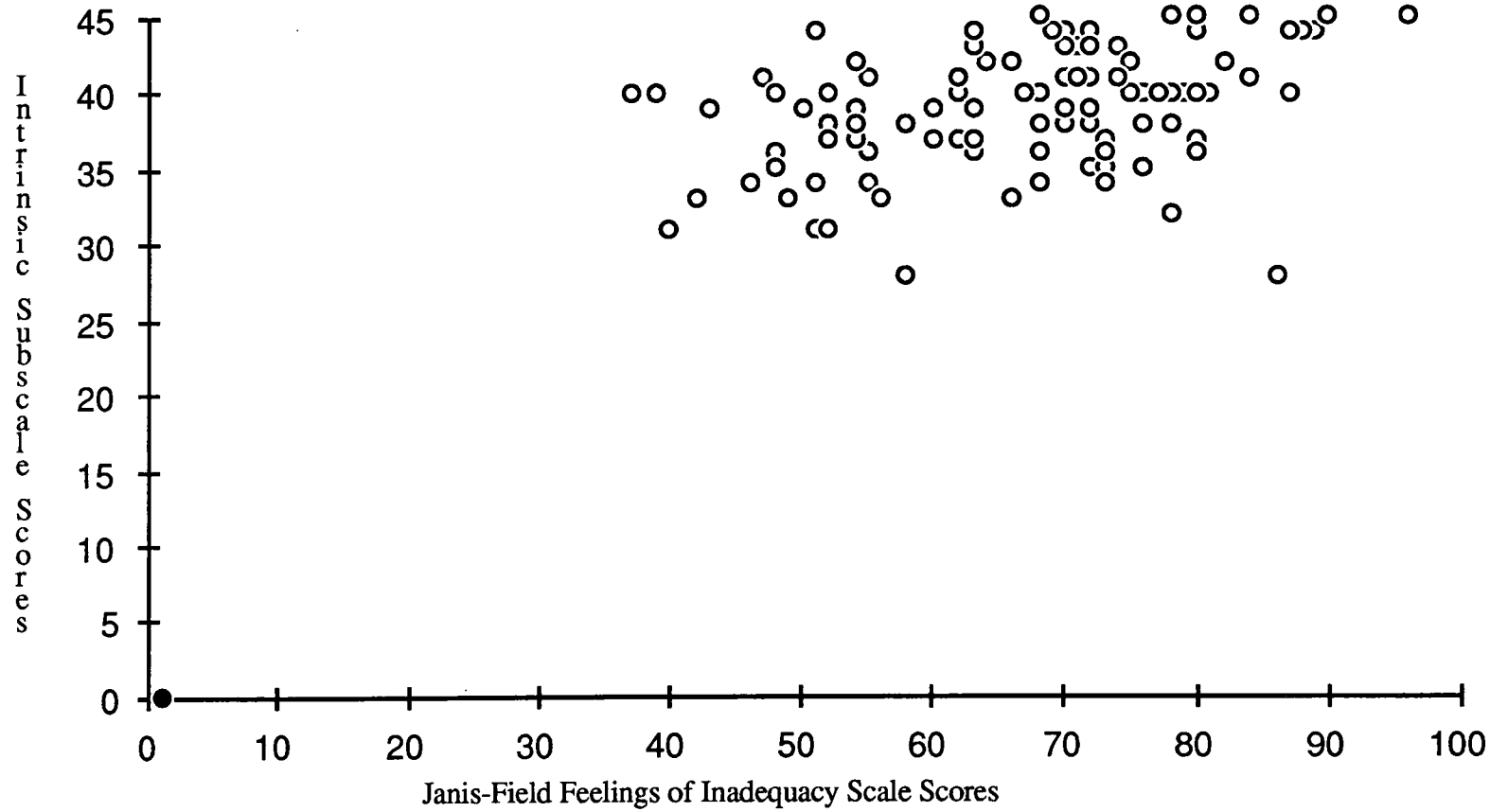


Figure 3. Scatter Plot for the Intrinsic Subscale and the Janis-Field Feelings of Inadequacy Scale for the Intrinsic Religious Orientation

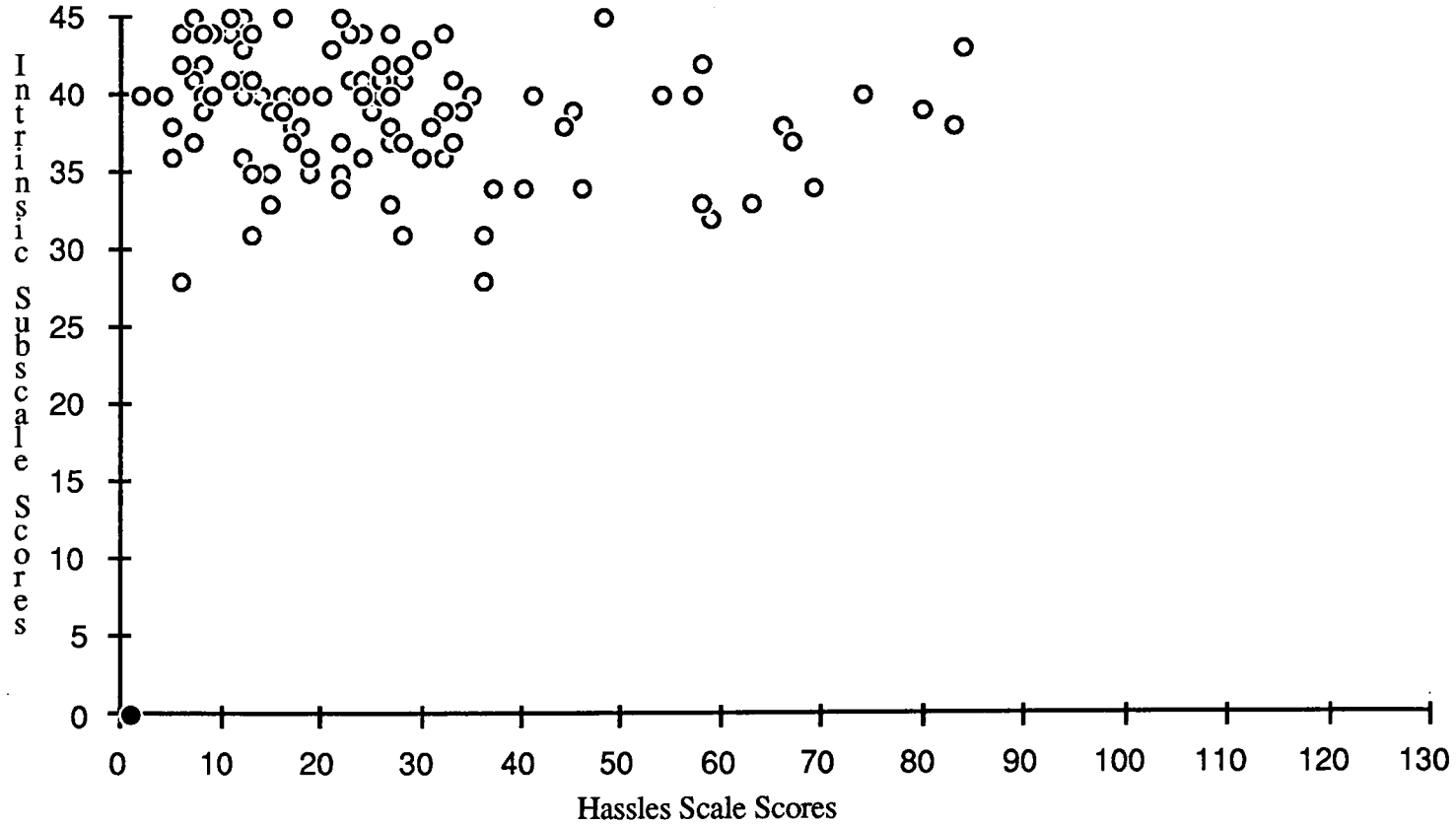


Figure 4. Scatter Plot for the Intrinsic Subscale and the Hassles Scale for the Intrinsic Religious Orientation

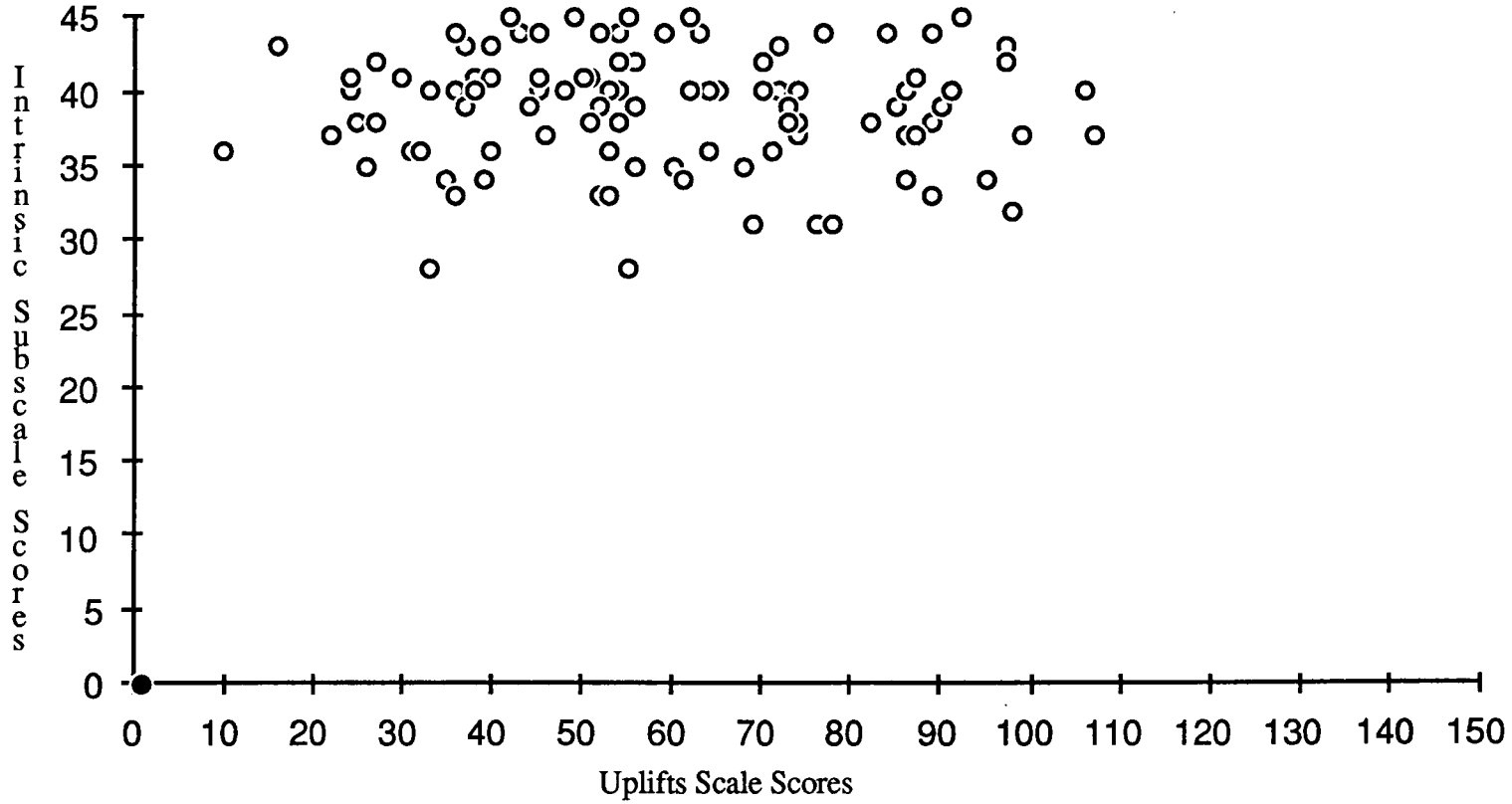


Figure 5. Scatter Plot for the Intrinsic Subscale and the Uplifts Scale for the Intrinsic Religious Orientation

Additional Findings

Although they did not directly address the hypotheses of the study, there were other correlations in the data which deserved attention. There was a negative relationship of -0.183 ($df=165$; $p<.05$) between the scores on the intrinsic and extrinsic subscales of the Religious Orientation Scale for intrinsically religious subjects. Hence, there was a significant inverse relationship between the scores on the two subscales.

A strong negative correlation of -0.746 ($df=188$; $p<.001$) was found between scores on the Taylor Manifest Anxiety Scale and the Janis-Field Feelings of Inadequacy Scale. Subjects scoring lower on manifest anxiety tended to have higher levels of self-esteem, while those scoring higher on manifest anxiety tended to have lower levels of self-esteem.

A relationship emerged between scores on the Taylor Manifest Anxiety Scale and the Hassles Scale. The correlation between the scales was 0.455 ($df=188$; $p<.001$). Subjects with high levels of manifest anxiety tended to also report high levels of daily irritations, while those with low levels of manifest anxiety also had lower levels of daily frustrations.

There was a negative relationship between the scores on the Janis-Field Feelings of Inadequacy Scale and the Hassles Scale. The correlation between the two scales was -0.294 ($df=188$; $p<.001$). Subjects with higher levels of self-esteem tended to experience lower levels of daily irritations, while those with lower levels of self-esteem tended to experience higher levels of daily stress.

A positive relationship was found between scores on the Hassles Scale and the Uplifts Scale. The correlation between these scales was 0.521 ($df=188$; $p<.001$). Those

reporting many hassles also reported many uplifts, while those who reported few hassles also experienced few uplifts.

The correlations among the Taylor Manifest Anxiety Scale, the Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale were reported in Table 10. These correlations were drawn from all the subjects in the sample.

Table 10

Correlation Matrix for the Taylor Manifest Anxiety Scale, Janis-Field Feelings of Inadequacy Scale, the Hassles Scale, and the Uplifts Scale for the Total Sample.

INVENTORIES	J-F	HASSLES	UPLIFTS
TMAS	-0.746*	0.455*	0.078
J-F		-0.294*	0.021
HASSLES			0.521*

*SIGNIFICANT AT THE .001 LEVEL.

CHAPTER V

DISCUSSION

Summary of Findings

The purpose of this study was to clarify what type of relationship existed between religiosity and mental health characteristics. In this study mental health characteristics included manifest anxiety, self-esteem, and negative and positive daily stressors.

Significant findings related to the hypotheses included:

(1) Intrinsically religious subjects tended to report low levels of manifest anxiety.

(2) Intrinsically religious subjects tended to report high levels of self-esteem.

(3) Intrinsically religious subjects tended to report few daily hassles.

(4) Subjects with an intrinsic religious orientation also exhibited a positive relationship between extrinsic subscale scores and scores on the Hassles Scale.

(5) Subjects scoring as intrinsically religious had a significant positive relationship between their scores on the extrinsic subscale and the Uplifts Scale.

As a result of the significant relationships found within the intrinsic religious orientation and the lack of significant relationships within the indiscriminately proreligious orientation, all of the hypotheses were rejected. However, caution must be expressed in the interpretation of these results. First, these results were correlational, hence no firm statement of causality could be made. Second, the large number of subjects found in the intrinsic religious orientation increased the likelihood of accepting significant relationships when they did not exist. Third, the small number of subjects in the indiscriminately proreligious orientation decreased the likelihood of finding significant relationships when they may have actually existed. Fourth, the inadequate number of subjects in the extrinsic

and indiscriminately antireligious or nonreligious orientation made analysis of them impossible, hence no comparison of these orientations were possible. Finally, the restricted nature of the intrinsically religious subjects' distribution around the theoretical midpoints of the intrinsic and extrinsic subscales may have distorted the correlations.

Although cautioned by the relatively low correlations and the large number of subjects, the mean scores for the 14 intrinsically religious subjects with the highest intrinsic subscale scores provided greater confidence in the findings. An intrinsic religious orientation was associated with high self-esteem, low manifest anxiety, and few daily negative stressors. The significant relationships associated the intrinsic religious orientation with psychological adjustment, thereby supporting Allport's contentions, the researcher's previous findings, and studies cited in the second chapter concerning the positive relationship between religiousness and other mental health characteristics.

The relationship found between the extrinsic subscale scores for the intrinsic religious orientation, and the Hassles Scale and Uplifts Scale was perplexing. These scores were all relatively low. The extrinsic subscale score was below the theoretical midpoint by the definition of the intrinsic orientation. The Hassles Scale scores correlated negatively with the intrinsic subscale scores, hence they were relatively low. The Uplifts Scale had no significant relationship to the intrinsic subscale scores, but were related to the intrinsic scale in a negative direction, hence they were low. However, each of these measures reflected some outward or external focus. Therefore, even though these measures were all relatively low, they all measured similar outlooks, and positive significant relationships among them were understandable.

Significant findings not directly related to the hypotheses included:

(1) A negative relationship was discovered between intrinsic and extrinsic subscales on the Religious Orientation Scale for the intrinsic religious orientation.

(2) Subjects who reported high levels of manifest anxiety tended to have a low self-esteem, while those who reported low levels of manifest anxiety tended to have high self-esteem.

(3) Subjects who reported high levels of manifest anxiety experienced higher levels of daily hassles, while those who reported low levels of manifest anxiety experienced fewer daily hassles.

(4) Subjects with high self-esteem tended to report fewer daily hassles, while those with lower self-esteem tended to report higher daily hassles.

(5) Subjects who reported higher levels of daily hassles also reported higher levels of daily uplifts, while those with fewer daily hassles experienced fewer daily uplifts.

The negative relationship between the intrinsic and extrinsic subscales on the Religious Orientation Scale was an expected finding for the intrinsically religious orientation. The definition of the orientation involved scoring above the theoretical midpoint on the intrinsic subscale, while scoring below the theoretical midpoint on the extrinsic subscale. The relatively low correlation was indicative of the restricted range of subscale scores around the theoretical midpoints.

Expected relationships were discovered between manifest anxiety and self-esteem, manifest anxiety and hassles, and self-esteem and hassles. These relationships were predictable in light of the existing research literature for anxiety, esteem, and stress. High manifest anxiety was associated with low esteem and high daily hassles. An individual experiencing internal dissonance or conflict would be expected to experience greater frustration, anxiety, worry, or guilt, which would then relate to the individual's experience of external stressors, and would also influence the individual's assessment of his or her ability to cope with the stressors. Similarly, low manifest anxiety related to high esteem and few daily hassles. Hence, an individual with healthy esteem would experience less

internal conflict and also less negative external stressors. The individual may have greater coping mechanisms or less awareness of internal or external conflict.

The relationship between the Hassles Scale and the Uplifts Scale replicated the correlation reported by Kanner, Coyne, Schaefer, and Lazarus (1981). They explained the relationship as a common response set or tendency for some people to experience many hassles and many uplifts. The correlation is not surprising in that each scale reflected an awareness of external events. Therefore, someone who was more aware of the negative impact of daily events also had greater awareness of the positive impact of daily events in the environment.

Regarding the purposes of the study, the importance of considering religious orientations when conducting religious research was implied by the findings. In many conventional religiosity studies the intrinsic and indiscriminately proreligious orientations would have appeared quite similar and the distinctions found in this study would not have been observed. Secondly, Allport's contentions concerning the intrinsic religious orientation were supported by the findings. What type of relationship existed between the other religious orientations and mental health characteristics was left open for future research. Finally, the researcher's previous studies with the Bible college population and findings concerning the characteristics of the intrinsic religious orientation were also supported.

Conclusions

The subjects scoring as intrinsically religious had low manifest anxiety, high self-esteem, and few daily hassles. Intrinsics also had a significant relationship between the extrinsic subscale on the Religious Orientation Scale and the Uplifts Scale. The subjects

scoring as indiscriminately proreligious had no significant relationship among the mental health measures. Therefore all of the hypotheses were rejected.

An intrinsic religious orientation positively related to mental health. The intrinsically religious individual had a healthy self-image with high self-esteem, was characterized by very little anxiety, and also experienced few negative daily stressors. Therefore, intrinsic religiosity was associated with psychological adjustment and health.

Implications for Future Research

Obviously, the first implication for future research would be conducting a similar study with another population. If the population was sufficiently diverse there would be many subjects scoring in each religious orientation. The four cells would then be large enough to test the hypotheses more directly.

A second research implication involved the use of the Religious Orientation Scale on the Bible college campus. One would expect the high number of intrinsics and indiscriminately proreligious orientations among students on a Bible college campus preparing for Christian ministry-related vocations. However, why would extrinsics and indiscriminately antireligious orientations go to a Bible college to prepare for Christian vocations? It would seem that subjects scoring as extrinsically religious or indiscriminately antireligious would experience more stress, conflict, tension, pressure, and anxiety in a Bible college atmosphere. Of the seven indiscriminately antireligious subjects, six were freshmen and one was a sophomore. Of the two extrinsically religious subjects, one was a freshman and one was a sophomore. Hence, of the nine subjects who scored indiscriminately antireligious or extrinsically religious, seven were freshmen and two were sophomores. This observation was reasonable since one would expect students from those two religious orientations to eventually leave school because of the conflict that has to be a

part of their college experience. Hence there should be greater numbers of indiscriminately antireligious and extrinsically religious in the freshman class. If this were the case, investigating religious orientations and counseling needs, disciplinary actions, transfers, withdrawals, GPA, and other factors would be fruitful avenues of study. If significant relationships were found, the Religious Orientation Scale might have the potential to identify students with special adjustment needs. Early attention could then be given to those students through counseling. Also subjects scoring as indiscriminately proreligious could be given early attention. Although they may not have any internal conflict, the inconsistency between their attitudes and their behavior could result in external stressors. Therefore the Religious Orientation Scale might potentially identify students who would be especially stressed by the Bible college atmosphere, and allow preventive measures to be taken. Further exploration of such a possibility would be warranted.

Finally, the Religious Orientation Scale appeared to be a useful instrument of investigation when considering religiousness. The skewed distribution of Bible college students preparing for Christian ministry-related vocations was expected. Yet even in the homogeneous population of Bible college students, the Religious Orientation Scale made valuable distinctions among religious orientations. These distinctions would be helpful in any investigation involving religious experience. Hence, there would be greater potential of learning about religious experience and its influence on human behavior if the Religious Orientation Scale were utilized, and distinctions between religious orientations were made.

LIST OF REFERENCES

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Acklin, M.W., Brown, E.C., & Mauger, P.A. (1983). The role of religious values in coping with cancer. Journal of Religion and Health, 22, 322-333.

Aday, R.H. (1984-85). Belief in afterlife and death anxiety: correlates and comparisons. Omega: Journal of Death and Dying, 15, 67-75.

Albee, G.W. (1984). Reply to Lantz. American Psychologist, 39, 82-84.

Allport, G. (1950). The Individual and His Religion: A Psychological Interpretation. New York, NY: MacMillan.

Allport, G. (1954). The Nature of Prejudice. Reading, MA: Addison-Wesley.

Allport, G. (1959). Religion and prejudice. Crane Review, 2, 1-10.

Allport, G. (1961). Pattern and Growth in Personality. New York, NY: Holt, Rinehart, & Winston.

Allport, G. (1962). Prejudice: is it societal or personal? Journal of Social Issues, 18, 120-134.

Allport, G. (1963). Behavioral science, religion, and mental health. Journal of Religion and Health, 2, 187-197.

Allport, G. (1964). Mental health: a generic attitude. Journal of Religion and Health, 4, 7-21.

Allport, G. (1966a). The religious context of prejudice. Journal for the Scientific Study of Religion, 5, 447-457.

Allport, G. (1966b). Traits revisited. American Psychologist, 21, 1-10.

Allport, G. (1968). The Person in Psychology. Boston, MA: Beacon Press.

Allport, G., & Ross, J. (1967). Personal orientation and prejudice. Journal of Personality and Social Psychology, 5, 432-443.

Annis, L.V. (1976). Emergency helping and religious behavior. Psychological Reports, 39, 151-158.

Bahr, H.M., & Martin, T.K. (1983). "And thy neighbor as thyself." Self-esteem and faith in people as correlates of religiosity and family solidarity among Middletown high school students. Journal for the Scientific Study of Religion, 22, 132-144.

Baither, R., & Slatzberg, L. (1978). Relationship between religious attitude and rational thinking. Psychological Reports, 43, 853-854.

Baker, M., & Gorsuch, R. (1982). Trait anxiety and intrinsic-extrinsic religiousness. Journal for the Scientific Study of Religion, 21, 119-122.

Batson, C.D. (1976). Religion as prosocial: agent or double agent? Journal for the Scientific Study of Religion, 15, 29-45.

Batson, C.D., & Gray, R.A. (1981). Religious orientation and helping behavior: responding to one's own or to the victim's needs? Journal of Personality and Social Psychology, 40, 511-520.

Batson, C.D., Naifeh, S.J., & Pate, S. (1978). Social desirablity, religious orientation, and racial prejudice. Journal for the Scientific Study of Religion, 17, 31-41.

Batson, C.D., & Ventis, W.L. (1982). The Religious Experience. New York, NY: Oxford University Press.

Bergin, A.E. (1980a). Psychotherapy and religious values. Journal of Consulting and Clinical Psychology, 48, 95-105.

Bergin, A.E. (1980b). Religious and humanistic values: a reply to Ellis and Walls. Journal of Consulting and Clinical Psychology, 48, 642-645.

Bergin, A.E. (1983). Religiosity and mental health: a critical reevaluation and meta-analysis. Professional Psychology: Research and Practice, 14, 170-184.

Bergin, A.E. (1988a). Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change. Counseling and Values, 33, 21-31.

Bergin, A.E. (1988b). The spiritual perspective is ecumenical and eclectic. Counseling and Values, 33, 57-59.

Bergin, A.E., Masters, K.S., & Richards, P.S. (1987). Religiousness and mental health reconsidered: a study of an intrinsically religious sample. Journal of Counseling Psychology, 34, 197-204.

Bergin, A.E., Stinchfield, R.D., Gaskin, T.A., & Masters, K.S. (1988). Religious life-styles and mental health: an exploratory study. Journal of Counseling Psychology, 35, 91-98.

Blotcky, A.D., Cohen, D.G., Conatser, C., & Klopovich, P. (1985). Psychological characteristics of adolescents who refuse cancer treatment. Journal of Consulting and Clinical Psychology, 53, 729-731.

Darley, J.M., & Batson, C.D. (1973). From Jerusalem to Jericho: a study of situational and dispositional variables in helping behavior. Journal of Personality and Social Psychology, 27, 100-108.

Dodd, D.K., & Mills, L.L. (1985). FADIS: a measure of the fear of accidental death and injury. Psychological Record, 35, 269-275.

Donahue, M.J. (1985). Intrinsic and extrinsic religiousness: review and meta-analysis. Journal of Personality and Social Psychology, 48, 400-419.

Downey, A.M. (1984). Relationship of religiosity to death anxiety of middle-aged males. Psychological Reports, 54, 811-822.

Downey, A.M. (1984). Relationship of religiosity to death anxiety of middle-aged males. Psychological Reports, 54, 811-822.

Eagly, A. H. (1967). Involvement as a determinant of response to favorable and unfavorable information. Journal of Personality and Social Psychology, 7, 3, 1-15.

Eagly, A. H. (1969). Sex differences in the relationship between self-esteem and susceptibility to social influence. Journal of Personality, 37, 581-591.

Eckstein, S. (1980). Children and drug abuse: a commentary. Ontario Psychologist.

Edwards, K. L. (1987). Exploratory study of Black psychological health. Journal of Religion and Health, 26, 73-80.

Elkins, D., Anchor, K. N., & Sandler, H. M. (1979). Relaxation training and prayer behavior as tension reduction techniques. Behavioral Engineering, 5, 81-87.

Ellis, A. (1980). Psychotherapy and atheistic values: a response to A.E. Bergin's "Psychotherapy and religious values." Journal of Consulting and Clinical Psychology, 48, 635-639.

Ellis, A. (1986). Do some religious beliefs help create emotional disturbance? 93rd annual convention of the American Psychological Association: spiritual issues: do they belong in psychological practice? (1985, Los Angeles, California). Psychotherapy in Private Practice, 4, 101-106.

Ellis, A. (1987). Religiosity and emotional disturbance: a reply to Sharkey and Malony. Psychotherapy, 24, 826-827.

Ernsberger, D. J., & Manaster, G. J. (1981). Moral development, intrinsic/extrinsic religious orientation and denominational teaching. Genetic Psychology Monographs, 104, 23-41.

Feagin, J. (1964). Prejudice and religious types: a focused study of southern fundamentalists. Journal for the Scientific Study of Religion, 4, 3-13.

Fenn-Baker, (1986). Religion and mental health. Indian Psychiatric Society-South Zone Conference (1986, Manipal, India). Indian Journal of Psychological Medicine, 9, i-v.

Ferguson, G.A. (1981). Statistical Analysis in Psychology and Education, 5th edition. New York, NY: McGraw-Hill

Finney, J.R., & Malony, H.N. (1985). An empirical study of contemplative prayer as an adjunct to psychotherapy. Journal of Psychology and Theology, 13, 284-290.

Forbes, G.B., Tevault, R.K., & Gromoll, H.F. (1971). Willingness to help strangers as a function of liberal, conservative, or Catholic church leadership: a field study with the lost letter technique. Psychological Reports, 1971, 28, 947-949.

Francis, L. J., Pearson, P. R., & Kay, W. K. (1983a). Are introverts still more religious? Personality and Individual Differences, 4, 211-212.

Francis, L.J., Pearson, P.R., & Kay, W.K. (1983b). Are religious children bigger liars? Psychological Reports, 52, 551-554.

Francis, L.J., Pearson, P.R., & Kay, W.K. (1983c). Neuroticism and religiosity among English school children. Journal of Social Psychology, 121, 149-150.

Francis, L.J., Pearson, P.R., & Stubbs, M.T. (1985). Personality and religion among low ability children in residential special schools. British Journal of Mental Subnormality, 31, 41-45.

Furnham, A.L. (1982). Locus of control and theological beliefs. Journal of Psychology and Theology, 10, 130-136.

Gelbond, B. (1979). Self-actualization and unselfish love. Journal of Religious Humanism, 13, 74-78.

Gorsuch, R.L. (1984). Measurement: the boon and bain of investigating religion. American Psychologist, 39, 228-236.

Graves, C.C. (1983). Counterpoint: religion--cause or cure? Perspectives in Psychiatric Care, 21, 36-38.

Guy, R.F. (1982). Religion, physical disabilities, and life satisfaction in older age cohorts. International Journal of Aging and Human Development, 15, 225-232.

Hood, R.W. (1970). Religious orientation and the report of religious experience. Journal for the Scientific Study of Religion, 9, 285-291.

Hood, R.W. (1971). A comparison of the Allport and Feagin scoring procedures for intrinsic/extrinsic religious orientation. Journal for the Scientific Study of Religion, 10, 370-374.

Hood, R.W. (1978). The usefulness of the indiscriminately pro and anti categories of religious orientation. Journal for the Scientific Study of Religion, 17, 419-431.

Hovland, C., & Janis, I. (1959). Personality and Persuasibility. New Haven, CN: Yale University Press.

Huck, S., Cormier, W., & Bounds, W. (1974). Reading Statistics and Research. New York, NY: Harper and Row.

Janis, I. (1954). Personality correlates of susceptibility to persuasion. Journal of Personality, 22, 504-518.

Johnson Bible College Catalog (1987-1989). 1-10.

Johnson Bible College President's Annual Report (1988). 2.

Jolly, S., & Orford, J. (1983). Religious observance, attitudes toward drinking, and knowledge about drinking, amongst university students. Alcohol and Alcoholism, 18, 271-278.

Josefowitz, N., & Marjorbanks, K. (1978). Religious affiliation, church attendance, and social attitudes. Psychological Reports, 42, 1097-1098.

Kahoe, R.D. (1974). Personality and achievement correlates of intrinsic and extrinsic religious orientations. Journal of Personality and Social Psychology, 29, 812-818.

Kanner, A.D., Coyne, J.C., Schaefer, C., & Lazarus, R.S. (1981). Comparison of two modes of stress measurement: daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4, 1-39.

Kirkpatrick, C. (1949). Religion and humanitarianism: a study of institutional implications. Psychological Monographs, 63.

Kivett, V.R. (1979). Religious motivation in middle-age: correlates and implications. Journal of Gerontology, 34, 106-115.

Kivley, L.R. (1988). Elements of healthy religious beliefs. Counseling and Values, 32, 236-239.

Koenig, H.G., Kvale, J.N., & Ferrel, C. (1988). Religion and well-being in later life. The Gerontologist, 28, 18-28.

Kohn, G.F. (1984). Toward a model of spirituality and alcoholism. Journal of Religion and Health, 23, 250-259.

Koubek, R.J. (1984). Correlation between religious commitment and students' achievement. Psychological Reports, 54, 262.

Kraft, W.A., Litwin, W.J., & Barber, S.E. (1987). Religious orientation and assertiveness: relationship to death anxiety. Journal of Social Psychology, 127, 93-95.

Kremer, B. (1988). Existential confrontation and religiosity: an invited commentary. Counseling and Values, 33, 63-64.

Lea, G. (1982). Religion, mental health, and clinical issues. Journal of Religion and Health, 21, 336-351.

Markides, K.S. (1983). Aging, religiosity, and adjustment: a longitudinal analysis. Journal of Gerontology, 38, 621-625.

Martin, J., & Westie F. (1959). The tolerant personality. American Sociological Review, 24, 521-528.

Martin, W.T. (1984). Religiosity and United States suicide rates, 1972-1978. Journal of Clinical Psychology, 40, 1166-1169.

McClain, E.W. (1978). Personality differences between intrinsically religious and non-religious students: a factor analytic study. Journal of Personality Assessment, 42, 159-166.

McClain, E.W. (1979). Religious orientation: the key to psychodynamic differences between feminists and nonfeminists. Journal for the Scientific Study of Religion, 18, 40-45.

McClure, R. F., & Loden, M. (1982). Religious activity, denomination memberships and life satisfaction. Psychology: A Quarterly Journal of Human Behavior, 19, 12-17.

McDonald, C. B., & Luckett, J. B. (1983). Religious affiliation and psychiatric diagnosis. Journal for the Scientific Study of Religion, 22, 15-37.

McMordie, W. R. (1981). Religiosity and fear of death: strength of belief system. Psychological Reports, 49, 921-922.

McKenna, R.H. (1976). Good Samaritanism in rural and urban settings: a nonreactive comparison of helping behavior of clergy and control subjects. Representative Research in Social Psychology, 7, 58-65.

Meadow, M. J. & Kahoe, R. D. (1984). Psychology of Religion: Religion in Individual Lives. New York, NY: Harper & Row.

Middleton, R., & Putney, S. (1962). Religion, normative standards and behavior. Sociometry, 25, 141-152.

Morgan, S. P. (1983). A research note on religion and morality: are religious people nice people? Social Forces, 61, 683-692.

Nelsen, H.M., & Kroliczak, A. (1984). Parental use of the threat, "God will punish": replication and extension. Journal for the Scientific Study of Religion, 23, 267-277.

Nelson, L.D., & Dynes, R.R. (1976). The impact of devotionalism and attendance on ordinary and emergency helping behavior. Journal for the Scientific Study of Religion, 15, 47-59.

Ness, R. C., & Wintrob, R. M. (1980). The emotional impact of fundamentalist religious participation: an empirical study of intragroup variation. American Journal of Orthopsychiatry, 50, 302-315.

O'Dowd, W. (1984-85). Locus of control and level of conflict as correlates of immortality orientation. Omega: Journal of Death and Dying, 15, 25-35.

Paloutzian, R. (1981). Purpose in life and value changes following conversion. Journal of Personality and Social Psychology, 41, 1153-1160.

Paloutzian, R., Jackson, S., & Crandall, J. (1978). Conversion experience, belief system, and personal and ethical attitudes. Journal of Psychology and Theology, 6, 266-275.

Panton, J. H. (1979). An MMPI item content scale to measure religious identification within a state prison population. Journal of Clinical Psychology, 35, 588-591.

Purdy, B.A., Simari, C.G., & Colon, G. (1983). Religiosity, ethnicity, and mental health: interface the 80's. Counseling and Values, 27, 112-122.

Randall, T. M., & Desnosiers, M. (1980). Measurement of supernatural belief: sex differences and locus of control. Journal of Personality Assessment, 44, 493-498.

Rigdon, M.A., & Epting, F.R. (1985). Reduction in death threat as a basis for optimal functioning. 5th international congress on personal construct psychology (1983, Boston, Massachusetts). Death-Studies, 9, 427-448.

Ritzema, R.J. (1979). Religiosity and altruism: faith without works? Journal of Psychology and Theology, 7, 105-113.

Robertson, J.D. (1983, Spring). Sex roles in university and Bible college students. Unpublished manuscript, The University of Tennessee, Department of Educational and Counseling Psychology.

Robertson, J.D., Williams, R.L., & Robertson, A.R. (1984, November). Religiosity and self-management in college students. Paper presented at the annual meeting of the Tennessee Psychological Association/ Tennessee Association of School Psychologists, Nashville, TN.

Robinson, J.P., & Shaver, P.R. (1973). Measures of Social Psychological Attitudes. Ann Arbor, MI: Institute for Social Research.

Rogalski, S., & Paisey, T. (1987). Neuroticism versus demographic variables as correlates of self-reported life satisfaction in a sample of older adults. Personality and Individual Differences, 8, 397-401.

Rokeach, M. (1970). Faith, hope, and bigotry. Psychology Today, 3, 33-37.

Rosen, C.E. (1982). Ethnic differences among impoverished rural elderly in use of religion as a coping mechanism. Journal of Rural Community Psychology, 3, 27-34.

Runyon, R.P., & Haber, A. (1976). Fundamentals of Behavioral Statistics, 3rd edition. Reading, MA: Addison-Wesley.

Seligman, L. (1988). Three contributions of a spiritual perspective to counseling, psychotherapy, and behavior change: an invited commentary. Counseling and Values, 33, 55-56.

Sharkey, P.W., & Malony, H.N. (1986). Religiosity and emotional disturbance: a test of Ellis's thesis in his own counseling center. Psychotherapy, 23, 640-641.

Shaver, P., Lanauer, M., & Sadd, S. (1980). Religiousness, conversion, and subjective well-being: the "healthy-minded" religion of modern American women. American Journal of Psychiatry, 137, 1563-1568.

Silvestri, P.J. (1979). Locus of control and God dependence. Psychological Reports. 45, 89-90.

Smith, R.E., Wheeler, G., & Diener, E. (1975). Faith without works: Jesus people, resistance to temptation, and altruism. Journal of Applied Social Psychology, 5, 320-330.

Spielberger, C.D. (1966). Anxiety and Behavior. New York, NY: Academic Press.

Spielberger, C.D. (1972). Anxiety: Current Trends in Theory and Research. New York, NY: Academic Press.

Stewart, E.C. (1987). The primordial roots of being: 32nd annual conference of the Institute on Religion in an Age of Science: can scientific understanding of religion clarify the route to world peace? (1985, Star Island, New Hampshire). Zygon: Journal of Religion and Science, 22, 87-107.

Stouffer, S. A. (1955).Communism, Civil Liberties, and Conformity. Garden City, NJ: Doubleday.

Sturgeon, & Hamley (1979). Religiosity and anxiety. Journal of Social Psychology, 108, 137-138.

Taylor, J.A. (1953). A personality scale of manifest anxiety. Journal of Abnormal and Social Psychology, 48, 285-290.

Taylor, J. B., & Reitz, W. E. (1968). The three faces of self-esteem. Research Bulletin #80, University of Western Ontario (Department of Psychology).

Thompson, A.D. (1974). Open-mindedness and indiscriminate antireligious orientation. Journal for the Scientific Study of Religion, 13, 471-477.

Tobacyk, J. (1983). Paranormal beliefs, interpersonal trust, and social interest. Psychological Reports, 53, 229-230.

Van-Haitsma, K. (1986). Intrinsic religious orientation: implications in the study of religiosity and personal adjustment in the aged. Journal of Social Psychology, 126, 685-687.

Victor, E. (1984). Religiosity and its relationship to moral values and acceptance of others. Master's thesis, Middle Tennessee State University.

Walls, G.B. (1980). Values and psychotherapy: a comment on "Psychotherapy and religious values." Journal of Consulting and Clinical Psychology, 48, 640-641.

Watson, P.J., Hood, R.W., & Morris, R.J. (1988). Existential confrontation and religiosity. Counseling and Values, 33, 47-54.

Wiebe, K.F., & Fleck, J.R. (1980). Personality correlates of intrinsic, extrinsic, and nonreligious orientations. The Journal of Psychology, 105, 181-187.

Worthington, E.L. (1988). Understanding the values of religious clients: a model and its application to counseling. Journal of Counseling Psychology, 35, 166-174.

APPENDICES

APPENDIX A

Religious Orientation Scale

The following title, background, instructions, and items were used by Feagin (1964) and Allport and Ross (1967). The scoring procedure is not the same as was used in the original studies. The scoring procedures used in this study are based on the theoretical midpoints of 27 for the intrinsic scale (9 x 3 = 27), and 36 for the extrinsic scale (12 x 3 = 36), as suggested by Hood (1970, 1971). The value of each response (1-5) is to the right of each option. Intrinsics are defined as high on intrinsic items, and low on extrinsic items (IN > 27, EX < 36). Extrinsics are defined as low on intrinsic items, and high on extrinsic items (IN < 27, EX > 36). Indiscriminately proreligious subjects would agree with both scales (IN > 27, EX > 36), while indiscriminately antireligious subjects would disagree with both scales (IN < 27, EX < 36).

Inquiry Concerning Social and Religious Views

The following items deal with various types of religious ideas and social opinions. We should like to find out how common they are.

Please indicate the response you prefer, or most closely agree with, by writing the letter corresponding to your choice in the right margin.

If none of the choices expresses exactly how you feel, then indicate the one which is closest to your own views. If no choice is possible you may omit the item.

There are no "right" or "wrong" choices. There will be many religious people who will agree with all the possible alternative answers.

Extrinsic Subscale

1. What religion offers me most is comfort when sorrow and misfortune strike. (.49, .65)
   a. I definitely disagree 1
   b. I tend to disagree 2
   c. I tend to agree 4
   d. I definitely agree 5

2. One reason for my being a church member is that such membership helps to establish a person in the community. (.47, .56)
   a. definitely not true 1
   b. tends not to be true 2
   c. tends to be true 4
   d. definitely true 5

3. The purpose of prayer is to secure a happy and peaceful life. (.51, .68)
   a. I definitely disagree 1
   b. I tend to disagree 2
   c. I tend to agree 4
   d. I definitely agree 5

4. It doesn't matter so much what I believe so long as I lead a moral life. (.39)
   a. I definitely disagree 1
   b. I tend to disagree 2
   c. I tend to agree 4
   d. I definitely agree 5

5. Although I am a religious person I refuse to let religious considerations influence my everyday affairs. (.31)
   a. definitely not true of me 1
   b. tends not to be true 2
   c. tends to be true 4
   d. clearly true in my case 5

6. The church is most important as a place to formulate good social relationships. (.44, .59)
   a. I definitely disagree 1
   b. I tend to disagree 2
   c. I tend to agree 4
   d. I definitely agree 5

7. Although I believe in my religion, I feel there are many more important things in my life. (.32)
   a. I definitely disagree 1
   b. I tend to disagree 2
   c. I tend to agree 4
   d. I definitely agree 5

8. I pray chiefly because I have been taught to pray. (.31)
   a. definitely true of me 5
   b. tends to be true 4
   c. tends not to be true 2
   d. definitely not true of me 1

9. A primary reason for my interest in religion is that my church is a congenial social activity. (.33)
   a. definitely not true of me 1
   b. tends not to be true 2
   c. tends to be true 4
   d. definitely true of me 5

10. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being. (.18)
   a. definitely disagree 1
   b. tend to disagree 2
   c. tend to agree 4
   d. definitely agree 5

11. The primary purpose of prayer is to gain relief and protection. (.50, .48)
   a. I definitely agree 5
   b. I tend to agree 4
   c. I tend to disagree 2
   d. I definitely disagree 1

12. Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships, and other memberships do. (Item not used by Allport and Ross, .61)
    a. I definitely agree 5
    b. I tend to agree 4
    c. I tend to disagree 2
    d. I definitely disagree 1

Intrinsic Subscale

1. I try hard to carry my religion over into all my other dealings in life. (.39, .64)
    a. I definitely disagree 1
    b. I tend to disagree 2
    c. I tend to agree 4
    d. I definitely agree 5

2. Quite often I have been keenly aware of the presence of God or the Divine Being. (.44)
    a. definitely not true 1
    b. tends not to be true 2
    c. tends to be true 4
    d. definitely true 5

3. My religious beliefs are what really lie behind my whole approach to life. (.50, .67)
    a. this is definitely not so 1
    b. probably not so 2
    c. probably so 4
    d. definitely so 5

4. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services. (.30, .54)
    a. almost never 1
    b. sometimes 2
    c. usually 4
    d. almost always 5

5. If not prevented by unavoidable circumstances, I attend church: (.47, .56)
    a. more than once a week 5
    b. about once a week 4
    c. two or three times a month 2
    d. less than once a month 1

6. If I were to join a church group I would prefer to join (1) a Bible study group, or (2) a social fellowship. (.49)
    a. I would prefer to join (1) 5
    b. I probably would prefer (1) 4
    c. I probably would prefer (2) 2
    d. I would prefer to join (2) 1

7. Religion is especially important to me because it answers many questions about the meaning of life. (.28)
   a. definitely disagree 1
   b. tend to disagree 2
   c. tend to agree 4
   d. definitely agree 5

8. I read literature about my faith (or church). (.41, .71)
   a. frequently 5
   b. occasionally 4
   c. rarely 2
   d. never 1

9. It is important to me to spend periods of time in private religious thought and meditation. (.58, .66)
   a. frequently true 5
   b. occasionally true 4
   c. rarely true 2
   d. never true 1

APPENDIX B

Taylor Manifest Anxiety Scale

Subjects respond TRUE or FALSE to the following list of items. The list is scored in the direction of anxiety, hence the higher the score, the higher the anxiety. The key response follows each item.

DIRECTIONS: Answer the following statements true or false. There are no right or wrong answers. Simply answer each statement as it applies to you.

1. I do not tire quickly. False
2. I am often sick to my stomach. True
3. I am about as nervous as other people. False
4. I have very few headaches. False
5. I work under a great deal of strain. True
6. I cannot keep my mind on one thing. True
7. I worry over money and business. True
8. I frequently notice my hand shakes when I try to do something. True
9. I blush as often as others. False
10. I have diarrhea ("the runs") once a month or more. True
11. I worry quite a bit over possible troubles. True
12. I practically never blush. False
13. I am often afraid I am going to blush. True
14. I have nightmares every few nights. True
15. My hands and feet are usually warm enough. False
16. I sweat very easily even on cool days. True
17. When embarrassed I often break out in a sweat which is very annoying. True
18. I do not often notice my heart pounding and I am seldom short of breath. False
19. I feel hungry almost all the time. True
20. Often my bowels don't move for several days at a time. True

21. I have a great deal of stomach trouble. True
22. At times I lose sleep over worry. True
23. My sleep is restless and disturbed. True
24. I often dream about things I don't like to tell other people. True
25. I am easily embarrassed. True
26. My feelings are hurt easier than most people. True
27. I often find myself worrying about something. True
28. I wish I could be as happy as others. True
29. I am usually calm and not easily upset. False
30. I cry easily. True
31. I feel anxious about something or someone almost all of the time. True
32. I am happy most of the time. False
33. It makes me nervous to wait. True
34. At times I am so restless that I cannot sit in a chair for very long. True
35. Sometimes I become so excited that I find it hard to get to sleep. True
36. I have often felt that I faced so many difficulties I could not overcome them. True
37. At times I have been worried beyond reason about something that really did not matter. True
38. I do not have as many fears as my friends. False
39. I have been afraid of things or people that I know could not hurt me. True
40. I certainly feel useless at times. True
41. I find it hard to keep my mind on a task or job. True
42. I am more self-conscious than most people. True
43. I am the kind of person who takes things hard. True
44. I am a very nervous person. True
45. Life is often a strain for me. True

46. At times I think I am no good at all. True

47. I am not at all confident of myself. True

48. At times I feel I am going to crack up. True

49. I don't like to face a difficulty or make an important decision. True

50. I am very confident of myself. False

APPENDIX C

Janis-Field Feelings of Inadequacy Scale

The alternatives below already have the value of each response beside them. In the administration of the inventory, the alternatives would be listed as a, b, c, d, e, and the direction mixed in order to avoid response set. Responses of 1 or 2 indicate lower levels of esteem, while responses of 4 or 5 indicate higher levels of esteem.

DIRECTIONS: Please circle the most appropriate response to each of the following statements. This is a survey of YOUR attitudes, therefore there are no "right" or "wrong" responses.

1. How often do you have the feeling that there is nothing you can do well?
   1. very often
   2. fairly often
   3. sometimes
   4. once in a great while
   5. practically never

2. How often do you feel that you have handled yourself well at a social gathering?
   1. practically never
   2. once in a great while
   3. sometimes
   4. fairly often
   5. very often

3. When you have to talk in front of a class or a group of people your own age, how afraid or worried do you usually feel?
   1. very afraid
   2. fairly afraid
   3. sometimes afraid
   4. rarely afraid
   5. practically never afraid

4. How often do you have the feeling that you can do everything well?
   1. practically never
   2. once in a great while
   3. sometimes
   4. fairly often
   5. very often

5. How often do you worry about whether other people like to be with you?
   1. very often
   2. fairly often
   3. sometimes
   4. once in a great while
   5. practically never

6. When you talk in front of a class or a group of people of your own age, how pleased are you with your performance?
   1. practically never pleased
   2. rarely pleased
   3. sometimes pleased
   4. usually pleased
   5. almost always pleased

7. How often do you feel self-conscious?
   1. very often
   2. fairly often
   3. sometimes
   4. once in a great while
   5. practically never

8. How comfortable are you when starting a conversation with people you don't know?
   1. practically never comfortable
   2. rarely comfortable
   3. sometimes comfortable
   4. usually comfortable
   5. almost always comfortable

9. How often are you troubled with shyness?
   1. very often
   2. fairly often
   3. sometimes
   4. once in a great while
   5. practically never

10. How often do you feel that you are a successful person?
   1. practically never
   2. once in a great while
   3. sometimes
   4. fairly often
   5. very often

11. How often do you feel inferior to most of the people you know?
   1. very often
   2. fairly often
   3. sometimes
   4. once in a great while
   5. practically never

12. How confident are you that your success in your future job or career is assured?
   1. almost never confident
   2. rarely confident
   3. sometimes confident
   4. usually confident
   5. almost always confident

13. Do you ever think that you are a worthless individual?
    1. very often
    2. fairly often
    3. sometimes
    4. once in a great while
    5. practically never

14. When you speak in a class discussion, how sure of yourself do you feel?
    1. hardly ever sure
    2. rarely sure
    3. sometimes sure
    4. usually sure
    5. almost always sure

15. How much do you worry about how well you get along with other people?
    1. almost always worry
    2. usually worry
    3. sometimes worry
    4. rarely worry
    5. practically never worry

16. How sure of yourself do you feel when among strangers?
    1. hardly ever sure
    2. rarely sure
    3. sometimes sure
    4. usually sure
    5. almost always sure

17. How often do you feel that you dislike yourself?
    1. very often
    2. fairly often
    3. sometimes
    4. once in a great while
    5. practically never

18. How confident do you feel that some day the people you know will look up to you and respect you?
    1. hardly ever confident
    2. rarely confident
    3. sometimes confident
    4. usually confident
    5. almost always confident

19. Do you ever feel so discouraged with yourself that you wonder whether anything is worthwhile?
    1. very often
    2. fairly often
    3. sometimes
    4. once in a great while
    5. practically never

20. In general, how confident do you feel about your abilities?
    1. hardly ever confident
    2. rarely confident
    3. sometimes confident
    4. usually confident
    5. almost always confident

APPENDIX D

Hassles Scale

The Hassles Scale was scored by simply adding the numbers which were circled in the severity column. The higher the total, the greater intensity of daily irritations.

DIRECTIONS: Hassles are irritations that can range from minor annoyances to fairly major pressures. Listed here are a number of ways in which a person can feel hassled. Go through the list and circle the hassles that have happened to you in the last month.

Indicate by circling a 1, 2, or 3 how severe each of the circled hassles has been for you.

Severity: (1) Somewhat Severe
(2) Moderately Severe
(3) Extremely Severe

1	2	3	1.	Misplacing things.
1	2	3	2.	Trouble with neighbors.
1	2	3	3.	Social obligations.
1	2	3	4.	Health of family member.
1	2	3	5.	Concerns about debts.
1	2	3	6.	Smoking too much.
1	2	3	7.	Drinking too much.
1	2	3	8.	Trouble relaxing.
1	2	3	9.	Trouble making decisions.
1	2	3	10.	Problems with people at work.
1	2	3	11.	Customers or clients give you a hard time.
1	2	3	12.	Home maintenance.
1	2	3	13.	Concerns about job security.
1	2	3	14.	Don't like current job.
1	2	3	15.	Bored.
1	2	3	16.	Lonely.
1	2	3	17.	Fear of confrontation.

1	2	3	18.	Illness.
1	2	3	19.	Physical appearance.
1	2	3	20.	Sexual problems.
1	2	3	21.	Wasting time.
1	2	3	22.	Problems at work.
1	2	3	23.	Car trouble.
1	2	3	24.	Rising prices.
1	2	3	25.	Not getting enough sleep.
1	2	3	26.	Problems with your children.
1	2	3	27.	Problems with your parents.
1	2	3	28.	Problems with your spouse or girl/boy friend.
1	2	3	29.	Too much to do.
1	2	3	30.	Work unchallenging.
1	2	3	31.	Legal problems.
1	2	3	32.	Concerns about weight.
1	2	3	33.	Not enough energy.
1	2	3	34.	Feeling conflict over what to do.
1	2	3	35.	Not enough time for family.
1	2	3	36.	Property, investments, or taxes.
1	2	3	37.	Yardwork.
1	2	3	38.	Concern about news.
1	2	3	39.	Crime.
1	2	3	40.	Traffic.
1	2	3	41.	Pollution.

Other hassles, not mentioned yet:

APPENDIX E

Uplifts Scale

The Uplifts Scale was scored by simply adding the numbers circled in the strength columns. The greater the total, the higher the daily pleasure or fulfillment.

DIRECTIONS: Uplifts are events that make you feel good. They are sources of your contentment, satisfaction, and joy.

Circle any of the following items that may have made you feel good in the LAST month. Then circle 1, 2, or 3 to indicate how strongly you felt about each of the uplifts... that is, how much they lifted your spirits.

Strength: (1) Somewhat Strong
(2) Moderately Strong
(3) Extremely Strong

1	2	3	1.	Getting enough sleep.
1	2	3	2.	Being lucky.
1	2	3	3.	Saving money.
1	2	3	4.	Not working.
1	2	3	5.	Gossiping; shooting the bull.
1	2	3	6.	Feeling healthy.
1	2	3	7.	Being with children.
1	2	3	8.	Visiting, phoning, or writing someone.
1	2	3	9.	Relating well with your spouse or boy/girl friend.
1	2	3	10.	Completing a task.
1	2	3	11.	Being efficient; meeting responsibilities.
1	2	3	12.	Cutting down on smoking.
1	2	3	13.	Cutting down on drinking.
1	2	3	14.	Losing weight.
1	2	3	15.	Sex.
1	2	3	16.	Friendly neighbors.
1	2	3	17.	Eating out.

1	2	3	18.	Having plenty of energy.
1	2	3	19.	Using drugs or alcohol.
1	2	3	20.	Relaxing.
1	2	3	21.	Having the "right" amount of things to do.
1	2	3	22.	Good times with friends.
1	2	3	23.	Spending time with family.
1	2	3	24.	Buying things for yourself or your house.
1	2	3	25.	Home pleasing you.
1	2	3	26.	Giving or getting a present.
1	2	3	27.	Traveling.
1	2	3	28.	Doing yardwork.
1	2	3	29.	Making a friend.
1	2	3	30.	Getting unexpected money.
1	2	3	31.	Dreaming.
1	2	3	32.	Pets.
1	2	3	33.	Children's accomplishments.
1	2	3	34.	Things going well at work.
1	2	3	35.	Making decisions.
1	2	3	36.	Confronting someone.
1	2	3	37.	Being alone.
1	2	3	38.	Knowing your job.
1	2	3	39.	Feeling safe in your neighborhood.
1	2	3	40.	Fixing something.
1	2	3	41.	Meeting a challenge.
1	2	3	42.	Flirting.

Other uplifts, not mentioned:

VITA

Joseph Daniel Robertson, Jr. was born in Portsmouth, Virginia on January 28, 1957. He attended public schools in North Carolina's Washington County School System, graduating from Plymouth High School in June 1975. He entered the University of North Carolina at Chapel Hill the following August and received a Bachelor of Arts degree in Psychology in May 1979. In August 1980 he was awarded the Master of Arts in Education degree with a major in Counselor Education from East Carolina University in Greenville, North Carolina.

The author married Angela Rose Respess on March 7, 1981. The couple moved to Knoxville, Tennessee the following summer and he began work with Johnson Bible College while she attended the University of Tennessee, Knoxville. He returned to graduate study in the Educational and Counseling Psychology Department at the University of Tennessee, Knoxville in 1982, and received the Doctor of Philosophy degree in Education in May 1989.

Mr. Robertson will continue working as Associate Professor of Counseling and Psychology at Johnson Bible College. Mrs. Robertson works as a school psychologist for Cherokee Mental Health Center and teaches part-time at Johnson Bible College. The Robertson's have a son, Joseph Justus, born on April 5, 1987 at the University of Tennessee Hospital, and expect another child in September 1989.