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BIBLICAL SELF-ESTEEM AND PSYCHOPATHOLOGY: A PSYCHOLOGICAL/THEOLOGICAL INTEGRATION

by

Allan Warren Crummett

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education
and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 1991

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BIBLICAL SELF-ESTEEM AND PSYCHOPATHOLOGY:
A PSYCHOLOGICAL/THEOLOGICAL INTEGRATION

Allan Warren Crummett, Ed.D.

Western Michigan University, 1991

With the plethora of definitions for and the vague and confused understanding of self-esteem/worth/image/love/value, the mental health professional is hard-pressed to define it accurately. To the Christian therapist, an area of concern is a Christian versus secular definition.

This study explored this issue in two ways. First, it addressed two hypotheses: (1) Is there a Biblical definition of self-esteem/worth?; (2) Does the Shepherd Scale (Bassett, 1981), an established measure of levels of Christianity, adequately assess self-esteem and Biblical self-esteem? These hypotheses are answered through a search of current literature and correlational analysis.

The second part of the study tested two hypotheses concerning the relationship of Biblical self-esteem to psychopathology. First, to establish whether the Shepherd Scale correlates with established measures of self-esteem, this hypothesis was tested: the Shepherd Scale correlates positively with the Short Index of Self-Actualization (SISA) (Jones & Crandall, 1986), negatively with the intrinsic factor of the Religious Orientation Scale (ROS) (Robinson & Shaver, 1973) and the Low Self-Esteem (LSE) scale of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hathaway & McKinley, 1989). Second, the

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MMPI-2 Clinical and Content scales correlate negatively with the Shepherd Scale (Belief and Walk components), SISA, and positively with the ROS (Intrinsic) and the MMPI-2 LSE scale.

To test these hypotheses, 106 members from four religious denominations volunteered and were each administered the Shepherd Scale, SISA, ROS and the MMPI-2. Demographic data were also collected. A Pearson's coefficient was computed for all correlations. Statistically significant positive correlations of above .1946 or below -.1946 were established as the criteria for positive and negative correlations, respectively. To test the difference between low, medium and high psychopathology groups, an ANOVA was computed.

The first part of the theoretical study indicated that there is a Biblical definition of self-esteem and the Shepherd Scale measures this adequately. Empirical results indicated that there was moderate support of the Shepherd Scale as a measure of self-esteem. High levels of Christianity revealed no relationship with psychopathology as measured by the MMPI-2. However, the data suggested that intrinsicness and high self-actualization is not related to psychopathology.

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Western Michigan University, 1991

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I have come to somewhat of an understanding of what my forefathers were like because of my father's genealogical studies. Because of generational dysfunction, and the fact that problems can be passed from one generation to another, I am thankful to those who have "kept their hands to the plow."

I am filled with gratitude and love for the support I have received from my parents, Warren Berlin and Elizabeth Stathers Crummett. Without their steadfast love and profuse support, this project would never have been completed. I thank God for the finest of parents.

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Allan Warren Crummett

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TABLE OF CONTENTS

ACKNOWLEDGMENTS ii

LIST OF TABLES vii

CHAPTER

I. INTRODUCTION 1

Magnitude of the Problem of Biblical Values, Religion and Mental Health 1

Biblical Values and Counseling 1

Religion and Mental Health 4

Importance of the Study on Biblical Self-Esteem 7

Statement of the Problem 12

Hypotheses 13

II. REVIEW OF THE LITERATURE 14

Defining Self-Esteem Biblically: Theoretical Treatment 14

Criteria for Self-Esteem 17

Self-Esteem and Identity 23

Change--A Five Stage Process 25

Twelve Steps of Building Self-Esteem 27

Review of the Literature on Self-Esteem: Empirical Treatment . 45

Religiosity and Self-Esteem (Empirical Studies) 46

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Review of the Literature: Religion and Mental Health 52

Religiosity and Mental Health 52

Theoretical Studies on Religion and Mental Health 55

Empirical Studies on Religion and Mental Health 56

Defining Psychopathology and Mental Health 61

Summary 62

III. METHOD 64

Measures 64

Minnesota Multiphasic Personality Inventory-2 65

The Shepherd Scale 66

Reliability 68

Validity 69

Short Index of Self-Actualization (SISA) 74

Test-Retest Reliability 74

Response Sets and Dissimulation Related to the SISA . 75

Validity 75

Intrinsic-Extrinsic Religious Orientation Scale (ROS) 77

Reliability 80

Validity 81

Procedure 81

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Subjects 81

Statistical Analysis 82

IV. RESULTS 84

Hypotheses 1 and 2 84

Hypotheses 3 and 4 86

V. DISCUSSION 98

Problems With Measurement of Religion 101

Why a Christian May Show Pathology 108

Conclusion and Suggestions for Future Research 110

APPENDICES 112

A. The Shepherd Scale 112

B. The Religious Orientation Scale (ROS) 116

C. The Short Index of Self-Actualization (SISA) 122

D. Standard Bulletin Announcement 124

E. Script 126

F. Research Protocol Clearance by the HSIRB 129

G. Histograms of Age, Denomination, SISA, Shepherd Scale, ROS and LSE 131

H. ANOVA Data: *N*s and Means of Low, Medium and High Pathology Groups--Significant Differences Only 139

BIBLIOGRAPHY 154

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LIST OF TABLES

1. The Means, Standard Deviations and Ranges of the Demographic Data 87

2. Pearson Product Correlations Between Shepherd, ROS, SISA and LSE 89

3. Spearman's *rho* Correlation Coefficients 91

4. The MMPI-2 Correlations With the Shepherd Scale, ROS, and the SISA 92

5. An Analysis of Variance for the Shepherd Scale, ROS and the SISA . 94

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CHAPTER I

INTRODUCTION

Magnitude of the Problem of Biblical Values, Religion and Mental Health

Biblical Values and Counseling

For Christian psychologists, psychiatrists, counselors and ministers, it is important to be able to counsel effectively and to have a solidified counseling model that incorporates as much truth as possible. As of 1985, there were over 400 different (mostly secular) models of therapy (Garfield & Bergin, 1986). The question becomes, then, how does the helper help the counselee when confronted by all these different theories that claim to be offering enlightenment and a direction in life? "The varied theories and techniques are derived, for the most part, from clinical experience and reflection rather than systematic empirical research. This helps to explain the proliferation of therapy approaches" (Jones & Butman, 1991, p. 11). In addition, most secular/humanistic theories are woefully inadequate when judged by criteria based on Christian presuppositions. When reviewing these theories objectively, several common characteristics are apparent. First, there is no standard of authority in them. Second, most of the theories only deal with psychological matters, not with spiritual aspects. Third,

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the theories adopt the position that willpower can be effective in effecting change. Insight alone as believed does not produce change that is necessarily lasting. Finally, some schools of thought ignore the premise that human beings are basically selfish (Meier, Minirth & Wichern, 1982; Jer. 17:9).

Some Christians believe that people must rely on God and His Word (being the direction that is embraced in the Scriptures) if they are going to change. For those who believe, and there are many who don't (Jones & Butman, 1991), that Christianity and psychology can be compatibly integrated, there are many questions that need to be asked about currently available counseling models and their presuppositions. Christians may deplore the work of Sigmund Freud, B.F. Skinner, Carl Rogers, Abraham Maslow or many other humanists, but there may be some discovered truth that should be taken into account when attempts are made to integrate/interrelate the two disciplines. Aspects of each can complement one another (Meier et al., 1982), and "faith and scholarship naturally (rather than being forced) inevitably interrelate" (Jones & Butman, 1991, p. 19). "While much that is taught and practiced in secular counseling is unbiblical, it is also true that there are many helpful insights to be gleaned from this field" (Stowell, 1991, p. 4). Therapists who believe that the two disciplines should be kept separate need to constantly question their counseling models since it is important that client value systems are taken into account as well as to understand the limitations of psychology alone (Bergin, 1980, 1983, 1991). In psychotherapy, the client's belief system is greatly influenced by the therapist's

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values, as it is impossible not to share values during the psychotherapeutic process. The therapist's values directly relate to the therapist's counseling model, and if the counselor's values are in the client's zone of toleration, the greater the chances of a good therapeutic outcome (Worthington, 1991). Schmidt (1984) (a Christian psychologist) believes that the therapist has a responsibility to share his/her values. Considering the above, because of the value influence in psychotherapy, and because many clients are now asking for Christian counseling (Morud, 1991), it is important that at least the possibility of psychological/theological integration be explored at greater levels. This study proposes one level and is an attempt to demonstrate that through the existing paradigm (empiricism), Christian values and abstract entities like the Holy Spirit should not be ignored.

According to recent research findings from a Gallup Poll in 1983, 78% of Americans believe that Jesus is God or the Son of God (Rekers, 1988); yet many psychologists and social scientists do not believe in God at all (Ellis, 1980; Lovinger, 1984; Meier et al., 1982). Since clients tend to do better in therapeutic work when values are shared by both therapist and client, and because of the reasons stated above, it is important that counselors of Christians take into account the Christian spiritual dimension instead of unconsciously perpetrating bias.

Focusing on values in therapy can help behavioral change take place more readily (Nelson, 1979). According to Nelson (1979) adequate values can be

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derived from a full commitment to Biblical truth. One of the main guiding presuppositions of this dissertation is that the Bible is the truth (John 17:17) and that Biblical truth can impact a client's life to a greater growth-producing degree than psychology alone, which focuses mainly on cognitive and behavioral aspects. Nelson (1979) calls this process "commitment to Christ" and believes it must be worked through by the client/person before significant behavioral change is readily apparent.

According to Schmidt (1984) research is needed to clarify the relationship between adherence to moral values and reported self-esteem (there is also a behavioral component in self-esteem). More importantly, King Solomon noted that there is a correlation between spiritual health (if the Christian abides by the Scriptures) and general well-being (Meier et al., 1982). There are many today who are calling for greater integrative work between psychology and theology due to the belief in the Christian community that a relationship with God is related to good mental health. It is important that this area not be ignored. This study is designed to examine one aspect (Biblical self-esteem) to see if there is a relationship to mental health as defined by the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hathaway & McKinley, 1989).

Religion and Mental Health

Psychological/theological literature abounds with references to religion and mental health. The results of the research are mixed (Bergin, 1983, 1991; Bergin,

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Masters & Richards, 1987), but if knowing God (Biblical self-esteem, which is the person knowing who he/she is "in Christ") is related to mental health then counselors/psychotherapists must consider Christian values if psychotherapy is to be as holistic and effective as possible. This consideration will be examined in this study since there is more published research concerning religion and mental health than there has been on self-esteem and adherence to religious values. The two aspects overlap and will be presented in the literature review.

One of the fundamental beliefs of the Christian concerning the anthropology or the doctrine of man is that he is trichotomous in essence (I Thess. 5:23): (1) possessing a body (I Cor. 6:19), (2) soul or mind (Matt. 10:28) and (3) spirit (James. 2:26). Psychology focuses on the soul of man and not the spirit. It is important that therapists do not negate the fundamental beliefs of the Christian, for it is impossible to treat a person holistically without focusing on the spirit, which the Christian and adherents of many other religions believe is of primary concern. While there has been a great deal of antagonism between clinicians and religionists, this antagonism has been replaced in recent years by mutual concern and cooperation, and is an area that requires more study (Bergin, 1991; Spilka, Hood, & Gorsuch, 1985). There is now more professional support for addressing values in treatment (Bergin, 1991). The main concern with the current research is that religion has not been adequately measured in terms of whether the person has a relationship with God or, as this study explicates, Biblical self-esteem (being defined as who the Christian is in Christ).

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It is also pertinent to this study to note that mental health or psychopathology has no universally accepted definition in the literature; however, its definition is constantly being refined as are the instruments for measurement. Its constructs have been measured using various types of instrumentation. Thus, defining both religion and mental health is a conflictual task. While the constructs or concepts may be viable, they have the tendency to produce confusion.

There have been studies that have attempted to report personality differences between the religious and the nonreligious (Brown & Lowe, 1951; Dodrill, 1976; Fehr & Heintzelman, 1977; Mayo, Puryear, & Richek, 1969; Sanua, 1969; Stanley, 1965). Again, the results were mixed. Different standards of measurement were used; thus, there is no consistency in the literature.

In summary, the concept of Christian religion is extremely vague in the literature. The relationship between religion and mental disorders is complex with a long history of controversy because both have been so poorly defined. The research seems to have been conducted by those differing in their definition of what religion is. According to Crabb (1987), "Empiricists who undertake to study the intangible world usually end up investigating elements that don't really matter very much except to journal editors" (p. 33). While demographic data such as church attendance or denominational affiliation may be important to know, it does not tell the researcher if the person has a relationship to God. Demographic data present a vague and incomplete definition of religion.

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According to Spilka et al. (1985), religion can be an expression of a mental disorder, a socializing and suppressing force to maintain normality, a haven for disturbed persons, a therapy to help troubled people, "hazardous to your mental health," and can contribute to the strain that brings on abnormality. When viewed through the research, it seems as though this vague notion or concept of religion can affect people both positively and negatively. Perhaps it is not religion that the researcher needs to investigate, but whether or not the client has a relationship with God. From the Christian perspective, this relationship is known when the person is "in Christ." Measurement of this main aspect of the Christian religion is a complex task and has its problems (Gorsuch, 1984). How it affects psychopathology is the main focus of this study.

Importance of the Study on Biblical Self-Esteem

From the beginning, man has struggled with feelings of low self-worth and as a result has striven to overcome feelings of inferiority (Gen. 3:23). How a person develops a sense of significance and security is one of the most controversial of all issues in psychology. There are almost as many approaches to self as there are therapists. Crabb (1987) states that the topic of self-esteem has divided counselors into camps. There is a massive self-esteem movement in this country advanced by both Christians and secularists (Adams, 1986) as evidenced by the plethora of self-help books, journal articles, and books for therapists on the subject (Adams, 1986; Aldrich, 1982; Brand & Yancey, 1980;

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Branden, 1987; Britt, 1988; Carlson, 1988; Greenfield, 1988; Hoekema, 1975; Johnson, 1989; McDowell, 1984a, 1984b; McGee, 1985; Narramore, 1978; Osborne, 1986; Salem, 1988; Satir, 1970; Schuller, 1982; Wagner, 1975; Wegscheider-Cruse, 1987). But what society in general calls self-esteem is far different from what Christians believe the Word of God says about worth and value. Johnson (1989) also states that in most present day discussions of self-esteem, the self is abstracted from God and the evaluative context of the Scriptures. Consequently, the moral component of sound self-esteem has been neglected in the literature (Schmidt, 1984). Again, for the Christian, the Word of God is the final authority and the recognition of God's presence separates the Christian approach to self-esteem from the non-Christian approach at every point (Johnson, 1989). The impetus of this study is that there has been no research to this author's knowledge that measures self-esteem from a Biblical perspective.

The reasons for studying self-esteem are many. Carlson (1988) states that whatever problems people face, self-esteem is frequently a fundamental and contributing issue. The self-esteem cycle repeats itself in subsequent generations unless people learn to incorporate new values. Commitment to Christ is the place to start reformulating those values, according to Nelson (1979), and commitment to Christ means knowing who you are "in Him." Further support comes from a variety of sources. Adler states: "All our functions follow its (self-esteem's) directions." Branden believes: "self-esteem is the single most significant key to human behavior." "Self-esteem is the most crucial, if not the only task of

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existence" according to Combs and Snygg. McCall and Simmons write that self-esteem is "man's main concern" (all cited from Carlson, 1988, p. 245). Schuller (1982) believes that self-esteem is the single greatest need facing the human race today.

These are humanistic concepts about self-esteem, yet they agree with Scripture and underscore the importance of this study. One Christian writer, Ward (1984), states that: "Low self-esteem is at the bottom of most misunderstandings, jealousy, depression, marriage breakups, child abuse, guilt, lethargy, drinking, and weight problems, plus many more social hangups" (p. 13). Lack of self-worth is a great contributor to psychological problems according to Meier (1977). In 1988, Greenfield wrote, "working with people over the years has convinced me that the self-image is at the heart of why people do what they do" (p. 15). Carter (1987) states:

> Self-image is made up of our innermost thoughts and ideas about who we are. Yet it is more than that. It is the central belief system from which all other thoughts and actions are derived. It is important then, in the process of personal transformation, to examine this vital aspect of the mind. As the individual shapes his understanding of who he is before God, his self-image will be balanced, and he will demonstrate outward behaviors that reflect his inner beliefs (p. 93).

The bottom line is: What does a person really need to feel good about himself/herself? What does a human being's perspective need to be so that the chances of optimizing mental health are increased? According to Minirth and Meier (1978), growing in Christ is the most important way to work on self-image, another synonym for self-esteem. One of the most common needs of people

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seeking counseling is the issue of building self-esteem. However, if there is a relationship between moral integrity and self-worth, very few counselors are utilizing this relationship in their work (Schmidt, 1984). Hassett (1981) also believes that the role of behavior and religion is an area that deserves closer attention.

A pastor or priest used to treat persons with a depressed self-image by examining moral shortcomings under the guise of the seven deadly sins. However, according to Schmidt (1984), there has been a decline in this type of approach despite the warnings of Mowrer (1961), Glasser (1965) and Menninger (1973), and the concerns of Davies (1978), Hassett (1981) and Bergin (1980, 1983, 1991). "Whatever became of sin?," Menninger (1973) asks in his book title. With the current new age movement and the pervasiveness of humanistic secular thought, who the Christian identifies with and who the Christian is about, seems to be taking a back seat to ideas about what a person thinks he or she needs to be happy. For any person, the whole issue is one of identity. For Christians, that identity is "in Christ" because that is the God/person with whom they identify. There needs to be a differentiation between trying to have a positive self-concept based on positive thinking alone and thinking based on Scripture. For the Christian, and from a Biblical perspective, positive thinking alone is a band-aid approach, but being in Christ is a posture that can bring joy from the inner most parts of a person's being and can bring about an internal change. This kind of change is difficult to operationalize. This is one of the main focuses of

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Christianity (II Cor. 5:17) and this is the focus that needs to be investigated as it has been sorely neglected in the literature. It has been suggested that the most significant predictor of a person's moral values is religious commitment (Hassett, 1981). However, what is religious commitment? Research is needed to clarify, specifically, the relationship between adherence to moral (Christian) values and reported self-esteem (Schmidt, 1984).

Thus, this study is important because counselors need to take into account the client's belief system. There is at least some evidence to suggest that religiousness and a positive value stance, as well as a person who acts on what he/she knows, contributes to positive levels of self-esteem and not to neurosis. In this study specifically, religiousness is defined as a Christian identity, and that is the posture defined by the Scriptures. Another reason for this study being conducted is to give credence to a value stance so that therapists/counselors might be more sympathetic to those values, and perhaps be more tolerant of them in therapy whether or not they are their own. Of course, this would demand less than an egocentric posture on the part of the therapist. If a growing Christian identity is related to increased levels of mental health, then therapists would want to welcome a client's religiousness instead of shun it. "There is a spiritual dimension of human experience with which the field of psychology must come to terms more assiduously" (Bergin, 1991, p. 401). Specifically, it will be therapeutically useful to understand whether there is a relationship between Biblical self-esteem and psychopathology as defined by this study.

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Statement of the Problem

There are two purposes to this study:

1. (a) to determine if the theoretical literature defines Biblical self-esteem as who the Christian is in Christ, based on what the majority of Christian authors assert; (b) to determine, at least from a face validity perspective, whether the Shepherd Scale (Bassett, 1981) measures that definition.

2. (a) To determine whether the Shepherd Scale is positively correlated with other measures of self-esteem (SISA) (Jones & Crandall, 1986) and negatively with the Intrinsic Scale of the ROS (Robinson & Shaver, 1973) and LSE of the MMPI-2 (Hathaway & McKinley, 1989) (this is necessary as the Shepherd Scale has been established as a measure of Christian identity but not as a measure of self-esteem); (b) to determine if religion, defined from a Christian perspective, has an effect upon, or if there is a correlation with, psychopathology.

A healthy Christian identity was assessed by the Shepherd Scale, the Short Index of Self-Actualization (which has a self-esteem factor), and the Religious Orientation Scale (ROS) intrinsic factor. Psychopathology was measured by the MMPI-2 (Minnesota Multiphasic Personality Inventory-2) Clinical and Content scales. In other words, this study was designed to investigate if there are differences in correlational relationships between psychopathology as measured by the MMPI-2, and those scales that identify individuals as healthy Christians (the latter displaying higher levels of self-actualization [SISA] and higher levels

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of being intrinsic [ROS], which would identify a mentally healthy person who is a Christian).

Hypotheses

This study, then, was designed to answer four basic hypothetical questions. The first two were based on the theoretical literature.

1. Is there a Biblical definition of self-esteem/worth?

2. Does the Shepherd Scale, an established measure of levels of Christianity, adequately assess self-esteem and Biblical self-esteem, based on the literature review?

The second set of hypotheses was tested based on correlational analysis.

3. Does the Shepherd Scale measure self-esteem as defined by the MMPI-2 (LSE scale), Intrinsic scale (ROS), and the Short Index of Self-Actualization (SISA), using correlational analysis?

4. Do the MMPI-2 Clinical and Content scales correlate negatively with the Shepherd Scale and SISA, positively with the Intrinsic scale of the ROS, and positively with the LSE scale of the MMPI-2 indicating low levels of psychopathology for those who identify with healthy Christianity?

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CHAPTER II

REVIEW OF THE LITERATURE

Defining Self-Esteem Biblically: Theoretical Treatment

One of the characteristics of human beings is that they have the ability to describe themselves and evaluate their own worth. Therefore, because of the Fall (Gen. 3), the tendency is to use a humanistic presuppositional base in the evaluation of self. Pre-Fall, people's view of themselves was congruent with God's; post-Fall, mankind developed defenses to protect their sense of worth and value (Gen. 3:7). Using this humanistic framework, people self-evaluate and develop a self-concept that is either positive or negative (Ellison, 1985). This is probably the most common perspective in terms of defining the self-concept. In attempting to define the concept from a psychological/theological perspective, the question becomes, what definition in the literature is credible, and in what or whom does a person place his/her value? Of all the piecemeal evidence available to date, the cultivation of spiritual well-being is one of the most important means of enhancing self-esteem (Moberg, 1983). From a strictly Biblical perspective, defining self-esteem is an easy task, for the answer has to do with how much the believer identifies with Christ. Among Christian therapists/theologians, it is common to use the phrase "in Christ" when referring

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to a person who has a high degree of adherence to the Christian faith or has internalized Christianity. In this study the concepts will be used interchangeably. However, because of the many definitions of what self-concept is, both in the Christian and secular literature finding a single definition for self-concept is a difficult task.

There are many theories and definitions about self-esteem, both from a Christian and secular stance (Adams, 1986; Carlson, 1988; Coopersmith, 1967; all cited from Benner, 1985: Fromm, 1939; Horney, 1950; Rosenberg, 1979; Sullivan, 1953; Ziller, Hagey, Smith & Long, 1969), but the perspective taken in this study is a Biblical one. This is where definitional problems arise, since neither the secular nor Christian literature offers a succinct definition. Many different themes emerge from the literature as to what self-esteem/worth actually is. Therefore, the literature has to be carefully examined to weed out that which is not Biblical, as well as to look for commonality in themes so that the concept of self-esteem makes holistic sense.

The literatures suggests that self-esteem is viewed somewhere along a continuum between human dignity and human depravity. Some have integrated depravity and dignity in their definitions. A review of self-esteem literature reveals that it is confusing and non-definitive (Gartner, 1983).

A major task of this study, then, has been to examine the theoretical literature on Biblical self-esteem to determine whether it relates to who the Christian is "in Christ." This is important because when the Christian's identity

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is in Christ, his/her deepest and strongest desires will be fulfilled (Hauerwas, 1983).

In examining the literature on Biblical self-esteem, various themes began to emerge. Self-esteem from a Biblical perspective appears to be a multifaceted concept. The main themes, according to the theoretical literature, are: service, humility, viewing oneself from God's perspective, the yielding of a person's will, redemption, the sanctifying process, divine creation, unconditional love, relationship, the person of Christ, identity in God, purpose, confession, community, behaving Biblically, welcoming truth about character defects, parenting yourself, commitment, being patient, modeling Christ, repentance, prayer, growing and conforming. These themes will be discussed using Carlson's (1988) criteria, stages and steps, and are integrated with the rest of the theoretical literature. (These concepts are hard to isolate because they are interdependent.)

Carlson (1988) states that there are many definitions of self-esteem. He defines it as the willingness of a person to give up being the center of a personal world and accept him/herself as God's creation which is lovable, valuable, capable, forgivable and redeemable. He believes that Christians are never going to have value if they cling to their ways of trying to obtain it. They need to give up self-centeredness and the desire to be God's equal. "Self-esteem from a Biblical viewpoint is acknowledging and rejecting my grandiosity" (Carlson, 1988, p. 242). In order to give up or surrender, Christians need to experience God's love for them just as they are, i.e., unconditionally.

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Criteria for Self-Esteem

According to Carlson (1988) there are eight criteria for a healthy self-esteem which he believes are Biblical: (1) humility, (2) putting off the sinful nature, (3) self-denial is not the same as self-degradation, (4) unworthy is not the same as being worthless, (5) healthy self-esteem means that self-love is not the same as selfishness, (6) self-affirmation and self-conceit are not congruent, (7) self-worth is not the same as self-worship, (8) self-aware is not the same as self-absorbed. The following is a careful examination of these criteria.

1. Humility. Christians need humility, the recognition of who a person is as created by God. Christians need to realize that they are loved even though they have not lived up to what God wants in terms of not conducting themselves Biblically. When Christians recognize this, then they can accept their strengths as well as their weaknesses (Carlson, 1988).

Other authors have discussed the concept of humility and its importance in self-esteem. Kinzer (1980) discusses the mind of a servant, thinking truthfully about oneself, timidity, and servanthood. He believes that one must avoid seeking after "empty glory" if one wants to possess the true glory. Self-deification is prohibited for the Christian (Wilder, 1978; Matt. 23:12). Kinzer (1980) believes that self-esteem problems can be dealt with using the following strategy: (a) acknowledgement, (b) repentance, (c) truth, (d) encouragement, (e) humility, (f) patience, and (g) prayer. His multifaceted approach sees humility as an important part in self-esteem development. Self-image, then, can be seen as

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growing in conformity to the image of Christ (Eph. 4:13, 15; Kinzer, 1980). The Christian is to continue to engage in a sanctification process of moving more and more into Christ's likeness and that requires humility.

Ward (1984) believes that self-esteem is a little understood abstract quality that influences and controls a person's entire existence. She states that people rely on many sources of self-esteem for approval, such as family, parents, siblings, schools, neighbors, friends, achievements and a person's approval of him/herself. She believes that these sources will never satisfy this need because the pure source of inexhaustible self-esteem is God's approval. God's design and His role in a person's life, when understood, is likely to produce worth and value no matter what a person is like. She believes that lasting happiness and fulfillment rests in humility which is necessary in meaningful living and loving. True humility is the recognition that without God a person is nothing. Humility is actually achieved by an attitude of respect for oneself and total dependence on or reverence for God to provide strength, provisions, enabling and direction. A person allowing Him to empower and control is what Ward (1984) believes expresses humility. Wilder (1978) also believes that directing one's destiny to God strikes at the heart of self-deifying pride. "Whoever exalts himself shall be humbled; and whoever humbles himself shall be exalted" (Matt. 23:12, NASB). If a person is trying to be responsible for his/her esteem, he/she will never find it (Matt. 16:25). Without faith it is impossible to be involved with this perspective, but with an understanding of God's acceptance it becomes possible

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to confront the real self.

Biblical self-esteem can be found in two concepts: unconditional love and humility (Cosgrove, 1988). Humility in action is yielding a person's will to God's control every day in a consistent manner (Carlson, 1988; L. Carter, 1987).

2. Putting off the sinful nature. Another criterion for Biblical self-esteem is putting off the sinful nature. This is not the same as self-condemnation. Christians need to accept themselves without putting themselves in a self-debasing posture (Col. 2:18, 23). Self-abasement does not lead to humility, but can lead to arrogant self-righteousness rather than a vibrant spiritual life (Carlson, 1988). The gospel believed, in truth, will add life and a sense of worth and value. Christianity does not undermine self-esteem, but the Christian is free to accept his/her faults and mistakes and to look at character liabilities without threat to his/her self-esteem (Counts, 1973).

3. Self-denial is not the same as self-degradation. A third criterion for healthy self-esteem espoused in the literature is that self-denial and self-degradation are not the same. Self-denial is a Biblical concept and self-degradation is not. Self-denial means that the Christian is willing to cast off sinful, selfish desires and behavior. The Christian puts these desires aside for the glory and honor of God (Gal. 2:20) not for the glory and honor of self. The old self has died but the Christian still has an identity which has been renewed and resurrected by Christ (Carlson, 1988).

This concept is also similar to yielding of the will. A positive self-image

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cannot be maintained without a total and complete surrender to God. Self-esteem does not just happen, it is a process that grows as the person surrenders (Hoekema, 1975). Instead of trying to validate self, esteem happens when a person gives up and moves out of a self-oriented posture. According to Ward (1984), in order to surrender a person's psychology needs to be humble, and true humility means that a person realizes that without God he/she is nothing. Humility in action is the yielding of a person's will on a daily basis. DeHaan (1988) believes that one of the first steps to developing traits of maturity (Gal. 5:22-23) is that Christians need to give up personal rights, trusting God for whatever He wants to do with them. DeHaan (1988) feels that the New Testament gives people reasons to love themselves (which comes naturally [Matt. 22:29]), to hate themselves, and to die to themselves (John 12:25). The paradox that DeHaan (1988) and Cohen (1977) espouse is the fact that if people love themselves, then they will hate themselves. The way a person arrives at a position of self-esteem is that he/she has to lose their life in order to find himself/herself (Matt. 16:25; Crabb, 1978). It is the fallen side, the self-centeredness of human nature, that people are to hate (Crabb, 1991). People don't have a reason to be esteemed or have worth and value as long as they are trying to produce that through their own efforts. Putting Christ first, instead of self, is the antithesis of the natural mind, but Christians are supposed to hate the egocentric posture so much that they want Him first and not self.

A Christian self-image is the opposite of pride which wants to possess glory

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according to Hoekema (1975). DeHaan (1988) says that the Christian will be empty and unfulfilled if he/she tries to serve anything other than God Himself (Eccl. 12:9-14); a person was made to have a self-image based on the Lord's values and nothing else.

If these principles are adhered to, then the tendency to feel esteemed is increased. Biblical self-esteem is only possible if people are willing to let God show them who they are and if they become willing to accept the fact that what God thinks is more important than what they may think of themselves (DeHaan, 1988).

Some secular psychologists adopt and embrace needs-based theories, and the need to accept oneself as a whole, real person. According to the literature, the Christian realizes that he/she is in a sanctification process, and that a person is not whole, but maturing developmentally toward becoming whole. Jesus Himself said that there was only one real need (Luke 10:42) and according to Adams (1986) it is not a need for personal worth and value but a need for Jesus and His Word. Again, the paradoxical theme arises that if a person focuses solely on his/her material needs he/she will miss striving for a relationship with God in Christ. That perspective is in contrast to how a fallen society believes in that a person is to live for himself/herself and to focus on his/her own needs first. "And he died for all, that those who live should no longer live for themselves but for him who died for them and was raised again" (II Cor. 5:15, NIV). Jesus believes that self-denial, rather than self-affirmation, is the way to enter into a

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relationship with God (Matt. 16:24-25).

4. Unworthy is not the same as being worthless. This is the fourth criterion of healthy self-esteem as delineated by Carlson (1988). The Christian has been "bought at a price" (I Cor. 6:20, NIV). The Christian is unworthy but not worthless. When a person has a Biblical perspective of his/her worth, then the person will desire to be what God wants he/she to be, a reflection of His image (Carlson, 1988). Again, Christianity, when properly understood, does not undermine self-esteem (Counts, 1973).

5. Healthy self-esteem means that self-love is not the same as selfishness is the fifth criterion (Carlson, 1988).

> Do not merely look out for your own personal interest, but also for the interests of others. Have this attitude in yourselves which was also in Christ Jesus, who, although He existed in the form of God, did not regard equality with God a thing to be grasped [hung on to], but emptied Himself, taking the form of a bond-servant and being made in the likeness of men (Phil. 2:4-7, NASB).

Looking out for others and not just oneself also relates highly to servanthood (this will be discussed later in this review).

6. Self-affirmation and self-conceit are not congruent. Christians need to recognize their abilities and spiritual gifts if they are to participate in the body of Christ. There is a difference between affirmation and conceit. A healthy self-esteem can recognize achievements without needing recognition from others. When people are great they don't need to proclaim greatness (Carlson, 1988).

7. Self-worth is not the same as self-worship. This is the seventh criterion of a healthy self-esteem (Carlson, 1988). There is a balance between narcissism

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and total depravity. Christians have value because of who created and redeemed them (Carter, 1987; Ellison, 1985; Hoekema, 1975). People with healthy self-esteem, as defined Biblically, recognize their place as children of God but don't exaggerate their significance. Christians who want worth and value cannot lose sight of humility (Carlson, 1988; Carter, 1987; Cosgrove, 1988; Kinzer, 1980; Ward, 1984; Wilder, 1978). They hear, see and feel themselves in relation to God and His plan. They can value themselves because of who created them and the fact that they were created in His image. The person with healthy esteem recognizes his/her importance to the kingdom of God and realizes that the universe is incomplete without him/her. This healthy individual can reflect God's goodness and greatness through obedience and service (Carlson, 1988).

8. Self-aware is not the same as self-absorbed. According to Carlson (1988) being self-aware is not the same as being self-absorbed. To have a healthy self-esteem is to be aware of character defects so that a person can move toward change. It is not being so self-absorbed that they cannot enter into functional relationships with others. People moving toward a healthy self-esteem need to be aware of who they are and what they feel, believe, value, perceive, say and act, if they are to be responsible and constructive.

Self-Esteem and Identity

In an attempt to delineate the multifaceted themes of Biblical self-esteem, this literature review first started with the criteria for healthy self-esteem. This

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section of the review will discuss various themes under this rubric. Healthy self-esteem, then, can be determined by how a person evaluates himself/herself in comparison to others. Second, self-esteem can be determined as people assess themselves using the previous eight criteria. Third, healthy self-esteem, according to Carlson (1988), focuses on a person's identity in relationship (or who people think they are in relationship to one another). The first criterion is appraising oneself realistically, and the identity theme considers how well a person interacts with others. Self-esteem is an identity issue and means of assessing it are briefly presented below by Carlson (1988).

1. Does a person risk involvement with another? Does the person feel sure enough with himself/herself to let another into their world? Is he/she threatened by another knowing him/her?

2. How well is a person able to express thoughts and feelings to another?

3. How well does a person know when thoughts and feelings are his/hers and not the other person's?

4. How well is a person aware that childhood reactions are triggered in relationship to another?

5. How well does a person accept feedback (compliments/criticism/challenges) from another?

6. How well does a person ask for what he/she wants/needs?

7. How well is a person able to accept his/her limitations in light of another's strengths?

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8. How well is a person able to be himself/herself around another?

9. How well does a person let another be himself/herself with him/her?

10. How well is a person able to celebrate another's successes and mourn another's losses?

11. How well can a person differentiate "no" from rejection?

12. How well is a person able to let go of negative pasts?

13. How well is a person able to compromise during conflict without losing himself/herself (their integrity, values and principles) or asking another to lose himself/herself?

14. How well is one able to care for another without rescuing him/her?

15. How well is one able to keep confidentiality with another?

The change process in developing self-esteem is a five stage process that must be worked through if someone wants to develop a sense of worth and value. Change, in terms of the self-view, seems to happen because of process (Birkey, 1977; Carlson, 1988; DeHaan, 1988; Wise, 1983). People change as they learn new ways of thinking, perceiving, expressing and behaving. According to Carlson (1988) a person must experience the following if he/she wants self-esteem.

Change--A Five Stage Process

1. Stage one is awareness. Change begins when people have an awareness of suffering or discomfort in their lives or in their relationships. No one changes for the better without first recognizing a need for help. As discussed previously

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in this review, humility is a necessary resource before a person can ask for help (Carlson, 1988; Carter, 1987; Cosgrove, 1988; Kinzer, 1980; Ward, 1984; Wilder, 1978). A person must recognize that worth is not lost when one asks for help.

2. Stage two is understanding. Change will continue as a person acquires an understanding and acceptance of dissatisfaction and comfort. People at this stage need to be moving from a stage of hurt to a stage of insight. This is characterized by a willingness to learn new ways of looking at self, relationships, circumstances, problems and possibilities. It is a desire to know the truth about self even thought it may be painful (John 8:32).

3. Stage three is choosing. This third stage in the process of change consists of a person deciding to try new ways of acting, behaving, thinking and conducting his/her life. He/she recognizes that old patterns need to be surrendered. In this stage a person identifies new choices, affirms new potentials and adopts new lifestyles as long as they are Biblically sound.

4. Stage four is acting. At this stage a person will need to take action by experimenting with new views, ideas, ways of thinking, ways of relating, ways of expressing and behaving. This stage involves developing the skills, strengths and resources needed for change to take place.

5. Stage five is maintaining. All change requires maintenance. Change will last only when a person is committed to a continuing growth process. For example, a commitment to Christ needs to be maintained or it will die out. Perseverance is a key concept in this stage.

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Carlson (1988) is suggesting that clients may want to change by themselves, but change is the result of being in relationships with others. Change comes through relationships, but it always begins inside the person. Rev. 3:20 reinforces this.

Twelve Steps of Building Self-Esteem

The five previous steps form a foundation for the next twelve steps of building self-esteem as adopted by Carlson (1988). A person must realize his/her need for esteem before the process of developing it can continue. Discovering that people are dissatisfied with themselves and helping them to develop trusting relationships with others will open the door for the next stage which is helping them come to understand and accept their need for positive self-esteem. People need to develop an accurate Biblical view of self-esteem. This is portrayed in the following twelve steps as outlined by Carlson (1988) and reinforced by others in the theoretical literature.

1. Acknowledgement and Confession. An important first step in moving toward an increase in self-esteem is acknowledging the problems that low self-worth produces (Carlson, 1988). Ellison (1985) proposes that confession is a vital component in developing self-esteem. He believes that with the Fall, defense mechanisms were invoked to protect a human being's worth and value. These include such things as denying, blaming and hiding. None of these defenses are effective in trying to protect a person's worth and value. Ellison (1985) further

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states that defensiveness and low self-worth can produce hypercriticalness, embarrassment, shyness, clowning, arrogance, blaming, feeling blamed, insincerity, addictions, homosexuality and marriage/family problems. Defenses could be characterized as unconfessed sin and could lead to depression, disease and guilt (Psalm 38) if not acknowledged and confessed. To help someone, the superego needs to be reinstated by confession and restitution (Mowrer, 1961). Self-worth comes from a relationship with God so He provided confession as a means of cleansing, restoration and affirmation. Confession and acknowledgement seem to be important elements in the movement of someone toward a sense of esteem (Carlson, 1988).

2. Acceptable to God. Another component for building self-esteem, according to Carlson (1988), is for the person to believe that he/she is acceptable to God. Christians need to understand that they are a reflection of God's image and that they cannot love others unless they first love themselves (Matt. 22:39; Eph. 5:28). People who love themselves will have adopted the criteria of healthy self-esteem. Learning to accept oneself is more likely to happen as a person matures. Fairchild (1978) believes that Christ is saying that Christians are to love themselves, which is demanding work, but that Christ will give individuals the power to love the unlovable.

3. Believing That God Needs a Person. A third step in building self-esteem is for a person to choose to believe that God "needs" him/her. If a person believes that he/she is acceptable to God, then this step becomes a

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possibility. Belief in this concept means a person understands that God has chosen to utilize human beings in the process of making Himself known to a dying world. When people recognize that they are a temple of God (I Cor. 3:16, 17) then they have a foundational truth on which to place their value. Christians need to accept themselves as part of God's redemptive plan (Carlson, 1988).

The concept of understanding redemption is important in building self-esteem (Birkey, 1977; Ellison, 1985). Just because sin entered the world through Adam and Eve, God did not stop treating human beings as valuable but gave His only Son as a sacrifice for redemption (Rom. 5:6-8).

> No word in the Christian vocabulary deserves to be held more precious than Redeemer, for even more than Savior it reminds the child of God that his salvation has been purchased at a great and personal cost, for the Lord has given himself for our sins in order to deliver us from them (Harrison, 1984, p. 919).

4. Becoming Involved in the Body of Christ. Christians need to discover their place in the body of Christ and exercise their God-given gifts. According to Ellison (1985), community is a place of affirmation where the love of Christ reigns (Col. 3:12-14), a place where a person's contribution potential is recognized and affirmed (I Cor. 12:14-27), and a place where societal values regarding self-esteem are replaced with Biblical values (Eph. 4:11-17). Natural fellowship is part of a balanced self-image (Carter, 1987).

5. Self-Validation. It is important for Christians to validate themselves (Gal. 6:4, NIV) and to not compare themselves. Christians need to measure their

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best with their potential, not by comparing themselves to others' performance (II Cor. 10:12). Anything short of living for Christ will produce poor self-worth. God will equip Christians and they can be assured of their value as long as they are doing their best. The Christian's worth is intact when he/she is living up to his/her God-given abilities and can affirm himself/herself when he/she realizes that no one is perfect. What God is asking of Christians is that they remain humble. He in turn will equip, empower and energize them (Carlson, 1988).

6. Making Realistic Demands on Oneself. When people validate themselves they can make realistic demands on themselves. The Christian is free of pretense, lack of worth, fear or shame when demands on self are realistic. He/she, then, does not have to deceive himself/herself or others (Gal. 6:3, 4).

Self-esteem is partially a by-product of making realistic demands on the self. People who value themselves can do so because they understand that they are commissioned by God (II Cor. 10:12-18) and it is God's approval that is important (Carlson, 1988).

7. Understand Character Defects. Carlson (1988) suggests that for one to make realistic demands upon oneself requires an inventory of a person's strengths and weaknesses. Christians can welcome the truth about themselves (John 8:32). The person then has to take an inventory of words, thoughts, imaginations, feelings, needs, defenses, behaviors and relationships. The truth will make the Christian "free" but it won't be comfortable and it takes courage. To welcome the truth means the Christian has to be comfortable with who he/she

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is. The Christian can do this because self-esteem is not threatened (Counts, 1973). Kinzer (1980), in his book entitled, The Self-Image of a Christian, believes that Christians are to think about themselves with "sober judgment." This means the Christian needs to submit his/her life to God and rely upon Him in everything (I Cor. 1:30-31). Christians are to view themselves truthfully and to see themselves the way God does. Problems of self-image can be helped by acknowledging truth and by growing into the image of Him.

8. Live with God's Love and Forgiveness as a Way to Implement Change. A person can welcome the truth about himself/herself, according to Carlson (1988), when he/she loves and values himself/herself. A person's self-esteem dictates the degree of willingness to hear the truth about himself/herself. A foundation to self-esteem is in a person's ability to love and forgive himself/herself and the source of this ability is a relationship to God. Birkey (1977) and Meier et al. (1982) also stress the importance of knowing God and having a relationship with Him as being important in self-esteem development. A person may not have positive self-esteem if he/she sins. When Christians violate their relationship with God, they cut off their central source of self-esteem and become egocentric. Self-worth comes from a relationship with God; therefore, He provided confession of character defects and moving beyond defensiveness as a means of cleansing, restoration and affirmation (Ellison, 1985). If a person experiences God's love and forgiveness then he/she can love and forgive himself/herself. Experiencing God's love and forgiveness helps people

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to change themselves and their reactions to what they say, think, feel and do, as well as reactions to circumstances and other people (Carlson, 1988). He continues with the following:

> God encourages me to remember that I was loved even while I was his enemy (Romans 5:8). He reminds me that his love is unconditional (Ephesians 2:4-8) and that he loved me before I loved him (I John 4:10). God reminds me that while I was lost, I was still his creation. Being spiritually lost does not mean I am nothing. I am his creation, and he wants to redeem me. He is willing to forgive me. Will I accept his love and forgiveness? When I accept God's unconditional love, I am free to love God in return and love and forgive my neighbor as God loves and forgives me (p. 87).

Unconditional love is another key concept in the development of self-worth according to the Christian theoretical literature on self-esteem. Birkey (1977) believes that one aspect of moving toward a better view of self is understanding the concept of unconditional love. Cosgrove (1988) sees Biblical self-esteem in two concepts: humility and unconditional love. Finally, Carlson (1988) states that if Christians want self-worth and value they need to accept God's unconditional love.

9. Parenting Yourself. Carlson (1988) is suggesting with this step that a person's parents have failed him/her in some manner; therefore, a person will have to learn how to parent himself/herself. The fact that all human beings are insatiable is another reason why people need to parent themselves. Maturity for a person depends upon that person learning to accept the fact that no one person can meet all his/her needs. With acceptance, people are free to enjoy their relationships with others without a demandingness that characterizes immature

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relationships. The recognition that people fail people is a painful truth, but it is freeing.

10. Give Yourself/Servanthood. Giving oneself in service to others is an important aspect of building self-esteem according to many authors (Adams, 1986; Baird, 1983; Birkey, 1977; Carlson, 1988; Crabb, 1978; DeHaan, 1988; Ellison, 1983, 1985; Fairchild, 1978; Glasser, 1965; Hassett, 1981; Hoekema, 1975; Kinzer, 1980; Mowrer, 1967; Voskuil, 1983). Jesus said, "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me" (Matt. 25:40, NIV). Carlson (1988) states that when a person helps others, feeling good about himself/herself and resultant self-esteem is promised in Scripture:

> And if you give yourself to the hungry,
> And satisfy the desire of the afflicted,
> Then your light will rise in darkness,
> And your gloom will become like midday (Isa. 58:10).

A key to positive self-esteem, according to Ellison (1985), is to act with God's purposes and evaluation in mind. To state it another way, acting and behaving Biblically, as well as responsibly, will promote a positive self-concept (DeHaan, 1988; Glasser, 1965; Hoekema, 1975). Fairchild (1978) also believes that the self-concept can have an effect on behavior. Morality, far from being pathogenic, is able to set a person free and assist him/her to become responsible (Glasser, 1965; Hassett, 1981; Mowrer, 1967). The servanthood orientation (Col. 3:17, 23) can free a person from the anxiety that comes from making comparisons to others or from taking heed to what others say. The Christian can then be free if the focus is not on trying to maintain a person's sense of worth and value. A

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healthy self-image that is congruent with God's Word will produce freedom in a person's life (Baird, 1983). The source of satisfaction is God's approval, not what others think.

Carlson (1988) discusses the importance of knowing who you are before you can give of yourself. Hoekema (1975) believes that a Christian's self-image is based in Christ, not just as an individual, but as a member of a body to whom he/she is responsible. Ellison (1983) believes that an identity needs to be built on being a servant, and the most compelling Biblical foundation for positive self-esteem is the personhood of Jesus Christ. Jesus knew who He was and was therefore able to give freely without being concerned about getting something back. Hoekema says that self-esteem builds when a person gives himself/herself to the service of others. This is only possible if people eliminate the desire to be rulers of their lives and abandon an egocentric posture. Hopefully, this will result in a mature, positive and realistic self-concept which then frees a person to focus on service to others (Clark, 1990). As Christians give themselves to others, they will change and that change will be directly proportional to their faithful employment of the love of Christ (Baird, 1983).

Crabb (1978) provides a basis for a Biblical view of self-esteem, i.e., healthy self-image. First, he states that the Scriptural injunction of loving your neighbor as yourself does not provide a reason for developing self love. The passage found in the book of Luke (10:25-37) concerning the parable of the good Samaritan assumes that people are already committed to their own welfare and

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that they need to be concerned just as much about others who may cross their paths. Crabb believes that there is no Biblical premise for developing self love. Secondly, as personal beings with the needs of security and significance, a person (Christian) needs to see himself/herself as worthwhile, but the way a person arrives at that basis for self-esteem is based on Matthew (16:25, NIV): "For whoever wants to save his life will lose it, but whoever loses his life for me will find it." Crabb then deduces that if Christians want to feel worthwhile, they must: (a) forget about trying to love themselves; (b) believe that they are already worthwhile, secure and significant in Christ; and (c) act like the worthwhile people they already are by living for others. Finally, Scripture (Eph. 4:17-29) teaches that the way to live is to imitate Christ, be a servant and build others up. A person is also told to not be foolish, but to use time wisely. According to Crabb (1978), the wise use of time means that the Christian knows that his/her needs are met and then lives for others. The Christian cannot do this effectively unless he/she is in Christ. A foolish use of time would mean that a Christian would pursue a better self-image, which is an egocentric posture and not a Christ-centered one. It is impossible to live for others, according to Crabb, until security and significance needs are met. Crabb believes that these are met in Christ. As far as the concept of servanthood is concerned, Crabb believes that Christians do not have to seek self-esteem but rather need to believe God that they are worthwhile and then use their time constructively in discerning and meeting the needs of others. Adams (1986) states: "There is no need for concern about how

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to love oneself, for so long as one seeks first to love God and his neighbor in a biblical fashion, all proper self-concern will appear as a by-product" (p. 23). According to Adams, the Bible never commands us to love ourselves.

Voskuil (1983) believes that if a person comes to Christ expecting to gain self-esteem, happiness and peace of mind, then he/she has misunderstood the call to conversion and commitment. The call of Christ is to brokenness, suffering and service. Christ enables a person to forget the self so that the Christian can focus his/her attention on God and those around him/her.

Birkey (1977) believes that reaching out to those who are hurting is important in self-esteem development. The person needs to understand his/her identity as a Christian before he/she can reach out to those that are hurting. To solidify that identity they must first expand their understanding of God's Word, then search and share about their areas of concern. That is, the person needs to learn about his/her pain in regard to the topical area he/she is learning about from Scripture, develop awareness, and finally, store up God's thoughts as espoused in Scripture.

11. Self-esteem is an Identity Issue. Many authors subscribe to the notion that understanding identity and mind renewal are important in self-esteem (Baird, 1983; Birkey, 1977; Carlson, 1988; Carter, 1987; DeHaan, 1988; Guest, 1984; Hoekema, 1975; Kinzer, 1980; Olsen, 1985; Voskuil, 1983; Ward, 1984). According to Carlson (1988) people are initially who their parents, grandparents, siblings, friends and teachers tell them they are. Self-esteem is an identity issue

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and identity is dependent upon relationships, both human and divine. It then becomes important for a person who desires to have esteem to know who he/she is in relationship to what God says about the self (Guest, 1984). A true identity can only be found in the presence or in relationship to a living, loving God (Jabay, 1967). DeHaan (1988) in discussing self-image, is of the opinion that the mind needs to be renewed with the words and thoughts of God and that the goal of maturity is obtained when a person reaches a point that his/her self-image is congruent with what the Lord says about the Christian (Rom. 12:1-3). He believes that the verses in Romans 12:4-21 show that anyone who lives according to these principles has reason to feel good about themselves and what they are doing. DeHaan (1988) continues by maintaining that Biblical self-esteem is only possible if people are willing to let God show them who they are and then become willing to accept the fact that what God thinks is more important than what they may think of themselves. This view needs to be Biblically based. If it isn't, a person is prone to think too highly of himself/herself or to have some distorted view of his/her worth/value. Acceptance of the gospel means that people need to alter patterns of thinking and feelings that they hold toward themselves and conform to the thinking and feelings that God holds toward them.

The abundant life will not be experienced until a person is able to love and accept himself/herself (Olsen, 1985). Kinzer (1980) believes that Christians need to view themselves truthfully with sober judgment. That simply means that the Christian needs to see himself/herself the way God does. Baird (1983)

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believes that the ultimate cure for a negative self-image is to know God's will, to carry it out and to realize that a person is special to God. This can only come as one understands God's perspective. The key is a balance between narcissism and a poor self-image. This seems to be possible only from a Biblical perspective, according to Baird. Memorization of Scriptures and doing things for others will also produce a sense of worth and value (Birkey, 1977). Christians should love themselves but hate their self-centeredness (DeHaan, 1980). God's approval is the source of inexhaustible self-esteem (Ward, 1984). Because self-image is composed of thoughts and ideas about how a person is, and because it is the central belief system from which other actions and thoughts are derived, a self-image that is founded in the Scriptures enables a person to properly operate spiritually, emotionally and relationally (Carter, 1987). The gospel, then, is the ultimate resource for building positive self-esteem (Voskuil, 1983). It is a continual process of being progressively renewed in the spirit of the mind and clinging to the new image in Christ. It is a matter of continuing to believe that what the Bible says about a person is true (Hoekema, 1975).

While many themes seem to indicate relationship with God as being important in self-esteem development, Birkey (1977), Carter (1987) and Carlson (1988) seem to be espousing and developing this concept more than others. Birkey (1977) believes that the chief purpose in life is to know God and that comfort comes through knowing who He is. This will result in a greater confidence in Him as well as an increase in worth and value. Carter (1987)

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believes that trust in God is part of a balanced self-image, and Carlson (1988) believes that identity depends upon relationship with God.

12. Patience. Carlson (1988) and Kinzer (1980) also suggest that the Christian who wants to have self-esteem needs to be as patient with the process of learning to love him/herself as God is. DeHaan (1988) believes that when Christians sin, or live their lives apart from the teachings of Scripture, instead of viewing themselves as depraved wretched human beings, they should consider those setbacks as part of the process of becoming more and more like Christ (Phil. 1:6). The position of being in Christ is a process that takes practice through God's empowerment (DeHaan, 1988). Becoming holy is a progressive reality (Cohen, 1977). Wise (1983) believes that being holy is only achieved by means of divine grace and faith and not human effort, although there is a volitional role (Eccl. 7:29; Rom. 9:15, 18). He believes that when individuals whose egocentrism has been revealed by the Holy Spirit "believe in Christ," a miraculous event occurs and their self-concepts are restored into a new pattern. As a consequence they feel joy, confidence and peace because their inner personality has been united into a more fully effective functioning whole. Wise (1983) believes that this is a process which does not happen instantly (John 1:12). Birkey (1977) believes that part of self-esteem is turning insight into action. A person needs insight in realizing that he/she is involved in a process. For the person who is being redeemed, it is a progressive transformation of growing up into Christ (Hoekema, 1975; Eph. 4:15). A person must rethink his/her position

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in Christ when impatience occurs and reaffirm and commit himself/herself to letting Him do the work in him/her, in His time (Carter, 1987).

Other themes, in addition to those espoused by Carlson (1988), are revealed in the theoretical literature on Biblical self-esteem: divine creation, modeling Christ, repentance, prayer, the person of Christ, purpose and relationship. They are outlined below.

Divine Creation. The concept of divine creation is important in examining Biblical self-esteem and has obvious implications. According to Ellison (1983, 1985), God said that what He had made was "very good" (Gen. 1:31). He then assigned administrative duties to Adam and Eve. Ellison believes that administrative duties are not assigned unless a person is highly valued. God also provided food for Adam and Eve (Gen. 1:29-30), which is an act of love. Further, God has a special concern for each person He creates and He gives each Christian a special purpose in His plan (Rom. 12:3-6 and Psalm 139). Birkey (1977) also believes that understanding a person is designed for a purpose is an important part in achieving esteem.

If people evolved (as opposed to having been created) then the tendency would be to believe in an egocentric self-view. A person would then understand life from a humanistic perspective. A person would see no need for regeneration, or the need for God. If a person denies his/her created status then he/she is choosing to be governed by sinful pride. When a person acknowledges his/her created status, it gives a purpose to his/her life because he/she realizes that what

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he/she does will matter for all eternity (Carter, 1987). The implications of understanding a person's created status has tremendous implications for self-esteem. In the Christian view, man is a being of great significance (Hoekema, 1975).

Modeling Christ. Modeling Christ is another theme that some adopt as being an important theme in Biblical self-esteem (Adams, 1986; Crabb, 1978). Crabb believes that the way to help promote esteem is to imitate Christ and Adams believes that He is all we need (Luke 10:42). Christians are to rely upon Him for everything (Kinzer, 1980; I Cor. 1:30-31).

Repentance. Another theme explicitly stated by Kinzer (1980) is repentance. He believes that problems, in terms of self-esteem, can be helped by repentance and prayer. Overall, Kinzer's view means that a Christian needs to conform to the image of Christ if he/she wants a positive self-image (Eph. 4:13, 15).

In Christ. There are many authors that explicate and specify the "in Christ" concept (Adams, 1986; Aldrich, 1982; Britt, 1988; Carter, 1987; DeHaan, 1988; Greenfield, 1988; Hoekema, 1975; Johnson, 1989; Kirwan, 1984; Martindale, 1973; Matzat, 1990; Meier et al., 1982; Schuller, 1982; Smith, 1984; Voskuil, 1983; Wagner, 1975; Wilder, 1978; Wise, 1983). Stott (1979) defines being in Christ as being united with Him in a close, personal way which results in the identity of the Christian. Being a Christian is to see oneself as one who is in Christ and, therefore, a new creature. This is the basis for a new self-image

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(Hoekema, 1975). From a Biblical perspective, the Christian has an identity that has been resurrected by Christ (Eph. 4: 20-32; Eph. 4:17-19; Gal. 2:20; I Cor. 6:20; Phil. 2:4-7). Hoekema (1975) and Kirwan (1984) believe that when the Christian faith is totally accepted, faith brings with it a positive self-image. The ultimate basis for a person's self-image must be God's acceptance of a person in Christ (Greenfield, 1988; Hoekema, 1975). Christ died for believers (Romans 5:8) so that they might have the authority to call themselves the sons of God (John 1:12) and that is the foundation for building a healthy self-concept (Martindale, 1973). If a person is truly in Christ, and therefore a son of God, then he/she is a new creation (II Cor. 5:17), redeemed from sin, accepted as God's child and indwelt by the Holy Spirit (DeHaan, 1988). The New Testament discusses the position of being in Christ. There are approximately 204 Scriptural references that tell the Christian what he/she has and what one's identity is because of Christ (Hagin, 1977). Hagin (1977) believes that confession can rule a person, therefore it becomes important for Christians to confess and acknowledge who they are so that their identity can become solidified. For self-esteem to be maintained, the Christian needs to hold a firm position of who he/she is in Christ, otherwise the insensitive criticism of others may eat away at the human personality (Aldrich, 1982).

Smith (1984) states that a lot of attention has been given to self-esteem in recent years and doubts that anything affects a person's sense of fulfillment as much as self-image. His Biblical view is that nothing is more essential to a

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healthy sense of identity and to living a healthy life than having a firm grasp of a person's identity in Christ. However, he also says that the Christian's redemption in Christ is something he/she shares with all other Christians. This eliminates the problems associated with a person's individuality, where so many identity issues originate. It is only with a redeemed heart that Christians can develop a well-balanced attitude toward their individuality. Therefore, being in Christ is essential if Christians are going to view themselves from a new perspective. A person can have a positive healthy view of who he/she is as a Christian and still have a negative view of his/her own distinctive features. An individual's new image in Christ does not imply a change in individuality or of psychological distinctiveness, but a change in morality, motivation, desires, priorities and behavior. Smith (1984) believes that Scriptures on the "new man" convey the idea of one's spiritual orientation, not the notion of psychological distinctiveness.

In Christ, man is pronounced accepted: "There is therefore no condemnation for those who are in Christ Jesus" (Romans 8:1, NASB). Man can have an objective self-view based on something that does not change (Heb. 13:8). Judgment of a person's worth is only God's to make (Romans 8:33, 34, NASB). In Christ, a person is not responsible for his/her own self-esteem and he/she is no longer the judge of his/her own self-worth. The right to direct one's destiny is given to its rightful owner, God Himself. Wilder (1978) concludes by saying that Christianity provides the perfect framework for a stable and healthy self-

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esteem. Greenfield (1988, p. 28) states: "A person who is in Christ (II Cor. 5:17) has every reason to feel good about him or herself. It is also healthy and transforming. It is God's road to self-esteem in the best sense." God's acceptance of a person in Christ is the "ultimate capstone around which self-esteem is really wrapped" (Schuller, 1982, p. 23). If people could accept the truth about themselves and accept their own significance through Christ, then they would have genuine self-worth (Meier et al., 1982). Johnson (1989) believes that self-esteem from a Christian perspective is fundamentally bipolar:

> It is an interpersonal feeling, which is rooted in one's experiential knowledge of God and His values. God is the ultimate referent for our self-esteem. The experience of self-esteem is our penultimate, consequent, affective response to seeing ourselves in His light (Johnson, 1989, p. 232).

It is only possible to have a secure self-image when one's identity is totally in God (Kirwan, 1984). Carlson (1988) believes that anything short of living for Christ will produce poor self-worth. Adams (1986) says that if a person wants esteem, then to live by Christ's teachings and to have Him rule, reign and have His being in a person is very important. The most compelling Biblical foundation for positive self-esteem is Christ (Ellison, 1983; Matzat, 1990). Baird (1983) believes that the characteristics of Biblical self-esteem will develop as a person grows in Him.

Because of Him, people can know who they are and what they are and why they are (Wagner, 1975). He believes that when a Christian accepts Christ, he/she has a true sense of identity. Wagner (1975) states: "We have an absolute

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sense of worthiness in Christ" (p. 162-163); "In Christ, that which is nothing becomes something" (p. 217); and, "We have an identity in Christ, and for that reason we are something and shall be raised from the dead" (p. 237).

God only dwells in a tabernacle that He considers to be built of the finest of materials and He can dwell in believers because He sees them as being positionally holy because they are in Christ and Christ is in them (Britt, 1988). He concludes by saying that man can have self-esteem by partaking of God's holiness.

Taken collectively, all the characteristics of Biblical self-esteem seem to be able to be attained if a person maintains a position in Christ. This is what is espoused in theoretical literature, but as of yet remains to be validated empirically.

Review of the Literature on Self-Esteem: Empirical Treatment

Many studies have been done on religion and mental disorder but they have been poorly conceived and carried out (Spilka et al., 1985). Research that relates religion, personality and abnormality spans almost a century. According to Spilka et al. (1985), previous studies paid little or no attention to the degree of religious involvement or commitment, or such confounding factors as socioeconomic class or ethnicity, both of which apparently affect the incidence of mental disorder. There are virtually no studies associating religion and mental disturbance that go beyond some loose breakdown of religiosity that may be

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based on church attendance, or a distinction of individuals as orthodox, fundamentalistic, or low, moderate or high in religiousness. In short, according to Spilka et al. (1985), simplistic indicators of religion suggest poor understanding of this highly complex realm. According to Moon and Fantuzzo (1983) there is no working picture of what a mature religious person would be. Benner (1991) states: "Human spirituality is a multifaceted and complex matter that defies precise definition and seems to elude rigorous analysis and understanding" (p. 3). The integration of religion and mental health is complex and multidimensional, being an interaction of biological, cognitive, psychosocial, sociocultural and transcendent processes. It cannot possibly be studied holistically. Since lack of self-worth is the basis of most psychological problems (Meier et al., 1982) it is, therefore, the purpose of this study to try and measure one aspect of religiosity, the self-esteem dimension. For Christians, that is knowing who they are "in Christ."

Religiosity and Self-Esteem (Empirical Studies)

Of the studies presented, all are indirectly related to the topic of this study in that the authors discuss religion and self-esteem. However, there have been no scientific studies of Biblical self-esteem (or studies that have discussed who the Christian is in Christ) to this author's knowledge.

As far as the research on religiosity and self-esteem is concerned, prior research has produced inconsistent findings (Bahr & Martin, 1983). A meta-

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analysis by Bergin (1983) produced mixed results when measures of self-esteem, mental health and religious variables were correlated. Religiosity and self-functioning represent an unresolved empirical problem since religiosity is hard to define operationally (Basinger, 1990; Watson et al., 1985). This could be due to the fact that self-esteem, or at least Biblical self-esteem, was not measured accurately, as defined by solely Biblical criteria.

In a study by Benson and Spilka (1973), God-image, self-esteem and locus of control were investigated using a sample of 128 Catholic subjects with approximately identical religious backgrounds. Results indicate that self-esteem is positively related to loving-accepting God-images and negatively related to rejecting images. Locus of control was unrelated to controlling beliefs. The data from this study provide some support that self-esteem is a major determinant of God-images. An interesting implication which was suggested and is important for this study, is that theology might also influence self-concept. However, the scale used to measure self-esteem was not Biblical. Benson and Spilka (1973) did not define self-esteem as this present study does. The results should be interpreted with caution.

An experimental study by Lewter (1984) sought to determine whether students enrolled in a college course designed to reveal the inferences others make about them would change their self-concepts. These changes would then be reflected in changes in scores on the Tennessee Self Concept Scale as opposed to students in a control group. The subjects consisted of 65 students who

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expressed interest in a course designed to increase interpersonal skills and were randomly assigned to two groups. The 32 training group members participated in a three hour Monday evening course for 14 weeks. The remaining 32 members were used as the control group. Statistically, there was no difference between the groups before training. The treatment group worked on communication skills and conflict management, proposing to establish goals within recognized value structures and to facilitate self-understanding, personal motivation and personal management. Opportunities were also provided for individuals to learn the perceptions of others toward them throughout the program. Interestingly, the Biblical perspective on self-esteem was also discussed with the experimental group. Results indicated that there was significant growth in self-concept on the part of the treatment group compared to the control group. In terms of the present study, it cannot be determined if the subjects had their self-concepts based on Christianity or not. It is difficult to assess whether the training impacted the Christian aspect of self-esteem. The Tennessee Self-Concept Scale does not measure who the Christian is in Christ, so a comparison with this study is difficult.

A study by Bahr and Martin (1983) tested the proposition that religiosity has a positive effect on self-esteem and attitudes toward others. The dependent variables were Rosenberg's Self Esteem and Faith in People (misanthropy) scales. The independent variables included parental social class, family solidarity, measures of personal school achievement, church attendance and religious

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preference. Subjects were randomly selected high school students (*N* = 500). The findings revealed minimal relationship between religiosity and self-esteem. The results suggested that as predictors of self-esteem, neither an evangelical outlook nor church attendance are more efficient predictors of self-esteem than any of the other independent variables. The authors of this study did acknowledge that they did not accurately measure self-esteem, and that other dimensions of religiosity, such as devotionalism, belief, or knowledge, may be more strongly related to self-esteem. Different measures were used in these studies so the results may not be at variance with the existing research literature concerning the relationship between church attendance and self-esteem. None of these used the Rosenberg Self-Esteem Index to measure self-esteem. The results of the above study, then, suggest that church attendance affects attitudes about others more than it influences attitudes about self (Bahr & Martin, 1983).

Both Christian and general population groups have been compared on self-esteem levels. In a study by Aycock and Noaker (1985), self-esteem levels of 351 evangelical Christians from college and church settings and 1115 general volunteers comprised of students, administrators and government employees were assessed by the Self-Esteem scale of the Coping Resources Inventory for Stress. Analysis of variance indicated that the more highly educated graduate student and academic administrator subgroups of the general population outdistanced several other general subgroups and accounted for the significant differences between the two large populations. The mean scores of the Christian subgroups were not

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significantly different from each other nor from any general subgroups, but fluctuated as a function of educational level in a pattern consistent with the general population. Personal attainment was seen as contributing to the differences in self-esteem in this study. The authors did offer some interesting discussion points. They asked: "Does a relationship with Christ impact the self-esteem of the Christian in practical ways?" This study suggested that it did not, but the authors also acknowledge that Christians may be functioning with inadequate knowledge or appropriation of the full meaning of redemption.

Research conducted by Watson et al. (1985) suggests that the languages of sin and self-esteem are at least partially incompatible. The results suggest that the operationalization of religiosity was important in defining the nature of religiosity relationships with self-esteem. Specifically, it was found that a sensitivity to the humanistic language of self-measures and to the guilt dimensions of orthodox views was, in fact, useful in demonstrating positive associations between self-esteem and a number of religiosity measures, including those relating to sin, even though those correlations were small. Again, this author questions the measures in this study as not being Biblical, but humanistic, except that the study investigated beliefs about sin and grace which are related to Christianity. It is suggested that this study points to the complexities that exist in measuring self-esteem. The confounding variables were: language, sociocultural variables and developmental processes such as sanctification. It was suggested that self-esteem will vary with the individual's progress along the

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sanctification dimension.

Moore and Stoner (1977) administered two measures (The Bowfain Self-rating Inventory and the Religiosity Index) to 46 males and 66 females who were high school juniors. The results suggest that male adolescents with a positive self-concept (self-report) score higher on religiosity than those with low self-reports. This was not the case with the females.

Fehr and Heintzelman (1977) found that only a minimal negative relationship exists between religiosity and self-esteem. This failure to find significant negative correlations between the two religiosity measures and the Coopersmith Self-Esteem Inventory is a controversial finding. The researchers believe that this can be attributed to society's increasing acceptance of fundamentalist doctrines. Previously, society's nonacceptance probably contributed to low self-esteem scores associated with the "religious" individual.

Gartner (1983) found mixed results in his review of the literature. Of 18 studies reviewed, four found the religiously committed to be lower in self-esteem, eight found no difference between groups, and six found the religiously committed to be higher in self-esteem. In other work by Gartner (1991) he found other studies that were mixed.

According to Payne, Bergin, Bielema and Jenkins (1991):

> Recent directions in self-esteem and religiosity research show more positive relationships as long as religion is defined as "intrinsic." Previous findings of negative relationships between self-esteem and religiosity may have been a function of humanistic language and of

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> orthodox religious biases. When proper controls are exercised, there is little relation between a belief in sin and poor self-functioning. Self-esteem seems to be a component of a healthy religious orientation (p. 5).

Measures of self-esteem and religiosity are varied. Thus, generalizations and definitive statements are hard to make. According to Gartner (1991), "we may be confusing conservative Christian beliefs about depravity of human kind with the psychological trait of self-esteem when we administer these tests to conservative religious populations" (p. 12).

Review of the Literature: Religion and Mental Health

Religiosity and Mental Health

The empirical literature on religiosity and mental health is quite extensive, including some who believe that religion produces pathology (Ellis, 1980; Wallace, 1985). Using meta-analysis of 24 studies, Bergin (1983) found that religiosity is complex with numerous correlates and consequences that defy simple interpretations. His analysis revealed no support for the preconception that religiousness is necessarily correlated with psychopathology. Bergin found that in 23% of the studies there was a negative relationship between psychopathology and religious commitment, 47% reported a positive relationship and 30% reported no relationship at all. Overall, Bergin (1991) reported no correlation from a statistical meta-analysis between religion and mental health. However, he does believe that the results of his meta-analysis represent a sum of negative and

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positive correlates, thus obscuring the real and divergent nature of religiosity. Another study of his (Bergin et al., 1987) provided evidence to refute that religiousness is equivalent to neurosis. If religion is specified as being Christianity, then healthy Christianity tends to be positively correlated with psychological health (White, cited in Benner, 1985). However, healthy Christianity is hard to define.

Sociological and psychiatric reports are more favorable to religion. The data are ambiguous which reflects a multidimensional phenomenon. According to Bergin (1983), averaging these diverse factors yields unimpressive results. Specificity is more likely to reveal clearer and more powerful results. Fehr and Heintzelman (1977) caution researchers in that measures of religiosity cannot be used interchangeably and that great care should be taken to discriminate between religious orthodoxy, religious values and church-going behavior. Fehr and Heintzelman (1977) believes that these variables should not be grouped under the general heading of religiosity. However, this seems to be common in the literature. The research on religiosity is not well defined at all. It may mean Christianity and it may not. Butman (1990) believes that aspects of spiritual maturity and well-being are increasingly being operationally defined so that they can be more readily studied using the scientific method. This is what the present study is attempting to accomplish, explicating the Christian self-concept as being who the Christian is as identified with Christ as measured by the Short Index of Self-Actualization (SISA) (Jones & Crandall, 1986), the Religious Orientation

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Scale (ROS) (Robinson & Shaver, 1973) and the Shepherd Scale (Bassett, 1981). This means that the person's Christianity will be intrinsic (ROS), he/she will believe and live his/her beliefs (Shepherd Scale) and that he/she will be self-actualized (SISA). Psychological and spiritual maturity are related but they will also have points of convergence and divergence (Butman, 1990; Carter, 1985; Roberts, 1982, 1984).

It should also be kept in mind that when this study defines religiosity, it is referring to a healthy religiosity and not one that is neurotic as posited by Pruyser (1977). According to him, the psychopathology of religion is deep, but this study is not describing religiosity that demands the sacrifice of the intellect, etc.

Gartner, Larson and Allen (1991) found that in their review of more than 200 studies, the relationship between religion and mental health is mixed and even contradictory. In addition to the trends that Bergin (1983, 1991) found, Gartner et al. (1991) discovered:

1. Most studies that link religious commitment to psychopathology have utilized measures that involve paper-and-pencil personality tests which attempt to measure theoretical constructs. Most of the literature that links religion to positive mental health is based on "real life" behavioral events which can be reliably observed and measured.

2. Low levels of religiosity are more often associated with disorders related to undercontrol of impulses, where high levels of religiosity are most often

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associated with disorders of overcontrol.

3. Behavioral measures of mental health are more powerfully related to mental health than are attitudinal measures.

4. Distinctions such as that between intrinsic and extrinsic religiosity explain some of the divergent findings.

5. The discrepant findings can be attributed to the many different ways in which mental health is measured.

Thus, it seems that there are discrepant ways that both religion and mental health are measured. This constitutes a major contribution concerning the mixed findings in the empirical literature. Bergin (1991) states: "The empirical literature contains numerous conflicting results, so persons with differing biases can select the evidence they prefer" (p. 399).

Theoretical Studies on Religion and Mental Health

Salzman (1965) writes that it is difficult to determine where religion ends and disease begins. A religious person who is suffering from a mental disorder may have an organic basis to his/her problem (Southard, 1960) or a religious zealot may be reflecting a neurotic condition (Salzman, 1965). Religion can be used by people to achieve certain goals or to resolve neurotic conflict by a massive change in lifestyle (Salzman, 1965). Because of its popularity, religion has also been exploited in such areas as racketeering, profiteering and fraudulence (Pruyser, 1977). Thus, religion can appear to be very pathological.

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Andreasen (1972) believes that religion can act in one of two ways: either it can be used as a means of overcoming depression or it can act as a source to feed the depression. Andreasen believes that because the clergy and clinicians share a common objective, they ought to help one another and work together.

White (cited in Benner, 1985) believes that healthy religion can be seen on five sets of polarities of human functioning: (1) dependency/independency, (2) control/freedom, (3) self-denial/self-acceptance, (4) stability/change and (5) finiteness/transcendence. Healthy religion would then be defined as balance in regard to these polarities. Balance, however, does not guarantee religious health but healthy Christian religion is optimized if the individual has accepted the redemptive work of Jesus Christ into his/her life. White (cited from Benner, 1985) believes that healthy Christianity tends to be positively correlated with psychological health.

Empirical Studies on Religion and Mental Health

Lindenthal et al. (1970) designed a study to measure two hypotheses:

1. The greater the psychological impairment of the respondent, the less likely the person will take part in the institutional aspects of religions behavior. This was measured by church affiliation and frequency of attendance at religious services.

2. When particular events or crises arose, these researchers hypothesized that the greater degree of impairment, the more likely that church attendance

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will decrease. In addition, the greater the degree of psychological impairment, the more likely that person will pray (apparently not in church) during the crisis.

In a cross-section metropolitan sample of 938 adults, a measure of psychopathology was found to be negatively correlated with church affiliation, church attendance and with increased church attendance during a time of crises. The index of mental status was developed by MacMillan and modified by Gurin and associates. During a time of crisis, organized religious activity decreased but the personal activity of prayer increased. Thus all of the above hypotheses were confirmed. It can be suggested from this study that church attendance, then, may be a poor indicator of who the Christian is "in Christ" as prayer life seems to increase.

Sanua (1969) reviewed empirical studies on religion, mental health and personality and found no empirical support for the common belief that religion is a basis of sound mental health, general well-being, and humanitarianism. Mental health was measured by objective tests in these reviews with very little consistency as to how this was measured. The studies reviewed did not utilize the same objective tests. Religiosity seems to be ill-defined when measured by such demographic data as church attendance and type of religions. None of these variables (as far as religiosity is concerned) measure whether or not the person has a relationship with God.

Hadaway (1978) re-analyzed the findings by Cambell et al., who noted that religious people tend to be less satisfied with their lives than nonreligious. He

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used the same data as Cambell and found that their interpretation was in error. Hadaway found that religion functions more as a resource than as compensation. It seems that the descriptions of the self-rating scales of religion were vague and ill-defined in terms of who the Christians were "in Christ." Also, a person may be "in Christ" and not feel mentally healthy.

Backus (1976) devised a test based on the ancient list commonly referred to as the Seven Deadly Sins. This test was developed based on the descriptions of these sins. The 280 item test was administered to four groups of subjects: 70 students and staff in a small religious college in St. Paul; an assortment of 57 staff members, students and their friends, all non-psychiatric patients at a large mental health center in Minneapolis; 100 in-patients at Hennepin County General Hospital, Minneapolis; and a group of 39 out-patients at the same institution. The MMPI was also administered. The general overall finding was that the Total Sin score of all the groups suggests a definite positive relationship between the perceived amount of sinfulness and the psychopathology of the patient.

Hood's (1974) study used two measures of psychological strength: Barron's Measure of Ego-Strength (Es, most items were taken from the Es scale of the MMPI) and Stark's Index of Psychic Inadequacy. Using Barron's measure in the first study, 82 subjects were also administered Hood's Religious Experience Episodes Measure (REEM). The REEM is based on William James' (1958) book, Varieties of Religious Experience, first published in 1902. A significant negative correlation was found between ego strength and the report of intense

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religious experience. This correlation was reduced to nonsignificance when the religion subscale was removed from Barron's total Ego Strength Scale. According to Hood (1974), Barron's instrument was biased against religion.

In the second study by Hood (1974), 114 subjects participated using the REEM and the Index of Psychic Inadequacy. Results indicate that intense religious experience was more frequent among persons classified as low (or less psychopathology) on Stark's Index of Psychic Inadequacy than persons classified as high. Hood suggested that high psychological strength and intense religious experience are not necessarily pathological.

Although the measures of religious experience were not Biblically based, and because psychological strength is not necessarily correlated with spiritual maturity, these studies provide results that suggest pathology and religion are not correlated.

Stanley (1965) tested five hypotheses and all were confirmed at the .05 level. The one that is of interest here is that there was a negative correlation between neuroticism and religious conversion. That is, people who report conversion tend to have a lower neuroticism score than people who are not converted. The sample consisted of 347 Australian theological students and the measures used were the extraversion and neuroticism scales of the Maudsley Personality Inventory, Rokeach's Dogmatism Scale and measures of conversion, parental religious belief and fundamentalism. Results need to be interpreted with caution because the correlation, although small, was significant ($-.15, p < .01$). The

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measure for assessing conversion was also inadequate, being a multiple choice and nonbiblically based.

Stark (1971) presents evidence that conventional religiousness is not a product of psychopathology. Instead, psychopathology seems to impede the manifestation of conventional religious beliefs and activities, based upon an assessment of the relevant empirical literature in 1971. Stark (1971) states that at that time, the studies were of low quality.

Boivan et al. (1990) attempted to address the issue of construct validity for recently developed measures of Christian maturity. The Shepherd Scale, the Christian Conservatism Scale and the Multi-Factor Racial Attitude Inventory were administered to adults in four churches of conservative denominations. The results indicate that attitudinal prejudice was statistically independent of strength of Christian commitment in terms of self-reported belief and behavior, although it was related to education and other social indicators. This study confirmed earlier studies by the authors that while various measures of religiosity, Christian commitment and church attendance correlate well with one another, they are poor predictors of psychological health and social well-being. They believe that the construct validity of the measures that they used is tenuous. They also believe that "sanctification" and "self-actualization" will not be achieved until the measures of spiritual well-being include behavioral observations demonstrating the "fruits of the Spirit" in real-life situations. These evaluations should also include an assessment of the social structure.

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Watson, Morris and Hood (1988a, 1988b, 1988c, 1989a, 1989b) claimed to have found a relationship between intrinsic religious orientation and healthy psychological characteristics. In summarizing their major findings, they concluded that "grace and its correlated intrinsic form of commitment seem to promote a generally adaptive kind of self-functioning, as inverse correlations with depression perhaps most strikingly revealed" (1989b, p. 170). On the other side, beliefs about guilt, along with extrinsic religiosity, were associated with less adequate self-functioning.

Elzerman and Boivan (1987) used the Shepherd Scale (a measure of Christianity), the Character Assessment Scale (a measure of Christian maturity) and the Minnesota Multiphasic Personality Inventory (a measure of personality) to assess 120 student volunteers from five southern Michigan college campuses in an attempt to study the differences between psychopathology and religious wholeness. The Shepherd Scale was highly related to the Character Assessment traits using a principal-component factor analysis and those scales constituted separate factors from the MMPI measures. The attempt to find congruence between psychological and religious maturity at an empirical level were not achieved in this study.

Defining Psychopathology and Mental Health

Stark (1971) believes that "there are perhaps no more elusive and value-laden concepts in social science than mental illness, insanity, neurosis, inadequacy,

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and other terms referring to various forms and degrees of psychopathology" (p. 167). Wellness or mental health is a very hard concept to define (Butman, 1990). For the purpose of this study, it will be defined in terms of how Butcher et al. (1989) define it; that is, how it is measured by the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hathaway & McKinley, 1989). T-scores of 65 or over will be indicative of pathology on both the Content and Clinical scales except for MF (Females, $T \geq 60$) and SI (low score, $T \leq 44$). According to Newark (1985), the MMPI was constructed independently of any theory of personality, so it seems as if it will be a most suitable instrument for this study.

Summary

The literature review contained three parts: the theoretical and empirical treatment of self-esteem, the theoretical and empirical studies on religion and mental health and defining psychopathology and mental health.

First, 23 themes were delineated concerning what Biblical self-esteem is. It was stated that the characteristics of Biblical self-esteem can be attained if a person maintains a position in Christ. The theoretical literature espouses that, but yet it remains to be validated empirically.

The empirical review of the literature on religiosity and self-esteem found that measures of self-esteem and religiosity are varied. Generalizations and definitive statements are hard to make. There are several complications such as confusing conservative Christian beliefs about depravity with the psychological

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trait of self-esteem (Gartner, 1991).

The literature review of religion and mental health revealed that there are discrepant ways that both religion and mental health are measured. Thus, it can be understood why empirical findings are mixed. The theoretical literature is also mixed in that religion can act to promote mental health or detract from it (Andreasen, 1972; Salzman, 1965; Spilka et al., 1985).

Finally, psychopathology and mental health was explicated as defined by this study. Since most studies reviewed were nonbiblical, this study was conducted to examine a Biblical perspective of Christianity and psychopathology.

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CHAPTER III

METHOD

Measures

The instruments used in this study are believed to reflect no anti-Christian bias and are not problematic with regard to the concerns expressed by Gartner (1991). High Shepherd Scale (Bassett, 1981) and Short Index of Self-Actualization (SISA) (Jones & Crandall, 1986) scores and low Religious Orientation Scale (ROS) (Robinson & Shaver, 1973) Intrinsic scores are believed to collectively represent who the internalized Christian is. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hathaway & McKinley, 1989) was deemed appropriate for this study because all religious items have been deleted in the revised version, therefore the instrument can measure pathology without religious bias. The Shepherd Scale is the only instrument that has been derived from the Scriptures. The Short Index of Self-Actualization (SISA) and the Intrinsic/Extrinsic Religious Orientation Scale have been found to not reflect a religious bias (Watson et al., 1990a, 1990b).

Despite possible weaknesses of the Shepherd Scale in measuring Biblical self-esteem, the instruments used in this study (SISA, LSE of the MMPI-2, Intrinsic/Extrinsic Religious Orientation Scale) seem to present an internalized

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Biblical self-esteem posture. This signifies how this study defines Biblical self-esteem and uses instrumentation that is currently available. A caution should also be mentioned. There are limitations when trying to measure the abstract using the currently acceptable empirical method. Human beings are complex, and the current paradigm seems to be satisfied with behavioral regularity, thus empiricism can trivialize our understanding of human functioning (Evans, 1989). What is outlined below is an attempt to use an empirical model, given the limitations of this study.

Minnesota Multiphasic Personality Inventory-2

The MMPI is the most widely used self-report inventory and was chosen as the measure of psychopathology. The MMPI-2 is considered appropriate for this study because all religious items have been deleted, eliminating any bias the instrument may have had in its earlier version. The test was administered using the revised (1989) form and scored through National Computer Systems, Minneapolis, Minnesota. Data for the validity scales, the clinical scales and the new content scales were collected. The revised test was renormed on 1138 males and 1462 females (N=2600) from seven states. The normative sample was randomly solicited from a national sample and is more representative of the population of the United States than the original MMPI.

Research with the MMPI-2 is limited at this time; however, there is evidence that the instrument has validity. Graham (1990) states that because of

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the congruence between scores and configurations of scores for the MMPI-2 and the MMPI, the existing research for the MMPI can be applied to the MMPI-2. Secondly, some initial research has indicated that there are some reliable extra-test correlates (with other personality measures) for the MMPI-2 clinical scales. These correlates are consistent with those reported for the original instrument.

The test-retest reliability (one-week interval) of the MMPI-2 for normal subjects appears to be at least as high or higher than that of the original MMPI scales. The reliability coefficients (.67 to .92 for the lie and clinical scales) for the MMPI-2 scales compare well with those coefficients of other personality scales (Graham, 1990).

The Shepherd Scale

Although Christians have written about self-esteem, the self-esteem measures that currently exist remain secular. Gartner (1983) and Bergin (1983) state that of the more than 200 measures of self-esteem, virtually all of them contain anti-biblical value assumptions. From a Christian perspective, this bias would severely limit their usefulness.

In an effort to identify an instrument that reflects the Scriptures concerning who and what a Christian identity is, the Shepherd Scale was selected because it is the only instrument (to this author's knowledge) that uses the Bible in operationally defining Christianity (Bassett et al., 1981). Pecnik and Epperson (1985) also believe the Shepherd Scale is worthy of consideration in studies

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assessing Christianity. Butman (1990) writes that it is one of the most respected instruments that has been developed at this time by orthodox Christians. It is the purpose of this study to have a measure that reflects who the professing Christian is "in Christ." Such a measure must be Biblically-based, not a psychological or phenomenological description of what a Christian is. Thus, efforts by many others (Alter, 1985; Hood, 1970, 1974; Van Wicklin, 1990), while commendable, are not believed to be Biblically-based. They focus more on experience, which is subjective, rather than the truth of the Scriptures. This study does not warrant just any measure of religiosity, but a Biblical measure. That is not what is reflected in most studies. Moon and Fantuzzo (1983) also believe that the Scriptures have been ignored when it comes to developing a model of Christian maturity. In scale construction, the process of selecting and categorizing passages and writing questions can be as much intuitive as systematic, but the Shepherd Scale (Bassett et al., 1981) probably reflects the best effort to date.

The Shepherd Scale has no manual; however, the instrument is quite accessible as it was published in the Journal of Psychology and Theology (Bassett et al., 1981). A total score is determined by summing the responses to all 38 items, each item having been given a response on a Likert type scale of from one to four (see Appendix A). Scores can range from 38 to 152. There is no recommended cut-off for separating Christians from non-Christians.

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Reliability

The Shepherd Scale was established in 1981. There has been some reporting of reliability and validity data. The research (Bassett, 1988, unpublished manuscript) reflects correlations that are considered good. Reliability coefficients range from .73 (Kuder-Richardson Formula 20) to .94 (Cronbach's coefficient alpha). A variation of the instrument developed by King and Hunt (1975) correlates with an index of religious commitment (r = .73). Further credibility comes from the fact that the instrument is representative of the work of both psychologists and theologians. When the Shepherd Scale was first devised, there were two descriptive studies designed to test its reliability and validity. In the first study, the questionnaires were administered to 67 introductory psychology students. The results were negatively skewed which can be expected from students at an evangelical college. It was also suggested that some of the reliability and validity correlations may have been biased by the narrow range of scores. Reliability was assessed in several ways. First, the test was re-administered to 36 interested students. This yielded a significant test-retest reliability coefficient of $r(36)=.82$ ($p < .001$). Second, the odd and even items were divided and the split-half reliability of the Shepherd Scale was computed, $r(61)=.83$ ($p < .001$). After it was corrected using the Spearman-Brown Procedure, the correlation was $r(61)=.91$ ($p < .001$). Finally, Cronbach's alpha was calculated and a significant correlation was produced, alpha = .86 ($p < .001$).

Pecnik and Epperson (1985) report a study with 238 students enrolled in

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undergraduate psychology courses at a large midwestern state university. This sample produced a Cronbach's alpha reliability coefficient of .94 ($p < .001$).

Boivan, Darling, and Darling (1987) used a shortened version of the Shepherd Scale, produced by a factor analysis of the Shepherd Scale, which was suggested by Pecnik and Epperson (1985). The shortened form was given to 64 students at a small Christian liberal arts college and 40 students at a midwestern community college. The Kuder-Richardson Formula 20 reliability coefficient was computed and produced a coefficient of .73 ($p < .001$). The Shepherd Scale adequately distinguished between Christians and non-Christians in their study. However, it was as unsuccessful as previous Christian measures in establishing a positive relationship between Christianity and racial tolerance. It is, however, unclear whether this reflects poorly on
the Shepherd Scale or if it could be a conceptual, methodological or psychometric issue.

Validity

In terms of validity, the Shepherd Scale was correlated (Bassett et al., 1981) with a variation of the King and Hunt (1975) instrument and the Dimensions of Religious Commitment (Glock and Stark referenced in Robinson and Shaver, 1973). The correlation between the Shepherd Scale and the King and Hunt instrument was .65 ($N = 59$). The coefficient between the Shepherd Scale and the Glock and Stark's Dimensions of Religious Commitment was .41

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(N = 55). The coefficient between the King and Hunt instrument and the Dimensions of Religious Commitment instrument was .44 (N = 58). Although these correlation coefficients were not high, all correlations were significant. The Shepherd Scale was more strongly related to the King and Hunt instrument than to the Dimensions of Religious Commitment. The conclusion is that the Shepherd Scale had validity coefficients that were at least as good as the coefficients between these two established instruments (Bassett et al., 1981).

The second study differed from the first. A simpler, more straightforward criterion for Christianity was used and a more diverse sample was obtained. The first sample in the first study was not adequate, as the students were all attending a Christian school and thus the sample was negatively skewed. In the second study, the Shepherd Scale was administered to a wide range of people living in the suburbs of a moderately-sized metropolitan area. The scale was administered door-to-door. Of the 30 participants, 15 classified themselves as non-Christians and 15 classified themselves as Christians. The results of this survey revealed significant differences between these groups ($t(28) = 6.29, p < .001$). Christians scored higher on the scale than non-Christians. When subscales were considered, the Christian group exhibited a higher level of belief (Belief Component) than the non-Christian group ($t(28) = 7.44, p < .001$). The Christian group also reported a greater adherence to the Christian Walk Component (a subscale of the Shepherd Scale) than the non-Christians ($t(28) = 4.62, p < .001$).

A scale like this should not differentiate among the many

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varieties/denominations of committed Christians. Analysis revealed no statistically significant differences between Protestants and Catholics on the overall scale ($t(35) = .67$, (n.s.)), the Belief subscale ($t(35) = 1.62, p < .10$), or the Christian Walk subscale ($t(35) = .03$, (n.s.)) (Bassett et al., 1981). Other findings (Bassett et al., 1991) revealed a significant difference between Catholics and Protestants (t(low 20's) $= 4.81, p < .05$).

Other research (Pecnik & Epperson, 1985) was conducted on the Shepherd Scale because the empirical support for its validity and reliability was limited and based upon small samples (Bassett et al., 1981). Pecnik's study sought to assess the reliability and validity using larger samples. The results point to the psychometric adequacy of the Shepherd Scale in terms of its reliability and validity. For purposes of validity, correlations (.43 to .71) were computed between the total scores on the Shepherd Scale and the Religious Commitment Questionnaire. All were found to be significant at the .0001 level. Total scores on the Shepherd Scale correlated most strongly with self-reported importance of religious beliefs ($r = .71$; $p \leq .0001$). The correlations between the Shepherd Scale and two other questions were somewhat weaker, i.e., for participation in religious activities and denominational preference, the correlations were $r = .43$ and $r = .52$ respectively. According to Bassett (1988), the positive correlation between the Shepherd Scale and denominational preference indicated that participants who identified themselves as Christians scored higher on the Shepherd Scale than those participants who classified themselves as non-

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Christians.

Two studies have reported attempts to apply factor analysis techniques to the Shepherd Scale. Pecnik and Epperson (1985) used a principle axes procedure with an oblique rotation in an attempt to confirm or deny the validity of both the Belief and Christian Walk Subscales. The analysis revealed a general factor that explained 68% of the common variance and a second factor that accounted for an additional 10% of the common variance. Of the 38 items that comprised the scale, 23 items loaded on the first factor, these coming from both the Belief and Walk Subscales (12 Belief and 11 Christian Walk). Nine of the other items loaded on the second factor, all of which came from the Walk Subscale. Pecnik and Epperson (1985) believe these nine items measured identification with the Christian community. They also noted that the items on the first factor correlated so highly with the overall scale (r = .97) that those items could provide a shortened version of the scale (Bassett & Buskey, 1985).

Another factor analysis was conducted by Boivan, Darling, and Darling (1987), examining the relationship between Christianity and racial prejudice. They administered a shortened version of the Shepherd Scale (different from the shortened version recommended by Pecnik & Epperson), and also recorded the following measures: church attendance, a self-rating of Christianity and Stellway's Christian Conservatism Scale. A principal-components factor analysis revealed that all the measures of Christianity loaded heavily on the same factor. The Crowne and Marlowe Social Desirability Scale and measures of racial prejudice

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loaded on other factors (from Bassett et al., 1988).

The Shepherd Scale has been validated for identity and Christian maturity (Bassett et al., 1991) but not for self-esteem. Bassett and Buskey (1985) administered Coopersmith's (1967) measure of self-esteem and Form E of Rokeach's (1956) Dogmatism Scale to 83 general psychology classes at a small Christian liberal arts college. Several weeks later, to confirm that the sample was Christian, they administered an abbreviated version of the Shepherd Scale to most of the subjects (Pecnik & Epperson, 1985). The results revealed a marginally significant positive correlation between self-esteem and Christian identification, $r(58) = .21$, $.10 < p < .05$.

In terms of this study, the Shepherd Scale appears to have face validity in terms of measuring Biblical self-esteem as defined earlier in this study. The Scale utilizes 19 Scriptures that define the Christian as one who is in Christ. It will be important in this study to establish whether or not the Shepherd Scale measures self-esteem in a way that is meaningful to Christians.

Overall, it appears that the Shepherd Scale is supported by good reliability and validity data. Administration and scoring are easily accomplished. A possible drawback is the tendency to answer the items the same way (central tendency) and to "fake good" or to "fake bad." However, this is a risk with nearly every quantitative instrument that has attempted to measure dimensions of Christianity (Butman, 1990).

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Short Index of Self-Actualization (SISA)

The Short Index of Self-Actualization (SISA) was developed by Jones and Crandall (1986) and is a 15 statement index measuring self-actualization (see Appendix C). The instrument consists of seven positive and eight negative "half-items" taken from the Personal Orientation Inventory (POI) and the Personal Orientation Dimensions (POD) (Shostrom, 1975) and is more congruent with religious ideologies than the humanistically derived POI (Watson et al., 1990c). Respondents react to each item by indicating their agreement or disagreement on a four point scale. A strong indication of self-actualization is determined by agreement with statements 101, 103, 104, 107, 110, 112 and 115, and disagreement with items 102, 105, 106, 108, 109, 111, 113 and 114 (see Appendix). The Index has a mean of 45.60 and standard deviation of 5.57 (N = 332).

All samples for whom sex data were available were utilized to test for sex differences (Jones & Crandall, 1986). The mean for the male subjects was 45.02 (SD = 4.95; N = 126) and for female subjects the mean was 46.07 (SD = 4.79; N = 214). The difference between sexes was not significant ($t(338) = 1.93$, $p < .055$).

Test-Retest Reliability

Test-retest reliability for a 12-day interval was .69 (N=67 [30 male, 37 female]; $p < .001$). The mean for the first administration was 46.24 (SD = 4.06).

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For the second testing the mean was 45.97 (*SD* = 4.26). The means were not significantly different and a practice effect or regression to the mean was not evident (Jones & Crandall, 1986).

Response Sets and Dissimulation Related to the SISA

Regardless of the test taking attitude of the examinee, the instrument appears valid. The mean was 45.79 (*N* = 100 [28 male, 72 female]) for those individuals who were instructed to take the test under normal conditions and actually fell to 43.59 when they were instructed to try and make a good impression (Jones & Crandall, 1986).

Validity

The SISA's correlation coefficient with the total score on the POI (Personal Orientation Inventory) was .67 ($p < .001$), for the I scale $r = .65$, while for the Tc scale, $r = .51$; both correlations were significant ($p < .001$). The SISA also had a rather low correlation of .41 with self-esteem and .44 with the measure of rational behaviors and beliefs ($p < .001$). However, in terms of psychopathology, the index had a significant negative correlation with neuroticism as measured by the EPI (Eysenck's Personality Inventory) ($r = -.30$, $p \leq .02$).

The SISA was able to discriminate between those that were classified as "actualized" versus those that were "nonactualized." For the 18 individuals that were nominated as self-actualized the mean was 51.20 (*SD* = 4.37), and for the

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non-self-actualized the mean was 44.00 (*SD* = 4.89). This mean difference was highly significant ($t(17) = 4.74$, $p < .001$). The group that was classified as actualized scored higher on all items of the SISA.

A principal components factor analysis with a varimax rotation was performed. Five factors were found which relate to the psychologically healthy or self-actualizing person: (1) autonomy or self-direction, (2) self-acceptance and self-esteem, (3) acceptance of emotions and freedom of expression of emotions, (4) trust and responsibility in interpersonal relations and (5) a vague factor that can be described as the ability to deal with undesirable aspects of life rather than avoiding them or a factor containing elements of social desirability and freedom of emotional expression (Jones & Crandall, 1986).

Watson, Morris and Hood (1990b) reported that their data analysis failed to uncover any anti-religious elements in the SISA. The results of this investigation seem to confirm the concept that religious commitments don't have to interfere with self-actualization when no anti-religious bias exists in the items of the self-actualization instrument. The data from this study, then, suggest that the SISA may be valuable in assessing the self-functioning of religious individuals and that no fundamental incompatibility exists between religiosity and self-actualization when no anti-religious elements are present in the measure of self-functioning. The study produced intercorrelations that were positive: the SISA and Coopersmith Self-Esteem Inventory ($r = .51$, $p < .001$); the SISA and the Phillips Self-Acceptance Scale ($r = .48$, $p < .001$); the SISA and the Rosenberg

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Self-Esteem Scale (r = .30, p <.001); and the SISA and the Intrinsic Scale of the ROS (r = .18, p <.01).

Overall, the SISA has demonstrated good reliability and validity data as it is derived from two established measures, the POI and the POD.

Intrinsic-Extrinsic Religious Orientation Scale (ROS)

As Allport and Ross (1967) state: "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 life" (p. 442).

This is the reason for the inclusion of the ROS instrument in this study. This instrument, along with the composite score of the SISA, and the LSE scale of the MMPI-2, should provide evidence of Christian internalization.

The Intrinsic-Extrinsic Religious Orientation Scale was developed by Allport and Ross (1967) and consists of 21 items (Appendix B). The items are scored from 1-5, with 4 or 5 indicating an extrinsic orientation, 1 or 2 indicating an intrinsic orientation and 3 being assigned to neutral items and any item omitted by a respondent. The total score is the sum of all 21 items. The Intrinsic/Extrinsic subscales are scored separately. The scale is self-administered and should take about 10-15 minutes.

An intrinsic orientation, as defined by Allport and Ross (1967), represents a sincere commitment where religion serves as the main motivating force in the life of the believer. An extrinsic posture, on the other hand, reflects the selfish

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use of religion as a means to an end.

There is some research to indicate that an intrinsic orientation is correlated with healthy functioning (Bergin, 1983; Bergin et al., 1987; Donahue, 1985). Donahue (1985) performed a review and meta-analysis on intrinsic and extrinsic religiosity as measured by the ROS. Results of that analysis revealed that samples consisting of respondents with conservative theological orientations: (a) seem more likely to have a negative correlation between intrinsic and extrinsic religiousness than do others; (b) had positive correlations between extrinsic religiousness and negatively evaluated characteristics and extrinsic religiousness being uncorrelated with measures of religious belief and commitment; (c) found intrinsic religiousness uncorrelated with negatively evaluated characteristics, and positively correlated with measures of religiousness.

As Donahue (1985) reports, no approach to religiousness (70 studies) has had a greater impact on the empirical psychology of religion than the extrinsic/intrinsic concept. Although research is still at an initial stage, the current findings hold promise as an explanatory tool for the extrinsic/intrinsic concept.

Bergin et al. (1987) studied several samples of Mormon students at Brigham Young University. Results using Pearson correlations (-.27) show a negative relationship between intrinsicness and manifest anxiety (pathology) as measured by the California Psychological Inventory. The extrinsic scores revealed the opposite, exhibiting negative correlations (-.19 to -.38), thus suggesting that

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intrinsic is healthier than extrinsic.

More recently, a published series of articles on "sin and self-functioning" (Watson, Morris & Hood, 1988a, 1988b, 1988c, 1989a, 1989b) revealed that the intrinsic/extrinsic dimension has been a moderator variable indicating that religious beliefs are related to various aspects of psychological adjustment. The intrinsic dimension related more to psychological wholeness than the extrinsic. In all five of the above studies, the Allport and Ross instrument (Religious Orientation Scale, 1967) was utilized and was found to be a good measure of the intrinsic/extrinsic dimension.

In a study utilizing volunteers (*N* = 705) examining religious orientation and narcissism, Watson, Morris, Hood, and Biderman (1990) found that there was an inverse relationship between narcissism and intrinsic religiosity. The study utilized the ROS and the Narcissistic Personality Inventory (Raskin & Hall, 1981). As Watson, Morris, and Hood (1989b) previously found, these results suggest that intrinsics can serve as a model of "healthy" religiousness.

Watson, Morris, and Hood (1990a), in a correlational study, examined personal and social factors from the Extrinsic Religious Orientation Scale in relationship to psychological and other religious constructs in 12 separate samples (*N* = 2435). The personal and social factors were similar to the Intrinsic scale in the way they predicted religiousness and more like the Extrinsic scale in how they were correlated with pathology. Combining medians from the Extrinsic scale and from the Intrinsic scale and then separately with the two factor medians

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created religious orientation types. This procedure documented the relative mental health of those with an intrinsic orientation versus an extrinsic. Pro-religious and anti-religious (those that were neither extrinsic nor intrinsic) persons had mixed mental health characteristics. This study provided for support for utilizing both scales of the ROS in assessing religious orientation.

Recent efforts (Kirkpatrick, 1989) have questioned whether the intrinsic/extrinsic dimensions measure what they are intended to measure, namely, that there is one intrinsic and one extrinsic dimension and that they are independent of each other. Kirkpatrick reports that there are two types of extrinsicness, personal and social well-being. However, he leaves it up to the researcher as to whether he/she wants to use the two-factored extrinsic scale.

Watson, Morris and Hood (1990a) provide supportive data for the use of the full Allport and Ross scales in analyzing religious orientation types.

Reliability

Item-to-scale correlations ranged from low to moderate (.22 to .54) when the whole scale (all 21 items) was given one score (Allport, 1967). Feagin (1964) also performed a factor analysis on the ROS. Two orthogonal factors emerged, representing intrinsic (18% of the variance) and extrinsic (11% of the variance) dimensions. Item-to-subscale correlations range from .54 to .71 for the top six items of the Intrinsic subscale. Item-to-subscale correlations range from .48 to .68 for the top six items of the Extrinsic subscale. Allport and Ross (1967) found

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item-to-subscale correlations that ranged from .18 to .58.

Validity

In studies by Feagin (1964) and Allport and Ross (1967) the Intrinsic-Extrinsic scale appears to demonstrate its construct validity. Watson, Morris and Hood (1990b) found that the Intrinsic scale also predicted higher Coopersmith Self-Esteem value scores ($r = .13, p < .05$), and next to the SISA, this instrument was most highly correlated with Religious Consistency of SISA scores ($r = .15, p < .05$). With the instrumentation used in their study (Religious Consistency ratings, the SISA and the Coopersmith Self-Esteem Inventory) they found that intrinsic commitments can promote healthy self-development even though the correlations were quite low.

Procedure

Subjects

The subjects ($N = 102$) for this study were participants from at least four denominations. The denominations included: Assembly of God, Methodists, Baptists, the Evangelical Free Church and an "other" category which consisted of Catholics, Evangelical Covenants, Bereans and one Congregationalist. The study utilized volunteers aged 18 years or older. Subjects were recruited by announcements made from their church pulpits, in their Sunday bulletins (see Appendix D) and by word of mouth. Each participant was given the ROS, the

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Shepherd Scale, the SISA and the MMPI-2. Demographic data were also obtained, including age, sex and denomination.

Statistical Analysis

The first part of the study was theoretical and was answered from the Scriptures and literature. To test the third hypothesis, a correlation matrix was generated utilizing four measures: the ROS, LSE, SISA, the Shepherd Scale and all their associated subscales. This was done to assess whether the Shepherd Scale adequately measured self-esteem from the perspective of the SISA, the LSE and the ROS. Because the Shepherd Scale has been validated for identity and maturity and not self-esteem, it was important to correlate the instrument with the SISA and the ROS (which has been previously correlated with self-esteem, Watson, Morris, & Hood, 1990b) and the LSE scales. The matrix generated correlations among all factors as well as the Shepherd Scale. As Kashigan (1982) has stated, visual inspection of the matrix can tell us quite a bit about relationships that exist among many variables. For example, it is possible to identify which instruments (scales) are most highly correlated with each other, identify which instruments correlate most highly with each of the individual variables of the instruments and to identify clusters of individual variables that are highly correlated with each other. The second part of the study tested the hypotheses that subjects with high levels of self-esteem as measured by the LSE (low *T* score on the MMPI-2), SISA (high self-actualization), ROS (intrinsic) and

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the Shepherd Scale (high level of Christianity) are likely to have low levels of psychopathology as measured by the MMPI-2 clinical scales. In the second hypothesis, the LSE, the SISA, the ROS and the Shepherd Scale all highly correlate, yet are different dimensions of the same construct (Biblical self-esteem). These relationships are reflected in lower levels of psychopathology as measured by the MMPI-2. Other explanations regarding correlations of the SISA, ROS, LSE and the Shepherd Scale are discussed in Chapter V. The above hypothesis was tested with a correlation matrix. In the matrix, the MMPI-2 Lie, Clinical and Content scales comprised the vertical axis. The horizontal axis was comprised of the two factors of the ROS, the SISA, the two factors of the Shepherd Scale and the LSE. A total of 168 correlations were computed. Based on the author's conversation with Dr. Rodney Bassett of Roberts Wesleyan College, and following a review of the critical value of the F table for analysis of variance, it was decided that correlations of -.1946 to +.1946 would be considered significant. R values above .1946 were used to affirm or negate the hypotheses. Values below -.1946 indicated a negative correlation. The statistic used in both correlational analyses was the Pearson r at a probability level of .05. An ANOVA was also performed to analyze and evaluate between-group differences of low, medium and high classifications of psychopathology as determined by the MMPI-2 results.

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CHAPTER IV

RESULTS

In the sections that follow, the first two hypotheses will be addressed and findings reported from the theoretical literature and the Scriptures. Following that, the demographic data will be presented. Then the results of hypotheses 3 and 4 will be presented which will include two correlational tables: (a) correlations between the Shepherd (Bassett, 1981), Religious Orientation Scale (ROS) (Robinson & Shaver, 1973), Short Index of Self-Actualization (SISA) (Jones & Crandall, 1986) and the LSE of the Minnesota Multiphasic Personality Inventory-2 (Hathaway & McKinley, 1989) (hypothesis 3); and (b) the MMPI-2 correlations with the Shepherd Scale, ROS and the SISA (hypothesis 4). Finally, an analysis of variance between low, medium and high pathology groups is presented.

Hypotheses 1 and 2

The initial part of this study concerned itself with whether there is a Biblical definition of self-esteem. From both the Christian literature review and the Scripture passages in the Bible, it was concluded that there is a thoroughly Biblical definition in terms of how the Christian is supposed to view him/herself.

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The theoretical literature review revealed 23 themes which were congruent with the Scriptures. That position is identifying with Christ, or, as is commonly stated in the Scriptures, being "in Christ." Thus, from the literature, hypothesis one is answered in the affirmative.

Once it was determined that there is a Biblical definition of self-esteem, then the second part of this study concerned itself with the question of finding an adequate measure of that construct. The instrument needed to reflect who the Christian is (as being in Christ) and be thoroughly Biblical. The instrument closest to meeting that criterion was the Shepherd Scale (Bassett et al., 1981). This instrument is the only one to this author's knowledge that utilizes the Scriptures in measuring Christianity.

In an attempt to determine at a face validity level whether the Shepherd Scale measured Biblical self-esteem, all the Scriptures utilized in its construction were examined. These were then compared to 204 Scriptures contained in the New Testament concerning the Christian's identity. The Shepherd Scale utilized 19 of those Scriptures in its construction. The question then became: Is that enough? Since the Shepherd Scale is the only scale that comes close to measuring the "in Christ" posture, and because it utilizes what appears to be a representative sample of Christian-identity Scriptures, it was deemed appropriate for this study.

When the theoretical literature was reviewed, various themes were extracted, some of which were difficult to define. Interestingly enough, utilizing

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a comparative process, the Shepherd Scale appeared to employ almost all of the themes found in the theoretical literature: service, humility, viewing oneself from God's perspective, the yielding of a person's will, redemption, the sanctifying process, unconditional love, relationship, the person of Christ, identity in God, purpose, confession, community, behaving Biblically, welcoming truth about character defects, commitment, being patient, modeling Christ, repentance, prayer, growing and conforming. Only the themes of divine creation and parenting yourself were not utilized by the Shepherd Scale. Those themes extracted are indicative of the individual whose position is in Christ, or who identifies highly with Christianity. The Shepherd Scale was an appropriate measure for this study from two perspectives: the theoretical literature and the Scriptures. Concerning face validity, it appeared that the Shepherd Scale adequately measures Biblical self-esteem as defined by the literature and the Scriptures. Hypothesis two is therefore supported.

Overall, the results of this study suggest that the first two hypothetical questions were answered in the affirmative. There is a Biblical definition of self-esteem and it appears that the Shepherd Scale is the instrument to measure that construct.

Hypotheses 3 and 4

One hundred six subjects were tested. Of those, 102 were utilized in the statistical analysis. Demographic data and test result distributions for the LSE,

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SISA, Shepherd Scale and ROS are presented in Table 1 and Appendix G. The data for all aspects of the study were analyzed using Minitab Data Analysis Software (Minitab Data, 1987).

Table 1

The Means, Standard Deviations and Ranges of the Demographic Data

	MEAN	*SD*	RANGES
AGE	42.60	14.58	18 - 85
SHEP (Total)	136.60	9.42	104 - 152
BELIEF	49.26	4.28	24 - 52
WALK	88.34	6.86	71 - 100
ROS - EX	23.45	6.59	11 - 47
ROS - I	13.99	4.30	9 - 27
SISA	46.30	4.91	32 - 56
LSE	4.99	4.95	0 - 22

Demographic data revealed that the sample consisted of a wide age range where 42.60 was the mean age (Table 1). The denominations consisted mostly of Baptists and members of the Assembly of God. Those denominations comprised almost 75% of the entire sample. Methodists (9), Evangelical Free (8), Berean (2), Evangelical Covenant (2), Catholics (5) and Congregational (1) made up the rest of the sample. Histograms of test results indicate that most subjects thought they were self-actualized (mean = 46.30). They also identified with high degrees of Christianity (mean = 137.60), thought intrinsically as far as

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their religiosity (mean = 15.99) and did not have high levels of low self-esteem (LSE, mean = 4.99) (see Appendix G). Overall, the sample presented, as measured by this study, as psychologically healthy.

The next hypothesis (number three) was: the Shepherd Scale, measuring high degrees of Christianity, correlates positively with the Short Index of Self-Actualization (SISA), and negatively with the Intrinsic factor of the Religious Orientation Scale (ROS) and the Low Self-Esteem (LSE) scale of the MMPI-2, where a low score means high self-esteem. The discussion that follows is an attempt to establish construct validity for the Shepherd Scale, as well as to test hypothesis three.

The face validity of the Shepherd Scale appears to be established and purports to measure Biblical self-esteem. The next question asked in this study was whether or not the Shepherd Scale correlated with other measures of self-esteem. This factor was needed as the Shepherd Scale had been validated for Christian maturity and identity, but not self-esteem (except for the study by Bassett & Buskey, 1985).

The present study produced a statistically significant correlation ($r = .221$, $p < .05$) between the Shepherd and SISA scales. The latter has a self-esteem factor that accounts for a small amount of the variance. A correlation between the Shepherd Walk and the SISA was positive ($r = .316, p < .05$). It appears that the Walk factor of the Shepherd Scale is related to self-esteem more than the Belief factor. A non-significant negative correlation was produced between the

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Shepherd and the LSE scales (r = -.018, n.s.). A negative correlation was produced between the SISA and the LSE (r = -.582). This significant correlation suggests that the SISA is related to self-esteem as defined by the MMPI-2. The correlation between the Intrinsic factor of the ROS and the Shepherd Scale (total) was also significant as hypothesized ($r = -.512, p < .05$). This suggests a substantial relationship (Sprinthall, 1982). This is a significant finding in that previous research has suggested that there is a relationship between intrinsicness and positive mental health (Bergin, 1983; Bergin et al., 1987; Donahue, 1985; Watson, Morris & Hood, 1988a, 1988b, 1988, 1989a, 1989b, 1990a; Watson, Morris, Hood & Biderman, 1990).

Table 2

Pearson Product Correlations Between Shepherd, ROS, SISA and LSE

	LSE	SHEPHERD			ROS	
		Belief	Walk	Total	Extrinsic	Intrinsic
SHEP Belief	0.080					
SHEP Walk	- 0.075	0.397*				
SHEP Total	- 0.018	0.744*	0.909*			
ROS-E	0.294*	- 0.150	- 0.052	- 0.106		
ROS-I	0.064	- 0.419*	- 0.441*	- 0.512*	0.228*	

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Table 2–Continued

	LSE	SHEPHERD			ROS	
		Belief	Walk	Total	Extrinsic	Intrinsic
SISA	- 0.582*	- 0.018	0.316*	0.221*	- 0.186	- 0.205*

* $p < .05$, r(crit) = .1946
N = 102

The correlations between the Lie scale, $r(102) = .378$, the Anger scale and the Shepherd, $r(102) = -.208$. The Lie scale correlation can be explained as Christians typically appear virtuous in their test taking attitudes. The Anger scale correlation is so small that it does not seem to warrant discussion. The correlation with the Extrinsic factor of the ROS and the Shepherd (total) also produced a nonsignificant correlation, $r = -.106$, n.s. These data provide only marginal support for the Shepherd Scale as a measure of self-esteem, that is, self-esteem as measured by the Coopersmith measure and the Short Index of Self-Actualization. The results of the above correlations are presented in Table 2. The results of this correlation analysis are mixed (see Table 2).

Because of concern regarding ordinal-interval data, and because the data was negatively skewed, a Spearman *rho* was run. The results were similar and are presented in Table 3.

As can be seen from Table 3, there is little difference in terms of whether Pearson r or Spearman *rho* was used in calculating the correlations. Therefore, it appears that the criteria that need to be satisfied before Pearson r utilization, should not have been of concern.

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Table 3

Spearman's *rho* Correlation Coefficients

	LSE	SHEPHERD			ROS	
		Belief	Walk	Total	Extrinsic	Intrinsic
SHEP Belief	0.037					
SHEP Walk	- 0.056	0.340*				
SHEP Total	- 0.035	0.551*	0.964*			
ROS-E	0.194	- 0.026	- 0.053	- 0.056		
ROS-I	0.109	- 0.324*	- 0.394*	- 0.415*	0.192	
SISA	- 0.450*	- 0.048	0.312*	0.268*	- 0.156	- 0.209*

* $p<.05$, r(crit) = .1946
N = 102

The final hypothesis is: Do the MMPI-2 Clinical and Content scales correlate negatively with the Shepherd Scale and the SISA, positively with the Intrinsic scale of the ROS and positively with the LSE scale of the MMPI-2, indicating lower levels of psychopathology for those who identify with healthy Christianity. The results are presented in Table 4.

The final hypothesis was not confirmed. From the results, there appears to be no relationship between high levels of internalized Christianity and psychopathology (see Table 4).

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Table 4

The MMPI-2 Correlations With the Shepherd Scale, ROS, and the SISA

MMPI-2 Clinical & Content**	SHEPHERD SCALE		ROS		SISA
	Belief	Walk	Extrinsic	Intrinsic	
L	0.107	0.453*	- 0.092	- 0.270*	0.251*
F	- 0.016	- 0.130	0.359*	0.179	- 0.339*
K	- 0.014	0.121	- 0.369*	- 0.202*	0.448*
HS	- 0.060	- 0.129	0.315*	0.127	- 0.380*
D	- 0.061	- 0.122	0.157	0.107	- 0.383*
HY	- 0.113	- 0.043	0.046	0.012	0.076
PD	- 0.048	- 0.131	0.269*	0.206*	- 0.351*
MF	- 0.023	- 0.143	- 0.010	- 0.014	0.010
PA	0.017	0.033	0.034	- 0.068	0.004
PT	0.028	- 0.152	0.343*	0.161	- 0.520*
SC	- 0.006	- 0.191	0.368*	0.146	- 0.455*
MA	0.045	0.001	0.372*	0.059	- 0.120
SI	0.108	- 0.066	0.159	0.061	- 0.547*
ANX	0.029	- 0.154	0.373*	0.131	- 0.508*
FRS	0.188	- 0.030	0.267*	0.037	- 0.201*
OBS	0.066	- 0.098	0.303*	0.036	- 0.547*
DEP	- 0.017	- 0.175	0.298*	0.109	- 0.496*
HEA	- 0.086	- 0.199	0.384*	0.178	- 0.347*
BIZ	0.106	0.021	0.409*	0.036	- 0.359*
ANG	- 0.136	- 0.201*	0.397*	0.240*	- 0.254*
CYN	0.024	0.004	0.444*	0.081	- 0.449*
ASP	0.060	- 0.022	0.467*	0.132	- 0.384*
PPA	- 0.035	- 0.097	0.330*	0.180	- 0.361*

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Table 4--Continued

MMPI-2 Clinical & Content**	SHEPHERD SCALE		ROS		SISA
	Belief	Walk	Extrinsic	Intrinsic	
LSE	0.080	- 0.075	0.294*	0.064	- 0.582*
SOD	0.087	- 0.113	0.000	0.079	- 0.369*
FAM	- 0.075	- 0.120	0.315*	0.148	- 0.392*
WRK	0.082	- 0.115	0.364*	0.066	- 0.566*
TRT	- 0.009	- 0.201*	0.325*	0.164	- 0.605*

* $p < .05$, r(crit) = .1946
$N = 102$
** L = Lie; F = Infrequency; K = Correction; HS = Hypochondriasis; D = Depression; HY = Conversion Hysteria; PD = Psychopathic Deviate; MF = Masculinity Femininity; PA = Paranoia; PT = Psychasthenia; SC = Schizophrenia; MA = Hypomania; SI = Social Introversion; ANX = Anxiety; FRS = Fears; OBS = Obsessiveness; DEP = Depression; HEA = Health Concerns; BIZ = Bizarre Mentation; ANG = Anger; CYN = Cynicism; ASP = Anti-Social Attitudes; PPA = Type A Behavior; LSE = Low Self-Esteem; SOD = Social Discomfort; FAM = Family Problems; WRK = Work Interference; TRT = Negative Treatment Indicators

The results of these correlations suggest no significant correlations between Christian belief, walk and psychopathology except between the Walk and the Lie ($r = .453, p<.05$), Anger ($r = -.201, p<.05$) and Treatment scales ($r = -.201, p<.05$). There were some moderately significant correlations between the extrinsic factor of the ROS and the Clinical and Content scales of the MMPI-2. Within the study sample, this suggests that extrinsic religiosity is not associated with good mental health. Such a conclusion agrees with previous studies (Donahue, 1985).

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The SISA also correlated negatively (-.201 to -.605, $p < .05$) to a significant degree with the Clinical and Content scales of the MMPI-2. There were only four correlations that were not significant (HY, MF, PA and MA) (see Table 4).

Overall, it appears that the ROS and SISA correlations add support to hypothesis number four. Results also suggest that Christian beliefs, as measured by the Shepherd Scale, have little relationship to levels of psychopathology. Conflicting results make resolution of this hypothesis difficult.

To further analyze the data, an ANOVA was computed between high, medium and low levels of psychopathology to see if there were differences in internalized Christianity. The results are presented in Table 5.

Table 5

An Analysis of Variance for the Shepherd Scale, ROS
and the SISA

The entire sample was grouped on the Clinical and Content MMPI-2 scales into the following categories: a low score ($T < 40$), medium and high scores ($T > 65$); except for MF (Females, $T \geq 60$) and SI (low score, $T \leq 44$).

MMPI -2	*F* *p*	SHEP Belief	SHEP Walk	SHEP Total	ROS EX	ROS IN	SISA
L	*F*	1.72	6.46*	6.06*	.21	6.13*	1.72
	p	.184	.002	.003	.814	.003	.185
F	*F*	.21	2.99	1.55	6.44*	2.32	6.23*
	p	.809	.055	.217	.002	.104	.003
K	*F*	1.22	.51	.64	8.25*	2.33	7.79*
	p	.299	.599	.527	.000	.102	.001

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Table 5--Continued

MMPI -2	*F* *p*	SHEP Belief	SHEP Walk	SHEP Total	ROS EX	ROS IN	SISA
HS	*F*	4.76*	2.33	3.78*	6.02*	5.39*	6.54*
	p	.011	.102	.026	.003	.006	.002
D	*F*	.12	4.64*	2.10	1.54	.55	10.37*
	p	.889	.012	.128	.220	.578	.000
HY	*F*	.03	.97	.61	.71	1.53	.05
	p	.970	.382	.545	.493	.222	.947
PD	*F*	2.10	2.27	3.04	3.83*	7.34*	10.28*
	p	.128	.108	.052	.025	.001	.000
MF	*F*	.73	.92	.91	.20	.89	.02
	p	.483	.401	.040	.822	.415	.981
PA	*F*	3.03	.41	.60	1.10	.84	.74
	p	.053	.668	.548	.337	.435	.479
PT	*F*	.49	.79	.17	7.94*	2.13	11.67*
	p	.615	.458	.848	.001	.124	.000
SC	*F*	.74	1.84	.34	7.59*	.87	15.74*
	p	.479	.164	.711	.001	.422	.000
MA	*F*	.78	.58	.91	8.55*	.31	.73
	p	.461	.564	.405	.000	.731	.482
SI	*F*	.64	.66	.29	3.22*	.81	9.87*
	p	.531	.518	.752	.044	.448	.000
ANX	*F*	.79	.96	.23	7.34*	.66	21.36*
	p	.458	.386	.792	.001	.518	.000
FRS	*F*	.49	.73	.51	6.15*	.11	3.29*
	p	.616	.485	.604	.003	.898	.041
OBS	*F*	1.14	.19	.03	4.79*	.30	14.6*
	p	.324	.826	.974	.011	.742	.000

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Table 5—Continued

MMPI -2	*F* *p*	SHEP Belief	SHEP Walk	SHEP Total	ROS EX	ROS IN	SISA
DEP	*F*	.72	1.69	1.56	7.66*	1.35	14.95*
	p	.489	.189	.215	.001	.264	.000
HEA	*F*	1.20	2.27	2.47	8.51*	3.44*	4.85*
	p	.304	.108	.090	.000	.036	.010
BIZ	*F*	.88	1.96	.63	8.01*	.03	3.94*
	p	.419	.146	.533	.001	.966	.022
ANG	*F*	2.11	3.41*	3.76*	4.23*	2.93	2.04
	p	.127	.037	.027	.017	.058	.136
CYN	*F*	.89	.76	1.10	8.48*	1.28	1.28
	p	.414	.335	.000	.283	.283	.283
ASP	*F*	.99	.19	.13	17.05*	.90	7.63*
	p	.375	.831	.875	.000	.409	.001
PPA	*F*	1.19	.02	.31	4.48*	3.69*	4.00*
	p	.308	.985	.735	.014	.028	.021
LSE	*F*	.48	.18	.15	3.5*	1.12	18.48*
	p	.622	.833	.858	.034	.331	.000
SOD	*F*	.89	.63	.11	.09	.16	4.82*
	p	.413	.534	.900	.915	.853	.010
FAM	*F*	.17	1.02	.86	7.38*	.86	16.79*
	p	.840	.363	.427	.001	.428	.000
WRK	*F*	1.07	.65	.03	4.94*	.01	18.23*
	p	.346	.525	.969	.009	.991	.000
TRT	*F*	.96	.99	.14	6.06*	.59	23.27*
	p	.386	.376	.871	.003	.555	.000

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To produce Table 5, the sample was divided into three groups and evaluated in between-group differences of low, medium and high classifications for each MMPI-2 scale. Subjects with a *T* score of less than 40 were classified as low, those having *T* scores above 65 were classified in the high group and those remaining were classified in the medium group, except for the MF (Females, $T \geq 60$) and SI scales (low scores $T \leq 44$) (Butcher et al., 1989). The Shepherd, ROS and SISA results were all categorized into low, medium and high psychopathology groups based on the MMPI-2. The resulting matrix of *F* scores is displayed with significant values noted by an asterisk (*). These results confirm the data as reported in the correlation table (Table 4), except for the ANOVAs on SISA (F Scale), Shepherd Belief (HS Scale), Shepherd Total (HS Scale), ROS-EX (HS Scale), ROS-IN (HS Scale), Shepherd-Walk (D Scale) and ROS-EX (SC Scale). These results are not clearly as supportive of the correlations in Table 4 (see Appendix H), and the explanation for this is not apparent. The results suggest, for the Clinical and Content scales of the MMPI-2, that the low, medium and high psychopathology groups differ significantly on only four scales: Lie, Hypochondriasis, Depression and Anger. Overall, there do not appear to be differences between low, medium and high pathology levels concerning Christian belief. The low, medium and high pathology groups differ significantly with the ROS and SISA, as can be seen by Table 4. Appendix H contains *N*s and means of low, medium and high pathology groups.

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CHAPTER V

DISCUSSION

The present study was designed to understand and to conceptualize the Biblical definition of self-esteem, to see if there is a definition, and whether the concept can be operationally defined and measured specifically using the Shepherd Scale (Bassett, 1981). The Religious Orientation Scale (ROS) (Robinson & Shaver, 1973) and the Short Index of Self-Actualization (SISA) (Jones & Crandall, 1986) were also utilized to measure healthier forms of Christian identification as measured and defined by the Shepherd Scale. The results indicated that there is a Biblical definition of self-esteem, and from the Scriptures and the theoretical literature, the Shepherd Scale appeared to measure the construct well. In other words, the orientation of the theory about Biblical self-esteem and the orientation of the test, upon examination, were congruent (Stapert, 1971).

The second part of the study involved testing 106 volunteers, each taking the ROS, SISA, Shepherd Scale and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) (Hathaway & McKinley, 1989). Of the 106 sets of data, 102 were useable. The first correlational analysis computed using the Pearson *r* was a matrix of correlations between the ROS, SISA, LSE and the Shepherd

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Scale. As there is minimal empirical data to support the use of the Shepherd Scale as a measure of self-esteem, this analysis was computed. The results indicate that there is a definite, but small, relationship based on Sprinthall's (1982) interpretation for suggesting that the Shepherd Scale is a measure of self-esteem, at least as defined by the SISA. When the Shepherd Scale was divided into the Walk and Belief factors, the Walk factor had a definite but small relationship with the SISA. This suggests that self-actualization consists of acting on beliefs, not just knowing them. The LSE and the Shepherd Scale do not have a relationship as indicated by the data. They apparently are not measuring the same constructs. As a measure of self-esteem there is evidence to suggest that the SISA is a measure of that construct as defined by the MMPI-2 LSE Content scale. This agrees with other research that the SISA is a measure of self-esteem (Watson, 1990c). This also suggests that there is a small relationship between being extrinsic and having low self-esteem as defined by the LSE scale. The Extrinsic and Intrinsic scales also correlated, with that relationship being small. This does not mean that the scales are related, but that low scores on both indicate intrinsicness. Other results indicate a moderate correlation between the Shepherd Scale and the Intrinsic scale of the ROS. This is congruent with research conducted by Bassett et al. (1991) and Donahue (1985). This suggests that a high identification with Christianity is associated with a healthy form (intrinsic) of religiosity as measured by the ROS. It is interesting to note that there may be a relationship between the Shepherd Scale and a lack of

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psychopathology even though there were not any significant negative correlations between the Shepherd Scale and the MMPI-2 Clinical and Content scales, but for two exceptions. It is also interesting to note that Watson, Morris and Hood (1990b) found that the Intrinsic scale also predicted higher Coopersmith Self-Esteem scores (r =.38, p<.05). There was also a low negative correlation between the SISA and the Intrinsic scale of the ROS, which indicates to a small degree that high levels of intrinsicness are associated with self-actualization. The SISA and the ROS covaried together; the Shepherd Scale did not. Overall, minimal support was obtained for considering the Shepherd Scale as a measure of self-esteem as defined by the measures it was correlated with.

The next hypothesis which was addressed focused on whether there is a relationship between Biblical self-esteem as defined in this study and psychopathology. The results indicate that the Shepherd Scale has little relationship with the Clinical and Content scales of the MMPI-2. In other words, high or low levels of Christianity cannot be used to predict high or low psychopathology levels. This agrees with Bergin's (1991) meta-analysis in that, overall, he found no relationship between religion and mental health. How religion was defined was variable. However, the results of the analysis of the present study indicate that high extrinsicness is moderately associated with higher pathological states. This suggests that the type of religiosity may be a predictor of mental health. Results also indicated that there are low negative correlations between the SISA and pathology, indicating that high self-actualized/high self-

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esteem individuals are somewhat less likely to manifest psychopathology as measured by these instruments. Overall, this study suggests that a person with Biblical self-esteem (high degree of identifying with Christianity) may or may not be mentally healthy; there is not a relationship. These results continue to add further support that Christianity/religiosity is not necessarily related to neurosis/psychosis (Ellis, 1980; Gartner, 1991; Wallace, 1985). This is confirmed by the ANOVA table in Chapter IV.

Problems With Measurement of Religion

According to Gartner (1983) the comparison of believers and nonbelievers on measures of self-esteem/personality functioning are anti-biblical and most all of the current instruments do not provide all the information that Christian professionals would need in order to do research or engage in therapy with their clients. From a Christian perspective, there are many concerns when it comes to assessing and defining Biblical self-esteem since there is no standard definition for many significant religious terms (Basinger, 1990). For example, there is much confusion among Christians when it comes to terms such as: surrender, salvation, religious experience, "born again," etc., as well as confusion about what constitutes good psychological health and/or self-esteem. Gartner (1983) has listed some concerns about self-esteem. A summary of his concern follows.

1. Any type of self-evaluation involves comparing oneself to some ideal or reference group. Immediately, the Christian subjects run into trouble since

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their fundamental standard for moral self-evaluation is supposed to be absolute perfection, i.e., Christ Himself. A Christian would probably score dramatically lower than a non-Christian on any moral self-evaluation question because his/her standard is very high. Another reason for lower scores is that some items have an anti-Christian bias. Christians should judge themselves by God's standards, not humanistic ones. For the Christian, a healthy understanding of oneself involves recognizing one's sinfulness. Gartner writes that secular self-esteem tests reflect the denial espoused by Proverbs 21:2, which states that "everyman's way appears right in his own eyes." Thus, with secular inventories, self-esteem may be higher and the person considered "healthier" if he/she believes that he/she is "being right in his/her own eyes." Gartner (1983) believes there is goodness in people, but it must be regarded as insignificant in comparison to Jesus Christ. A sizable portion of a person's self-satisfaction can be self-deception, so what one "reports" and what one "is" may be two different things.

2. Another concern is that some secular self-esteem writers assume that a person cannot accept himself/herself if, upon self-examination, one finds defects of character. The Christian viewpoint is that people can accept themselves in spite of their flaws. The ability to be at peace with oneself is God-centered, and that is the source of self-esteem. An instrument that is measuring self-esteem should ask questions concerning the source of self-acceptance.

3. Gartner (1983) states that all of the self-esteem tests he examined exclude God-centered items. He believes that mature healthy believers are those

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that score high on humility (for the believer, acknowledging that their strength and abilities are dwarfed by God's), self-acceptance (the ability to accept oneself in spite of moral flaws), self-worth (although the Christian is a depraved sinner, God still esteems the person), happiness (God as the source of happiness, not in circumstances that conform to a person's wants) and assertiveness (placing others first, before considering oneself). Christians will also experience, as well as believe, that their self-esteem comes from a personal relationship with Christ. The Christian values are such that the believer is to conform himself/herself to God's standards not the human-centered value system that is reflected in many self-esteem assessment instruments.

All of the above assumptions underlying personality and self-esteem tests must be examined because what they measure may be different from the way a Christian defines these concepts. The challenge is to find instrumentation that measures self-esteem and psychological wholeness and yet does not reflect anti-biblical values. This is a difficult task.

> our theology has ... nothing against mathematization, quantifying and formalizing of problems, as long as no one is so lacking in a sense of humor as to assume that these methods serve to provide an exhaustive explanation of such phenomena as love and grace (Kung, 1976, p. 85).

It is a very humbling and complex experience trying to measure healthy levels of Christianity. This author first had to decide what he was trying to measure, and then decide if such a measure(s) existed that captured the essence of the construct. As Bassett (1990), the author of the Shepherd Scale, states:

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"trying to measure something forces me to understand that something better" (p. 3). "Unless we can really measure it, we know nothing about it" (Rossini, paraphrasing Lord Calvin, 1978). As this researcher found out, it is not a "black and white" world. Some of the complexities are discussed in this section.

There are many problems with measuring religion that need to be discussed. "The most fundamental problem faced by social scientists interested in studying religion empirically has been that of operationally defining and measuring what is meant by 'religion'" (Kirkpatrick, 1989, p. 2). The theoretical literature states that identifying with Christ is supposed to produce better mental health, or at least be correlated with self-esteem and Christian maturity (Adams, 1986; Aldrich, 1982; Britt, 1988; DeHaan, 1988; Greenfield, 1988; Hoekema, 1975; Johnson, 1989; Kirwan, 1984; Meier et al., 1982; Schuller, 1982; Smith, 1984; Voskuil, 1983; Wagner, 1975; Wise, 1983; and others). However, this study found no correlation between Biblical self-esteem and psychopathology. The results of this study agree with those of others in that there is, overall, no relationship to religion and mental health as found in a meta-analysis by Bergin (1991) and mixed results when the literature is reviewed regarding self-esteem and religion (Gartner, 1991). It is important, however, to keep in mind that how these constructs have been defined appears to be different from study to study, and no one, to this researcher's knowledge, has equated Christ with self-worth and value. In addition, according to Bergin (1991), it should be understood that the null relationship between religion and mental health that he found represents

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a sum of negative and positive correlates which could color the real and divergent nature of religiosity. Because the theoretical literature adopts a position of self-esteem being positive if a person is in Christ, it becomes important to try and offer suggestions for the results of this study. These concerns may help to explain the results and are delineated below.

It becomes very difficult to measure religion (Gorsuch, 1984), and religious phenomena are multidimensional, as King and Hunt (1975) have identified a large number of factors in religiosity. Religion can be therapeutic for some, and for others it can be self-defeating (Spilka et al., 1985). The naive and biased researcher could then decide what to believe based on his/her prejudices. It becomes important to think through the many variables. Gorsuch (1984) believes that we need to resolve the multidimensional problem by some common agreement of the nature of the dimensions. This is a complex issue as human spirituality seems to elude rigorous analysis and understanding (Benner, 1991). This introduces presuppositional biases, concerning what these dimensions will be based on. Concepts about Christian maturity are increasingly operationally defined (Butman, 1990), yet the task remains complex due to the possibility of numerous interactions (Cohen, 1977). This study attempted to examine one aspect of this complex phenomenon, yet from an evangelical perspective, the most important component is that of Biblical identity or self-esteem. However, from the theoretical literature, there were over 20 factors identified which the Shepherd Scale seemed to reflect. This study was an attempt to define

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spirituality more explicitly and specifically as being in Christ. Again, in research it is difficult to identify the positive ingredients and their efficacy because of poor design, measurement, sampling, definition and specificity (Garfield & Bergin, 1986). This study had limitations in each of the areas specified above. However, because of the multidimensional complexities of religiosity, this study suggests that there needs to be an attitude of humility for those therapists, psychologists and pastors who tend to be dogmatic with their people-helping skills. This study provides no support for therapists discouraging their clients' Christian/religious values.

Besides multidimensionality, the reliance on questionnaires to measure Christianity or religion is of great concern. Since this study utilized questionnaires, it is important to discuss their limitations. From the psychology of religion paradigm, questionnaires have been accepted and are easy to use as well as having good reliabilities and validity data (Gorsuch, 1984), thus one of the reasons for their inclusion in this research. However, there are problems. A questionnaire is still a questionnaire, and they may not tap into motivational levels (Gorsuch, 1984). However, other measures of Christian maturity, such as the Religious Status Interview (Malony, 1988), correlate highly ($r = .78, p < .05$) with the Shepherd Scale utilized in this study (Bassett et al., 1991). In studies of this sort, are we predicting questionnaire behavior or real life behavior? If we look at real life behavior, the majority of evidence suggests that religion is associated with good mental health (Gartner, 1991). Gartner believes that if we

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want to make progress in the psychology of religion, that "we must give up our love affair with paper and pencil instruments and get back to reality" (p. 16). Boivan, Donkin and Darling (1990) believe that "sanctification" and "self-actualization" will not be realized in research studies until there are behavioral observations of persons demonstrating mature Christianity in real life situations or the total social environment. Self-report inventories cannot evaluate the maturity of a person's beliefs (Boivan et al., 1987). Thus, it is believed that self-reports are limited as utilized by this study.

Another concern is that the data from these instruments seem to be ordinal, but were treated as interval. Intelligence testing involves IQ scores and is treated as interval data by psychologists (Sprinthall, 1982). The rating scales utilized in this study do not provide a means of measurement so that one can meaningfully compare the magnitude of scores. This, of course, is a limitation of this study. Therefore, a Spearman *rho* was run on the data.

The sample that was utilized in this study was of some concern. The sample distribution was negatively skewed and was homogeneous in regard to their Christianity. The results may have turned out differently had the sample been heterogeneous.

Other concerns that may have contributed to the outcome of this study are the various measures of self-esteem and psychopathology. There is no consistency in the literature. As Roof (1979) states: "Increasingly, it is agreed that the phenomenon is so complex and convoluted that not only multiple dimensions but

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also multiple approaches are required for analysis" (p. 18).

It is also important to note that there are four commonly described ways of knowing, that of revelation (Bible), experience, intuition and reason (Foster & Ledbetter, 1987 as cited in Jones & Butman, 1991). This study utilized the scientific paradigm (reason) and so the results should be interpreted with caution given it utilized only one way of trying to get at "truth" (Hanford, 1975).

Why a Christian May Show Pathology

Fallen Mankind (Gen. 3) is constantly influenced by the presence of sin. This truth explains the tendency toward neurotic and sinful behavior even in the most healthy of persons (Counts, 1973). The blind man's condition was not attributable to sin and neither was Job's suffering (Cohen, 1977). This is Biblical evidence to support the premise that Christians can suffer without the commitment of grievous sin.

Aycock and Noaker (1985) suggest that the inability of Christians to evidence higher self-esteem levels than non-Christians is consistent with earlier findings and this may indicate that Christians do not understand that they are fully accepted by God or the fact that mere knowledge of God's unconditional acceptance can produce holistic change in the life of a believer. Another explanation is that self-esteem is a pervasive trait and to change it requires a considerable time and energy expenditure.

Moon and Fantuzzo (1983), in discussing Christian maturity and positive

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mental health, state:

> it is reasonable to assume that one may prevent or enhance the development of the other. That is, the absence of positive mental health may impede the progress or totally obstruct the ripening of Christian maturity (or self-esteem), and, conversely, the presence of positive mental health may provide a preparation for the development of Christian maturity. In other words, a person's level of positive mental health may either hinder or facilitate the growth of a mature Christianity (p. 34).

Grounds (1974) states in his article on theory and practice that what is accepted as mental health by present day psychology may not be congruent with true Christian experience. Also, psychology's values, and hence its criteria of desirable normality, reflect the abnormality of a sin-distorted society. It must also be remembered that mental and behavioral difficulties may be brought about by a vast complex of past influences and present stresses, not necessarily a volitional maladjustment to God. A commitment to God is no guarantee of mental health, although it may accrue fringe benefits, psychologically.

Cohen (1977) believes that holiness is a progressive reality and does not always involve a condition of mental stability and health. The fact that a Christian is on the road to holiness does not insure the absence of either mental or physical problems, but in the end, a state of psychological wholeness will result. He/she is being sanctified. Holiness/religious development may take place in developmental stages during the life span (Fowler, 1984).

Hoekema (1975) states that people who accept the Christian view of man should have a positive self-image, but conservative evangelical Christians often have a rather negative self-image. This is more than likely because they are not

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embracing the truth, i.e., Scripture (John 17:17). Hoekema contends that the Christian faith can contribute to a positive self-image which far transcends that which a humanistic philosophy can provide, but the Christian may not have internalized truth.

Conclusion and Suggestions for Future Research

Overall, the results of this study provide no clear support that a strong Christian identity is related to less of a propensity toward psychopathology as measured by the scientific paradigm. Psychopathology and Biblical self-esteem may well be related, but not according to the instrumentation and the design of this research. Given the fact that an ANOVA was utilized in the analysis and there were significant results between low, medium and high pathology groups and the ROS and SISA, multiple comparison techniques might be of interest to compute (such as Tukey and Scheffé). It is suggested that other measures also be employed when doing research that will take into account the social environment and behavioral observations in real life situations as suggested by Boivan et al. (1990). Interviews may also need to be utilized (Malony, 1988). Further scrutiny will also have to be given toward a Christian identity and the proper exegesis of that identity from Scripture. Perhaps a new instrument that utilizes more Scriptures concerning a Christian identity needs to be developed. Life in Christ does not mean that a person won't suffer from pathology, but that he/she will have the resources to deal with psychological trauma (Crabb, 1987).

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"They that wait upon the LORD shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk, and not faint" (Isaiah 40:31).

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Appendix A

The Shepherd Scale

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These items concern your feelings and relationship with God. Answer these as you believe you really are, not as you would ideally like to think of yourself.

Choose from the following responses:

A. not true
B. generally not true
C. generally true
D. true

These questions are for items 1-38 on your answer sheet. PLEASE ANSWER ALL ITEMS.

1. I believe that God will bring about certain circumstances which will result in the judgment and destruction of evil.

2. I believe I can have the personal presence of God in my life.

3. I believe that there are certain required duties to maintaining a strong Christian life-style (i.e., prayer, doing good deeds, and helping others).

4. I believe that it is possible to have a personal relationship with God through Christ.

5. I believe that by following the teachings of Jesus Christ and incorporating them into my daily life, I receive such things as peace, confidence, and hope.

6. I believe that God raised Jesus from the dead.

7. I believe that God will judge me for all my actions and behaviors.

8. I believe that by submitting myself to Christ He frees me to obey Him in a way I never could before.

9. I believe in miracles as a result of my confidence in God to perform such things.

10. Because of God's favor to us, through Jesus Christ, we are no longer condemned by God's laws.

11. Because of my personal commitment to Jesus Christ, I have eternal life.

12. The only means by which I may know God is through my personal

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commitment to Jesus Christ.

13. I believe that everyone's life has been twisted by sin and that the only adequate remedy to this problem is Jesus Christ.

14. I am concerned that my behavior and speech reflect the teachings of Christ.

15. I respond positively (with patience, kindness, self-control) to those people who hold negative feelings toward me.

16. I do kind things regardless of who's watching me.

17. Status and material possessions are not of primary importance to me.

18. I do not accept what I hear in regard to religious beliefs without first questioning the validity of it.

19. I strive to have good relationships with people even though their beliefs and values may be different than mine.

20. It is important to me to confoım to Christian standards of behavior.

21. I am most influenced by people whose beliefs and values are consistent with the teachings of Christ.

22. I respect and obey the rules and regulations of the civil authorities which govern me.

23. I show respect towards Christians.

24. I share things that I own with Christians.

25. I share the same feelings Christians do, whether it be happiness or sorrow.

26. I'm concerned about how my behavior affects Christians.

27. I speak the truth with love to Christians.

28. I work for Christians without expecting recognition or acknowledgements.

29. I am concerned about unity among Christians.

30. I enjoy spending time with Christians.

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31. My belief, trust, and loyalty to God can be seen by other people through my actions and behavior.

32. I can see daily growth in the areas of knowledge of Jesus Christ, self-control, patience, and virtue.

33. Because of my love for God, I obey His commandments.

34. I attribute my accomplishments to God's presence in my life.

35. I realize a need to admit my wrongs to God.

36. I have told others that I serve Jesus Christ.

37. I have turned from my sin and believed in Jesus Christ.

38. I daily use and apply what I have learned by following Jesus Christ.

Note. From "The Shepherd Scale: Separating the Sheep From the Goats" by R. L. Bassett et al., 1981, Journal of Psychology and Theology, 9(4), pp. 335-351. Copyright 1981 by Journal of Psychology and Theology. Reproduced by permission.

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Appendix B

The Religious Orientation Scale (ROS)

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The following items deal with various types of religious ideas and social opinions. There are no right or wrong choices.

Mark the letter on your answer sheet that most appropriately describes your view. If you wish to omit an item, then mark 3.

These questions are for items 51-70 on your answer sheet. PLEASE ANSWER ALL ITEMS.

51. What religion offers me most is comfort when sorrows and misfortune strike.

    A. I definitely disagree
    B. I tend to disagree
    C. I wish to omit
    D. I tend to agree
    E. I definitely agree

52. One reason for my being a church member is that such membership helps to establish a person in the community.

    A. Definitely not true
    B. Tends not to be true
    C. I wish to omit
    D. I tend to agree
    E. I definitely agree

53. The purpose of prayer is to secure a happy and peaceful life.

    A. I definitely disagree
    B. I tend to disagree
    C. I wish to omit
    D. I tend to agree
    E. I definitely agree

54. It doesn't matter so much what I believe so long as I lead a moral life.

    A. I definitely disagree
    B. I tend to disagree
    C. I wish to omit
    D. I tend to agree
    E. I definitely agree

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55. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.

    A. Definitely not true of me
    B. Tends not to be true
    C. I wish to omit
    D. Tends to be true
    E. Clearly true in my case

56. The church is most important as a place to formulate good social relationships.

    A. I definitely disagree
    B. I tend to disagree
    C. I wish to omit
    D. I tend to agree
    E. I definitely agree

57. Although I believe in my religion, I feel there are many more important things in my life.

    A. I definitely disagree
    B. I tend to disagree
    C. I wish to omit
    D. I tend to agree
    E. I dcfinitely agree

58. I pray chiefly because I have been taught to pray.

    A. Definitely true of me
    B. Tends to be true
    C. I wish to omit
    D. Tends not to be true
    E. Definitely not true of me

59. A primary reason for my interest in religion is that my church is a congenial social activity.

    A. Definitely true of me
    B. Tends to be true
    C. I wish to omit
    D. Tends not to be true
    E. Definitely not true of me

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60. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.

A. Definitely disagree
B. Tend to disagree
C. I wish to omit
D. Tend to agree
E. Definitely agree

61. The primary purpose of prayer is to gain relief and protection.

A. I definitely agree
B. I tend to agree
C. I wish to omit
D. I tend to disagree
E. I definitely disagree

62. I try hard to carry my religion over into all my other dealings in life.

A. I definitely disagree
B. I tend to disagree
C. I wish to omit
D. I tend to agree
E. I definitely agree

63. Quite often I have been keenly aware of the presence of God or the Divine Being.

A. Definitely not true
B. Tends not to be true
C. I wish to omit
D. Tends to be true
E. Definitely true

64. My religious beliefs are what really lie behind my whole approach to life.

A. This is definitely not so
B. Probably not so
C. I wish to omit
D. Probably so
E. Definitely so

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65. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.

A. Almost never
B. Sometimes
C. I wish to omit
D. Usually
E. Almost always

66. If not prevented by unavoidable circumstances, I attend church:

A. more than once a week
B. about once a week
C. I wish to omit
D. two or three times a month
E. less than once a month

67. If I were to join a church group I would prefer to join (1) a Bible study group, or (2) a social fellowship.

A. I would prefer to join (1)
B. I probably would prefer (1)
C. I wish to omit
D. I probably would prefer (2)
E. I would prefer to join (2)

68. Religion is especially important to me because it answers many questions about the meaning of life.

A. Definitely disagree
B. Tend to disagree
C. I wish to omit
D. Tend to agree
E. Definitely agree

69. I read literature about my faith (or church).

A. Frequently
B. Occasionally
C. I wish to omit
D. Rarely
E. Never

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70. It is important to me to spend periods of time in private religious thought and meditation.

A. Frequently true
B. Occasionally true
C. I wish to omit
D. Rarely true
E. Never true

Note. From "Intrinsic/Extrinsic Religious Orientation Scale in 'Prejudice and Religious Types: A Focused Study of Southern Fundamentalists'" by J. Feagin, 1964, Journal for the Scientific Study of Religion, 4, pp. 3-13. Copyright 1964 by Society for the Scientific Study of Religion. Reproduced by permission. Numbering sequence adapted for testing purposes.

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Appendix C

The Short Index of Self-Actualization (SISA)

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These items concern your opinions and feelings about yourself. There are not right or wrong answers.

Choose from the following responses:

A. not true
B. generally not true
C. generally true
D. true

These questions are for items 101-115 on your answer sheet (back of sheet). PLEASE ANSWER ALL ITEMS.

101. I do not feel ashamed of any of my emotions.

102. I feel I must do what others expect me to do.

103. I believe that people are essentially good and can be trusted.

104. I feel free to be angry at those I love.

105. It is always necessary that others approve of what I do.

106. I don't accept my own weaknesses.

107. I can like people without having to approve of them.

108. I fear failure.

109. I avoid attempts to analyze and simplify complex domains.

110. It is better to be yourself than to be popular.

111. I have no mission in life to which I feel especially dedicated.

112. I can express my feelings even when they may result in undesirable consequences.

113. I do not feel responsible to help anybody.

114. I am bothered by fears of being inadequate.

115. I am loved because I give love.

Note. From "Validation of a Short Index of Self-Actualization" by A. Jones and R. Crandall, 1986, Personality and Social Psychology Bulletin, 17(3), pp. 226-235. Copyright 1986 by SAGE Publications, Inc. Reproduced by permission. Numbering sequence adapted for testing purposes.

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Appendix D

Standard Bulletin Announcement

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Standard Bulletin Announcement

RESEARCH VOLUNTEERS NEEDED - Allan Crummett, a local Christian psychologist, needs volunteers to help him complete research for his doctoral dissertation. Participants will complete a series of instruments that measure Biblical self-esteem and mental health. Testing takes approximately 2 hrs. and answers/results are anonymous. If you would be interested in helping with this important research project, please complete this sheet and place it in the offering plate or depository. As many volunteers as possible are needed. You will be contacted by phone in the near future for a testing date. Your help is greatly appreciated.

Name:____

Phone:____

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Appendix E

Script

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Script

Collection of Data for the Dissertation of
Allan W. Crummett, M.A.

Dissertation Title: Biblical Self-esteem and Psychopathology
A Psychological/Theological Integration

Thank you for being here today. My name is Allan Crummett, and I am a psychologist in addition to being a doctoral student at Western Michigan University. I am collecting data, by the use of tests, from church bodies in an effort to assess Christianity and mental health.

Before I hand out the packets of tests, there are several points I would like to clarify.

1. This study is in no way associated with your church.

2. You have agreed to participate only on a voluntary basis. If you do not wish to participate in this study, you are free to leave.

3. Codes from 1-100 (or more if needed) will be used to identify your tests and there will not be a master copy of names associated with code numbers. Since codes are being used, confidentiality of your answers will be preserved. In no way will I be able to identify you with the answers that you have given.

4. There are no "right" or "wrong" answers. My only expectation is that you are honest and thorough with your assessment of yourself. The packets that I will be handing out contain a battery of tests assessing, as I have said, Christianity and mental health. Because of the nature of this study, I will not divulge any other information at this time. I will release the results of this study after the study is complete and am willing to present the results if you would so like.

5. Thank you for agreeing to participate. You can expect to be here for about 2 hours. Please answer all items on the test. Make sure when you erase an answer you do so completely, as the answer sheets are being scored by electronic scanners.

Does anyone have any questions at this point?

Now I will pass out the packets. In each packet there are four instruments or tests, and two computer answer sheets.

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As you will notice, there is a number written on the envelope and the answer sheets. The same number from 1-100 should be on the envelope as well as the computer answer sheets. These numbers are used only to identify which forms belong together so that the computer will know what is what. The numbers will in no way identify you. Please fill out the demographic data on the answer sheets, such as age, denomination, sex, etc. Please do not put your name anywhere on these forms.

The first instrument that you will be taking is the MMPI-2. Using a #2 pencil, you are to follow the standardized instructions on the front of the manual. Any questions are to be directed to me and I will answer them privately. The test should take approximately 1.5 hours. We will then take a break at that point. The next three instruments are considerably shorter, numbering only 73 items.

When the subjects come back from the break, directions will be given as to how to take each of the three remaining tests. Directions are also printed on the instruments if they have questions, and won't differ during the explanation. Matching the appropriate test with the numbers on the computer answer sheet will be stressed. They will then be told after they finish to return all tests to the envelope.

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Appendix F

Research Protocol Clearance by the HSIRB

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Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3899

WESTERN MICHIGAN UNIVERSITY

Date: October 29, 1990

To: Allan W. Crummett

From: Mary Anne Bunda, Chair Mary Anne Bunda

Re: HSIRB Project Number: 90-09-20

This letter will serve as confirmation that your research protocol, "An Investigation of Biblical Self Esteem and Psychopathology," has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: John Geisler, CECP

Approval Termination: October 29, 1991

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Appendix G

Histograms of Age, Denomination, SISA, Shepherd Scale, ROS and LSE

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Histogram of Age (N = 102)

MID-POINT SCORE	N	
20	4	♦♦♦♦
25	9	♦♦♦♦♦♦♦♦♦
30	14	♦♦♦♦♦♦♦♦♦♦♦♦♦♦
35	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
40	16	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
45	7	♦♦♦♦♦♦♦
50	11	♦♦♦♦♦♦♦♦♦♦♦
55	8	♦♦♦♦♦♦♦♦
60	0	
65	7	♦♦♦♦♦♦♦
70	3	♦♦♦
75	4	♦♦♦♦
80	0	
85	1	♦

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Histogram of Denomination (N = 102)

Denomination	N	
Baptist 1	44	♦♦
Methodist 2	9	♦♦♦♦♦♦♦♦♦
Evang. Free 3	8	♦♦♦♦♦♦♦♦
Ass'y of God 4	31	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
Other* 5	10	♦♦♦♦♦♦♦♦♦♦

* Berean (2), Evangelical Covenant (2), Catholic (5), Congregational (1)

Histogram of SISA (N = 102)

MID-POINT SCORE	N	
32	1	♦
34	2	♦♦
36	0	
38	4	♦♦♦♦
40	5	♦♦♦♦♦
42	10	♦♦♦♦♦♦♦♦♦♦
44	11	♦♦♦♦♦♦♦♦♦♦♦
46	15	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
48	14	♦♦♦♦♦♦♦♦♦♦♦♦♦♦
50	22	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

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Histogram of SISA–Continued

MID-POINT SCORE	N	
52	10	♦♦♦♦♦♦♦♦♦♦
54	6	♦♦♦♦♦♦
56	2	♦♦

Histogram of Shepherd Scale - Belief (N = 102)

MID-POINT SCORE	N	
24	1	♦
26	0	
28	0	
30	0	
34	1	♦
36	1	♦
38	0	
40	1	♦
42	1	♦
44	5	♦♦♦♦♦
46	6	♦♦♦♦♦♦
48	6	♦♦♦♦♦♦

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Histogram of Shepherd Scale - Belief–Continued

MID-POINT SCORE	*N*	
50	28	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
52	52	♦♦

Histogram of Shepherd Scale - Walk (N = 102)

MID-POINT SCORE	*N*	
72	2	♦♦
76	3	♦♦♦
80	12	♦♦♦♦♦♦♦♦♦♦♦♦
84	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
88	23	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
92	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
96	14	♦♦♦♦♦♦♦♦♦♦♦♦♦♦
100	12	♦♦♦♦♦♦♦♦♦♦♦♦

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Histogram of Shepherd Scale - Total (N = 102)

MID-POINT SCORE	N	
105	2	♦♦
110	0	
115	2	♦♦
120	1	♦
125	9	♦♦♦♦♦♦♦♦♦
130	12	♦♦♦♦♦♦♦♦♦♦♦♦
135	16	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
140	28	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
145	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
150	14	♦♦♦♦♦♦♦♦♦♦♦♦♦♦

Histogram of ROS - Extrinsic (N = 102)

MID-POINT SCORE	N	
10	3	♦♦♦
15	16	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
20	30	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
25	29	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
30	15	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦

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Histogram of ROS - Extrinsic--Continued

MID-POINT SCORE	N	
35	6	♦♦♦♦♦♦
40	2	♦♦
45	1	♦

Histogram of ROS - Intrinsic (N = 102)

MID-POINT SCORE	N	
10	28	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
12	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
14	18	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
16	10	♦♦♦♦♦♦♦♦♦♦
18	12	♦♦♦♦♦♦♦♦♦♦♦♦
20	5	♦♦♦♦♦
22	7	♦♦♦♦♦♦♦
24	2	♦♦
26	1	♦
28	1	♦

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Histogram of LSE (N = 102)

MID-POINT SCORE	N	
0	11	♦♦♦♦♦♦♦♦♦♦♦
2	32	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
4	19	♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
6	10	♦♦♦♦♦♦♦♦♦♦
8	11	♦♦♦♦♦♦♦♦♦♦♦
10	5	♦♦♦♦♦
12	4	♦♦♦♦
14	3	♦♦♦
16	2	♦♦
18	3	♦♦♦
20	1	♦
22	1	♦

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Appendix H

ANOVA Data: *N*s and Means of Low, Medium and High Pathology Groups--Significant Differences Only

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ANOVA on Shepherd Walk (L Scale)

LEVEL	*N*	MEAN
LOW	8	84.000
MED	83	87.976
HIGH	11	94.273

ANOVA on Shepherd Total (L Scale)

LEVEL	*N*	MEAN
LOW	8	131.50
MED	83	137.16
HIGH	11	145.36

ANOVA on ROS-IN (L Scale)

LEVEL	*N*	MEAN
LOW	8	17.750
MED	83	14.012
HIGH	11	11.091

ANOVA on ROS-EX (F Scale)

LEVEL	*N*	MEAN
LOW	11	20.273
MED	82	23.159
HIGH	9	30.000

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ANOVA on SISA (F Scale)

LEVEL	*N*	MEAN
LOW	11	45.636
MED	82	46.951
HIGH	9	41.222

ANOVA on ROS-EX (K Scale)

LEVEL	*N*	MEAN
LOW	7	32.143
MED	82	23.122
HIGH	13	20.846

ANOVA on SISA (K Scale)

LEVEL	*N*	MEAN
LOW	7	40.571
MED	82	46.354
HIGH	13	49.077

ANOVA on Shepherd Belief (HS Scale)

LEVEL	*N*	MEAN
LOW	88	49.591
MED	11	45.818
HIGH	3	52.000

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ANOVA on Shepherd Total (HS Scale)

LEVEL	*N*	MEAN
LOW	88	138.51
MED	11	130.45
HIGH	3	137.00

ANOVA on ROS-EX (HS Scale)

LEVEL	*N*	MEAN
LOW	88	22.670
MED	11	29.636
HIGH	3	23.667

ANOVA on ROS-IN (HS Scale)

LEVEL	*N*	MEAN
LOW	88	13.602
MED	11	17.727
HIGH	3	11.667

ANOVA on SISA (HS Scale)

LEVEL	*N*	MEAN
LOW	88	49.966
MED	11	42.364
HIGH	3	41.333

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ANOVA on Shepherd-Walk (D Scale)

LEVEL	*N*	MEAN
LOW	15	86.933
MED	75	89.413
HIGH	12	83.417

ANOVA on SISA (D Scale)

LEVEL	*N*	MEAN
LOW	15	48.467
MED	75	46.720
HIGH	12	41.000

ANOVA on ROS-EX (PD Scale)

LEVEL	*N*	MEAN
LOW	64	22.359
MED	34	24.706
HIGH	4	30.250

ANOVA on ROS-IN (PD Scale)

LEVEL	*N*	MEAN
LOW	64	12.844
MED	34	15.706
HIGH	4	17.750

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ANOVA on SISA (PD Scale)

LEVEL	*N*	MEAN
LOW	64	47.484
MED	34	45.059
HIGH	4	38.000

ANOVA on ROS-EX (PT Scale)

LEVEL	*N*	MEAN
LOW	91	22.604
MED	10	30.400
HIGH	1	31.000

ANOVA on SISA (PT Scale)

LEVEL	*N*	MEAN
LOW	91	47.044
MED	10	40.300
HIGH	1	39.000

ANOVA on ROS-EX (SC Scale)

LEVEL	*N*	MEAN
LOW	89	22.539
MED	10	29.900
HIGH	3	29.000

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ANOVA on SISA (SC Scale)

LEVEL	*N*	MEAN
LOW	89	47.112
MED	10	42.500
HIGH	3	35.000

ANOVA on ROS-EX (MA Scale)

LEVEL	*N*	MEAN
LOW	42	21.548
MED	55	24.018
HIGH	5	33.200

ANOVA on ROS-EX (SI Scale)

LEVEL	*N*	MEAN
LOW	22	22.091
MED	72	23.278
HIGH	8	28.750

ANOVA on SISA (SI Scale)

LEVEL	*N*	MEAN
LOW	22	48.273
MED	72	46.403
HIGH	8	40.000

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ANOVA on ROS-EX (ANX Scale)

LEVEL	*N*	MEAN
LOW	33	20.697
MED	58	24.034
HIGH	11	28.636

ANOVA on SISA (ANX Scale)

LEVEL	*N*	MEAN
LOW	33	47.909
MED	58	46.828
HIGH	11	38.727

ANOVA on ROS-EX (FRS Scale)

LEVEL	*N*	MEAN
LOW	17	21.235
MED	82	23.488
HIGH	3	35.000

ANOVA on SISA (FRS Scale)

LEVEL	*N*	MEAN
LOW	17	48.235
MED	82	46.098
HIGH	3	41.000

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ANOVA on ROS-EX (OBS Scale)

LEVEL	*N*	MEAN
LOW	29	21.897
MED	63	23.286
HIGH	10	29.000

ANOVA on SISA (OBS Scale)

LEVEL	*N*	MEAN
LOW	29	48.172
MED	63	46.508
HIGH	10	39.600

ANOVA on ROS-EX (DEP Scale)

LEVEL	*N*	MEAN
LOW	29	21.966
MED	64	23.063
HIGH	9	31.000

ANOVA on SISA (DEP Scale)

LEVEL	*N*	MEAN
LOW	29	47.724
MED	64	46.703
HIGH	9	38.889

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ANOVA on ROS-EX (HEA Scale)

LEVEL	*N*	MEAN
LOW	25	19.680
MED	68	24.132
HIGH	9	28.778

ANOVA on ROS-IN (HEA Scale)

LEVEL	*N*	MEAN
LOW	25	12.080
MED	68	14.588
HIGH	9	14.778

ANOVA on SISA (HEA Scale)

LEVEL	*N*	MEAN
LOW	25	48.360
MED	68	46.000
HIGH	9	42.889

ANOVA on ROS-EX (BIZ Scale)

LEVEL	*N*	MEAN
LOW	43	21.302
MED	53	24.302
HIGH	6	31.333

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ANOVA on SISA (BIZ Scale)

LEVEL	*N*	MEAN
LOW	43	47.512
MED	53	45.792
HIGH	6	42.167

ANOVA on Shepherd-Walk (ANG Scale)

LEVEL	*N*	MEAN
LOW	40	90.025
MED	56	87.714
HIGH	6	83.000

ANOVA on Shepherd-Total (ANG Scale)

LEVEL	*N*	MEAN
LOW	40	140.35
MED	56	136.30
HIGH	6	131.33

ANOVA on ROS-EX (ANG Scale)

LEVEL	*N*	MEAN
LOW	40	21.350
MED	56	24.500
HIGH	6	27.667

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ANOVA on ROS-EX (CYN Scale)

LEVEL	*N*	MEAN
LOW	27	20.667
MED	70	23.871
HIGH	5	32.600

ANOVA on ROS-EX (ASP Scale)

LEVEL	*N*	MEAN
LOW	35	20.086
MED	63	24.508
HIGH	4	36.250

ANOVA on SISA (ASP Scale)

LEVEL	*N*	MEAN
LOW	35	48.429
MED	63	45.476
HIGH	4	40.750

ANOVA on ROS-EX (PPA Scale)

LEVEL	*N*	MEAN
LOW	27	21.296
MED	69	23.754
HIGH	6	29.667

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ANOVA on SISA (PPA Scale)

LEVEL	*N*	MEAN
LOW	27	47.222
MED	69	46.391
HIGH	6	41.167

ANOVA on ROS-EX (LSE Scale)

LEVEL	*N*	MEAN
LOW	31	22.355
MED	60	23.150
HIGH	11	28.182

ANOVA on SISA (LSE Scale)

LEVEL	*N*	MEAN
LOW	31	48.194
MED	60	46.617
HIGH	11	39.273

ANOVA on SISA (SOD Scale)

LEVEL	*N*	MEAN
LOW	18	49.000
MED	77	45.974
HIGH	7	43.000

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ANOVA on ROS-EX (FAM Scale)

LEVEL	*N*	MEAN
LOW	27	20.889
MED	65	23.554
HIGH	10	29.700

ANOVA on SISA (FAM Scale)

LEVEL	*N*	MEAN
LOW	27	47.556
MED	65	46.923
HIGH	10	38.900

ANOVA on ROS-EX (WRK Scale)

LEVEL	*N*	MEAN
LOW	32	21.437
MED	58	23.586
HIGH	12	28.167

ANOVA on SISA (WRK Scale)

LEVEL	*N*	MEAN
LOW	32	48.656
MED	58	46.310
HIGH	12	40.000

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ANOVA on ROS-EX (TRT Scale)

LEVEL	*N*	MEAN
LOW	36	20.861
MED	58	24.397
HIGH	8	28.250

ANOVA on SISA (TRT Scale)

LEVEL	*N*	MEAN
LOW	36	48.389
MED	58	46.224
HIGH	8	37.500

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BIBLIOGRAPHY

Adams, J. E. (1986). The Biblical view of self-esteem, self-love, and self image. Eugene, OR: Harvest House Publishers.

Aldrich, J. C. (1982). Self-worth: How to become more lovable. Portland, OR: Multnomah Press.

Allport, G. W., & Ross, J. M. (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5(4), 432-443.

Alter, M. G. (1985). Religious experience inventory, an empirical study of Christian religious maturity and of its relationship to mental health. Dissertation Abstracts International, 46(7A), 1973-A. (University Microfilms International No. 8513078).

Andreasen, N. J. C. (1972). The role of religion in depression. Journal of Religion and Health, 11, 153-166.

Aycock, D. W., & Noaker, S. (1985). A comparison of the self-esteem levels in evangelical Christian and general populations. The Journal of Psychology and Theology, 13(3), 199-208.

Backus, D. W. (1976). The seven deadly sins: Their meaning and measurement. In W. Donaldson (Ed.), Research in mental health and religious behavior (pp. 444-448). Atlanta, GA: Psychological Studies Institute.

Bahr, H. M., & Martin, T. (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(2), 132-144.

Baird, C. (1983). The power of a positive self-image. Wheaton, IL: Victor Books.

Basinger, D. (1990). The measurement of religiousness: Some "philosophical" concerns. Journal of Psychology and Christianity, 9(2), 5-13.

Bassett, R. L. (1990). Guest editor's page. Journal of Psychology and

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Christianity, 9(2), 3.

Bassett, R. L., & Buskey, J. (1985, October). Personality and Biblical interpretation: An empirical study. Paper presented at the meeting of the Christian Association for Psychological Studies, Eastern Region, Washington, D.C.

Bassett, R. L., Camplin, W., Humphrey, D., Dorr, C., Biggs, S., Distaffen, R., Doxator, I., Flaherty, M., Hunsberger, P., Poage, R., & Thompson, H. (1991). Measuring Christian maturity: A comparison of several scales. Journal of Psychology and Theology, 19(1), 84-93.

Bassett, R. L., Davis, P., Johnson, J., Lehmann, L. (1987, October). The religious self-esteem inventory: Measuring the effect relationship with God has on self-esteem. Paper presented at the meeting of the Christian Association for Psychological Studies, Eastern Region, Lancaster, PA.

Bassett, R. L., Sadler, R. D., Kobischen, E. E., Skiff, D. M., Merrill, I. J., Atwater, B. J., & Livermore, P. W. (1981). The Shepherd Scale: Separating the sheep from the goats. Journal of Psychology and Theology, 9(4), 335-351.

Bassett, R. L., Sadler, R. D., Kobischen, E. E., Skiff, D. M., Merrill, I. J., Atwater, B. J., & Livermore, P. W. (1988). Shepherd Scale. Unpublished manuscript.

Benner, D. G. (1985). Baker encyclopedia of psychology. Grand Rapids, MI: Baker Book House.

Benner, D. G. (1991). Understanding, measuring, and facilitating spiritual well-being: Introduction to a special issue. Journal of Psychology and Theology, 19(1), 3-5.

Benson, P., & Spilka, B. (1973). God image as a function of self-esteem and locus of control. Journal for the Scientific Study of Religion, 12(3), 297-310.

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

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

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. American Psychologist, 46(4), 394-403.

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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.

Birkey, V. (1977). You are very special: A Biblical guide to self-worth. Old Tappan, NJ: Revell.

Bohrnstedt, G. W., Borgatta, E. F., & Evans, R. R. (1968). Religious affiliation, religiosity, and MMPI scores. Journal for the Scientific Study of Religion, 7, 255-258.

Boivan, M. J., Darling, H. W., & Darling, T. W. (1987). Racial prejudice among Christian and non-Christian college students. Journal of Psychology and Theology, 15(1), 47-56.

Boivan, M. J., Donkin, A. J., & Darling, H. W. (1990). Religiosity and prejudice: A case study in evaluating construct validity of Christian measures. Journal of Psychology and Christianity, 9(2), 41-55.

Bowsma, W. (1978). Christian adulthood. In E. H. Erikson (Ed.), Adulthood (pp. 81-96). New York: W. W. Norton.

Brand, P., & Yancey, P. (1980). Fearfully and wonderfully made. Grand Rapids, MI: Zondervan.

Branden, N. (1987). How to raise your self-esteem. New York: Bantam Books.

Britt, W. G., III (1988). God's holiness and humanity's self-esteem. Journal of Psychology and Theology, 16(3), 213-221.

Broen, W. E. (1955). Personality correlates of certain religious attitudes. Journal of Consulting Psychology, 19, 64.

Brown, D. G., & Lowe, W. L. (1951). Religious belief and personality characteristics of college students. Journal of Social Psychology, 33, 103-129.

Butcher, J. N., Dahlstrom, W. G., Graham, J. R., Tellegen, A., & Kaemmer, B. (1989). Manual for administration and scoring MMPI-2. Minneapolis, MN: University of Minnesota Press.

Butman, R. E. (1986, October). Whole holiness and holy wholeness: Implications for assessment. Paper presented at the annual convention of the Eastern Christian Association for Psychological Studies, Speculator,New York.

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Butman, R. E. (1990). The assessment of religious development: Some possible options. Journal of Psychology and Christianity, 9(2), 14-26.

Campbell, R. N. (1984). The new science: Self-esteem psychology. Lanham, MD: University Press of America.

Captain, P. A. (1984). Eight stages of Christian growth. Englewood Cliffs, NJ: Prentice-Hall.

Carlson, D. E. (1988). Counseling and self-esteem. Waco, TX: Word Books.

Carter, J. D. (1985). Healthy personality. In D. Benner (Ed.), Baker encyclopedia of psychology (pp. 498-504). Grand Rapids, MI: Baker Book House.

Carter, L. (1987). The missing peace. Chicago: The Moody Press.

Clark, D. K. (1990). Interpreting the Biblical words for the self. Journal of Psychology and Theology, 18(4), 309-317.

Cohen, E. J. (1977). Holiness and health: An examination of the relationship between Christian holiness and mental health. Journal of Psychology and Theology, 5, 285-291.

Comrey, A. L. (1988). Factor-analytic methods of scale development in personality and clinical psychology. Journal of Consulting and Clinical Psychology, 56(5), 754-761.

Coopersmith, S. (1967). The antecedents of self-esteem. San Francisco: W. H. Freeman.

Cosgrove, M. P. (1988). Counseling for anger. Waco, TX: Word Book.

Counts, W. M. (1973). The nature of man and the Christian's self-esteem. Journal of Psychology and Theology, 1, 38-44.

Crabb, L. J. (1978). Training manual of the Institute of Biblical Counseling. Denver, CO: Institute for Biblical Counseling.

Crabb, L. J. (1987). Understanding people. Waco, TX: Word Book.

Crabb, L. J. (1991). Men and women: Enjoying the difference. Grand Rapids, MI: Zondervan.

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Davies, R. E. (1978). Measurement in religious education. Bulletin of CAPS, 4, 19-24.

DeHaan, M. R. (1988). How can I feel good about myself? In Radio Bible Class publication Man: Self-esteem (pp. 2-226). Grand Rapids, MI: Thomas Nelson.

Derogatis, L. R., & Melisaratos, N. (1983). The brief symptom inventory: An introductory report. Psychological Medicine, 13, 595-605.

Dodrill, C. B. (1976). Personality differences between Christian and secular college students. Journal of Psychology and Theology, 4, 152-159.

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

Donaldson, W. J. (1976). Research in mental health and religious behavior. Atlanta, GA: Psychological Studies Institute.

Duncomb, D. (1969). Shape of the Christian life. Nashville, TN: Abingdon.

Elkind, D. (1977). Origins of religion in the child. In H. N. Malony (Ed.), Current perspectives in the psychology of religion (pp. 269-278). Grand Rapids, MI: Eerdmans.

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(5), 635-639.

Ellison, C W., (Ed.) (1983). Your better self--Christianity, psychology and self-esteem. San Francisco: Harper and Row.

Ellison, C. W. (1985). Self-esteem. In D. G. Benner (Ed.), Baker encyclopedia of psychology (pp. 1045-1047). Grand Rapids, MI: Baker Book House.

Ellwell, W. A. (1984). Evangelical dictionary of theology. Grand Rapids, MI: Baker Book House.

Elzerman, J. H., & Boivin, M. J. (1987). The assessment of Christian maturity, personality, and psychopathology among college students. Journal of Psychology and Christianity, 6(3), 50-64.

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Evans, C. S. (1989). Wisdom and humanness in psychology: Prospects for a Christian approach. Grand Rapids, MI: Baker Book House.

Eysenck, H. J., & Eysenck, S. (1968). The Eysenck Personality Inventory. San Diego, CA: Educational and Industrial Testing Service.

Fairchild, L. (1978). ...As thyself. Journal of Religion and Health, 17(3), 210-214.

Feagin, J. (1964). Intrinsic/Extrinsic Religious Orientation Scale in "Prejudice and religious types: A focused study of southern fundamentalists." Journal for the Scientific Study of Religion, 4, 3-13.

Fehr, L. A. & Heintzelman, M. E. (1977). Personality and attitude correlates of religiosity: A source of controversy. Journal of Psychology, 95, 63-66.

Finch, J. (1980). Guilt and the nature of the self. In H. N. Malony (Ed.), A Christian existential psychology (pp. 239-250). Washington, DC: University Press of America.

Fleck, J. R., & Carter, J. D. (1981). Psychology and Christianity: Integrative readings. Nashville, TN: Abingdon.

Foster, J., & Ledbetter, M. (1987). Christian anti-psychology and the scientific method. Journal of Psychology and Theology, 15, 10-18.

Fowler, J. W. (1984). Becoming adult, becoming Christian: Adult development and Christian faith. San Francisco, CA: Harper & Row.

Garfield, S. L. & Bergin, A. E. (1986). Handbook of psychotherapy and behavior change. New York: John Wiley & Sons.

Gartner, J. D. (1983). Self-esteem tests: Assumptions and values. In C. W. Ellison (Ed.), Your better self--Christianity, psychology and self-esteem (98). San Francisco, CA: Harper & Row.

Gartner, J., Larson, D. B., & Allen, G. D. (1991). Religious commitment and mental health: A review of the empirical literature. Journal of Psychology and Theology, 19(1), 6-25.

Glasser, W. (1965). Reality therapy. New York: Harper & Row.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Gorsuch, R. L. (1984). Measurement--the boon and bane of investigating religion. American Psychologist, 39(3), 228-236.

Gorsuch, R. L., & McFarland, S. G. (1972). Single vs. multiple-item scales for measuring religious values. Journal for the Scientific Study of Religion, 11(1), 53-64.

Graham, J. R. (1990). MMPI-2: Assessing personality and psychopathology. New York: Oxford University Press.

Greenfield, G. (1988). Self-affirmation: The life-changing force of a Christian self-image. Grand Rapids, MI: Baker Book House.

Grounds, V. C. (1974). Holiness and healthymindedness. Journal of Psychology and Theology, 2, 3-11.

Guest, J. L. (1984). Self-esteem. Downers Grove, IL: Intervarsity Press.

Hadaway, C. K. (1978). Life satisfaction and religion: A reanalysis. Social Forces, 57(2), 636-643.

Hagin, K. (1977). In Him. Tulsa, OK: Faith Library Publications.

Hanawalt, N. G. (1963). Feelings of security and of self-esteem in relation to religious belief. The Journal of Social Psychology, 59, 347-353.

Hanford, J. R. (1975). A synoptic approach: Resolving problems in empirical and phenomenological approaches to the psychology of religion. Journal for the Scientific Study of Religion, 14(3), 219-227.

Harrison, E. F. (1984). Redeemer, redemption. In W. A. Ellwell (Ed.), Evangelical dictionary of theology (p. 919). Grand Rapids, MI: Baker Book House.

Hassett, J. (1981, November). But that would be wrong... Psychology Today (15), 34-50.

Hathaway, S. R., McKinley, J. C. (1989). Minnesota Multiphasic Personality Inventory-2. Minneapolis, MN: Regents of the University of Minnesota.

Hauerwas, S. (1983). The peaceable kingdom. Notre Dame, IN: Notre Dame Press.

Haught, J. F. (1976). Religion and self-acceptance. New York: Paulist Press.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Hawkins, D. (1987). Your self-concept, a Biblical approach. Chicago: Moody Press.

Hoekema, A. A. (1975). The Christian looks at himself. Grand Rapids, MI: William B. Eerdmans.

Hood, R. W. (1970). Religious orientation and the report of religious experience. Journal for the Scientific Study of Religion, 9(4), 285-291.

Hood, R. W. (1974). Psychological strength and the report of intense religious experience. Journal for the Scientific Study of Religion, 13, 65-71.

Huitema, B. E. (1980). The analysis of covariance and alternatives. New York: John Wiley.

Hunt, R. A., & King, M. B. (1971). The intrinsic-extrinsic concept: A review and evaluation. Journal for the Scientific Study of Religion, 10(4), 339-356.

Jabay, E. (1967). Search for identity. Grand Rapids, MI, Zondervan.

James, W. (1958). Varieties of religious experience. New York: Mentor Books (Original work published 1902).

Johnson, E. L. (1989). Self-esteem in the presence of God. Journal of Psychology and Theology, 17(3), 226-235.

Jones, A., & Crandall, R. (1986). Validation of a short index of self-actualization. Personality and Social Psychology Bulletin, 12, 63-73.

Jones, S. L., & Butman, R. E. (1991). Modern psychotherapies. Downers Grove, IL: Intervarsity Press.

Kashigan, K. (1982). Multivariate statistical analysis: A conceptual introduction. New York: Radius Press.

King, M. B., & Hunt, R. A. (1975). Measuring the religious variable: A national replication. Journal for the Scientific Study of Religion, 14, 13-22.

Kinzer, M. (1980). The self-image of a Christian. Ann Arbor, MI: Servant Books.

Kirkpatrick, L. A. (1989). A psychometric analysis of the Allport-Ross and Feagin measures of intrinsic-extrinsic religious orientation. In D. O. Moberg & M. L. Lynn (Eds.), Research in the social scientific study of religion, Vol.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

1, (pp. 1-31). Greenwich, CT: JAI Press.

Kirwan, W. (1984). Biblical concepts for Christian counseling: A case for integrating psychology and theology. Grand Rapids, MI: Baker Book House.

Kung, H. (1976). On being a Christian. New York: Doubleday.

Lewter, B. R. (1984). Self-concept change in a Christian college classroom. Journal of Psychology and Christianity, 3(1), 67-73.

Lindenthal, J. J., Myers, J. K., Pepper, M., & Stern, M. S. (1970). Mental status and religious behavior. Journal for the Scientific Study of Religion, 9, 143-149.

Lovinger, R. (1984). Working with religious issues in therapy. New York: Jason Aronson.

Malony, H. N. (1983). Wholeness and holiness: Readings in the psychology/theology of mental health. Grand Rapids, MI: Baker Book House.

Malony, H. N. (1988). The clinical assessment of optimal religious functioning. Review of Religious Research, 30(1), 3-17.

Martindale, G. R. (1973). Worm theology or wormhood feelings--Which? Journal of Psychology and Theology, 1, 45-49.

Matzat, D. (1990). Christ-esteem: Where the search for self-esteem ends. Eugene, OR: Harvest House.

Mauger, P. A. (1976). Specialized personality inventories for Christians? In W. J. Donaldson, Jr. (Ed.), Research in mental health and religious behavior (pp. 420-440). Atlanta, GA: Psychological Studies Institute.

Mayo, C. C., Puryear, H. B., & Richek, H. G. (1969). MMPI correlates of religiousness in late adolescent college students. Journal of Nervous and Mental Disease, 149, 381-385.

McDowell, J. (1984a). Building your self-image. Wheaton, IL: Tyndale House.

McDowell, J. (1984b). His image, my image. San Bernadino, CA: Here's Life.

McGee, R. S. (1985). The search for significance. Pasadena, TX: Significance-Morgan Press.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

McNeil, J. T. (1960). Calvin institutes of the Christian religion, Vol. 2. Philadelphia, PA: Westminster.

Meier, P. D. (1977). Christian child-rearing and personality development. Grand Rapids, MI: Baker Book House.

Meier, P. D., Minirth, F. B., & Wichern, F. (1982). Introduction to psychology and counseling. Grand Rapids, MI: Baker Book House.

Menninger, K. (1973). Whatever became of sin? New York: Hawthorne Books.

Minirth, F. B., & Meier, P. D. (1978). Happiness is a choice. Grand Rapids, MI: Baker Book House.

Minitab Data (1987). Minitab data analysis software, Release 6.1.1. State College, PA.

Moberg, D. O. (1983). The social nature of the self. In C. W. Ellison (Ed.), Your better self--Christianity, psychology and self-esteem (pp. 63-73). San Francisco: Harper & Row.

Moon, G. W., & Fantuzzo, J. (1983, Spring). An integration: Christian maturity and positive mental health. Journal of Psychology and Christianity, 2(1), 27-37.

Moore, K., & Stoner, S. (1977). Adolescent self-reports and religiosity. Psychological Reports, 41, 55-56.

Morud, J. (1991). Christians on the couch. Moody, 91(9), 12-18.

Mowrer, O. H. (1961). The crisis in psychiatry and religion. Princeton, NJ: Van Nostrand.

Mowrer, O. H. (Ed.). (1967). Morality and mental health. Chicago: Rand McNally.

Narramore, S. B. (1978). You're someone special. Grand Rapids, MI, Zondervan.

Nelson, D. (1979). Values and behavioral change. Journal of Psychology and Theology, 7(3), 212-219.

New American standard Bible. (1972). La Habra, CA: Foundation Press.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

New international version Bible. (1978). Grand Rapids, MI: Zondervan.

Newark, C. S. (Ed.). (1985). Major psychological assessment instruments. Boston: Allyn & Bacon.

Olsen, D. (1985). Made in God's image discovering and developing the person inside. Grand Rapids, MI: Zondervan.

Osborne, C. G. (1986). Self-esteem: Overcoming inferiority feelings. Nashville, TN: Abingdon Press.

Payne, I. R., Bergin, A. E., Bielema, K. A., & Jenkins, P. H. (1991). Psychologists interested in religious issues. Newsletter-American Psychological Association, Division 36, 16(3), 3-11, 14.

Pecnik, J. A., & Epperson, D. L. (1985). A factor analysis and further validation of the Shepherd Scale. Journal of Psychology and Theology, 13, 42-49.

Pruyser, P. W. (1977). The seamy side of current religious beliefs. Bulletin of the Menninger Clinic, 41(4), 329-348.

Raskin, R., & Hall, C. W. (1981). The narcissistic personality inventory: Alternate form reliability and further evidence of construct validity. Journal of Personality Assessment, 48, 301-305.

Rekers, G. A. (1988). Counseling families, Vol. 14. Waco, TX: Word Books.

Roberts, R. (1982). Spirituality and human emotions. Grand Rapids, MI: Eerdmans.

Roberts, R. C. (1984). The strengths of a Christian. Philadelphia, PA: Westminster.

Roberts, R. C. (1985). Carl Rogers and the Christian virtues. Journal of Psychology and Theology, 13, 263-272.

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

Rokeach, M. (1956). Political and religious dogmatism: An alternative to the authoritarian personality. Psychological Monograph, 43, 70.

Roof, W. C. (1979). Concepts and indicators of religious commitment: A critical review. In Religions dimensions: New directions in quantitative research.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

New York: Academic Press.

Rossini, F. D. (May 31, 1978). Unpublished letter to the Environmental Measurements Advisory Committee. U.S. Environmental Protection Agency Science Advisory Board.

Salem, C. P. (1988). You are somebody. You're worth more than you think. Tulsa, OK: Praise Books.

Salzman, L. (1965). Healthy and unhealthy patterns of religion. Journal of Religion and Health, 4, 322-344.

Sanua, V. D. (1969). Religion, mental health, and personality: A review of empirical studies. American Journal of Psychiatry, 125, 1203-1213.

Satir, V. (1970). Self-esteem. Berkeley, CA: Celestial Arts.

Schmidt, P. F. (1980). The Character Assessment Scale: A new tool for the counselor. Journal of Pastoral Care, 34(2), 76-83.

Schmidt, P. F. (1983). Manual for use of the Character Assessment Scale (2nd ed.). Shelbyville, KY: Institute for Character Development.

Schmidt, P. F. (1984). Self-esteem: Assessing the moral dimension. Journal of Psychology and Christianity, 3(1), 52-56.

Schuller, R. H. (1982). Self-esteem: The new reformation. Waco, TX: Word Books Publishers.

Shostrom, E. L. (1975). Personal orientation dimensions. San Diego: EdITS/Educational and Industrial Testing Service.

Smith, B. C. et al. (1979). Self-esteem and religiosity: An analysis of Catholic adolescents from five cultures. Journal for the Scientific Study of Religion, 18(1), 51-60.

Smith, M. B. (1984). One of a kind: A Biblical view of self-acceptance. Downers Grove, IL: Intervarsity Press.

Southard, S. (1960). Sin or sickness? Pastoral Psychology, 11, 31-34.

Spidell, S., & Liberman, D. (1981). Moral development and the forgiveness of sin. Journal of Psychology and Theology, 9(2), 159-163.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Spilka, B., Hood, R. W., & Gorsuch, R. L. (1985). The psychology of religion: An empirical approach. Englewood Cliffs, NJ: Prentice-Hall.

Sprinthall, R. C. (1982). Basic statistical analysis. Reading, MA: Addison Wesley.

Stanley, G. (1965). Personality and attitude correlates of religious conversion. Journal for the Scientific Study of Religion, 4, 60-63.

Stapert, J. (1971). Concepts of validity in the measurement of self-esteem. Paper presented at the Proceedings of the Eighteenth Annual Convention of the Christian Association for Psychological Studies, Milwaukee, WI.

Stark, R. (1971, Spring). Psychopathology and religious commitment. Review of Religious Research, 12(3), 165-176.

Stott, J. R. W. (1979). Focus on Christ. Cleveland, OH: Wm. Collins.

Stowell, J. M. (1991). A multitude of counselors. Moody, 91(9), 4.

Tisdale, J. R. (1980). Growing edges in the psychology of religion. Chicago: Nelson-Hall.

Van Wicklin, J. F. (1990). Conceiving and measuring ways of being religious. Journal of Psychology and Christianity, 9(2), 27-40.

Voskuil, D. (1983). Your better self. In C. W. Ellison (Ed.), Your better self--Christianity, psychology and self-esteem (pp. 50-59). San Francisco, CA: Harper & Row.

Wagner, M. E. (1975). The sensation of being somebody. Grand Rapids, MI: Zondervan.

Wallace, E. R., IV (1985). Freud, Sigmund. In D. G. Benner (Ed.), Baker encyclopedia of Psychology (pp. 429-432). Grand Rapids, MI: Baker Book House.

Ward, R. M. (1984). Self-esteem, gift from God. Grand Rapids, MI: Baker Book House.

Watson, P. J., Hall, J. R. et al. (1985). Religiosity, sin, and self-esteem. Journal of Psychology and Theology, 13(2), 116-128.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1988a). Sin and self-functioning, Part 1: Grace, guilt and self-consciousness. Journal of Psychology and Theology, 16(3), 254-269.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1988b). Sin and self-functioning, Part 2: Grace, guilt and psychological adjustment. Journal of Psychology and Theology, 16(3), 270-281.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1988c). Sin and self-functioning, Part 3: The psychology and ideology of irrational beliefs. Journal of Psychology and Theology, 16(4), 348-364.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1989a). Sin and self-functioning, Part 4: Depression, assertiveness, and religious commitments. Journal of Psychology and Theology, 17(1), 44-58.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1989b). Sin and self-functioning, Part 5: Antireligious humanistic values, individualism and the community. Journal of Psychology and Theology, 17(2), 116-128.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1990a). Extrinsic scale factors: Correlations and construction of religious orientation types. Journal of Psychology and Christianity, 9(3), 35-46.

Watson, P. J., Morris, R. J., & Hood, R. W., Jr. (1990b). Intrinsicness, self-actualization, and the ideological surround. Journal of Psychology and Theology, 18(1), 40-53.

Watson, P. J., Morris, R. J., Hood, R. W., Jr., & Biderman, M. D. (1990). Religious orientation types and narcissism. Journal of Psychology and Christianity, 9(1), 40-46.

Wegscheider-Cruse, S. (1987). Learning to love yourself--finding your self worth. Deerfield Beach, FL: Health Communications.

White, F. J. (1985). Religious health and pathology. In D. G. Benner (Ed.), Baker encyclopedia of psychology. Grand Rapids, MI: Baker Book House.

Wilder, W. G. (1978). The search for self-esteem. Journal of Psychology and Theology, 6(3), 183-188.

Wilson, E. D. (1985). The discovered self: The search for self-acceptance. Downers Grove, IL: Intervarsity Press.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Wise, F. F. (1983). Your better self. In C. W. Ellison (Ed.), Wesleyan perspective on self-valuing (pp. 39-47). San Francisco, CA: Harper & Row.

Worthington, E. L. (1991). Psychotherapy and religious values: An update. Journal of Psychology and Christianity, 10(3), 211-223.

Zwier, M. (1976). Reaction to Mauger's "Specialized personality inventories for Christians." In W. J. Donaldson, Jr. (Ed.), Research in mental health and religious behavior (p. 441). Atlanta, GA: Psychological Studies Institute.

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