

**INFLUENCE OF RELIGIOUS/SPIRITUAL ORIENTATION  
ON HEALTH OF  
ROMAN CATHOLIC AND UNITY  
CHURCH MEMBERS**

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The work reported in this dissertation is original and carried out by me solely, except for the acknowledged direction and assistance gratefully received from colleagues and mentors.

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Charlene Emily Bradshaw

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**ABSTRACT**

A previous study has demonstrated that religious beliefs that depicted God as a punishing deity were associated with worse mental health than those representing God as a collaborative partner (Koenig, Pargament, and Nielsen, 1998). In this study that explored the relationship of the type of religious/spiritual orientation to health, the Zung Depression Scale, the State-Trait Anxiety Inventory, the Symptom Index, the Religious Life Inventory, and a Subject Background Self-Report Questionnaire were administered once to 102 Roman Catholic and 103 Unity volunteer church members.

Study participants responded to the written self-report measurements 1) to determine if there were differences between the two faith groups in regard to anxiety, depression, and overall health symptoms; 2) to determine if the groups were different in their ways of being religious, as measured by the RLI; and 3) to determine if different ways of being religious are predictors of health.

Results 1) indicate no significant differences between Roman Catholic and Unity faiths in regard to overall health status. Results 2) specify the two groups are significantly different in their ways of being religious. Roman Catholics are *End* oriented and search no further than the church itself for answers to existential questions; Unity members are more *Quest* oriented and search for expansive visions to spiritual questions. Results 3) show significant predictive relationships between the different ways of being religious and health outcomes, revealing that *Means* oriented individuals, which include Extrinsic individuals, those who use religion for security, status, and self-justification, show more depression, state, and trait anxiety. *End* oriented individuals include Intrinsic ‘true believers’ who show less depression, state, and trait anxiety. *Quest* oriented individuals show less overall anxiety and less Orthodox belief. Orthodox believers reveal more depression, state and trait anxiety, and overall health symptoms. How one views oneself within one’s own religious/spiritual experience has a profound influence on health.

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## **CHAPTER 1:**

### **INTRODUCTION**

#### **Background**

Your beliefs become your thoughts; your thoughts become your words; your words become your actions; your actions become your habits; your habits become your values; your values become your destiny.

Mahatma Gandhi

Many traditional religious/spiritual principles and practices relate to health in one way or another and, therefore, have the potential to influence significantly one's health, health beliefs, and/or health behaviors. A 1996 Princeton Religion Research Center's poll revealed that 80% of Americans read the Bible in 1995, and 55% believed that the Bible is the literal or inspired word of God.<sup>1</sup> Conversely, Mythologist Joseph Campbell has viewed religion as 'misunderstood mythology,' the confusion consisting in the interpretation of mythic metaphors as references to hard fact; i.e., the Promised Land as a segment of the Near East to be claimed and settled by a people chosen of God, the term 'God' denoting an authentic though imperceptible masculine personality, or the Virgin Birth as a biological anomaly.<sup>2</sup> One must consider that throughout history, where local mythic images have been interpreted, not as metaphors, but as facts, there have been vicious wars waged between the parties of such opposing manners of metaphoric representation. One cannot but question if such tribal literalism can possibly contribute anything but anguish to an individual, family, society, nation, and world.<sup>3</sup> Campbell declared,

"It all comes of misreading metaphors, taking denotation for connotation, the messenger for the message; overloading the carrier, consequently, with sentimentalized significance and throwing both life and thought thereby off balance."<sup>4</sup>

In their published research on the relation of religion/spirituality to health, Koenig, McCullough, and Larson defined religion as

“...an organized system of beliefs, practices, rituals, and symbols designed...to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality),”<sup>5</sup>

whereas spirituality is defined as

“...the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community.”<sup>6</sup>

Offering an expanded functional description of religion utilized for this research study, researchers C. Daniel Batson and W. Larry Ventis, authors of *The Religious Experience: A Social Psychological Perspective*, defined religion as

“...whatever we do to come to grips with existential questions—the questions that confront us because we are aware that we and others like us are alive and that we will die.”<sup>7</sup>

This characterization of religion emphasizes the uniqueness, complexity, and diversity of the religious experience and suggests that religion is both a reaction and a contributor to one’s whole personality and social experience.<sup>8</sup>

At an individual level, with few exceptions, most published research of the religion/spirituality health relationship has focused on the many positive associations. In particular, strong religious beliefs are associated with higher levels of well-being;<sup>9</sup> those who practice mainstream faith have lower blood pressure;<sup>10</sup> and in patients with serious medical illness, religious coping was the most important factor that enabled them to adapt to stressful events.<sup>11</sup> While most of the studies indicating a positive relationship between religion and health have flourished, numerous investigations into the relationship of religion and health have demonstrated unfavorable health associations. Specifically,

middle-aged persons who prayed often or studied the Bible more frequently were more likely to have Generalized Anxiety Disorder (G.A.D.) within the past six months. Younger subjects who frequently listened to religious TV/radio had higher rates of G.A.D., and younger persons for whom religion was very important were more likely to have irrational fear and obsessive-compulsive disorder.<sup>12</sup> Patients who believed that God was punishing them, had deserted them, didn't love them, didn't have the power to help, or felt their church had abandoned them, experienced 19% to 28% greater mortality during the two-year period following hospital discharge.<sup>13</sup> Therefore, I will examine whether engaging in a type of religion with negative belief patterns may be related to unfavorable health issues on susceptible individuals, as such fundamentalist beliefs in literal interpretations abound.<sup>14</sup>

### **Theoretical Construct**

*Caroline Myss, Ph.D. and C. Norman Shealy, M.D., Ph.D.*

Seeman reported the World Health Organization (WHO) as characterizing health as "...a state of complete physical, mental, and social well-being and not merely the absence of disease."<sup>15</sup> This definition still exists today, yet the understanding of health has dramatically changed in the last several decades to one which is multifaceted, self-created rather than determined, and holistically balanced to include the physical, psychological, and spiritual aspects of life.<sup>16</sup> Caroline Myss, medical intuitive, and Dr. Norman Shealy, researcher and former neurosurgeon, called this model of health which will form the basis for twenty-first century medicine 'holistic medicine.'<sup>17</sup>

The holistic model of health has introduced the study of the relationship among mind, body, and spirit. The fundamental principle of holistic health is that the majority of

physical illnesses result from an excess of psychological, emotional, and spiritual predicaments.<sup>18</sup> Those who become ill identify consistently with certain significant dysfunctional patterns such as the occurrence of unresolved emotional, psychological, or spiritual stress within one's life and the degree of control that negative belief patterns have upon one's identity.<sup>19</sup> Often people do not heal because, either consciously or unconsciously, they have more faith in intensely potent belief patterns that hinder healing than they do in their power to heal.<sup>20</sup> Myss and Shealy

“...believe that each person directly participates, either consciously or unconsciously, in the creation of his or her own reality, including the reality of their health. The tools that we use in this process of creation reside within us. They are our attitudes, emotions, and belief patterns as well as an awareness of our spiritual self.”<sup>21</sup>

The appearance of the holistic health model is an evolutionary change, one in which the human being, in essence, is in the process of discovering self-responsibility and personal empowerment, strong internal mechanisms of change indicating that a shift in consciousness called transformation is occurring in terms of how individuals perceive the balance of power that exists between themselves and the outside world.<sup>22</sup> The strongest message of the holistic health movement is that the responsibility for implementing the health technologies that are accessible as well as working to heal one's inner stresses belongs rightfully to the patient and not the doctor.<sup>23</sup> In accepting the necessity of doing this quality of inner work, the patient acknowledges the need to transform those areas of life that are not conducive to regaining health.<sup>24</sup>

Transformation is the course of action of becoming conscious of the many levels on which we make our choices and learning to have appreciation for what it is we create as a result of our choices.<sup>25</sup> Myss further declared,

“Managing our power of choice is the Divine challenge, the sacred contract that we are here to fulfill. It begins with choosing what our thoughts and attitudes will be. Whereas choice once meant our ability to respond to that which God has created for us, it now means that we are participants in what we experience – that we co-create our physical bodies through the creative strength of our thoughts and emotions.”<sup>26</sup>

Myss affirmed, “No illness develops randomly.”<sup>27</sup> From a holistic viewpoint, illness is generally considered the integrated result of all environmental, chemical, electrical, cosmic, spiritual, mental, emotional, attitudinal, and physical stress. There is no one cause.<sup>28</sup> The patient must understand the specific messages that the illness brings and the spiritual test to act on those messages in ways that are conducive to health.<sup>29</sup> The patient must be willing and able to examine all of the pieces of his or her life, including emotional wounds both given and received, broken promises, dissatisfaction in relationships, unfulfilled emotional requirements, unfulfilled ambitions, disappointments in oneself, and other patterns of unfinished business that shape a person’s inner grief.<sup>30</sup>

This present study is based on the vision of those with the mind/body/spirit viewpoint. In addition to the research of Myss and Shealy, Charles Fillmore, Edgar Cayce, Dr. Candace Pert, and Dr. Larry Dossey all explained the relationship of thoughts, emotions, and attitudes on the human energy system. This researcher will present findings to corroborate the impact of these variables on the health of individuals.

### *Charles Fillmore*

Charles Fillmore, 1920, co-founder of the Unity School of Christianity in the late 1880’s, theorized that there is a significant relationship between thoughts and health.<sup>31</sup> Fillmore, 1854-1948, believed the state of one’s health is strongly affected by the state of his glands because the nerve - gland areas throughout the body are also centers of vital mind powers.<sup>32</sup> Brain thinking cells, found in the physical being, contain intelligence

waiting to be recognized and released for their healing mission throughout the body.<sup>33</sup>

These 12 mind powers - Will, Faith, Understanding, Imagination, Zeal, Power, Love,

Judgment, Strength, Order, Elimination, and Life – are located within vital nerve and

gland centers in the body. Along with these 12 mind powers, the I AM or Christ Mind,

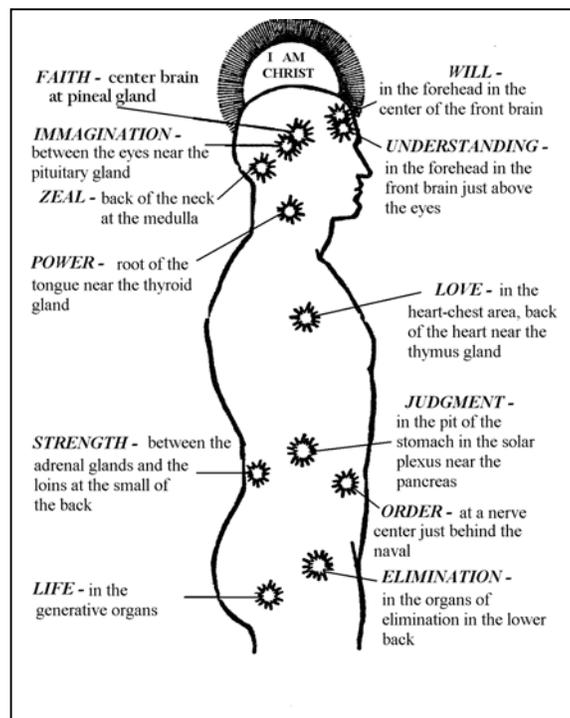
located in a ganglionic center at the apex of the brain in the crown of the head, releases a

super-intelligence into all 12-mind powers when activated.<sup>34</sup> Ponder, Unity minister and

pioneer of positive thinking, rearranged the location of certain mind powers from those

shown in Fillmore’s original sketch in his book, *The Twelve Powers of Man*, published by

Unity in order for them to correspond to their gland locations.<sup>35</sup>



**Figure 1. Location of mind powers corresponding with affected glands.**<sup>36</sup>

How one uses these powers vitally affects his health constructively or

destructively.<sup>37</sup> Fillmore explained,

“...the nerve centers are so sensitive and receptive to thought that they take impressions from without and make, in the ether, the forms that

correspond to the impressions received. If the impressions are positive, the thought impressions create the desired good; if they are negative, they create the opposite.”<sup>38</sup>

The father of American psychology, William James, declared that 90 percent of us are using only 10 percent of our mind power. Individuals live far within their limits and possess powers of various sorts which they habitually fail to use.<sup>39</sup>

### *Edgar Cayce*

Edgar Cayce, 1877-1945, father of holistic medicine and renowned American psychic, whose work spanned nearly four decades, spoke on working with the entire patient rather than some portion that seemed broken or diseased.<sup>40</sup> In his well-known trance readings, Cayce referred to the mind powers located in the glands as an antiquated teaching.<sup>41</sup> Cayce declared his fundamental holistic approach to health and healing:

“The emotions, attitude, beliefs, responses to life’s situations all play a part in instigating or worsening an illness of the body, but a therapy designed to balance and bring into attunement the functioning body, the mind, and the spiritual reality spells health in the majority of cases.”<sup>42</sup>

Cayce, deemed “forerunner of...the Christ Consciousness,”<sup>43</sup> a universal consciousness of the Father Spirit and level of universal awareness that resides in every soul, believed that Jesus Christ is found within the individual entity, a relationship that becomes conscious through attunement.<sup>44</sup> Attunement, or synchronizing the body, the mind, and the will in harmony with the spirit,<sup>45</sup> is the fundamental quality that makes such a personal relationship possible with Jesus Christ. Cayce believed that when we reach a state of wholeness – a condition in which we feel in sync with ourselves so that our aspirations and our talents are going in the same direction - we communicate with Jesus by a resonance of vibration that is possible.<sup>46</sup> Keys to effective attunement include

keeping the faith, surrendering fear, and rightly using our will, meaning, "...letting our deeds reflect our beliefs and faith."<sup>47</sup>

Accepting as true the Law of Karma, or causes and effects of thoughts, emotions, and actions which carry over from one lifetime to another until an entity achieves full attunement with God, Cayce often repeated an eternal law, "The seed sown must one day be reaped...Our present life is the result of those we have lived; it is the cause of our future experiences, for they will be determined by our thoughts and actions now."<sup>48</sup> Through a 'constant meeting of self' and from reaping what is sown, actions and disorders of mind and spirit create physical disease.<sup>49</sup>

The Cayce readings state that glands secrete according to impulses from the emotional and nervous system. Attitudes and emotions such as anger, resentment, hate, self-condemnation and related nervous tensions release poisons from the glandular system into lymphatic circulation and deplete bodily energies, serving as conductors between the nonphysical aspects of the self and the physical body. Emotions are described as "electronics," the 'glow' of life that courses through the body in the nervous system and acts as a vibratory message between mind, body, and spirit.<sup>50</sup> See Figure 1, page 6, for diagrams of these gland-emotion combinations.

Cayce suggested that the body could rejuvenate itself indefinitely, and there must be an accompanying mindful presence of faith, belief, and expectancy.<sup>51</sup> The mind is a powerful player in the process of healing; Cayce believed that proper thinking and proper living are necessary requirements for rejuvenation of the body.<sup>52</sup>

*Dr. Candace Pert*

Candace Pert, neurological scientist, affirmed that in the 80's, scientists Ed Blalock and Michael Ruff made an extraordinary discovery, one in which the same neuropeptides found in the brain could also be found in cells in the immune system.<sup>53</sup> Pert reported that neuropeptides, chemicals triggered by emotions, are ideas converted into matter.<sup>54</sup> Neuropeptides manage physiology, health, or the propensity toward disease.<sup>55</sup>

Emotions run every system of the body.<sup>56</sup> Pert affirmed that emotions are in two realms: the physical and the spiritual.<sup>57</sup> Pert, in declaring that there is no objective reality, affirmed that emotions are constantly regulating what we experience as 'reality.'<sup>58</sup> "Because some [neuropeptides] can be found in the intestines as well as in the limbic system – our 'feeling brain'...the emotions are not just in the brain, they're in the body."<sup>59</sup> In fact, mind can no longer be separated from body because the same types of cells that produce and receive emotional chemistry in the brain are present all through the body.<sup>60</sup>

The determination about what sensory data travels to the brain and what gets filtered out depends on what indicators the receptors are receiving from the peptides.<sup>61</sup>

Pert summarized,

"As investigations continue, it is becoming increasingly apparent that the role of peptides is not limited to eliciting simple and singular actions from individual cell and organ systems. Rather, peptides serve to weave the body's organs and systems into a single web that reacts to both internal and external environmental changes with complex, subtly orchestrated responses. Peptides are the sheet music containing the notes, phrases, and rhythms that allow the orchestra – your body- to play as an integrated entity. And the music that results is the tone or feeling that you experience subjectively as your emotions."<sup>62</sup>

There is a cellular consciousness, and consciousness does precede matter.<sup>63</sup>

***Dr. Larry Dossey***

In the new emerging scientific model, the mind is in every cell of the body.<sup>64</sup> Just as Pert and her research with neuropeptides brought to our attention that our mind is not some local function restricted to the brain, Dr. Larry Dossey, scientist and prayer expert, extrapolated the same concept from his prayer research to include the mind not being confined to the body; indeed, he proposed that the mind is non-local. According to the concept of non-local mind, consciousness cannot be totally localized or limited to specific points in space, such as brains or bodies.<sup>65</sup> Dossey classified this non-local or transpersonal medicine concept as the new era of medicine.<sup>66</sup> Dossey affirmed, "...a physician who honors the evidence that his/her beliefs *can* shape a patient's physical responses has in effect acknowledged the existence of a genuinely nonlocal..."<sup>67</sup> event. This means acknowledging that consciousness can act at a distance while the brain acts locally.<sup>68</sup> Thus, there is evidence of a potential meeting place for science and spirituality; the convergence of religion and science would certainly be a breakthrough for civilization.<sup>69</sup>

**Rationale and Research Strategy**

The present study is based on the holistic mind/body/spirit theory. An expanded explanation of disease has appeared that is 'biopsychosocial,' meaning that one's mind, body, and surroundings together determine whether one becomes ill.<sup>70</sup> Disease is not so much the effect of harmful, external forces as it is the faulty efforts of our minds and bodies to deal with them.<sup>71</sup>

Recent investigations have repeatedly supported the association between mind and health.<sup>72</sup> Willingness to change and an attitude of participation can increase our resistance to disease.<sup>73</sup> While we are under pressure, a sense of control can keep our stress chemicals from attaining harmful levels.<sup>74</sup> On the other hand, a sense of helplessness decreases our resistance by depressing our immune system.<sup>75</sup> Reacting to life stresses by giving up can increase our risk of cancer or sudden death.<sup>76</sup> A chronically hostile attitude can contribute to our risk of atherosclerosis and heart disease through excessive secretion of the neurochemical norepinephrine.<sup>77</sup>

Goals of this study are twofold: 1) to illustrate that certain religious/spiritual belief structures may be related to health and healing; and 2) to serve as an impetus to evaluate one's own religious/spiritual beliefs. The primary research questions that this study serves to examine are threefold: 1) are there basic differences between Roman Catholics and Unity church members with regard to anxiety, depression, and overall health symptoms?; 2) are there different ways of being religious between the two groups as measured by the Religious Life Inventory (RLI)?; and 3) are the different ways of being religious predictors of health? The predictor variables of the study are the different types of religious motivators which cannot be manipulated; criterion variables are anxiety, depression, and symptoms. Roman Catholic vs. Unity subjects, from San Antonio, Texas, and Springfield and Branson, Missouri, were selected for the study because of their historically disparate beliefs. Both religions are classified as Christian.

Christianity, a 2000 year-old religion, assuming Jesus was born circa 4 B.C.,<sup>78</sup> had two primary roots: one based on the Judaic religious tradition beginning circa 2000-1700 B.C.E.;<sup>79</sup> and one on the secular, in the early 300's A.D., when Emperor

Constantine made Christianity the official religion of the Roman Empire.<sup>80</sup>

Approximately 1054 A.D., the Catholic Church split into two branches, the western or Roman branch, and the eastern or Orthodox branch with its following primary subsets of Greek and Russian branches.<sup>81</sup>

According to the 2002 official Roman Catholic website, there are 1,106,308,000 Roman Catholics worldwide and 63,188,000 Roman Catholics in the United States;<sup>82</sup> 640,186 in 138 parishes in the Archdiocese of San Antonio, Bexar County, Texas;<sup>83</sup> and 63,162 Roman Catholics in 65 parishes in the Diocese of Springfield-Cape Girardeau, Missouri.<sup>84</sup> Membership in St. Brigid's Catholic Church in San Antonio, Texas is reported at 1,800 families<sup>85</sup>; membership at St. Matthew's Catholic Church in San Antonio, Texas is estimated to be approximately 18,180 families;<sup>86</sup> membership at Immaculate Conception in Springfield, Missouri is reported at 1,439 families<sup>87</sup>; membership at Holy Trinity in Springfield, Missouri is stated to be 750 families<sup>88</sup>.

There are roughly two million adherents in the Unity churches throughout the world. The Unity Church is today characterized by two key groups: Unity, located in Unity Village, Missouri, and the Association of Unity Churches, located in Lee's Summit, Missouri, which associates over nine hundred member churches.<sup>89</sup> The New Thought Movement depicts a set of religious developments during the late 19<sup>th</sup> century occurring in the United States. From this movement emerged several religious denominations, including Divine Science, Religious Science, and Unity Church, the largest of the New Thought denominations of Christianity that appeared in the United States in 1889 in Kansas City, Missouri.<sup>90</sup> The Unity Worldwide Organization, founded by Charles and Myrtle Fillmore, distributes its monthly inspiration magazine, Daily

Word, to about one million people in nine languages in 175 countries.<sup>91</sup> According to church administration in Unity Church in San Antonio, Texas, there is one Unity church in Bexar County with an approximate membership of 250.<sup>92</sup> According to church administration in Greene County in Springfield, Missouri, there are two Unity churches: Christ Church Unity with a reported 183 members; Unity Spiritual Center with approximately 40 members.<sup>93</sup> Church administrators at Branson, Missouri's Unity of the Hills Church in Taney County reported membership at 97.<sup>94</sup>

I hypothesize 1) that there are differences between Roman Catholic and Unity church members with regard to anxiety, depression, and overall health symptoms; 2) that there are different ways of being religious as measured by the RLI; and 3) that different ways of being religious may be a predictor of one's health. Those who adhere to more traditional fear-based theology may be more anxious and depressed than those who follow principles of joy-based spirituality. There must be a call to examine our faith and the subsequent beliefs we empower, as our beliefs will shape how we will heal if we get sick.<sup>95</sup>

It is the purpose of this literature review to examine material that serves as a background in supporting my hypothesis. Chapter Two will scrutinize core beliefs of Christianity and its teachings related to health and healing. Chapter Three will present some views of respected health care professionals who believe that religion is related to illness. In Chapter Four, I will present research on why the desire for God is so deeply engrained in our hearts, waiting for us to heed its call, and Chapter Five will examine more studies on the religion/spirituality health relationship that may indicate an association between religion and illness.

**Chapter 1 Endnotes**

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**CHAPTER 2:**

**CORE TEACHINGS OF THE CHRISTIAN RELIGION**

**RELATED TO HEALTH AND HEALING**

Religion...calls the soul to the highest adventure it can undertake, a proposed journey across the jungles, peaks, and deserts of the human spirit. The call is to confront reality, to master the self.

Huston Smith

**Basic Characteristics of Christianity**

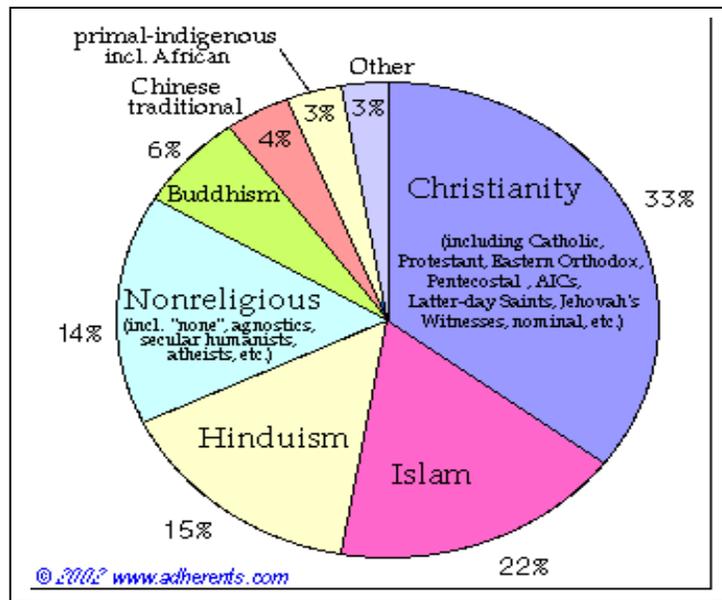
The holy scriptures of the world's major religions are replete with verses promising health and protection to the faithful,<sup>1</sup> yet religious beliefs may not only be potential sources of health but of illness and difficulties on the path to healing.<sup>2</sup> William James, psychologist-turned-philosopher, affirmed that Christianity contains pessimistic constituents of suffering, pain, sorrow, evil, and death; that some religions are concerned with extremes and the liberation from the so-called negatives while other religions appear not to be associated with such gloomy elements.<sup>3</sup> Within Christianity, since the evil details are as authentic parts of nature as the good ones, the philosophic assumption should be that they have some rational consequence.<sup>4</sup> Systematic healthy-mindedness, the disposition which has a constitutional incapability for prolonged suffering, is formally less complete than systems that try at least to include those elements in their scope.<sup>5</sup> Therefore, the "completest" religions would appear to be those in which the negative elements are best generated, one of which is Christianity.<sup>6</sup> Within this fundamental religion of transcendence and deliverance, the individual must expire to an unreal life before being born into the real life.<sup>7</sup> Thus, the purpose of religion is to examine our emotions, behaviors, and experiences in our health and in the solitude of our illness and

healing, in relation morally, physically, or ritualistically to whatever we may consider the divine.<sup>8</sup>

In order to visualize and understand how mental beliefs/thoughts can influence body and spirit, an examination of the number of adherents, the origin, canonical writings, primary tenets, examples of scriptures from principal teachings, and core beliefs of suffering of the Christian religion will be presented.

***Number of Adherents***

Christianity is listed as the largest and most popular religion in the world<sup>9</sup> with best estimates thought to be approximately two billion worldwide or 33% of the world population (see Figure 2, below).<sup>10</sup>



***Figure 2. Major Religions of the World Ranked by Number of Adherents.<sup>11</sup>***

***Origin***

Christianity is a 2000 year old religion.<sup>12</sup> The Church separated into three vast branches in approximately 1054 A.D.<sup>13</sup> Roman Catholicism focuses in the Vatican in Rome and extends from there, prevailing, on the whole, through central and southern

Europe, South America, and Ireland. Eastern Orthodoxy has its main influence in Greece, the Soviet Union, and the Slavic Countries, while Protestantism dominates North America, England, Scotland, and Northern Europe.<sup>14</sup> Unity, founded by Americans Charles and Myrtle Fillmore, is the largest of a broad world movement called the New Thought denomination of Christianity which first appeared in the state of Missouri in the United States in 1889.<sup>15</sup>

### *Sacred and Canonical Writings*

While scholarly differences remain concerning authorship, dates, translations, content, and canonization, it may be said in general that the sacred and canonical text of Christians is the Holy Bible, consisting of the Old (O.T.) and New Testaments (N.T.)<sup>16</sup> New Testament scholar Raymond E. Brown reported, “The Roman Catholic Church decided canonicity on the basis of long steady use in the liturgy, not on the scholars’ judgments about who wrote or copied what.”<sup>17</sup> There is general agreement that the O.T. existed first in oral and then in written form over a period spanning 1000-100 B.C.<sup>18</sup> The N.T. came into existence over an approximate 100 year period<sup>19</sup> following the death of Christ in 30 A.D.<sup>20</sup>

The O.T. known to Protestants is primarily a partial collection of Palestinian Judaism;<sup>21</sup> the N.T. is a story of the life and activities of Jesus Christ and the expansion of the early Christian community, a book about religious faith, a witness of how the Church interpreted Him.<sup>22</sup> The canonization of the N.T. took some 300 plus years and was not completed until the fourth century.<sup>23</sup> Viewed by adherents to be historically based in the Jewish and Christian traditions (i.e., the Jews are the select people of the

Promised Land), Joseph Campbell, mythologist, proclaimed that the accent is on the historical understanding of the images.<sup>24</sup>

### ***Primary Tenets***

World religion expert Huston Smith proclaimed three primary tenets to the Christian faith: the Incarnation, the Atonement, and the Trinity. Smith described the concept of the Incarnation as "...God's willingness to assume a human life in the form that Jesus exemplified."<sup>25</sup> The concept of Atonement is rooted in mankind's rebellion with Adam eating the apple, thus placing all in a state of sin. The consequences of sin must be paid for, as Smith asserted below:

"An infinite sin demands infinite recompense, and this could only be satisfied by God's vicarious assumption of our guilt and payment of the ultimate penalty it required, namely death. God made his payment through the Person of Christ and the debt is cancelled."<sup>26</sup>

The concept of the Trinity, God being the Father and main deity, Son, and Holy Spirit, is part of the concept that through Jesus, mankind can be one with the Holy Spirit, with God.<sup>27</sup>

### ***Statements of Belief from Unity and Roman Catholic Subjects***

Within the Christian religion, vast differences exist between Unity and Roman Catholic Church subjects regarding the interpretation of diverse religious/spiritual terms throughout the Holy Bible. Within the Unity Religion, the images are more about the interpretation of the relevance of symbolic forms to the transformation of one's life,<sup>28</sup> while Roman Catholics take a more literal view of scripture.<sup>29</sup>

For example, regarding the term "reality" which can affect how an individual can heal from disease, Unity views humans as creating their experiences by the activity of their thinking; everything in the manifest realm has its beginning in thought.<sup>30</sup> On the

other hand, Roman Catholics believe that the sacred books powerfully affirm God's absolute sovereignty over the course of events, and they accept as true that "Many are the plans in the mind of a man, but it is the purpose of the Lord that will be established."<sup>31</sup>

Concerning "punishment," Unity believes that

"Man does not receive punishment from an outside force. Man punishes himself by holding false thoughts. He escapes from punishment as soon as he aligns his thought with that of God."<sup>32</sup>

Within the Roman Catholic viewpoint, sin

"...has a double consequence. Grave sin deprives us of communion with God and therefore makes us incapable of eternal life, the privation of which is called the 'eternal punishment' of sin. On the other hand every sin, even venial, entails an unhealthy attachment to creatures, which must be purified either here on earth, or after death in the state called Purgatory..."<sup>33</sup>

For a brief synopsis of other Biblical concepts, please see APPENDIX A, page 99.

### *Examples of Scriptures from Principal Teachings*

Some scriptures about the duality of reward and punishment from The Holy Bible that contain verses promising health and healing follow:

By faith in the name of Jesus, this man whom you see and know was made strong. It is Jesus' name and the faith that comes through him that has given this complete healing to him, as you can all see, Acts 3:16 (King James Version).

Then he said to him, Rise and go; your faith has made you well, Luke 17:19 (King James Version).

Upon close examination, the following verses may bring in some adverse effects of the traditional religion/spiritual/health/healing connection:

But whoever blasphemes against the Holy Spirit will never be forgiven; he is guilty of an eternal sin, Mark 4:29 (King James Version).

Whoever keeps the whole law and yet stumbles at just one point is guilty of breaking all of it, James 2:10 (King James Version).

Then they will go away to eternal punishment, but the righteous to eternal life, Matthew 25:46 (King James Version).

Why do you disobey the Lord's commands? You will not prosper. Because you have forsaken the Lord, he has forsaken you, 2 Chronicles 24:20 (King James Version).

In the book, *The Imitation of Christ*, a classic Christian text that has enjoyed greater popularity down the centuries than any Christian book apart from the Bible, author Thomas à Kempis, fifteenth-century monk, cited passages explicitly warning Christians against thinking positively of themselves.<sup>34</sup>

“Take not pleasure in thy natural gifts, or intelligence, lest thereby thou displease God, to whom belongs all the good whatsoever thou hast by nature.”<sup>35</sup>

“But if I abase myself, and reduce myself to nothing, and draw back from all self-esteem, and reduce myself to dust, thy grace will be favorable to me, and thy light near unto my heart; and all self-esteem, however little, shall be swallowed up in the valley of my nothingness and perish forever.”<sup>36</sup>

## **Suffering**

### ***Concept of Suffering***

According to psychiatrist Wendell Watters, Christianity has been pro-suffering.<sup>37</sup> His Holiness the Dalai Lama defined suffering as “...our mental and emotional response to pain.”<sup>38</sup> Watters considered this obsession with suffering to stem primarily from Christ's suffering on the cross,<sup>39</sup> as Phil. 2:29 states, “For unto you it is given in the behalf of Christ, not only to believe on him but also to suffer for his sake.”<sup>40</sup> In fact, to suffer is the highest command of Christianity.<sup>41</sup> Religion expert Huston Smith established that suffering illumines two major insights: (a) the defeat and exile experience of the Jews teaches a passion for freedom and justice to influence all humankind; and (b) those remaining faithful in hardship will be vindicated, and their

rights will be re-established.<sup>42</sup> Suffering brings us nearer to God, loosens our attachments to the material world, and makes us cleave to God as our shelter.<sup>43</sup>

Within Christianity, suffering may be gloried in, provided it is for the ultimate cause.<sup>44</sup>

“Within the churches a disposition has always prevailed to regard sickness as a visitation; something sent by God for our good, either as chastisement, as warning, or as opportunity for exercising virtue and, in the Catholic Church, of earning ‘merit.’ If other mortifications are of silver, [illness] is of gold, since although it comes of ourselves, coming as it does of original sin, still on its greater side, as coming...from the providence of God, it is of divine manufacture. And how just are its blows! And how efficacious it is! I do not hesitate to say that patience in a long illness is mortification’s very masterpiece, and consequently the triumph of mortified souls. According to this view, disease should in any case be submissively accepted, and it might under certain circumstances even be blasphemous to wish it away.”<sup>45</sup>

In summary, even though Christians vary in their beliefs concerning inerrancy of Biblical sacred texts, the doctrines, teachings, and views of the Bible as a non-metaphorical, historical writing express the will and word of God as a source of prolonged suffering. Joseph Campbell lectured that the Christian tradition contains mythologically structured orders of symbols making them susceptible to other kinds of readings.<sup>46</sup> This tradition views illness as a test of faith or as the result of a curse, and that living outside the laws of an external God brings on disease, a retribution for personal evil.<sup>47</sup> Thus, western religion focuses upon suffering and the dark night of the soul.<sup>48</sup> The Bible is replete with references of salvation through Jesus Christ, with sin a cause of prolonged suffering. With retribution and suffering so desirable, Christians may feel diverse emotions about lingering in a suffering mode. Kenneth Leech declared, “So silence and darkness are central to the Judaeo-Christian understanding of divine revelation.”<sup>49</sup> Often erroneously identified with spiritual illness and depression, the dark

night is in fact the path of illumination.<sup>50</sup> One must enter the dark night of the soul to know God, to endure, and to have faith that this “necessary madness” and suffering will end.<sup>51</sup> Therein remains the belief that miracles can occur, and prayer is a powerful healer.<sup>52</sup>

### *Analysis of Suffering*

Reflecting on suffering may assist in putting our problems in perspective.<sup>53</sup>

Our outlook towards suffering becomes vital as it can shape how we cope with suffering when it arises.<sup>54</sup> If our basic attitude is that suffering is negative, must be avoided, and is a sign of failure, then apprehension and intolerance may be present when encountering challenging situations. Refusal to recognize suffering as an ordinary part of life can lead to viewing oneself as a perpetual victim and to holding others responsible for our issues.<sup>55</sup> If, on the other hand, our fundamental attitude accepts suffering as a natural part of our existence, we will certainly be more tolerant toward life’s adversities.<sup>56</sup>

In Eastern tradition, suffering is seen as a result of our own harmful past actions and is viewed as a catalyst for seeking spiritual freedom.<sup>57</sup> Eastern religions focus on the mystic path to the light of the soul, rather than on prolonged suffering and the dark night of the soul as does Christianity in the West.<sup>58</sup> Within both perspectives, however, one can connect with the mystic state, a union with reality, a transcendent state in which there is recognition of a greater connectedness between God and the Self.<sup>59</sup>

Suffering is an integral part of life. We will all suffer at some point in our life; i.e., death of a loved one, loss of income, hunger, illness, etc. How we handle suffering is critical to our health and healing; that is, in going through the dark night, do we linger in our suffering or do we overcome? Critical to this is one’s perspective on suffering. Is

suffering to be welcomed, as in emulating Jesus Christ's suffering on the cross as portrayed in the blockbuster movie "The Passion of the Christ?" Is suffering viewed as punishment for sins committed with no relief except salvation through Christ? Is suffering a test of our faith from God as in the story of Job? Is it a consequence of our own behavior? Or is it simply a part of the human condition? How we view the source, the cause, of suffering will be reflected in how we deal with it. The spiritual dilemma is to either succumb to the suffering or labor through it, viewing it as an essential madness and an opportunity to achieve a higher spiritual awareness.

Those brought up in some Eastern cultures appear to have a better recognition and open-mindedness for suffering partly due to their beliefs, but perhaps because suffering is more perceptible in poorer nations.<sup>60</sup> As Western civilization has been able to regulate distress caused by cruel living circumstances, it appears to have lost the ability to handle the remaining suffering.<sup>61</sup> Believing that life is mostly fair for those in Western society and that they are decent people who are worthy of good things happening to them, when the unavoidable arising of suffering emasculates their beliefs, individuals can have difficulty living contentedly and efficiently. In this context, a somewhat minor ordeal can have a substantial psychological influence as one loses faith in one's basic beliefs. As a result, pain is intensified.<sup>62</sup>

Perhaps because there is more physical comfort in Western society, a significant shift in awareness occurs. When suffering becomes less discernible and is no longer viewed as part of the essential nature of individuals, but rather as an irregularity, a sign that something has gone dreadfully wrong, a symbol of malfunction of some system, it can become a breach on our guaranteed right to happiness.<sup>63</sup> Thus, a breakdown in the

process of the internalization of suffering may occur. As long as suffering is viewed as an unnatural condition, an abnormal circumstance to be feared, avoided, and rejected, which Christians may do in spite of their teachings that they are to persevere in their suffering, the origin of suffering may never be uprooted in order for one to begin to live a healthy, joyful life.<sup>64</sup> Psychiatrist Wendell Watters perceived this breakdown or mixed view as a major cause of lack of self-esteem and self-actualization, affective disorders, and other health and healing challenges in individuals.<sup>65</sup> The next chapter presents some views of respected health professionals who believe adherence to traditional religious values is related to illness.

## Chapter 2 Endnotes

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### CHAPTER 3:

#### VIEWS OF RESPECTED HEALTH PROFESSIONALS

All beliefs, regardless of their source – be it cultural, social or religious – are worthy of being challenged if they no longer adequately serve us in terms of helping us cope with the challenges of our lives.

Caroline Myss

This section addresses the views of health professionals who believe that adherence to traditional religious values is related to illness.

A sizable group of reputable health professionals argue that religious beliefs and practices have adverse health relationships.<sup>1</sup> These adverse associations include guilt, confusion, irrational thinking and emotional disturbance, low self-esteem, lack of mastery of self-actualization and related individuation, lack of establishment of healthy supportive human networks, depression, irritation and energy obstruction, anxiety generated by stress, blocks to overcoming duality, such as heaven vs. hell and reward vs. punishment, and to healing ourselves.

#### Sigmund Freud

Sigmund Freud, a father of modern psychiatry, presented his unfavorable views on religion in *Obsessive Acts and Religious Practices* without ambiguity. In essence, Freud believed the religious, with their prayers and invocations, know themselves to be wretched, guilt-ridden sinners in their hearts, using defensive measures, as does the obsessional neurotic, to signify their behavior.<sup>2</sup> His best-known work on religion is *Future of an Illusion* in which he brings together his previous writings on religion and predicts its future as human civilization matures. Freud declared,

“Religion would thus be the universal obsessional neurosis of humanity; like the obsessional neurosis of children, it arose out of the Oedipus complex, out of the relation to the father. If this view is right, it

is to be supposed that a turning-away from religion is bound to occur with the fatal inevitability of a process of growth...”<sup>3</sup>

Freud declared religion to be comprised of a condition of confusion and a disavowal of reality.<sup>4</sup> He did not hesitate to propose that mankind was being misled by religion; that religion was related to mental illness, not mental health. Only through the curative experience of ‘education to reality’ did Freud hold out expectation that mankind could be healed from this religious neurosis.<sup>5</sup>

### **John Spong**

John Spong, former Episcopal Bishop of Newark, pronounced that the Church controlled the general population with guilt. First, the Church persuaded people that only the Church alone had authority to forgive sins. Then the Church promised the reward of heaven to those it forgave and the punishment of hell to those who failed to repent of their sins. This commanding system of behavior control directed by the Church “...is still unmatched in Western history for its effectiveness.”<sup>6</sup> Spong affirmed that misplaced guilt can do much disparaging work on the human psyche.<sup>7</sup>

### **Dr. Paul Tournier**

Dr. Paul Tournier acknowledged that the problem of guilt cannot be tackled without dealing with the religious questions that it poses; that is, the religious doctrine of sin and the influence of the Church. Tournier declared,

“For true guilt is precisely the failure to dare to be oneself. It is the fear of other people’s judgment that prevents us from being ourselves, from showing ourselves as we really are, from showing our tastes, our desires, our convictions, from developing ourselves and from expanding freely according to our own nature.”<sup>8</sup>

True guilt is a refusal to develop, to assume full selfhood or total responsibility in a given situation. The law of unconscious and repressed guilt is irritation, obduracy, and

aggressiveness.<sup>9</sup> Tournier further revealed that conversely, pardon and grace create joy, relaxation, safety, and the atmosphere in which guilt can become conscious, established, be openly recognized, and in its turn direct the way to pardon and grace. Guilt can then become a friend.<sup>10</sup>

### **Gordon Allport**

To determine what real difference religion makes in one's life, Koenig, McCullough, & Larson found that one of the best indicators of religious commitment is intrinsic religious motivation, or intrinsic religiosity.<sup>11</sup> Developer of the intrinsic-extrinsic concept in the 1950's, Harvard psychologist Gordon Allport contrasted the two. Persons with the intrinsic motivation find their master purpose in religion. Other needs are regarded as of less fundamental importance, and they are brought into accord with the religious beliefs. The individual endeavors to internalize a creed, pursue it completely, and in this sense, live the religion.<sup>12</sup>

The extrinsically religious person is interested in religion only in order to achieve a different, nonreligious goal. Again, according to Allport, those with extrinsic values are always instrumental and utilitarian; they are disposed to use religion for their own purposes. Religion becomes constructive in various ways – to provide sociability and distraction, sanctuary and comfort, status and self-justification. While the embraced creed, which is frivolously held, is selectively shaped to fit more basic needs, the extrinsically motivated turns to God without turning away from self.<sup>13</sup> Allport and Ross viewed extrinsic religiosity as being related to greater prejudice.<sup>14</sup>

**Albert Ellis**

Albert Ellis, prominent and respected leader in the field of psychology whose work helped pave the way for the later development of cognitive-behavioral psychotherapy, emphasized his opinion on religious values. Basically, he viewed religion/religiosity as significantly associated with emotional disturbance. Religiosity is in many respects equivalent to illogical thinking and emotional disturbance, as an emotionally healthy individual is flexible and changing, whereas the devoutly religious tend to be more inflexible, narrow-minded, and unbending. In effect, the healthier one will tend to be when one is less religious.<sup>15</sup>

More recently, Ellis identified numerous pathological characteristics of religiosity. Discouraging self-acceptance, self-interest, and self-directedness, religion tends to make healthy human communications difficult and encourages prejudice and rigidity. Religious people have difficulty accepting ambiguity and living in the real world. Religious people utilize scientific thinking only until it clashes with their religious beliefs, after which they begin thinking irrationally. They are prone to fanatical commitments, in contrast to healthy nonbelievers who entrust passionately but not fanatically. Because their worldview requires self-sacrifice, religious people are too suffused with guilt to take appropriate risks to pursue their goals.<sup>16</sup>

**Wendell Watters**

Wendell Watters, professor of psychiatry at McMaster University in Ontario, Canada, firmly declared that elements of Christian doctrine and teachings are antithetical to the development and maintenance of sound health, notably self-esteem, self-actualization and mastery, good communication skills, related individuation, the

establishment of supportive human networks, and the development of healthy sexuality and reproductive responsibility.<sup>17</sup> Further, Watters reported,

“...these characteristics are inevitable products of the Christian belief system, one that preaches self-abasement as a means of ingratiating oneself with the deity, that discourages ego development and inner-directedness, and promotes superego growth and outerdirectedness with its reliance on external authority...Christian doctrine and liturgy have been shown to discourage the development of adult coping behaviors and the human-to-human relationship skills that enable people to cope in an adaptive way with the anxiety generated by stress.”<sup>18</sup>

Evidence that religion may be hurtful to people should be of interest to anyone who finds it difficult to live an unexamined life; religion is an institution actually keeping the public in poor health.<sup>19</sup>

### **C. Norman Shealy**

Dr. C. Norman Shealy, neurosurgeon, alternative physician and researcher, declared that one factor which markedly increases stress levels is a general discontent with life. This discontent includes “unfinished business” – anything that causes clear-cut fear, anger, guilt, anxiety, or depression.<sup>20</sup> Any continuing fear, such as any fear-based theology as opposed to any joy-based spirituality, anger, anxiety, guilt, or depression is only a self-induced, energy-depleting stress. Shealy reported we must evaluate our stress and look at unfinished business, as the higher the number of stress symptoms, the greater the chance of acquiring a disease.<sup>21</sup>

### **Torkom Saraydarian**

Philosopher Torkom Saraydarian defined ‘irritation’ as a state in which the nervous system responds to incoming unpleasant energies, producing *imperil*, a slow, spreading poison that descends upon the nervous system, cutting off channels of

electricity which flow through the network of our nervous system, thus, blocking energy.<sup>22</sup> Saraydarian presented an effect of religion on the physical body:

“One is in irritation because another religion exists, another interpretation of the same religion exists, or another nation or another interest exists. Expansion of consciousness cleans such sources of irritation and leads the man into unity. It is seldom that irritation exists in one who has a unified field of consciousness.”<sup>23</sup>

### **Caroline Myss**

A new type of spirituality has taken root around the world, one closely connected with the holistic health movement. The teachings of spirituality and holistic health both direct an individual to develop faith in one’s own ability to establish one’s own reality. From the point of view of spirituality, this marks a change from conventional religious thinking in that religion endorses faith that is externally aimed toward a specifically defined God; spirituality emphasizes a ‘God within’ reality.<sup>24</sup> Myss reported,

“The teaching that God exists outside of ourselves has proved repeatedly ... to be a handicap to people on the healing journey.... The reason is that most traditional religious beliefs adhere to the teaching that God, as an external force, determines whether or not a person heals, as well as whether or not a person becomes ill. In some regards, this belief is identical to the position held by traditional physicians that all sources of disease, as well as their cure, exist externally. As a result of this belief, one automatically directs the power of his or her faith to an external understanding God. The reason why this hampers the healing process is that it encourages the belief that disease is the result of the will of God rather than the result of the creative power of negativity.”<sup>25</sup>

The merging of the tenets of holistic health with spirituality gives individuals a way of understanding how they add to the formation of their illness as a result of allowing fears and other negative emotions to take charge of their lives, not as a result of the will of God. We must transcend the human value system of reward vs. punishment and develop into a relationship based upon the principles of co-creation. The journey of healing is freed of the burden of feeling victimized by our destiny, conditions, or God,

and individuals are then able to have faith and hope in themselves and in God.<sup>26</sup> Because of the power of faith, we must select cautiously the beliefs we empower. Faith is a commanding force, and what we have faith in is significant. Our beliefs deserve to be examined if they no longer facilitate us in managing life's challenges.<sup>27</sup>

I believe that a common thread in the work of the researchers cited above is the concept that people with intrinsic religious beliefs have a significant conflict to resolve in their fight against illness. Believing that God is omnipotent puts these individuals in the unenviable position of concluding that either God is wrong in inflicting the illness or that, because God is never wrong, these individuals must be wrong in trying to overcome an illness that is God's will. For the devout, this is a no-win situation, potentially creating tremendous stress no matter what path is chosen; either their faith suffers or they do. Therefore, such beliefs can significantly impact body, mind, and spirit.<sup>28</sup>

The next chapter presents evidence that our search for God, an ever-present one, originates in the wiring of our human brains.

**Chapter 3 Endnotes**

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## CHAPTER 4:

### HARDWIRED FOR GOD

The impulse to worship lies deeply engrained in the heart of every man. It defies opposition. It is bound to lead him in search for God.

Marcus Bach

The quest for God simply will not go away. Marcus Bach, worldwide theologian and researcher into historic faiths, recognized that man's need is so immense, his search is so heartfelt, and his discovery is so significant that nothing in the world is more fundamental than the spiritual quest.<sup>1</sup> The extraordinary resolve of religion originates in something deeper, more straightforward, and healthier than psychological mechanisms of denial or dependence. Scientists Newberg, d'Aquili, and Rause reported,

“Evidence suggests that the deepest origins of religion are based in mystical experience, and that religions persist because the wiring of the human brain continues to provide believers with a range of unitary experiences that are often interpreted as assurances that God exists.”<sup>2</sup>

Evolution has adapted our neurological machinery of transcendence and has favored the religious capacities of the brain since religious ideas and actions turn out to be helpful for us in intense and practical ways.<sup>3</sup>

Research offers several examples of the health benefits of religion. Those in private religious activities showed longer survival;<sup>4</sup> those with heart disease had the lowest complication rates after administration of off-site intercessory prayer;<sup>5</sup> and those who practice mainstream faith exhibit better immune function<sup>6</sup> and have lower blood pressure.<sup>7</sup> By promoting routines of moderation and domestic stability, most religions inevitably encourage behaviors that are essentially healthy.<sup>8</sup>

## **Myth-Making**

### ***Genesis of Myth***

We are compelled to create stories and beliefs and to make myths. Mythologist Joseph Campbell declared that our myth-making is seemingly coeval with mankind.<sup>9</sup> The Neanderthals became the first living creatures of the earth to bury their dead with ceremonial procedures. Their graves and shrines constitute the broken, scattered, and earliest evidence of proto-religious behavior of the *Homo sapiens* species, evidence that humans began to wonder and worry about the deepest mysteries of existence and “...found resolutions for those mysteries in the stories we call myths.”<sup>10</sup>

### ***Characteristics of Myth***

#### **Definition and Purpose**

Contrary to the meaning conveyed by modern usage, the term myth is not synonymous with fantasy or fable. Karen Armstrong, British commentator on religious affairs, defined *mythos* as “to close the eyes or the mouth...in an experience of darkness and silence.”<sup>11</sup> Myths illustrate how to be human; their power lies beneath their literal interpretations, in the ability of their universal symbols and themes to unite us with the most fundamental parts of ourselves in ways that logic and reason alone cannot.<sup>12</sup> Newberg, d’Aquili, and Rause declared, “Religions *must* be based in myth if they are to have anything meaningful to say to us.... All religions, in essence, are founded upon myths.”<sup>13</sup> Myths are alive today in the foundational stories that empower all modern religions (i.e., the story of Jesus).<sup>14</sup>

### **Elementary Ideas**

Myths of the world cultures are consistently similar. According to Joseph Campbell, in the mythologies and religions of the world, certain themes and motifs occurred everywhere, called elementary ideas, appearing in different costumes in various forms in diverse applications associated with totally dissimilar social situations.<sup>15</sup> Myth is the symbolic expression of archetypal ideas or inherited forms of thought that exist, in universal form, in the depths of every human mind.<sup>16</sup> Myth tells us in the language of pictures that the powers of the psyche are to be acknowledged and assimilated into our lives. These powers have been common to the human spirit forever and represent that knowledge of the species by which man has weathered millenniums.<sup>17</sup>

### **Framework**

Newberg, d'Aquili, and Rause declared that all myths can be condensed to a straightforward framework.

“First, they focus upon a crucial existential concern - the creation of the world...Next, they frame that concern as a pair of apparently irreconcilable opposites - heroes and monsters, gods and humans... Finally, ...myths reconcile those opposites, often through the actions of gods...in a way that relieves our existential concerns.”<sup>18</sup>

An example of a popular myth is that of Adam and Eve in the Garden of Eden. The story of Adam, Eve, and the Serpent, told in the language of folklore, is one of two accounts of creation in the Holy Bible. It is considered to be the older of the two accounts, dating back to 1000-900 B.C.E.<sup>19</sup> The myth is focused upon a crucial existential concern, the Fall of man, which became the canon of the inspiration of the Scriptures.<sup>20</sup>

As the story goes, after being tempted by the Serpent, Adam and Eve ate of the fruit of the knowledge of good and evil, the pairs of opposites, immediately feeling shame and experiencing themselves as unlike each other. God drove them from the garden to experience the pains of birth, death, and of labor for the goods of this world. They experienced God now as wrathful and unsafe to their purposes.<sup>21</sup>

According to Christian dogma, the reconciliation is the Incarnation of Christ Jesus, which became necessary, "...merely *because he had to redeem the evil introduced into the world by the Fall of man.*"<sup>22</sup> The entire theology of the Christian church is built upon this myth; if there was no Fall, there is no need of atonement, and no Redeemer is necessary.<sup>23</sup>

### **Neurological Mechanisms**

Cognitive operators, the high-level analytical mind functions that allow humans to think, feel, and understand the world in a fundamentally human method, permit us to perceive complex threats and resolve them in creative, sophisticated ways.<sup>24</sup> Evolution seems to have presented the human brain with a biological urge to use our cognitive powers. This involuntary mental drive is referred to as the *cognitive imperative*, the brain's function to organize our world in an almost automatic way; the almost overwhelming, biologically driven need to make meaning of things through the cognitive analysis of reality.<sup>25</sup> To overcome the anxiety derived from the *cognitive imperative*, author Misia Landau described, "...we have certain basic stories, or deep structures, for organizing our experiences."<sup>26</sup> The *cognitive imperative* drives the mind to find resolution, and for thousands of years in cultures around the world, that solution has been found in the shape of myth.<sup>27</sup>

The creation of complex mythic stories requires the interaction of the cognitive operators. Two play significant roles: the causal operator, the mind's power to think in terms of abstract causes; and the binary operator, the brain's ability to structure the world in terms of fundamental polar opposites.<sup>28</sup> There is a holistic agreement of the left and right sides of the brain that causes a neurological resonance sending positive neural discharges racing through the limbic system, leading to a whole brain unification that directs logical ideas into emotionally felt beliefs which resolve uncertainties.<sup>29</sup> Ritual and myth are connected in that ritual offers a way to resolve neurologically the problem of distance normally perceived between humans and their gods. This existential dilemma is the one grand story of myth; that in the beginning we were connected with the source, but that we were separated from it and now must find a way to return. In essence, it is the Hero's Journey.<sup>30</sup>

### **Neurobiology of Ritual**

Human ritual has two major characteristics. First, ritual produces emotional discharges in varying degrees of intensity that signify subjective feelings of tranquility, bliss, and wonder. Second, ritual results in unitary states.<sup>31</sup> Newberg, D'Aquili, and Rause declared, "This is the primary function of religious ritual-to turn spiritual *stories* into spiritual *experience*; to turn something in which you believe into something you can feel."<sup>32</sup>

The orientation association area – the fraction of the brain that helps differentiate the self from the remainder of the world and orients self in space- requires a continual stream of sensory information to do its job well. "In neurological parlance, the orientation area becomes deafferented - it is forced to operate on little or no neural

input.... This softening of the self...is responsible for the unitary experiences practitioners of ritual often describe.”<sup>33</sup>

Strong emotional states, resulting from rhythmic behaviors, almost always accompany the unitary experiences produced by ritual acts.<sup>34</sup> Research on ritual demonstrates that repetitive rhythmic stimulation can drive the limbic and autonomic systems that may eventually alter some very essential aspects of the manner in which the brain thinks, feels, and interprets reality. These rhythms can noticeably affect the brain’s neurological ability to define the limits of the self and escalate into a larger and more exhilarating condition of self-transcendence.<sup>35</sup> Drumming rhythms fluctuate in a given performance to induce responses in most listeners so that individual differences in basal rhythms are accommodated. Each person gets something out of the specific rhythms that reverberates within, making rhythmic group rituals more globally effective.<sup>36</sup> Repetitive auditory and visual stimuli as in chanting, singing, or ritualized dancing can push cortical rhythms to produce overwhelming, intensely pleasurable feelings.<sup>37</sup> During meditative practices, there was a considerable variation in heart rate indicating that there are substantial alterations in the autonomic nervous system and not just a relaxing response.<sup>38</sup>

### **Conclusion**

In conclusion, religions crop up again and again not only because of our culture, but because of our biology. Traits of emotionality, spiritual ecstasy, mysticism, and strident supernaturalism have been found at the core of religion worldwide and have been called the religious trance and the alternate reality. Researcher Felicitas Goodman concluded,

“To put it in modern terms, we have a biological propensity for experiencing both the ordinary and the alternate reality. In the long

run...humans cannot tolerate ecstasy deprivation. The religious trance is an indestructible part of our genetic heritage.... If humans were no longer taught any religions, they would, I think, spontaneously create new ones from the content of ecstatic experiences, combined with bits and pieces transmitted by language and folklore.”<sup>39</sup>

Chapter 4 Endnotes

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## CHAPTER 5:

### RESEARCH SUPPORTING THE HYPOTHESIS

Thoughts, beliefs, imaginations are electrochemical events with physiological consequences.

Blair Justice, Ph.D.

The following section identifies research supporting the hypothesis that the type of religion may be related to health and healing.

#### **Biopsychosocial Aspect**

Research in religion/spirituality and its relation to health and healing strongly shows that belief affects biology. There is an expanded account of disease appearing today that is *biopsychosocial*, meaning that a person's mind, body and surroundings together determine whether one becomes ill.<sup>1</sup> The placebo response depends on our positive expectations and beliefs.<sup>2</sup> Our cognitions and the social support we perceive in our lives can alter the levels of our hormones and neurotransmitters, the chemical messengers responsible for communication between our cells and the activity of many of our physical processes. When imbalances occur in these processes, pathology often results.<sup>3</sup>

#### **Religious Convictions Linked to Health**

Religion/spirituality is now linked to physical and mental health.<sup>4</sup> Religious convictions that represent God or a higher power as remote, apathetic, punishing, or unforgiving have less beneficial health effects than belief systems that present God as merciful, caring, forgiving, and sympathetic or as a collaborative partner.<sup>5</sup> In a cross-sectional investigation of 577 consecutively hospitalized patients age 55 or over, assessments of God as compassionate or as a collaborative associate were related to

better mental health. Religious convictions that depicted God as a punishing deity and demonic powers as responsible for health problems were correlated with worse mental health.<sup>6</sup> Religion researchers Koenig, McCullough, and Larson concluded, “Simply having faith, any faith, may not be as important as *what* a person believes.”<sup>7</sup>

### ***Authoritarianism***

Religion researchers Koenig, McCullough, and Larson have cited a number of studies recognizing correlations between religiosity and authoritarianism. In studying 360 Indian and Muslim college students from India, researchers found that religiosity was positively related to authoritarianism, as well as characteristics of intolerance of ambiguity, rigidity, and anxiety.<sup>8</sup> In a study involving 596 college students in California, religious orthodoxy was correlated with authoritarian personality attributes.<sup>9</sup> In 197 young American Naval cadets, religion was linked with high scores on authoritarianism.<sup>10</sup> A similar connection was established between religiousness and authoritarianism in a sample of mostly Catholic college students in Utrecht, Holland.<sup>11</sup>

### ***Prejudice***

Important studies from the 1960's have demonstrated a positive relationship between prejudice and religiosity. Koenig, Larson, and McCullough mentioned investigators who established that undergraduates belonging to religious associations were more prejudiced than those who did not belong to such groups.<sup>12</sup> A positive relationship was reported between prejudice and traditional religious mind-sets in denominational college students.<sup>13</sup> In another religion study, extrinsic religiosity was connected to greater prejudice, whereas the truly religious person of intrinsic incentive was actually less prejudiced than the typical individual.<sup>14</sup>

### *Self-Esteem*

Several researchers have established a relationship between religious belief and self-esteem. A significant negative association was discovered between self-esteem and conventional religious belief.<sup>15</sup> Koenig, McCullough, and Larson cited examiners who described the negative consequences of religion on mental health resulting from beliefs in original sin and divine omnipotence, which, they reasoned, damage feelings of personal mastery and self-esteem.<sup>16</sup>

### *Anxiety, Dependency, and Depression*

Koenig, McCullough, and Larson described study outcomes on anxiety, dependency, and depression. In depicting study results from two samples of college students, religious subjects were more likely to be fretful than nonbelievers and believers complained more of sleeping irregularly, working under tension, and experiencing other symptoms.<sup>17</sup> Religious persons were found to be more perfectionistic, reserved, self-doubting, depressed, apprehensive, and inept.<sup>18</sup> In a study scrutinizing personality correlates of religious attitudes among college students, religious subjects expressed more dependency feelings than did nonreligious individuals.<sup>19</sup> In examining the effect of religious background on methods of managing anger, researchers established that those with extensive religious education were more likely to turn anger in on themselves than to direct it in an external way.<sup>20</sup> Those with higher religious scores were more opposed to change.<sup>21</sup> With regard to personal adjustment and its connection to religious attitude and certainty, it was reported that those who seemed more open-minded in their religious attitude or less certain of their religious responses tended to be better adjusted.<sup>22</sup> Compared to persons from mainline or traditional Protestant affiliations, Pentecostal baby

boomers had higher rates of six-month and lifetime anxiety and depressive disorders and lifetime risk for any Diagnostic and Statistical Manual (DSM-III) disorder.<sup>23</sup> In a study clarifying the dimensions of religiosity and their involvement with lifetime psychiatric and substance use disorders, researchers concluded that religiosity is a complicated, multifaceted construct with substantial connections with lifetime psychopathology. Further, these researchers posited that most prior examinations of this relationship have used assessments of religiosity that do not reflect its intricacy and/or have observed only a small amount of psychiatric outcomes.<sup>24</sup>

### **The Challenge of Religion**

In conclusion, one purpose of religion is to bind our hearts to each other and to God and to realize the full potential of the Self.<sup>25</sup> All religions contain sacred truths calling us to dare to hear and follow their secret call.<sup>26</sup> My examination of core teachings related to health and healing of Christianity reveals that western religion extols suffering as punishment for our sins and the dark night of the soul as an illumination along the path. The challenge is to overcome the suffering and find the authentic Self or the Holy Grail, the representation of the highest potentialities of human consciousness, otherwise known as the Hero's Journey.<sup>27</sup>

From my viewpoint, research in the field of religion/spirituality/health appears contradictory; that is, religious people have better health and live longer, yet religious people appear to suffer adverse mental/emotional/physical symptoms. So, we must examine both the scientific studies and our religious/spiritual beliefs. Religious/spiritual beliefs, as are any beliefs, must be challenged if they no longer sufficiently assist in terms of helping us manage life's spiritual tests. The type of faith is important, as thoughts,

positive and negative, affect biology. Because research in the religion/spirituality/health field strongly shows that belief affects biology, the research hypotheses this study serves to examine are threefold: 1) there are basic differences between Roman Catholics and Unity church members with regard to anxiety, depression, and overall health symptoms; 2) there are different ways of being religious between the two groups as measured by the Religious Life Inventory (RLI); and 3) the different ways of being religious are predictors of health.

Thus, if a person with no religious affiliation believes in the power of prayer or positive thinking and receives good results, then this would seem to indicate the power of ‘placebo,’ that it is not necessarily religion giving the good results. Spirituality, as opposed to religious dogma, encourages creation of our own reality by setting our energy in motion and by commanding energy from our determination to create our own health results. In essence, the Hero’s Journey is one in which we follow our neurobiological need for spiritual union with the Divine, consciously rise above the trials and tribulations of life, and transcend from materialistic thought to mysticism. William James declared,

“This overcoming of all the usual barriers between the individual and the Absolute is the great mystic achievement. In mystic states we become one with the Absolute, and we become aware of our oneness. This is the everlasting and triumphant mystical tradition, hardly altered by differences of clime or creed.”<sup>28</sup>

**Chapter 5 Endnotes**

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**CHAPTER 6:**

**METHODOLOGY**

**Research Design**

This study utilized a comparative, correlational design. The predictor variables of the study were the different religious motivators, which could not be manipulated; the criterion variables of the study were anxiety, depression, and symptoms. The cross-sectional approach utilized in the study, aiming to develop a snapshot of an individual's biopsychosocial state at a particular place and time based upon one's life history of religious/spiritual orientation, beliefs, and behaviors, utilized a specialized one-time test administration method. One group from each of eight churches participated in the survey to determine if there were differences between Roman Catholics and Unity church members with regard to anxiety, depression, and overall health symptoms, to determine if there were different ways of being religious between the two groups as measured by the RLI, and to determine if the different ways of being religious are predictors of health.

The principal investigator (PI) solicited participation during church services to obtain volunteer member participants. By selecting active churchgoers, one can establish how one's health is related to any degree to other belief issues, such as the relationship of poor health to punishment from God, or more simply a hardship in life, or some type of suffering with which one must deal. No attempt was made to make this sample representative of local, state, or national demographics. Instead, solicitation for volunteers was specifically made within respective religious congregations in order to assess active churchgoers of specific faiths (Roman Catholic or Unity) who were members of their respective congregation. A criterion for selection of dates for testing

participants was that the survey not be given on holidays. The PI prayed “Thy will be done” for the results of the study.

### **Subjects**

#### ***Recruitment***

A letter from Holos University Graduate Seminary, explaining that a study was being done about religion/spirituality and health, was provided to 14 church administrators (see APPENDIX B, page 109) for subject recruitment. Six churches declined participation. Eight, located in central Texas and southern Missouri, volunteered to participate in the study; four were Roman Catholic and four were Unity churches. Two of the Roman Catholic churches and one of the Unity churches were in Bexar County in San Antonio, Texas; two of the Roman Catholic churches and two of the Unity churches were in Greene County in Springfield, MO.; the remaining Unity church was located in Taney County in Branson, MO.

After first meeting with the research assistants, the PI then met with the church administrators and explained the study and protocol (see APPENDIX C, page 110). The church administrators then met with the respective priest/pastor and ascertained if the members would be willing to participate and what would be the best way to test in their particular situation. After agreement to participate was provided by all eight church leaders, methods of advertising the study were discussed with the church administrator selecting the best method for his/her particular situation. In one church, the study was publicized in the church newsletter by church administration at least a month before the scheduled date for test administration. The newsletter explained that the study was an opportunity for subjects to determine if their church attendance/belief might correlate

with their health. In four churches, the study was announced at the church service at least one week in advance of the study; one of these churches requested a sign-up sheet be posted in advance (see APPENDIX D, page 114). In another church, a church administrator publicized the study at three morning masses recruiting volunteers for the test session following each mass on the same day as the test session was scheduled. In two churches, after meeting with the priest/administrator, arrangements were made for the survey to be sent home with respondents after the church service and returned to the church office as soon as possible. In all but one of the churches, informed consent was obtained. One church stipulated that subjects would participate in the survey only if the informed consent form was not signed for privacy purposes (see APPENDIX E, page 115). The PI made follow-up phone calls to the administrators to answer any questions before the official test dates and to make arrangements for provisions of any refreshments. The PI and church administrators determined that an incentive such as a reward of refreshments, like finger sandwiches, fresh fruit, salad, drink, and dessert, was the best viable way to insure participation. No financial incentives were offered to participants; however, the PI of the study made donations to the churches after the fact, depending on the number of test participants involved in the study, in thanks for use of their particular facility.

### ***Criteria for Inclusion***

In order to be included in this study, subjects had to be at least 18 years of age, be members of their respective church, believe in the mission/vision of the respective church, volunteer to be a part of the study, and be willing to comply with instructions and complete the data forms. A total of 205 church members met these criteria.

### ***Criteria for Exclusion***

Subjects under the age of 18 years and subjects who are non-members of their respective church were excluded from the study.

### ***Characteristics***

Subjects totaled 102 in the Roman Catholic group; 103 in the Unity group (not all of the sample sizes equaled 102 and 103, respectively, because some subjects did not respond to every question in the Subject Background Questionnaire). The mean age of the Catholic group was 54.24 with a SD of 15.511; mean age of Unity participants was 53.08 with a SD of 14.109. Please see Table 1., page 56, for a description of subject characteristics on both Roman Catholic and Unity groups.

### ***Measures***

There were five measurements used in the study. Three of the quantitative measurements, the Symptom Index, the Zung Depression Scale, and the State-Trait Anxiety Inventory, allowed a broad spectrum, yet detailed, self-assessment of the health of the subjects. Another quantitative tool, The Religious Life Inventory, measured the degree of religious orientation of each of the groups. The Subject Background Questionnaire, the qualitative measurement, assisted in determining variables other than religious affiliation which may impact on findings. All surveys met the criteria the PI intended for their use. Criteria that the PI found necessary to be included in this church-based study included the following: age appropriate measures and basic reading levels; fairly short response time of all surveys of approximately 40 minutes to one hour of time; specification that this study not take significant time away from respondent's family time; and ease of presentation which may increase the likelihood of test completion.

Influence of Religious/Spiritual Orientation

Category	Catholic		Unity	
	N	%	N	%
<b>Gender:</b>				
Female	69	67.6	74	71.8
Male	32	31.4	29	28.2
<b>Race:</b>				
African Am	0	0.0	1	1.0
Asian, Pac Islander	3	3.0	1	1.0
Caucasian	89	88.19	92	89.3
Hispanic	5	5.0	3	2.9
Native American	4	4.0	3	2.9
Other	0	0.0	3	2.9
<b>Education:</b>				
Some HS	2	2.0	2	1.9
HS Grad	14	13.9	20	19.4
Some College	24	23.8	31	30.1
Bachelor's Degree	35	34.7	26	25.2
Master's Degree or Higher	26	25.7	24	23.3
<b>Income:</b>				
Below \$20,000	4	4.2	20	20.2
\$20,000-\$29,999	15	15.6	14	14.1
\$30,000-\$39,999	10	10.4	14	14.1
\$40,000-\$49,999	10	10.4	18	18.2
\$50,000-\$79,000	27	28.1	20	20.2
\$80,000-\$99,999	16	16.7	7	7.1
\$100,000 and above	14	14.6	6	6.1
<b>Marital Status:</b>				
Single, Never Married	11	10.8	21	20.4
Married	75	73.5	37	35.9
Divorced, Currently Single	11	10.8	37	35.9
Widowed	5	4.9	8	7.8
<b>Frequency of Church Attendance:</b>				
x2 Weekly	32	31.7	37	35.9
x1 Weekly	65	64.4	63	61.2
x1 Monthly	3	3.0	2	1.9
Occasionally	1	1.0	1	1.0
<b>Mother's Primary Religion:</b>				
Roman Catholic	70	70.0	25	24.5
Unity	0	0.0	8	7.8
Baptist	3	3.0	23	22.5
Methodist	10	10.0	16	15.7
Other	17	17.0	30	29.4
<b>Father's Primary Religion:</b>				
Roman Catholic	62	68.9	19	20.4
Unity	1	1.1	3	3.2
Baptist	7	7.8	19	20.4
Methodist	6	6.7	15	16.1
Other	14	15.6	37	39.8

**Table 1. Subject Characteristics**

### ***Symptom Index***

The Symptom Index (SI) is designed to assist individuals in identification of mental/emotion/physical symptoms that they presently have now or have had with their current illness, as symptoms often precede disease.<sup>1</sup> Scoring procedure requires the number of symptoms checked by the subject to be added for a total score, an overall easy process.<sup>2</sup> From previous research, those with 20 or more symptoms had more chemical, dietary, environmental, physical, social, and/or emotional stressors in their lives, and symptoms often precede disease.<sup>3</sup>

The SI (see APPENDIX F, page 116) is a quick self-report test which applies to a wide variety of populations.<sup>4</sup> Content validity of the SI is assured due to its development and refinement by a leading practicing physician. Reliability has been demonstrated through correlations between stress and symptomatology through the Total Life Stress Test and the Symptom Index. Shealy reported, “Six hundred ninety-eight (698) subjects had a TLS score of 75 or more. Ninety percent (90%) had 20 or more symptoms and 82% had 30 or more symptoms. Both these correlations of stress and symptomatology are significant at the 0.001 level.”<sup>5</sup>

### ***Zung Depression Scale***

The Zung Self-Rating Depression Scale (see APPENDIX G, page 121) is designed to quantitatively measure the intensity of depression.<sup>6</sup> A value (1-4) correlates with subjects’ responses to each of 20 statements in a Likert Scale format constructed on the basis of the clinical diagnostic criteria most commonly used to characterize depressive disorders. The numbers will be added up for a total raw score.<sup>7</sup> Scores are converted to an index that indicates how depressed a subject is: below 50 = within

normal range; below 60 = mild depression; below 70 = moderate or marked major depression; above 70 = severe or extreme major depression.<sup>8</sup>

Numerous studies have established the validity and reliability of the Zung Self-Rating Depression Scale.<sup>9,10,11</sup> Advantages of the Zung include a sensitive measure of treatment efficacy, a multi-disciplinary screening instrument useful for discriminating between depressed and non-depressed, and a test in which normative data are available for a wide variety of age groups.<sup>12</sup>

### ***State-Trait Anxiety Test***

The State-Trait Anxiety Test (STAI) (see APPENDIX H, page 122), used extensively in studies relating to health and physical illness,<sup>13</sup> is a questionnaire specifically developed for use with adults that delineates between the short-lived condition of state anxiety and the more general and longstanding feature of trait anxiety. Designed to be self-administering, the STAI takes approximately 10 minutes to complete both the 20-question S-Anxiety scale (Form Y-1) and the 20-question T-Anxiety scale (Form Y-2). Each item is given a weighted score of 1 to 4, and scores for both scales can each vary from a minimum score of 20 to a maximum score of 80. A rating of 1 indicates the absence of anxiety while a rating of 4 indicates the presence of a high level of anxiety present. Other advantages of the STAI include ease of reproducibility and scoring. Various studies have ascertained the reliability and the validity of the STAI.<sup>14,15</sup>

### ***Religious Life Inventory***

There is a long history of different attempts to measure religious life (see studies supporting the validity and reliability of the Religious Life Inventory (RLI), p. 60). Researchers Batson and Ventis reported there are different ways of being religious, as

shown in Table 2 (page 60). Distinguishing among them may be of great importance in any attempt to understand the impact of religion on people's lives and their health, the purpose of the RLI (see APPENDIX I, page 124). The RLI relates the different ways of being religious to the various types of religious experience suggesting that different ways of being religious are associated with diverse types of cognitive restructuring in response to existential questions.<sup>16</sup> The RLI consists of six religious orientation scales: Extrinsic, Intrinsic, External, Internal, Interactional, and Orthodoxy. Items used to measure the Extrinsic orientation to religion suggest an approach in which the individual uses religion in a self-centered way to serve other needs. Items used to assess the Intrinsic orientation to religion propose a method in which the individual, considered to be a true believer, lives his religion by embracing, internalizing, and following his creed fully.<sup>17</sup> The *means* orientation, in which religion is a means to other self-serving ends, and the *end* orientation, in which religion is an ultimate end in itself, are based on the extrinsic-intrinsic conception.

The External scale was devised to measure a component of the extrinsic, *means* orientation – the degree to which one's external social environment has influenced his/her personal religion. The Internal scale was designed to measure a component of the intrinsic, *end* orientation – the degree to which an individual's religion is a result of internal needs for certainty, strength, and direction. The Interactional scale was intended to measure the basic component of the *quest* orientation – the degree to which an individual's religion involves an open-ended, questioning approach that involves honestly facing existential questions in all their complexity while resisting clear-cut pat answers.

The final Orthodoxy scale was designed to measure belief in traditional religious doctrines, an important component of the intrinsic, *end* orientation.

<b>Extrinsic</b>	Those who use religion for their own ends, a means to a self-serving end. Religion provides security, solace, sociability, distraction, status, and self-justification.
<b>External</b>	Means; scale measures the degree to which one's external, social environment has influenced his religion.
<b>Intrinsic</b>	True believer who sees the world in terms of absolute, rigid categories; scale measures intense rigid devotion to orthodox beliefs and practices.
<b>Internal</b>	Scale measures the degree to which an individual's religion is a result of internal needs for certainty, strength, and direction.
<b>Orthodoxy</b>	Scale measures belief in traditional religious doctrines; involves a greater reliance on absolutist answers. Within this orientation, religion reflects Intrinsic and End orientations.
<b>Interactional or Quest</b>	Scale measures the basic component of the quest orientation; the degree to which one asks open-ended questions to existential concerns raised by the contradictions and tragedies of life.
<b>Means</b>	Religion is a means to other self-serving ends. Within this orientation, religion reflects Extrinsic and External belief systems.
<b>End</b>	Religion is an end unto itself. Within this orientation, religion reflects Intrinsic, Internal, and Orthodox belief systems.
<b>Quest</b>	Mature religion involving an approach that includes facing existential questions in all their 1) complexity – resists clear-cut pat open-ended answers; 2) a readiness to doubt and to be self-critical; and 3) tentativeness – the mature religious orientation involves a continual search for more light on religious questions.

**Table 2. Different Ways of Being Religious, by Batson-Ventis.**

For this study, see simplified scoring procedures for obtaining scores on the means, end, and quest orientations as utilized in *The Religious Experience* by Batson and Ventis, p. 160.<sup>18</sup> Advantages of the RLI include low cost and ease of administration and reproducibility. Numerous studies have established the validity and reliability of the RLI (Batson and Raynor-Prince, 1981;<sup>19</sup> Batson, 1976;<sup>20</sup> Allport and Ross, 1967;<sup>21</sup> Allen and Spilka, 1967;<sup>22</sup> Allport, 1950<sup>23</sup>; Allport and Kramer, 1946).<sup>24</sup>

### ***Subject Background Questionnaire***

Questionnaires are commonly used types of measures utilized within fields of psychology requiring subjects to report on features of their own personality, emotions, thoughts, or behavior.<sup>25</sup> The Subject Background Self-Report Questionnaire (see APPENDIX J, page 130) is a qualitative measurement designed to assist in determining extraneous variables other than religious affiliation, such as demographics, socioeconomic status (SES), prior history of complaints, length of time in church role, type of faith in family of origin, and church attendance, etc., which may impact on findings. Advantages of using the self-report tests include presenting a direct appraisal of feelings, thoughts, and perceptions of subjects; permitting appraisal of several domains of functioning not readily available with other assessment techniques; and evaluating various aspects of a given trait or multiple traits merely by having the subject act in response to many different items.<sup>26</sup>

### **Procedures**

#### ***Contact with Participants***

Prior to commencing the study, the principal investigator met with two research assistants by appointment in the San Antonio, Texas area to discuss the survey booklets and expectations of the PI to ensure that the study objectives were met. The research team agreed to ensure that ethical research was to be conducted in accordance with recognized standards of scientific competence and research with due concern for the dignity and welfare of the study participants; and to perform only those tasks for which they were appropriately trained and prepared. The PI requested that the script be executed as specified.

Then the PI met with the church pastors/priests/administrators by appointment to discuss the study protocol. During that appointment time, church leaders were provided survey booklets. The PI and the church leaders orally reviewed the survey booklet together, and some of the church administrators volunteered to take the survey for themselves first.

In order to ensure confidentiality and anonymity of the subjects participating in the study at each facility except for St. Matthew's Catholic Church, it was agreed that, after the subject signed and tore off the first copy of the consent form (APPENDIX K, page 134), the PI would tear off and retain the second signed copy of the consent form from the test booklet at the beginning of the test session. It was further agreed by Unity leaders and the PI that it was permissible to allow the subjects to substitute and think the word "Spiritual" instead of "Religious" for the Religious Life Inventory assessment. The chairperson of the committee approved this change. A cover sheet standardized for each booklet gave written instructions for each individual participant to follow (see APPENDIX L, page 135) in order to successfully complete the survey booklet.

Each church leader was given an opportunity to set his/her own schedule for test administration. Church staff required time to meet, discuss the study protocol, and select the best time, method of administration, and place of on-site test administration. No specific physical arrangement was requested by the PI. In all of the on-site administration facilities, arrangements were made to conduct the surveys in church social fellowship halls following the church service. The PI offered to provide refreshments at all church on-site test facilities. At Holy Trinity Catholic Church, a specific request was made by the church administrator that the PI make a donation to a local non-profit

organization to help the homeless. In most cases, the atmosphere for testing was quiet from start to finish; in others, there were differing degrees of socializing taking place, either before the survey administration or after. The PI assured the leaders that the study was to in no way interfere with church activities, and church holidays were excluded. Phone calls were made as needed to take care of any situations that arose during the test process for the research assistants, for example, in distributing, collecting, and mailing the survey booklets back to the PI as soon as possible after the test session.

### *Session*

Before the initial testing sessions, the study was announced in the church services (see APPENDIX M, page 136) at the appointed times. In San Antonio, the Reverend at Unity Church announced to the parishioners that the study would take place the following week after the church service and that refreshments would be provided by the PI. The PI signed up volunteers on a sign-up sheet after the service at a table in front of the church. The following Sunday, the study was re-announced at two morning services, and the PI passed out test booklets to subjects as they entered the fellowship hall. After collecting the consent form, the PI monitored the test session and collected all test materials as each person completed the survey.

The PI left survey booklets with the priest at St. Brigid's Catholic Church who, after the mass, passed out the booklets to volunteer participants with oral instructions to sign and tear off their copy of the consent form and return the second signed copy and the remainder of the test booklet to the church office no later than one week. One week later, the research assistant came to the church office, tore off the second copy of the consent form from each booklet to ensure confidentiality in the presence of a church

administrator, and picked up the surveys. Surveys were mailed back to the PI as soon as possible. At St. Matthew's Catholic Church, it was stipulated that surveys be taken home by participants. Survey booklets were left with the research assistant who scheduled the announcement of the study at mass and ensured that the survey booklets were handed out to parishioners appropriately to take home and complete. No consent forms were returned as the Sister-in-charge stipulated complete anonymity. Accordingly, the PI confirmed from a research committee member that survey research is really exempt from normal human subjects review according to Health and Human Services standards, and that it was permissible to proceed with administration of the survey booklets for St. Matthew's subjects. Booklets were asked to be returned by the following week to the church office and left with the Sister-in-charge. The research assistant picked up the surveys and mailed them back to the PI as soon as they were all returned.

At Christ Church Unity in Springfield, the administrators asked that the study be announced by the President of Holos University, Dr. C. Norman Shealy, at the two morning church services the day of the study. He wholeheartedly agreed. Volunteer church members on the social committee of the church arranged to provide refreshments for the participants after the services. After the services, members were directed to a church fellowship room where the PI handed out test materials to each volunteer upon entering the room. Because the available facility was a social function room, parishioners were able to socialize with each other after the service before taking the survey. The PI monitored the test session and picked up the surveys by each subject after completion.

At Unity Spiritual Center in Springfield and at Unity of the Hills in Branson, Missouri, the church leaders announced the study at a church service one week prior to the scheduled test date at the church facility. One week later after the service, the PI met the volunteer subjects in the church fellowship hall and passed out the test materials. The PI monitored the subjects during the testing period and collected the booklets as each one completed the survey. Refreshments were provided by the PI at Unity Spiritual Center; at Unity of the Hills, a social committee provided refreshments for all volunteers.

At Immaculate Conception Catholic Church after three morning masses, and Holy Trinity Church after an evening and a morning mass, the PI met the volunteers at the door of the church social hall and passed out the test materials. The PI monitored the subjects during the testing period and collected the materials as each one completed the survey. Refreshments were provided by the PI.

Thank you letters from the PI were mailed to each participating church administrator after the study was completed at each church facility (see APPENDIX N, page 137). Church administrators were further told that the PI would send back a short report on general health patterns of church members to each church after the study was completed.

### **Data Analysis**

For data analysis, several statistical techniques were utilized. A t-test for independent samples, employed to examine the differences between two non-related groups on one or more variables when the same participants were not being tested more than once, yielded descriptive and inferential statistical data for each group. To examine relationships between religious motivators and health, a bi-variate correlational analysis

was completed based on the Pearson correlation coefficients of the tests utilized: SI, Zung, STAI, and RLI. A correlation matrix was then composed of the resulting coefficients. With multiple regression, predictor or independent variables were utilized to predict particular health outcomes.

## Chapter 6 Endnotes

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**CHAPTER 7:**

**RESULTS**

The hypotheses this study examined were the following: (1) there are differences between Roman Catholic and Unity church members with regard to anxiety, depression, and symptoms; (2) there are differences between the two groups in their ways of being religious as measured by the RLI; and (3) different ways of being religious are predictors of health. The predictor variables were the different types of religious motivators which could not be manipulated; the criterion variables were anxiety, depression, and symptoms.

<b>Category</b>	<b>Religion</b>	<b>N</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Extrinsic</b>	Catholic	100	-0.14	1.25
	Unity	103	-0.45	1.00
<b>Intrinsic</b>	Catholic	102	1.08	0.71
	Unity	103	1.05	0.80
<b>External</b>	Catholic	102	0.46	0.97
	Unity	103	-0.07	0.94
<b>Internal</b>	Catholic	102	0.77	0.66
	Unity	103	0.31	0.96
<b>Quest</b>	Catholic	101	-0.42	1.10
	Unity	103	0.09	1.29
<b>Orthodoxy</b>	Catholic	102	0.39	0.72
	Unity	103	-0.90	0.92
<b>Means</b>	Catholic	100	-0.20	1.23
	Unity	103	-0.64	1.07
<b>End</b>	Catholic	102	0.81	0.67
	Unity	103	0.12	0.72
<b>Quest</b>	Catholic	101	-0.46	1.02
	Unity	103	0.26	1.19
<b>Zung</b>	Catholic	101	30.38	9.22
	Unity	103	28.83	9.67
<b>State Anxiety</b>	Catholic	102	32.72	10.45
	Unity	103	30.58	9.93
<b>Trait Anxiety</b>	Catholic	102	33.94	9.52
	Unity	101	32.11	9.17
<b>Symptom Index</b>	Catholic	102	13.96	12.00
	Unity	103	15.02	15.79

*Table 3. Descriptive Group Statistics.*

		<b>t</b>	<b>df</b>	<b>Sig. (2-tailed)</b>
<b>Extrinsic</b>	Equal Variances Assumed	1.98	201	0.05
<b>Intrinsic</b>	Equal Variances Assumed	0.31	203	0.76
<b>External</b>	Equal Variances Assumed	3.95	203	0.00
<b>Internal</b>	Equal Variances Assumed	0.40	203	0.00
<b>Quest (ss)</b>	Equal Variances Assumed	-3.02	202	0.00
<b>Orthodox</b>	Equal Variances Assumed	11.09	203	0.00
<b>Means</b>	Equal Variances Assumed	2.71	201	0.01
<b>End</b>	Equal Variances Assumed	7.13	203	0.00
<b>Quest</b>	Equal Variances Assumed	-4.61	202	0.00
<b>Zung</b>	Equal Variances Assumed	1.17	202	0.24
<b>State</b>	Equal Variances Assumed	1.50	203	0.14
<b>Trait</b>	Equal Variances Assumed	1.40	201	0.61
<b>Symptom In.</b>	Equal Variances Assumed	-0.54	203	0.59

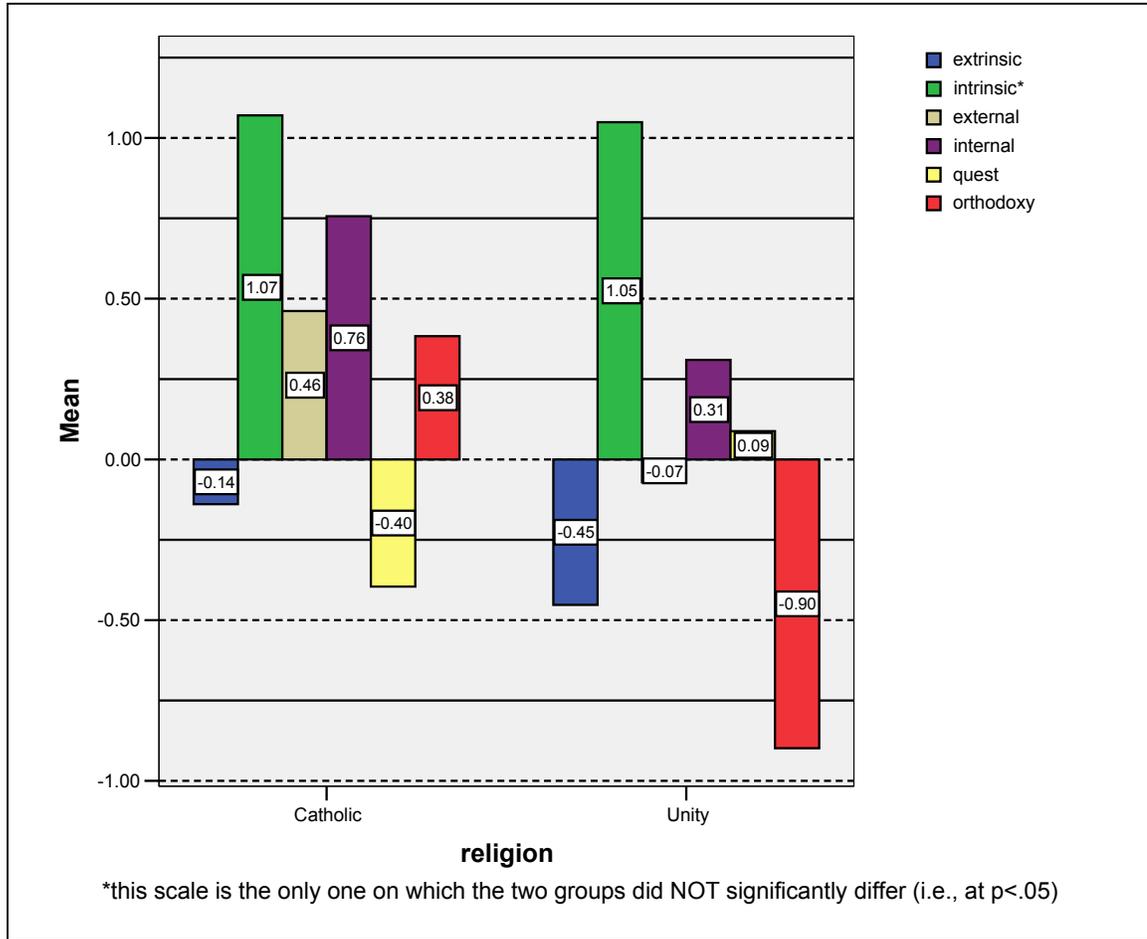
*Table 4. t-test for Equality of Means.*

**T-test**

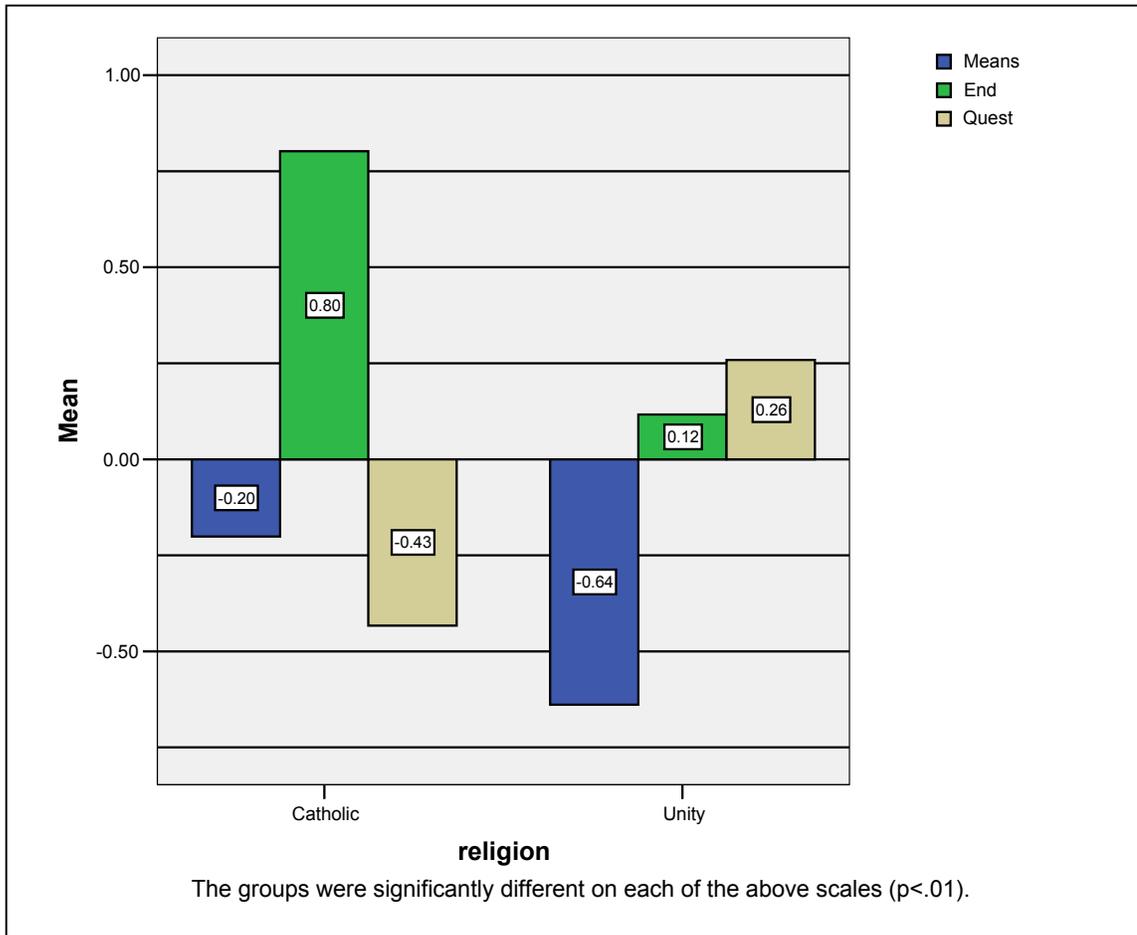
A t-test for independent groups yielded descriptive statistics for each Roman Catholic and Unity group. As shown in Table 3 (page 68) and Table 4 (page above), the inferential portion, results on the Zung test showed the Catholic group and the Unity group were not significantly different from each other,  $t(202) = 1.17, p = .24$ . Results on the State Anxiety test showed that both groups were not significantly different from each other,  $t(203) = 1.50, p = .14$ ; on the Trait Anxiety test, results showed that both groups were not significantly different from each other,  $t(201) = 1.40, p = .61$ . On the Symptom Index, results indicated the Catholic group and the Unity group were not significantly different from each other,  $t(203) = -.54, p = .59$ . All p-values exceeded the alpha value of 0.05 used for the statistical test. Therefore, hypothesis #1, that there were differences between Roman Catholic and Unity groups with regard to symptoms of anxiety, depression, and symptoms, received no support from these analyses.

Not surprisingly, with respect to and in support of hypothesis #2, as shown in Figure 3, page 71 and in Table 4, page 69, statistically significant differences were found between the different ways of being religious between Roman Catholic and Unity church members as measured by the RLI. As reflective in Table 4, page 69, on the Extrinsic scale, the Unity group showed a significantly higher negative score than the Catholic group,  $t(201) = 1.98, p < .05$ . On the External scale, the Catholic group showed a significantly higher positive score than the Unity group,  $t(203) = 3.95, p < .01$ . The Internal scale revealed the Catholic group with a significantly higher positive score than the Unity group,  $t(203) = 0.40, p < .01$ . On the ssQuest scale, the Catholic group reported a significantly higher negative score than the Unity group,  $t(202) = -3.02, p < .01$ . The Orthodoxy scale showed the Unity group with a significantly higher negative score than the Catholic group,  $t(203) = 11.09, p < .01$ . On the Intrinsic scale, the Catholic and Unity groups showed no significant difference,  $t(203) = .31, p = .76$ . As shown in Figure 3 (page 71), the Intrinsic scale was the only scale on which the two groups did NOT significantly differ (i.e.,  $p < .05$ ).

On the Means scale, the Unity group showed a significantly higher negative score than the Catholic group,  $t(201) = 2.71, p < .01$ . On the End scale, the Catholic group showed a significantly higher positive score than the Unity group,  $t(203) = 7.13, p < .01$ . On the Quest scale, the Catholic group showed a significantly higher negative score than the Unity group,  $t(202) = -4.61, p < .01$ . Significant differences on Means, End, and Quest scales between the two groups are shown in Figure 4 (page 72).



**Figure 3.** *Mean Scores of Roman Catholic and Unity Groups on Different Ways of Being Religious*



**Figure 4.** *Mean Scores of Roman Catholic and Unity Groups for Religious Orientation.*

Influence of Religious/Spiritual Orientation

		Extrinsic	Intrinsic	External	Internal	Quest	Ortho	Means	End	Quest	Zung	State	Trait	SI
<b>SI</b>	Pearson Corr	0.06	-0.08	-0.07	-0.01	-0.02	0.07	0.04	-0.03	-0.03	.401**	.421**	.447*	1.00
	Sig. (2-tailed)	0.44	0.26	0.31	0.85	0.82	0.29	0.58	0.73	0.69	0.00	0.00	0.00	
	N	203	205	205	205	204	205	203	205	204	204	204	205	203
<b>Extrinsic</b>	Pearson Corr		-.218**	.264**	-0.02	0.06	.146*	.971**	0.09	0.03	.277**	.168*	.166*	0.06
	Sig. (2-tailed)		0.00	0.00	0.74	0.42	0.04	0.00	0.21	0.70	0.00	0.02	0.02	0.44
	N		203	203	203	202	203	203	203	202	203	203	201	203
<b>Intrinsic</b>	Pearson Corr			.244**	.490**	0.04	.173*	-.258**	.619**	0.00	-.414**	-.301**	-.329*	-0.08
	Sig. (2-tailed)			0.00	0.00	0.61	0.01	0.00	0.00	0.97	0.00	0.00	0.00	0.26
	N			205	205	204	205	203	205	204	204	205	203	205
<b>External</b>	Pearson Corr				.351**	0.10	.295**	.454**	.691**	-.144*	-.143*	-0.09	-0.07	-0.07
	Sig. (2-tailed)				0.00	0.17	0.00	0.00	0.00	0.04	0.04	0.20	0.33	0.31
	N				205	204	205	203	205	204	204	205	203	205
<b>Internal</b>	Pearson Corr					0.07	.443**	0.01	.790**	-0.01	-0.11	-0.01	-0.08	-0.01
	Sig. (2-tailed)					0.30	0.00	0.94	0.00	0.87	0.11	0.85	0.27	0.85
	N					204	205	203	205	204	204	205	203	205
<b>Quest</b>	Pearson Corr						-.199**	0.02	-0.08	.984**	-0.02	0.06	0.01	-0.02
	Sig. (2-tailed)						0.00	0.77	0.24	0.00	0.73	0.41	0.93	0.82
	N						204	202	204	204	203	204	202	204
<b>Orthodoxy</b>	Pearson Corr							.181**	.718**	-.370**	0.11	.174*	.147*	0.07
	Sig. (2-tailed)							0.01	0.00	0.00	0.11	0.01	0.04	0.29
	N							203	205	204	204	205	203	205
<b>Means</b>	Pearson Corr								.174*	-0.01	.259**	.163*	.170*	0.04
	Sig. (2-tailed)								0.01	0.85	0.00	0.02	0.02	0.58
	N								203	202	203	203	201	203
<b>End</b>	Pearson Corr									-.209**	-.168*	-0.06	-0.09	-0.03
	Sig. (2-tailed)									0.00	0.02	0.42	0.20	0.73
	N									204	204	205	203	205
<b>Quest</b>	Pearson Corr										-0.04	0.02	-0.02	-0.03
	Sig. (2-tailed)										0.54	0.74	0.77	0.69
	N										203	204	202	204
<b>Zung</b>	Pearson Corr											.586**	.603*	.401**
	Sig. (2-tailed)											0.00	0.00	0.00
	N											204	202	204
<b>State</b>	Pearson Corr												.829*	.421**
	Sig. (2-tailed)												0.00	0.00
	N												203.00	205.00

Notes: \* Correlation is significant at the 0.05 level (2-tailed).  
 \*\* Correlation is significant at the 0.01 level (2-tailed).

**Table 5. Correlation Matrix.**

**Correlations**

With respect to hypothesis #3, that the different ways of being religious were predictors of health, the RLI variables were correlated with the Zung Depression Scale,

the STAI, and the SI to determine if there were predictor relationships between the different ways of being religious and health. Statistically significant findings emerged in support of hypothesis #3, as shown in Table 5 (page 73).

### *Means*

Statistically significant positive correlations showed support for the hypothesis that the different ways of being religious are related to health. Means oriented individuals, those who use religion as a means to other self-serving ends, included Extrinsic and External believers. A very strong positive correlation revealed the more Extrinsic the believer, one who used religion to provide security, solace, status, and self-justification, the more Means oriented the believer was,  $r(203) = .97, p < .01$ . A moderate positive correlation indicated the more External the believer, attending church for social reasons, the more Means oriented the believer was,  $r(203) = .45, p < .01$ . Other statistically significant weak positive relationships showed the more Means oriented the individual, the more depression,  $r(203) = .26, p < .01$ , the more the state anxiety,  $r(203) = .16, p < .05$ , and the more the trait anxiety experienced,  $r(201) = .17, p < .05$ .

### *End*

End oriented individuals included Intrinsic, Internal, External, and Orthodox subjects. Several statistically significant strong positive correlations showed support for the hypothesis that the different ways of being religious are related to health. The more Intrinsic the true believer, the more End oriented one became using religion as an end unto itself,  $r(205) = .62, p < .01$ . The more Internal the believer with strong internal needs for certainty, strength, and direction, the more End oriented the believer was,

$r(205) = .79, p < .01$ . The more External the believer, or the more one's social environment had influenced the religion, the more End oriented the believer was,  $r(205) = .69, p < .01$ . The more Orthodox the orientation, the more End oriented the believer was,  $r(205) = .72, p < .01$ . Also, in support of the hypothesis that the different ways of being religious are related to health, was the statistically significant weak negative finding revealing that the more the End oriented the believer, using religion as an end unto itself, the less depression was endorsed,  $r(204) = -.17, p < .05$ .

### ***Quest***

In support of hypothesis #3 were the statistically significant negative weak correlations that showed the higher the Quest score, the less External or social oriented the churchgoer was,  $r(204) = -.14, p < .05$ , and the less the Orthodox belief,  $r(204) = -.37, p < .01$ . Two statistically significant weak positive findings showed that Orthodox believers endorsed more state anxiety,  $r(205) = .17, p < .05$ , and more trait anxiety,  $r(203) = .15, p < .05$ . Thus, those on a Quest showed less overall anxiety.

### **Multiple Regression**

In doing a more sophisticated analysis, looking at a multiple regression model indicated individual correlations that showed significance between the independent predictor religiosity variables and the dependent variables of symptoms, anxiety, and depression, in support of hypothesis #3, that different ways of being religious were predictors of health.

More than one predictor independent variable (RLI) was used to predict a particular health outcome. First, the RLI subscales plus the Means, End, and Quest scales were regressed against the dependent variable of Symptom Index. In controlling for all

the other types of religiosity, none of these were significant except for the Orthodoxy scale,  $t(201) = +1.95, p = .05$ , indicating the more the Orthodox belief, the more overall health symptoms were endorsed. Then in controlling for the Zung Depression scale, statistically significant correlation coefficients indicated Extrinsic orientation was related to more depression,  $t(201) = +3.22, p < .01$ ; Intrinsic was related to less depression,  $t(201) = -5.18, p < .01$ ; External was correlated with less depression,  $t(201) = -2.56, p < .05$ ; and Orthodoxy was associated with more depression;  $t(201) = +2.11, p < .05$ . Next, in regressing the religious subscales against the dependent variable of State anxiety, two statistically significant results were found: Intrinsic was correlated to less state or temporary anxiety,  $t(201) = -4.26, p < .01$ ; and Orthodoxy was correlated with more state anxiety,  $t(201) = 2.75, p < .01$ . Finally, in controlling for the Trait anxiety scale, two statistically significant findings were indicated: Intrinsic was correlated with less trait anxiety,  $t(199) = -4.32$ , and  $p < .01$ ; Orthodoxy was related to more trait anxiety  $t(199) = 2.55, p < .05$ .

## **CHAPTER 8:**

### **DISCUSSION**

#### **Conclusions**

This investigation first hypothesized that there are differences between Roman Catholics and Unity church members in regard to anxiety, depression, and overall health symptoms, as it was posited that perhaps the type of faith/belief assented to might be related to health. No support for the first hypothesis was found when one simply looks at each as a separate religious group or which separate building members attend. There seems to be little difference in terms of their overall health status as measured by the Zung Scale for depression, the STAI for anxiety, and the SI for overall health symptoms.

Results from t-tests for independent groups support hypothesis #2, that the two groups are significantly different in their ways of being religious as measured by the RLI, not surprisingly. Roman Catholic subjects in this study are Intrinsic, External, Internal, Orthodoxy, and *End* oriented; Unity subjects are Intrinsic, Internal, *End*, and *Quest* oriented. Statistically speaking, the RLI, to the extent that this test measures something valid and reliable, shows support for hypothesis #2.

Findings from the bi-variate correlation analysis support hypothesis #3, that the different ways of being religious are predictors of health, revealing that it is how one views oneself within one's own religious/spiritual experience or overall faith structure that makes all the difference in terms of one's health. Overall patterns emerged that support hypothesis #3, that different ways of being religious are predictors of health:

1) *Means* oriented individuals, those who use religion as a means to other self-serving ends, include Extrinsic and External believers. Extrinsic believers use religion to provide security, solace, status, and self-justification; External believers attend church for social reasons. The more the Means orientation, the more depression, state, and trait anxiety experienced.

2) *End* oriented individuals, those who use religion as an end unto itself, include Intrinsic, Internal, External, and Orthodox subjects. Intrinsic individuals are the ‘true believers;’ Internal believers show strong internal needs for certainty, strength, and direction; External believers allow the social environment to influence their religion; and Orthodox believers follow rigid traditional doctrine. The more End oriented, the less depression endorsed.

3) *Quest* oriented individuals reflect expansive rather than restrictive visions in search to existential questions. The higher the Quest score, the less External or social churchgoer oriented and the less the Orthodox belief. Since Orthodox believers endorse more state and trait anxiety, those on a Quest show less overall anxiety.

Findings from the multiple regression analysis also support hypothesis #3, that the different ways of being religious are predictors of health, also revealing that it is how one views oneself within one’s own religious/spiritual experience or overall faith structure that appears to have a profound influence on health. Statistically speaking, the RLI, the Zung Depression Scale, the STAI, and SI show support for hypothesis #3. Patterns that emerged from the multiple regression were the following:

1) External or social churchgoers show less depression.

- 2) Intrinsic 'true believers' reveal less depression, less state anxiety, and less trait anxiety.
- 3) Extrinsic individuals, those who use religion for their own ends, for security, status, and self-justification, show more depression.
- 4) Orthodox believers reveal more depression, more state and trait anxiety, and more overall health symptoms.

This study is built upon earlier works of Batson and Ventis, 1982, who suggested that different ways of being religious are associated with different types of cognitive restructuring in response to existential questions.<sup>1</sup> Roman Catholics were intrinsically End oriented, seeking their religion as an end unto itself and not searching elsewhere for answers, and they were more Orthodox in their belief structures. Unity members were Quest oriented. This orientation involves an open-ended readiness to confront fundamental existential questions, coupled with an uncertainty of definitive answers to these questions. Both the End and the Quest orientations were associated with a decreased amount of symptoms. This evokes the question, "*Is one religious/spiritual orientation healthier than the other?*"

The intrinsic, end orientation involves genuine, devout allegiance to a collection of religious beliefs which describe the master-motive in life. This orientation appears to provide freedom from existential concerns such as apprehension over death and a sense of control over events in one's life, partially to a belief that God is in control. However, with this liberty comes bondage to the beliefs: the believer is no longer able to think openly and honestly on his/her reality. At the same time, there is no clear evidence that this orientation increases self-acceptance or tolerance and flexibility. Researchers Batson

and Ventis found that at a social level, this orientation is connected with claims of greater acceptance, reduced prejudice, and more receptiveness to the needs of the distressed; yet none of these claims appeared to be borne out in behavior. Rather than an authentic inclination toward brotherly love, this orientation appeared to be associated with a self-centered anxiety to *appear* loving.<sup>2</sup> Firmly held beliefs, the hallmark of this orientation, can be both a benefit and a problem. Like a crutch, the beliefs provide a sense of safety and reason that the believer can lean upon, but at the same time must clutch tightly.

Development on the intrinsic, end orientation probably results from the appearance of a new vision, one that need not involve an increase in the intricacy and flexibility of the believer's cognitive structure. Rather, since the end orientation involves devout, true belief, the new vision is probably one that provides lucid, ultimate answers and is adhered to in a rigid, absolutistic fashion (as shown in research by Batson and Raynor-Prince, 1981; Batson and Ventis, 1982).<sup>3</sup> The person would be likely to believe that religiously he or she has "found it," that there is no need to think about other points of view. Cognitive restructuring of this kind is minimally creative; it may enable the believer to deal positively with existential questions but will hinder further progress in the way he/she handles these questions. Essentially, it brings to a standstill the process of religious/spiritual growth.<sup>4</sup>

On the other hand, the quest orientation involves an open-ended readiness to tackle eventual existential questions, coupled with a disbelief of definitive answers to these questions. This orientation does not afford the same sense of freedom from existential concerns that an intrinsic, end orientation does, but neither does it create the same bondage. It is positively correlated to open-mindedness and flexibility; personal

capability and control. This orientation has also been related to reduced intolerance and to increased sensitivity to the needs of the distressed. Unlike the intrinsic, end orientation, the quest orientation not only connects with claims of these virtues; it relates to actual behavior. As a whole, the quest orientation appears to be related to a religion of less faith, "...unless, following Tennyson, one argues that there is 'more faith in honest doubt...than in all your creeds.'"<sup>5</sup>

A quest orientation to religion/spirituality is less enslaving but also less freeing than an intrinsic, end orientation. Is the quest superior to an intrinsic, end orientation because it does not involve dependence on one's beliefs? The quest orientation leads one to ask: Is the benefit of evading commitment to a set of beliefs worth the cost of not being freed from existential fear and doubt? Here the risk is great, for to be cut off from all previous forms of faith may mean embracing nihilism. Friedrich Nietzsche, 19<sup>th</sup> century German philosopher, believed that traditional Christian values had lost their power in the lives of individuals, claiming that new values could be created to replace the traditional ones, such as those characteristic of a self-actualized being.<sup>6</sup>

Growth along the quest orientation should be a consequence of creative cognitive restructuring in the brain, restructuring in which higher levels of complexity emerge (as shown in studies by Batson and Raynor-Prince, 1981 and Batson and Ventis, 1982).<sup>7</sup> The new vision should be unrestrained rather than restricting, allowing the individual to see existential questions from diverse perspectives. Moreover, there should be an interest in and openness to new information and points of view. Previous research from Allport, 1950, suggested that the open-ended search that characterizes the quest orientation "is the outgrowth of many successive discriminations and continuous reorganization."<sup>8</sup>

Research by Jenny Wade, author of *Changes of Mind: A Holonomic Theory of the Evolution of Consciousness*, confirmed the earlier findings of Batson and Ventis. She declared that the subjective occurrence of consciousness derives from many sources, and the arrangement of dominance follows a predictable evolutionary path. She presented evidence supporting a dual form of consciousness, where a physically transcendent and a brain-based source of awareness coexist. Within that structure, the brain-based source transforms over life, as the area dominating awareness shifts through evolutionarily graded structures that correspond to increased neurological capacity and order. A physically transcendent source characterizing individual consciousness predates physical life at the instant of conception and survives it after death.<sup>9</sup>

Wade observed consciousness evolution as proceeding in different stages, not following a linear trajectory, but in a sense enfolding itself. She described Conformist consciousness, containing elements of orthodoxy and the need for established institutions, as characterized by meeting the needs of others as a major avenue to acceptance; judging of ‘right-wrong’ and ‘good-bad’ dualistic situations resulting in simplistic categorization of people; and being nice and helpful as more conforming than sympathetic or empathetic. The consciousness of the power of appearance may bring about an understanding of self-control here.<sup>10</sup> Transforming into the Affiliative consciousness, acculturation and brain physiology make the right hemisphere more approachable than the left as the neocortex gains dominance over the limbic system, and a much more connected kind of consciousness comes into view, characterized by disembeddedness, relativity, and unlimited possibilities.<sup>11</sup> In reaching Authentic consciousness or self-actualization, entrainment, or similarity of EEG patterns in both right and left neocortical

hemispheres of both sides of the brain, allows an astonishing range of creativity and a fuller scope of behavior than was available previously.<sup>12</sup> With movement into Transcendent consciousness, reality becomes non-dualistic and mystical.<sup>13</sup> Within Unity consciousness (not necessarily the Unity faith itself), as with Jesus and Buddha, desire, attachment, self-interest, and egotism are extinguished. Wade reported, “Thus, the nature of consciousness and the cosmos are essentially one non-dualist whole...”<sup>14</sup>

Over the lifetime, the experience of consciousness moves from the R-complex to the limbic system to the neocortex, and finally to cortical entrainment and increasingly unhurried, orderly, hypersynchronic bioelectrical movements. Slower, more orderly and harmonic energy patterns are created.<sup>15</sup> Thus, in summary, that Unity members appear healthier than Roman Catholic members may be inferred or extrapolated from the earlier works of Batson and Ventis<sup>16</sup> and Jenny Wade.<sup>17</sup>

### **Implications of Study**

Implications of the study are many. We must consider whether the church is meeting the spiritual needs of people or not. Organized religion is managed like a corporation, which is equal to keep the budget going. So many ministers do not address the deeper, authentic spiritual issues of parishioners. Instead, clergy refer them to a counselor or to a self-help book. Until we get in touch with the shadow aspects of ourselves, i.e., the saboteur archetype, we cannot know who we are and heal.

We must consider whether or not the church addresses these issues and instead becomes part of the shadow, as in the current investigation into the Catholic priest molestation scandals. These issues even impacted on this study. The staff at Six Roman Catholic churches declined to participate. In some cases, no reason was given. Some

implied that there was concern over adding to the recent spate of adverse publicity or the fear that the study might find a linkage of church attendance to increased health symptoms. In a number of the churches that declined to participate, it was commented that because of a shortage of priests in the church and the demands of their normal responsibilities, there was insufficient time to attend to a university study.

Do religion and churches both miss the mark in attempting to cover up the issues of the psyche with layering over scripture rather than delving deeper into soul issues? Christianity encourages staying 'in the dark night of the soul' and in a suffering state. Perhaps what is needed is to go into that dark space, endure, and have faith that it will all end. If we can stay in this path of service and stay in this darkness, called 'necessary spiritual madness,' this is when we may genuinely need God for spiritual survival and face and overcome our fears.<sup>18</sup> This is an awakening process. Isn't the heart of spirituality getting to our core belief structure? Certain religions do not want to go there. They keep us contained within a grid and do not want us out of that conservative box because with consciousness or awakening comes responsibility. Can the church really alleviate our problems? Or do we have to? Can our problems be concealed with feel-good philosophies or rituals? Perhaps all this is why patchwork spirituality classes are now increasingly being taught all around the world. Searching for soul needs together in makeshift establishments to continue their quest for existential answers, students in Christian, Buddhist, Kabbalist, and other traditions are coming together for discussions on topics of mythology and care of the soul; on getting to the core of our being and transforming our lives through confronting our issues and recognizing the divinity in ourselves and others.<sup>19</sup>

### **Strengths of Study**

Cross-sectional studies, such as this study, make comparisons between groups at a given point in time, so the researcher can be efficient in terms of resources and time. The study afforded the investigator an opportunity not to be concerned about attrition because assessment was completed at one point in time, thus enhancing all facets of experimental validity. Subjects could be selected and assessed with a particular characteristic of interest; in fact, they expressed a comparable set of symptoms, as homogeneity reduced error variance and increased internal validity of the study. This type of study allowed the investigator an opportunity to match or equalize subjects on one of the variables assessed. Use of a large sample for each group of subjects increased the confidence in the equivalence of groups.

The essential feature of the correlational method was that it permitted the investigator to analyze relationships among a large number of variables in a single study and predict scores on one variable from subject's scores on other variables. With existing groups' designs, the challenge here was to measure enough variables in order to rule out as many extraneous variables as possible. Correlational designs have the ethical and practical advantage that they only assess what is already there and do not necessitate one to change anything in people's lives. They suggest a developmental pattern over time. This kind of study is useful for preliminary hypothesis testing, generation of new theory and new concrete hypotheses, and design of further research to provide more definitive answers. Indeed, many of these cross-sectional studies do lead to experimental research to test directly some characteristic expected to play a causal role. This type of study affords the investigator with an attempt to bracket presuppositions and biases, to hold

them in consciousness through all phases of the research, and to minimize their influence on the findings, thus enhancing external validity of results. Regarding data analysis, dependent measures were scored by computer, thus increasing validity and reducing chance of error.

### **Limitations of Study**

Limitations of the study address several issues. Self-report measures depend on the willingness of respondents to provide the information to accurately describe and assess their own current state. In religion, self-reports often tell us more about an individual's desire to look good in the eyes of society than about his or her religious conviction. When two or three variables as in this study are measured through the use of self-reports, doubts about validity are greatly increased. Causal relations could not be directly shown. These designs also lead to descriptive rather than explanatory research; it is easier to move on and find out if X is related to Z. Correlations never explain all the variance, so one can always envision alternative explanations.

### **Alternative Explanations of Results**

One could raise concerns of internal validity. History, maturation, and combinations (selection x history) (selection x maturation) might be accountable for group differences. A selection bias might be present before any test session on the basis of the selection of the subjects. A possible cohort effect may exist in that the likelihood that diverse age groups of subjects may have unique attributes because of their different histories. There was no random assignment of subjects to experimental and control groups which is often used to minimize the likelihood of selection bias and is the best guarantee of making implausible various threats to internal validity and for addressing the

range of unintended influences such as different subject characteristics in the groups that might add to group differences.

There are external validity concerns as well. Those who volunteer may be quite different from what the larger population might show and hence lead to conclusions that might not represent the population. There was a limited inclusion of underrepresented and minority groups in this study, so it may not be known the extent to which findings may be restricted to those groups included in research. The setting was different in different churches, and in two cases, the procedure changed from administration of the test booklet at an on-site facility to surveys being completed at home, thus resulting in a lack of standardization of procedure for all churches. Different church settings may also account for different effects. Experimenter characteristics, like age, sex, and race, may have influenced subject behavior as well, as one experimenter administered one experimental condition and another experimenter administered another experimental condition in another location. The issue of the subjects' awareness that they were participating in an investigation may or may not mean the results will be altered.

Statistical conclusion validity may have been affected because of a loose protocol effect. Even though the PI gave a specified script to the research assistants, the PI could not be in all cities included in the study at the same time and could not be sure in terms of what the experimenter said to the subjects. There is no guarantee that the experimenter carried out procedures as specified. Error variance may have been increased even though procedures were well structured.

One could also raise questions of construct validity. The PI stated her intent that "Thy Will be Done" and could not be sure to what extent this experimenter expectation

affected the result. Experimenter characteristics like age, sex, and ethnicity may have influenced subject behavior. The experimenters were not aware of any extraneous cues like setting and materials that could account for the pattern of results. There is a possibility that subjects wanted to take on “good” and “faithful” subject roles in a church setting, possibly skewing the results.

To control for shortcomings, a number of efforts could be made to enhance validity of the study. The PI could increase the range of individuals from among whom volunteers are sought. More intense efforts at recruiting might bring in those who wouldn't normally volunteer. Instead of just approaching the general church population, perhaps the PI could recruit internally from single adult, married adult, and retired groups to obtain more variability within the sample, as the typical volunteer tends to be better educated, female, less authoritarian, more interested in religion, and more altruistic.<sup>20</sup> Thus, approaching other internal groups instead of the overall congregation may well overcome the characteristic profiles of volunteers and give wider variability in the demographic characteristics of the participants. This step would ensure that the PI's criteria of inclusion still be met, as these internal groups would still be volunteers who are members of the specific congregation and are regular attendees of church services. Narrowing the study location down to one city might eliminate the need for extra experimenters, which may possibly decrease any variability in instructions given to participants; however, external validity would be affected. In addition, respondents in six churches took the survey on-site while participants in two churches took the surveys home and returned them later. It is unknown if this procedural inconsistency may have introduced any variability in results. Had there been more time and financial resources,

the PI could have personally scheduled and supervised each session and restricted it to on-site participation. It is recommended that, for future efforts, the PI standardize the procedure and conduct all surveys either on site or at home. Also, to be considered would be a random, systematic, longitudinal study. Additionally, it is unclear whether the type and content of the sermon that preceded the test session had a confounding effect on the results of the study.

### **Importance of Findings**

This problem of religion/spirituality and health is very important to society. As previously stated, religion researchers Koenig, Pargament, and Nielsen (1998) reported that religious belief structures such as viewing God as remote, punishing, and unforgiving were related to worse mental health than belief systems that present God as merciful, caring, forgiving, and sympathetic.<sup>21</sup> Any type of religious/spiritual orientation hopefully involves something that uplifts the person and satisfies the soul. Should we not hope our deepest held beliefs would provide benefit to ourselves and to humankind and that those benefits would be on various levels of mind, body, and spirit and not to the detriment of one another?

Since findings of this study suggest a relationship between religious/spiritual orientation and health outcomes, assessment of these experiences may be important for a family physician to consider as a supplement to patient interviews for patient care. Most importantly, if there is healing to take place, are these orientations hindering the healing process? If one is trapped in a belief structure, whether it is for social reasons or for reasons of upbringing or of habit, then one's religious orientation might not be serving one well healthwise. Applying this research to one's personal life, then, could

there be a benefit to be derived by evaluating core beliefs and by determining if one's religious/spiritual orientation is related to health/healing and is setting parameters on one's behavior?

### **Closing Statements**

The review of literature brought forth important religious/spiritual concepts to serve as a background in supporting my hypotheses. Christian belief structures differ: Roman Catholic interpretations are more literal; Unity interpretations are more symbolic. Western religious/spiritual belief structures focus on suffering, and it was suggested by respected health professionals that adherence to traditional religious values and an inability to overcome suffering is related to illness. Our search for God originates in the wiring of the human brain; thus, humans cannot tolerate ecstasy deprivation. Current research shows our religious/spiritual beliefs affect our biology. Examining this literature review served as a background in supporting my hypotheses: 1) there are differences between Roman Catholic and Unity church members with regard to anxiety, depression, and overall health symptoms; 2) there are different ways of being religious as measured by the RLI; and 3) that different ways of being religious may be a predictor of one's health.

The most important finding from this study was that Orthodox believers reveal more depression, more state and trait anxiety, and more overall health symptoms. I declared earlier my intuition that those who adhere to more traditional fear-based theology may be more anxious and depressed than those who follow principles of joy-based spirituality. There must be an important call to examine our faith and the subsequent beliefs we empower, as our beliefs will shape how we will heal if we get sick.

## Chapter 8 Endnotes

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- 1 Batson, C., and Ventis, W. *The Religious Experience: A Social-Psychological Perspective*. New York: Oxford University Press (1982) 140
  - 2 Ibid, 308
  - 3 Ibid, 167
  - 4 Ibid, 162
  - 5 Ibid, 309
  - 6 Friedrich Nietzsche (1844-1900), <http://www.connect.net/ron/nietzsche.html> (4/15/04) 1-2
  - 7 Batson, C., and Ventis, W. *The Religious Experience: A Social-Psychological Perspective*. New York: Oxford University Press (1982) 167
  - 8 Ibid, 162
  - 9 Wade, Jenny. *Changes of Mind: A Holonomic Theory of the Evolution of Consciousness*. Albany: State University of New York Press (1996) 249
  - 10 Ibid, 118-119
  - 11 Ibid, 147
  - 12 Ibid, 166
  - 13 Ibid, 192
  - 14 Ibid, 220
  - 15 Ibid, 251
  - <sup>16</sup> Batson, C., and Ventis, W. *The Religious Experience: A Social-Psychological Perspective*. New York: Oxford University Press (1982) 167
  - <sup>17</sup> Wade, Jenny. *Changes of Mind: A Holonomic Theory of the Evolution of Consciousness*. Albany: State University of New York Press (1996) 250
  - 18 Myss, C. *Spiritual Madness: The necessity of meeting God in darkness*. [DVD Recording No. AW00550D]. USA: Sounds True (2002)
  - 19 (Dr. Laquita Allen, July 1, 2004, personal communication)
  - 20 Kazdin, A. *Research Design in Clinical Psychology*, Fourth Edition. Boston, MA: Allyn & Bacon (2003) 103
  - 21 Koenig, H., Pargament, K., and Nielsen, J. Religious Coping and Health Status in Medically Ill and Hospitalized Older Adults. *Journal of Nervous and Mental Disease*, 186 (1998) 513-552

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**APPENDIX A**  
**Statements of Belief: Unity and Roman Catholic Subjects**

**Reality**

**Unity:**

“Human Beings create their experiences by the activity of their thinking. Everything in the manifest realm has its beginning in thought.”  
Keys, n.d., p. 5

**Roman Catholic:**

“By faith, man completely submits his intellect and his will to God. With his whole being man gives his assent to God the revealer. Sacred Scripture calls this human response to God, the author of revelation, ‘the obedience of faith.’”  
Catechism, 1994, p. 39

“The sacred books powerfully affirm God’s absolute sovereignty over the course of events: ‘Our God is in the heavens; he does whatever he pleases.’ And so it is with Christ, ‘who opens and no one shall shut, who shuts and no one opens.’ As the book of Proverbs states: ‘Many are the plans in the mind of a man, but it is the purpose of the Lord that will be established.’”

Ibid, p. 80

**Holy Bible**

**Unity:**

“The sacred and inspired Scriptures of the Christian religion: It is a divine ‘book of life’ rather than merely a history of people, and it bears ‘witness unto the word’ of God (Acts 14:3).”  
Fillmore, 1959, p. 23

“The characters of the Bible represent ideas in one’s own mind. When this symbolism is understood, one can follow the characters in their various movements and thus find the way to solve all one’s life’s problems.”

Ibid, pp. 23-24

“The Bible is a recital of what has taken place in the consciousness of man, of the results of his working, either intelligently with the law or unintelligently against it, in seeking his own salvation. It gives an explanation of spiritual law as applied to man and tells him how to find the

kingdom of heaven within.”

Ibid, p. 24

“A spiritual interpretation of the Bible demands that the meaning of every figure, type, parable, and symbol must be in harmony with the fundamental principles of Being.”

Ibid

### **Roman Catholic:**

“All Sacred Scripture is but one book, and that one book is Christ, because all divine Scripture speaks of Christ, and all divine Scripture is fulfilled in Christ.”

Catechism, 1994, p. 37

“The Sacred Scriptures contain the Word of God and, because they are inspired they are truly the Word of God.”

Ibid

“God is the author of Sacred Scripture because he inspired its human authors; he acts in them and by means of them. He thus gives assurance that their writings teach without error his saving truth.”

Ibid

“The Church accepts and venerates as inspired the 46 books of the Old Testament and the 27 books of the New.”

Ibid, p. 38

“The four Gospels occupy a central place because Christ Jesus is their center.”

Ibid

“The unity of the two Testaments proceeds from the unity of God’s plan and his Revelation. The Old Testament prepares for the New and the New Testament fulfills the Old; the two shed light on each other; both are true Word of God.”

Ibid

### **Trinity**

#### **Unity:**

“The religious terms for the trinity are Father, Son, and Holy Spirit. The metaphysical terms are mind, idea, and expression.”

Fillmore, 1959, p. 199

**Roman Catholic:**

“Now this is the Catholic faith: We worship one God in the Trinity and the Trinity in unity, without either confusing the persons or dividing the substance; for the person of the Father is one, the Son’s is another, the Holy Spirit’s another; but the Godhead of the Father, Son, and Holy Spirit is one, their glory equal, their majesty coeternal.”

Catechism, 1994, p. 70

**Creeds or Vain Repetitions**

**Unity:**

“When we rehearse affirmations just because they are given to us to hold, with no thought of their inner reality, or if we are in a doubtful state of mind, they become ‘vain repetitions.’ It is true that a declaration of Truth may not at first repeating find lodgment in consciousness and that we may repeat it over and over before it becomes a living word, but the attitude of mind as we go through this process is the seed that bears fruit, the assurance of the harvest. Nothing outside of man can affect him when he is in contact with his inner spiritual source.”

Fillmore, 1959, p. 168

**Roman Catholic:**

The Credo consists of the Apostle’s Creed and The Nicene Creed (Catechism, 1994, p. 49). The Apostles’ Creed reads as follows:

“I believe in God, the Father almighty, creator of heaven and earth. I believe in Jesus Christ, his only Son, our Lord. He was conceived by the power of the Holy Spirit and born of the Virgin Mary. He suffered under Pontius Pilate, was crucified, died, and was buried. He descended into hell. On the third day he rose again. He ascended into heaven and is seated at the right hand of the Father. He will come again to judge the living and the dead. I believe in the Holy Spirit, the holy Catholic Church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting. Amen.”

Ibid, pp. 49-50

“To say the Credo with faith is to enter into communion with God, Father, Son, and Holy Spirit, and also with the whole Church which transmits the faith to us and in whose midst we believe: This Creed is the spiritual seal, our heart’s meditation and an ever-present guardian; it is, unquestionably, the treasure of our soul.”

Ibid, p. 53

**Fall**

**Unity:**

“A retrogression in consciousness from the pristine Christ Mind to the personal and sense mind of the Adam man.”

Fillmore, 1959, pp. 70-71

**Roman Catholic:**

“Adam and Eve transmitted to their descendants human nature wounded by their own first sin and hence deprived of original holiness and justice; this deprivation is called ‘original sin.’

Catechism, 1994,p. 105

“As a result of original sin, human nature is weakened in its powers; subject to ignorance, suffering, and the domination of death; and inclined to sin (This inclination is called ‘concupiscence’).”

Ibid

“We therefore hold, with the Council of Trent, that original sin is transmitted with human nature, ‘by propagation, not by imitation’ and that it is...’proper to each.”

Ibid

“Christians believe that ‘the world has been established and kept in being by the Creator’s love; has fallen into slavery to sin but has been set free by Christ, crucified and risen to break the power of the evil one....”

Ibid

**Virgin Birth**

**Unity:**

“The awakening of man to a consciousness of his unity with the one universal Spirit; the change from mortal to spiritual consciousness through the begetting and quickening power of the word of Truth. It is the change that comes here and now. Jesus made no mention of resurrection after death as having any part in the new birth. ‘Except one be born anew, he cannot see the kingdom of God.’”

Fillmore, 1959, p. 24

“When man is begotten and born of the Word he is no longer ‘flesh...as grass’ (I Pet. 1:24) but is eternal and abiding, now subject to death and corruption.

Ibid

“Begetting and quickening take place in man’s inner consciousness, but the process of being ‘born anew’ (John 3:3) includes the whole man, spirit, soul, and body. To be born again is to be made ‘a new creature’ (II Cor. 5:17) having ‘this mind in you, which was also in Christ Jesus’ (Phil. 2:5) and a body like unto His glorious body.”

Ibid

**Roman Catholic:**

From among the descendants of Eve, God chose the Virgin Mary to be the mother of his Son. ‘Full of grace,’ Mary is ‘the most excellent fruit of redemption’: from the first instant of her conception, she was totally preserved from the stain of original sin and she remained pure from all personal sin throughout her life.”

Catechism, 1994, p. 128

**Baptism**

**Unity:**

“The spiritual cleansing of the mind...When the baptizing power of the word is poured on a center in consciousness, it dissolves all material thought, and through this cleansing, purifying process, the individual is prepared to see and to discern spiritually.”

Fillmore, 1959, p. 21

“The two baptisms, those of John and Jesus, represent the two common steps in spiritual development, denial and affirmation, or the dropping of the old and laying hold of the new.”

Ibid

**Roman Catholic:**

“Baptism is birth into the new life in Christ. In accordance with the Lord’s will, it is necessary for salvation, as is the Church herself, which we enter by Baptism.”

Catechism, 1994, p. 324

“The fruit of Baptism, or baptismal grace, is a rich reality that includes forgiveness of original sin and all personal sins, birth into the new life by which man becomes an adoptive son of the Father, a member of Christ and a temple of the Holy Spirit. By this very fact the person baptized is incorporated into the Church, the Body of Christ, and made a sharer in the priesthood of Christ.”

Ibid, p. 325

“Baptism imprints on the soul an indelible spiritual sign, the character, which consecrates the baptized person for Christian worship.”  
Ibid

### **Cross**

#### **Unity:**

“The Cross represents that state of consciousness termed ‘mortal mind’.”  
Fillmore, 1959, p. 46

“The Cross is not a burden as commonly understood, but a symbol of the forces in man adjusted in their right relation.”  
Ibid

It is the”... crossing out in consciousness of errors that have become fixed states of mind; the surrender or death of the whole personality in order that the Christ Mind may be expressed in all its fullness.”  
Ibid, p. 46

“ The crucifixion of Jesus represents the wiping of personality out of consciousness. We deny the human self so that we may unite with the selfless. We give up the mortal so that we may attain the immortal. We dissolve the thought of the physical body so that we may realize the spiritual body.”  
Ibid, p. 47

#### **Roman Catholic:**

“God’s saving plan was accomplished ‘once for all’ by the redemptive death of his Son Jesus Christ.”  
Catechism, 1994, p. 146

“Jesus’ sufferings took their historical, concrete form from the fact that he was ‘rejected by the elders and the chief priests and the scribes,’ who handed ‘him to the Gentiles to be mocked and scourged and crucified.’”  
Ibid

“This sacrifice of Christ...is a gift from God the Father himself, for the Father handed his Son over to sinners in order to reconcile us with himself.”  
Ibid, p. 159

“By his loving obedience to the Father, “unto death, even death on a cross,” Jesus fulfills the atoning mission of the suffering Servant, who

will 'make many righteous; and he shall bear their iniquities.'"

Ibid, p. 161

### **Resurrection**

#### **Unity:**

"The restoring of mind and body to their original, undying state."

Fillmore, 1959, p. 169

"The resurrection takes place in us every time we rise to Jesus' realization of the perpetual indwelling life that is connecting us with the Father."

Ibid

#### **Roman Catholic:**

By his death, "...Christ liberates us from sin; by his "Resurrection, he opens for us the way to a new life. This new life is above all justification that reinstates us in God's grace, 'so that as Christ was raised from the dead by the glory of the Father, we too might walk in newness of life.' Justification consists in both victory over the death caused by sin and a new participation in grace."

Catechism, 1994, pp. 170-171

"The empty tomb and the linen cloths lying there signify in themselves that by God's power Christ's body had escaped the bonds of death and corruption. They prepared the disciples to encounter the Risen Lord."

Ibid, p. 171

### **Salvation**

#### **Unity:**

"The restitution of man to his spiritual birthright; regaining conscious possession of his God-given attributes. It comes as the result of redemption; the change from sin to righteousness. Salvation comes as a free gift from God. It embodies a knowledge of God that frees one from all limitations and points the way by which mind and body may be lifted up to the spiritual place of consciousness."

Fillmore, 1959, p. 173

“Salvation is based solely on an inner overcoming, a change in consciousness. It is a cleansing of the mind, through Christ, from thoughts of evil.”

Ibid

**Roman Catholic:**

“Our salvation flows from God’s initiative of love for us, because ‘he loved us and sent his Son to be the expiation for our sins’ (1 Jn 4:10). ‘God was in Christ reconciling the world to himself’” (2 Cor 5:19).  
Catechism, 1994, p. 161

“Jesus freely offered himself for our salvation. Beforehand, during the Last Supper, he both symbolized this offering and made it really present: ‘This is my body which is given for you’” (Lk 22:19).

Ibid

“The redemption won by Christ consists in this, that he came ‘to give his life as a ransom for many’ (Mt 20:28), that is, he ‘loved [his own] to the end’ (Jn 13:1), so that they might be ‘ransomed from the futile ways inherited from [their] fathers’” (1 Pet 1:18).

Ibid

“By his loving obedience to the Father, ‘unto death, even death on a cross’ (Phil 2:8), Jesus fulfills the atoning mission of the suffering Servant, who will ‘make many righteous; and he shall bear their iniquities’” (Isa 53:11).

Ibid

**Heaven**

**Unity:**

“The Christ consciousness; the realm of Divine Mind; a state of consciousness in harmony with the thoughts of God. Heaven is everywhere present. It is the orderly, lawful adjustment of God’s kingdom in man’s mind, body, and affairs.”

Fillmore, 1959, p. 94

“Heaven is within every one of us; a place, a conscious sphere of mind, having all the attraction described or imagined as belonging to heaven. But this kingdom within is not material, it is spiritual.”

Ibid

**Roman Catholic:**

“Christ’s ascension marks the definitive entrance of Jesus’ humanity into God’s heavenly domain, whence he will come again; this humanity in the meantime hides him from the eyes of men.”  
Catechism, 1994, p. 173

“Jesus Christ, the head of the Church, precedes us into the Father’s glorious kingdom so that we, the members of his Body, may live in the hope of one day being with him forever.”  
Ibid

“Jesus Christ, having entered the sanctuary of heaven once and for all, intercedes constantly for us as the mediator who assures us of the permanent outpouring of the Holy Spirit.”  
Ibid, p. 174

“‘Who art in heaven’ does not refer to a place but to God’s majesty and his presence in the hearts of the just. Heaven, the Father’s house, is the true homeland toward which we are heading and to which, already, we belong.”  
Ibid, p. 671

**Hell**

**Unity:**

Hell “...symbolizes that purifying fire which consumes the dross of man’s character.”  
Fillmore, 1959, p. 95

“Metaphysically, hell represents a corrective state of mind. When error has reached its limit, the retroactive law asserts itself, and judgment, being part of that law, brings the penalty, called hell, upon the transgressor. This penalty is not punishment, but discipline. If the transgressor is repentant and obedient, he is forgiven.”  
Ibid

**Roman Catholic:**

The lower parts of the earth where Jesus descended.  
Catechism, 1994, p. 164

“Scripture calls the abode of the dead...’hell’ – Sheol in Hebrew or Hades in Greek – because those who are there are deprived of the vision of God.”  
Ibid

## **Punishment**

### **Unity:**

“Man does not receive punishment from an outside force. Man punishes himself by holding false thoughts. He escapes from punishment as soon as he aligns his thought with that of God.”

Fillmore, 1959, p. 160

### **Roman Catholic:**

Sin “...has a double consequence. Grave sin deprives us of communion with God and therefore makes us incapable of eternal life, the privation of which is called the ‘eternal punishment’ of sin. On the other hand every sin, even venial, entails an unhealthy attachment to creatures, which must be purified either here on earth, or after death in the state called Purgatory. This purification frees one from what is called the ‘temporal punishment’ of sin. These two punishments must not be conceived of as a kind of vengeance inflicted by God from without, but as following from the very nature of sin. A conversion which proceeds from a fervent charity can attain the complete purification of the sinner in such a way that no punishment would remain.”

Catechism, 1994, p. 370

## **End of the World**

### **Unity:**

“‘The end of the age’... is the point in consciousness where true thoughts are in the majority, and error thoughts have lost their hold.”

Fillmore, 1959, p. 214

### **Roman Catholic:**

“In the Lord’s Prayer, ‘thy kingdom come’ refers primarily to the final coming of the reign of God through Christ’s return.”

Catechism, 1994, p. 676

“The end-time in which we live is the age of the outpouring of the Spirit.”

Ibid

**APPENDIX B**  
**Letter from HOLOS Administration**

**HOLOS UNIVERSITY GRADUATE SEMINARY**  
**5607 S. 222<sup>nd</sup> Road**  
**Fair Grove, MO 65648**  
**417-267-4625 FAX 417-267-7706**

August 31, 2004

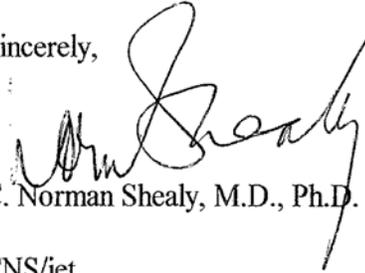
Dear Father/Pastor:

One of our graduate students, Charlene Bradshaw, is conducting her doctoral work evaluating the benefits of attending church on overall health, anxiety and depression. She would like to meet with you to discuss her plan and hopefully to have you assist in reaching members of your church.

As you know, there is a growing body of evidence that church attendance enhances health and longevity. Charlene will further enhance our knowledge of the results of religion and spirituality. If you have any questions, I am happy to have you phone me at 417-267-4625. Otherwise, Charlene will be contacting you for an appointment.

Thank you for your help.

Sincerely,



C. Norman Shealy, M.D., Ph.D.

CNS/jet

**APPENDIX C**  
**Study Protocol**

**PRINCIPAL INVESTIGATOR:**

CHARLENE E. BRADSHAW,  
DOCTORAL STUDENT

**DATE STUDY TO BEGIN:**

SEPTEMBER 15, 2004

**DATE STUDY TO END:**

OCTOBER, 2004

**PROTOCOL RESEARCHING THE INFLUENCE OF  
RELIGIOUS/SPIRITUAL BELIEF ON HEALTH OF  
ROMAN CATHOLIC AND UNITY CHURCH MEMBERS**

Location: Immaculate Conception  
3555 S. Fremont Ave.  
Springfield, MO 65804

Christ Church Unity  
2214 East Seminole  
Springfield, MO. 65804

St. Brigid's Catholic Church  
6907 Kitchener  
San Antonio, Texas 78240

St. Matthew's Catholic Church  
10703 Wurzbach  
San Antonio, Texas 78230

Unity Spiritual Center  
3233 S State Hwy Ff  
Springfield, MO. 65807

Unity Church  
1723 Lawndale  
San Antonio, Texas 78209

Unity of the Hills  
1440 State Hwy V  
Branson, MO. 65686

Holy Trinity Catholic Church  
2818 E. Bennett  
Springfield, MO. 65804

1. Study Conduct
  - 1.1 Background

Certain religious doctrines encourage faith that is externally directed toward a specifically defined God who created suffering, a belief that hinders healing procedures as it promotes the conviction that disease, rather than the result of the creative power of negativity, is the consequence of the will of God. Spirituality encourages faith directed toward the 'internal God' and promotes creation of our own reality through the energy principle of cause and effect: our thoughts set energy in motion; our determination commands energy to create matter; and what we create reflects our own divinity.

The type of religion engaged in may be related to unfavorable health effects on susceptible individuals, as such fundamentalist beliefs in literal interpretations abound. According to the 1996 Princeton Religion Research Center Gallop Poll, in 1995, 80% of Americans read the Bible; 55% believed that the Bible is the literal or inspired word of God. Many of these religious principles

and practices relate to health in one way or another and, therefore, have the potential to significantly impact health, health beliefs, and/or health behaviors.

There must be a call to examine our faith and the subsequent beliefs we empower, as our beliefs will shape how we will heal if we get sick. How we perceive a stressful situation, the attitudes and beliefs we bring to the problem, influences what chemical messages the brain sends the body. Recent research findings have repeatedly affirmed that thoughts, beliefs, and imaginations are not ephemeral abstractions but electrochemical happenings with physiological results. With few exceptions, most published research reviews of the religion-health relationship have focused on the many positive health findings. It is this author's opinion that all types of studies on religious beliefs in relation to health, be they positive, neutral, or adverse, be reviewed in order to assist in the analysis and development of our own personal theology of religion and our own acceptance of self-responsibility for our own healing. Understanding basic differences in core teachings of world religions can assist in our evaluation of the relationship of religion to health.

#### 1.2 Objective:

To determine if there differences between church members of the Roman Catholic and Unity faiths with regard to "biopsychosocial" [mind, body, environmental] symptoms of anxiety and depression and overall symptoms.

To determine if the groups show differences in their ways of being religious.

To determine if different ways of being religious (motivators) are predictors of health.

#### 1.3 Study Design:

The study is comparative and correlational, a cross-sectional study after the fact with no manipulation of the predictor variables, the types of religious motivators. The criterion variables are anxiety, depression, and symptoms. Their outcome or the relationship will be assessed by the following quantitative measures: 1) Zung for depression 2) State-Trait for anxiety; 3) Symptom Index for symptomatology indication as a precursor of disease, and 4) Religious Life Inventory for assessment of religious orientation. A self-report subject background questionnaire will be the qualitative measurement tool utilized for control of variables, such as age, gender, income, etc.

Two groups of volunteer church members from the respective memberships of Unity and Roman Catholic congregations in Springfield, Missouri and in San Antonio, Texas will be compared: one group of 102 Roman Catholic and 103 Unity church members. The researcher will contact the minister/priest seeking permission to test the subjects in the respective church. Time, date, and location of survey completion will vary according to the needs of individual church leadership, participants, and facilities available.

1.4 Subject Population

1.4.1 Inclusion Criteria:

- a) Subjects must be at least 18 years of age.
- b) Subjects must be members of their respective church.
- c) Subjects must believe in the mission/vision of the respective church.
- d) Subjects must show willingness to participate by signing voluntary informed consent form.
- e) Subjects must show ability and stated willingness to follow the directions of the Principal Investigator (PI).
- f) Subjects must agree to complete the surveys.

1.4.2 Exclusion Criteria:

- a) Subjects under the age of 18 years old.
- b) Subjects who are non-members of their respective church.

1.4.3 Potential Risks

- a) There are no potential risks known.

1.4.4 Discontinuation Criteria – Not Applicable

1.5 Evaluations

1.5.1 Safety

- a) In case of illness or accident during the testing period, PI will take appropriate action to obtain assistance or aide for the study participant.

1.5.2 Efficacy:

Efficacy will be addressed by comparing differences between the two groups of subjects, Roman Catholic and Unity, on the surveys – the Symptom Index, the Zung, the State-Trait, Subject Background Questionnaire, and Religious Life Inventory and by examining the relationship between the type of religious motivation and health factors.

1.5.3 Statistical Analysis

Statistical analyses include T-tests for independent samples; a bivariate analysis based on the Pearson correlation coefficients of the tests utilized; and multiple regression.

1.6 Special Instructions: None

2. Management and Regulation:

The subjects will be monitored by Charlene Bradshaw, researcher, as appropriate.

2.3 Regulatory Considerations: None

2.3.1 Protocol Agenda

The PI shall not implement a change in or otherwise deviate from the protocol if the change may adversely affect the validity or reliability of the study.

2.3.2 Subject Report Form Completion and Submission: None

**APPENDIX D**  
**Sign-up Sheet For Survey**

TO: Reverend/Father  
\_\_\_\_\_Church

FROM: Charlene Bradshaw, doctoral candidate at Holos University Graduate  
Seminary

DATE: Fall, 2004

RE: Administration of religion/spirituality health survey

Thank you for agreeing to be part of a very important study on religion/spirituality and health. As you probably know, there is a growing body of knowledge of the benefits of attending church on overall health. I would like to add to enhance our knowledge of the results of religion and spirituality.

Please announce to your church members that surveys will be administered on \_\_\_\_\_, 2004 at \_\_\_\_\_ Church, specifically in the \_\_\_\_\_ room. We will need volunteer church members age 18 and over to fill out some religion/health surveys that will take approximately 30-45 min. Participants must be willing to agree to complete all surveys in one sitting. If you would like to help with this very important research study, please PRINT your name and phone number below. THANK YOU!

<u>Name</u>	<u>Phone</u>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

## **APPENDIX E**

### **Subpart A. Federal Policy for the Protection of Human Subjects**

46.101 (b) Exempt Categories:

(2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:

- (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and
- (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

(Source: <http://ohrp.osophs.dhhs.gov/humansubjects/guidance/45cfr46.htm>)

## APPENDIX F Symptom Index

### SYMPTOM INDEX

Name: \_\_\_\_\_ Date: \_\_\_\_\_

When people are chronically ill, they often have other symptoms. Do you have any of the following? PLEASE CHECK ONLY THOSE THAT YOU HAVE NOW OR HAVE HAD WITH YOUR CURRENT ILLNESS.

- \_\_\_ Depressed mood.
- \_\_\_ Loss of interest or pleasure in things you used to enjoy.
- \_\_\_ Significant weight change (loss or gain).
- \_\_\_ Frequent eating between meals.
- \_\_\_ Insomnia.
- \_\_\_ Hypersomnia.
- \_\_\_ Sleep walking.
- \_\_\_ Agitation
- \_\_\_ Sluggishness, slow to function.
- \_\_\_ Fatigue, low energy, feeling tired a lot the time.
- \_\_\_ Feelings of worthlessness or guilt.
- \_\_\_ Difficulty concentrating, thinking, and remembering.
- \_\_\_ Indecisiveness.
- \_\_\_ Recurrent thoughts of death or suicide.
- \_\_\_ Suicide attempts.
- \_\_\_ Nervous exhaustion.
- \_\_\_ Worrying excessively or being anxious.
- \_\_\_ Frequent crying.
- \_\_\_ Being extremely shy or sensitive.
- \_\_\_ Lumps or swelling in your neck.
- \_\_\_ Blurring of vision.
- \_\_\_ Seeing double.
- \_\_\_ Seeing colored halos around lights.
- \_\_\_ Pains or itching around the eyes.
- \_\_\_ Excess blinking or watering of the eyes.
- \_\_\_ Loss of vision.
- \_\_\_ Difficulty hearing.
- \_\_\_ Ear ache.
- \_\_\_ Running ear.

## Influence of Religious/Spiritual Orientation

- \_\_\_ Buzzing or other noises in the ears.
- \_\_\_ Motion sickness.
- \_\_\_ Teeth or gum problems.
- \_\_\_ Sore or sensitive tongue.
- \_\_\_ Change in sense of taste.
- \_\_\_ Nose stuffed up.
- \_\_\_ Runny nose.
- \_\_\_ Sneezing spells.
- \_\_\_ Frequent head colds.
- \_\_\_ Bleeding from the nose.
- \_\_\_ Sore throat even without a cold.
- \_\_\_ Enlarged tonsils.
- \_\_\_ Hoarse voice even without a cold.
- \_\_\_ Difficulty or pain in swallowing.
- \_\_\_ Wheezing or difficulty breathing.
- \_\_\_ Coughing spells.
- \_\_\_ Coughing up a lot of phlegm.
- \_\_\_ Coughing up blood.
- \_\_\_ Chest colds more than once a month.
- \_\_\_ High blood pressure.
- \_\_\_ Low blood pressure.
- \_\_\_ Heart trouble.
- \_\_\_ Thumping or racing heart.
- \_\_\_ Pain or tightness in the chest.
- \_\_\_ Shortness of breath.
- \_\_\_ Heartburn.
- \_\_\_ Feeling bloated.
- \_\_\_ Excess belching.
- \_\_\_ Discomfort in the pit of your stomach.
- \_\_\_ Nausea.
- \_\_\_ Vomiting blood.
- \_\_\_ Peptic ulcer.
- \_\_\_ Change in appetite.
- \_\_\_ Digestive problems.

- Excess hunger.
- Getting up frequently at night to urinate.
- Urinating more than 5-6 times a day.
- Unable to control your urine.
- Burning or pains when you urinate.
- Black, brown, or bloody urine.
- Difficulty starting your urine.
- Constant urge to urinate.
- Constipation.
- Diarrhea.
- Black or bloody bowel movement.
- Grey bowel movement.
- Pain when you move your bowels.
- Bleeding from your rectum.
- Stomach pains which double you up.
- Frequent stomach trouble.
- Intestinal worms.
- Hemorrhoids.
- Yellow jaundice.
- Biting your nails.
- Stuttering or stammering.
- Any kind of problem with your genital or sexual organs.
- Sexual problems.
- Hernia or rupture.
- Kidney or bladder disease.
- Stiff or painful muscles or joints.
- Swelling joints.
- Pain in your back or shoulders.
- Painful feet.
- Swelling in your armpits or groin.
- Trouble with swollen feet or ankles.
- Cramps in your legs at night or with walking.
- Itching or burning skin.
- Excess bleeding from a small cut.

## Influence of Religious/Spiritual Orientation

- Easy burning skin.
- Dizziness or light headedness.
- Feeling faint or fainting.
- Numbness in any part of your body.
- Cold hands or feet even in hot weather.
- Paralysis.
- Blacking out.
- Fits, convulsions, or epilepsy.
- Change in your handwriting.
- Tendency to shake or tremble.
- Tendency to be too hot or too cold.
- Sweating more than usual.
- Hot flashes.
- Being short of breath with minimal effort.
- Failure to get adequate exercise.
- Being overweight.
- Being underweight.
- Having lost more than half your teeth.
- Bleeding gums.
- Badly coated tongue.
- A lot of small accidents or injuries.
- Varicose veins.
- Headaches.
- Other aches or pains.
- Feeling pessimistic or hopeless.
- Have had any kind of surgery within the past year.
- Being upset easily by criticism.
- Having little annoyances get on your nerves and make you angry.
- Getting angry easily.
- Getting nervous around strangers.
- Feeling lonely.
- Having difficulty relaxing.
- Being troubled by frightening dreams or thoughts.
- Being disturbed by work or family problems.

## Influence of Religious/Spiritual Orientation

- \_\_\_ Wishing that you could get psychological or psychiatric help.
- \_\_\_ Being tense or jittery.
- \_\_\_ Being easily upset.
- \_\_\_ Being in low spirits.
- \_\_\_ Being in very low spirits.
- \_\_\_ Believing that your life is out of your hands and controlled by external forces.
- \_\_\_ Feeling that life is empty, filled with despair.
- \_\_\_ Having no goals or aims at all.
- \_\_\_ Having failed to make progress towards your life goals.
- \_\_\_ Feeling that you are completely bound by factors outside yourself.
- \_\_\_ Feeling sad, blue, or down in the dumps.
- \_\_\_ Feeling slowed down or restless and unable to sit still.
- \_\_\_ Being confined to bed by illness.

For men only:

- \_\_\_ Having urine stream that is very weak or very slow.
- \_\_\_ Having prostate trouble.
- \_\_\_ Having unusual burning or discharge from your penis.
- \_\_\_ Having swelling or lumps in your testicles.
- \_\_\_ Having your testicles painful.
- \_\_\_ Having trouble getting erections (getting hard).

For women only:

- \_\_\_ Having trouble with your menstrual period.
- \_\_\_ Bleeding between your periods.
- \_\_\_ Having heavy bleeding with your periods.
- \_\_\_ Getting bloated or irritable before your periods.
- \_\_\_ Taking birth control pills (in the last year).
- \_\_\_ Having lumps in your breasts.
- \_\_\_ Having excess discharge from your vagina.
- \_\_\_ Feeling weak or sick with your periods.
- \_\_\_ Having to lie down when your periods start.
- \_\_\_ Feeling tense and jumpy with your periods.
- \_\_\_ Having constant hot flashes and sweats.
- \_\_\_ Have had a hysterectomy or on hormonal replacement.

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## APPENDIX G

### Zung

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**ZUNG SELF-RATING DEPRESSION SCALE**

Patient's Initials \_\_\_\_\_

Date of Assessment \_\_\_\_\_

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Morning is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				
5. I eat as much as I used to				
6. I still enjoy sex				
7. I notice that I am losing weight				
8. I have trouble with constipation				
9. My heart beats faster than usual				
10. I get tired for no reason				
11. My mind is as clear as it used to be				
12. I find it easy to do the things I used to				
13. I am restless and can't keep still				
14. I feel hopeful about the future				
15. I am more irritable than usual				
16. I find it easy to make decisions				
17. I feel that I am useful and needed				
18. My life is pretty full				
19. I feel that others would be better off if I were dead				
20. I still enjoy the things I used to do				

Adapted from Zung, A self-rating depression scale. *Arch Gen Psychiatry*, 1965;12:63-70.

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February 1997

**APPENDIX H**  
**STAI**

 **mind garden**

**SELF-EVALUATION QUESTIONNAIRE**  
STAI Form Y-1

Please provide the following information:

Name \_\_\_\_\_ Date \_\_\_\_\_ S \_\_\_\_\_

Age \_\_\_\_\_ Gender (Circle) M F T \_\_\_\_\_

**DIRECTIONS:**

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you feel *right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

NOT AT ALL  
SOMEWHAT  
MODERATELY SO  
VERY MUCH SO

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. I feel calm.....                                       | 1 | 2 | 3 | 4 |
| 2. I feel secure.....                                     | 1 | 2 | 3 | 4 |
| 3. I am tense.....  | 1 | 2 | 3 | 4 |
| 4. I feel strained.....                                   | 1 | 2 | 3 | 4 |
| 5. I feel at ease.....                                    | 1 | 2 | 3 | 4 |
| 6. I feel upset.....                                      | 1 | 2 | 3 | 4 |
| 7. I am presently worrying over possible misfortunes..... | 1 | 2 | 3 | 4 |
| 8. I feel satisfied.....                                  | 1 | 2 | 3 | 4 |
| 9. I feel frightened.....                                 | 1 | 2 | 3 | 4 |
| 10. I feel comfortable.....                               | 1 | 2 | 3 | 4 |
| 11. I feel self-confident.....                            | 1 | 2 | 3 | 4 |
| 12. I feel nervous.....                                   | 1 | 2 | 3 | 4 |
| 13. I am jittery.....                                     | 1 | 2 | 3 | 4 |
| 14. I feel indecisive.....                                | 1 | 2 | 3 | 4 |
| 15. I am relaxed.....                                     | 1 | 2 | 3 | 4 |
| 16. I feel content.....                                   | 1 | 2 | 3 | 4 |
| 17. I am worried.....                                     | 1 | 2 | 3 | 4 |
| 18. I feel confused.....                                  | 1 | 2 | 3 | 4 |
| 19. I feel steady.....                                    | 1 | 2 | 3 | 4 |
| 20. I feel pleasant.....                                  | 1 | 2 | 3 | 4 |

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**SELF-EVALUATION QUESTIONNAIRE**  
STAI Form Y-2

Name \_\_\_\_\_ Date \_\_\_\_\_

**DIRECTIONS**

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate number to the right of the statement to indicate how you *generally* feel.

ALMOST NEVER  
SOMETIMES  
OFTEN  
ALMOST ALWAYS

- 21. I feel pleasant ..... 1 2 3 4
- 22. I feel nervous and restless..... 1 2 3 4
- 23. I feel satisfied with myself..... 1 2 3 4
- 24. I wish I could be as happy as others seem to be ..... 1 2 3 4
- 25. I feel like a failure..... 1 2 3 4
- 26. I feel rested..... 1 2 3 4
- 27. I am "calm, cool, and collected" ..... 1 2 3 4
- 28. I feel that difficulties are piling up so that I cannot overcome them..... 1 2 3 4
- 29. I worry too much over something that really doesn't matter..... 1 2 3 4
- 30. I am happy ..... 1 2 3 4
- 31. I have disturbing thoughts ..... 1 2 3 4
- 32. I lack self-confidence ..... 1 2 3 4
- 33. I feel secure ..... 1 2 3 4
- 34. I make decisions easily..... 1 2 3 4
- 35. I feel inadequate..... 1 2 3 4
- 36. I am content..... 1 2 3 4
- 37. Some unimportant thought runs through my mind and bothers me..... 1 2 3 4
- 38. I take disappointments so keenly that I can't put them out of my mind..... 1 2 3 4
- 39. I am a steady person ..... 1 2 3 4
- 40. I get in a state of tension or turmoil as I think over my recent concerns and interests..... 1 2 3 4

## APPENDIX I

### Religious Life Inventory

This questionnaire includes some commonly heard statements about one's religious life. They are very diverse. Your task is to rate your agreement or disagreement with each statement on a 9-point scale ranging from strongly disagree (1) to strongly agree (9) by circling your answer. Try to rate each of the statements, not leaving any blank. Work rapidly, not brooding over any one statement too long. There is no consensus about right or wrong answers; some people will agree and others will disagree with each of the statements.

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

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
2. If not prevented by unavoidable circumstances, I attend church.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
3. I try hard to carry my religion over into all my other dealings in life.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
4. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
5. Quite often I have been keenly aware of the presence of God or the Divine Being.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
6. I read literature about my faith (or church).  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
7. If I were to join a church group I would prefer to join a Bible study group rather than a social fellowship.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree
  
8. My religious beliefs are what really lie behind my whole approach to life.  

1	2	3	4	5	6	7	8	9
Strongly disagree								Strongly agree



## Influence of Religious/Spiritual Orientation

19. One reason for my being a church member is that such membership helps to establish a person in the community.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
20. The purpose of prayer is to secure a happy and peaceful life.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
21. The church has been very important for my religious development.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
22. The clergy or religious counselor has had a profound influence on my personal religious development.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
23. A major factor in my religious development has been the importance of religion for my parents.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
24. My religion serves to satisfy needs for fellowship and security.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
25. Certain people have served as “models” for my religious development.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
26. Outside forces (other persons, church, etc.) have been relatively unimportant in my religious development.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
27. My religious development is a natural response to the innate need of man for devotion to God.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
28. God’s will should shape my life.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree
29. It is necessary for me to have a religious belief.  
 1 2 3 4 5 6 7 8 9  
 Strongly disagree Strongly agree

## Influence of Religious/Spiritual Orientation

30. When it comes to religious questions, I feel driven to know the truth.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
31. Religion is something I have never felt personally compelled to consider.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
32. Whether I turn out to be religious or not doesn't make much difference to me.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
33. I have found it essential to have faith.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
34. I have found it impossible to conceive of myself not being religious.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
35. For me, religion has not been a "must."  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
36. It might be said that I value my religious doubts and uncertainties.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
37. I do not expect my religious convictions to change in the next few years.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
38. I have been driven to ask religious questions out of a growing awareness of the tensions in my world and in my relation to my world.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
39. My religious development has emerged out of my growing sense of personal identity.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree
40. God wasn't very important to me until I began to ask questions about the meaning of my own life.  
1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree



Influence of Religious/Spiritual Orientation

52. I believe there is a transcendent realm (an “other” world, not just this world in which we live).

1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree

53. I believe the Bible is the unique authority for God’s will.

1 2 3 4 5 6 7 8 9  
Strongly disagree Strongly agree

**APPENDIX J**  
**Subject Background Questionnaire**

**Instructions: Fill in the oval (●) to answer the question. Do NOT put your name on this paper. This is a confidential questionnaire.**

1. Please specify the religion of the church of which you are a member.  
 a) Roman Catholic  
 b) Unity  
 c) Jewish  
 d) Baptist  
 e) Methodist  
 f) Other: \_\_\_\_\_
  
2. Approximately how many years have you been a member of THIS church?  
\_\_\_\_\_
  
3. Approximately how many years have you been a follower of THIS religion?  
\_\_\_\_\_
  
4. If you converted to your current religion, what was your religion immediately PRIOR to this one?  
 a) Roman Catholic  
 b) Unity  
 c) Jewish  
 d) Baptist  
 e) Methodist  
 f) Other: \_\_\_\_\_  
 g) None
  
5. The primary religion of your mother:  
 a) Roman Catholic  
 b) Unity  
 c) Jewish  
 d) Baptist  
 e) Methodist  
 f) Other: \_\_\_\_\_  
 g) None

6. The primary religion of your father:
- a) Roman Catholic
  - b) Unity
  - c) Jewish
  - d) Baptist
  - e) Methodist
  - f) Other: \_\_\_\_\_
  - g) None
7. How often do you attend this church?
- a) Twice or more a week
  - b) Once a week
  - c) Once a month
  - d) Occasionally
8. What is your current marital status?
- a) Single, never married
  - b) Married
  - c) Divorced, currently single
  - d) Widowed
9. If ever married, what religion was your current/most recent spouse practicing at the time of your marriage ceremony?
- a) Does not apply – never married
  - a) Roman Catholic
  - b) Unity
  - c) Jewish
  - d) Baptist
  - e) Methodist
  - f) Other: \_\_\_\_\_
10. What is your age in years?
- \_\_\_\_\_
11. What is your gender?
- a) female
  - b) male
12. What is your household income?
- a) below \$20,000
  - b) \$20,001-\$29,999
  - c) \$30,000-\$39,999
  - d) \$40,000-\$49,999
  - e) \$50,000-\$79,999
  - f) \$80,000-\$99,999
  - g) \$100,000 and above

13. What is your race?

- a) African-American
- b) Asian/Pacific Islander
- c) Caucasian
- d) Hispanic
- e) Native-American
- f) Other \_\_\_\_\_

14. What is your education level?

- a) Ninth grade or less
- b) Some high school
- c) High school graduate
- d) Some college
- e) Bachelor's Degree
- f) Master's Degree or higher

15. Are you currently taking prescription medication?

- a) No
- b) Yes - Please list your medication(s), reason(s) for taking, and length of time on medication. If you don't know, just leave blank. You may write on the back of this paper if you need more space. Example:

<u>Medication</u>	<u>Reason</u>	<u>Length of time in months or years</u>
Lipitor	For high cholesterol	3 years

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16. Are you currently taking over the counter medication?

- a) No
- b) Yes – Please list your medication(s), reason(s) for taking, and length of time on medication. If you don't know, just leave blank. You may write on the back of this paper if you need more space. Example:

<u>Medication</u>	<u>Reason</u>	<u>Length of time in months or years</u>
Aspirin	To reduce risk of heart attack	2 years

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17. Are you currently taking vitamins?

- a) No
- b) Yes – Please list your vitamin(s), reason(s) for taking, and length of time on vitamin(s). If you don't know, just leave blank. You may write on the back of this paper if you need more space. Example:

<u>Vitamin</u>	<u>Reason</u>	<u>Length of time in months or years</u>
C	To promote immune health	1 year

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18. Are you currently taking herbs?

- a) No
- b) Yes – Please list your herb(s), reason(s), and length of time on herb(s). If you don't know, just leave blank. You may write on the back of this paper if you need more space. Example:

<u>Herb</u>	<u>Reason</u>	<u>Length of time in months or years</u>
Valerian	As a sleep aid	½ month

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19. How do you characterize your general state of health?

- a) Excellent
- b) Good
- c) Fair
- d) Poor

20. If you have a health problem or symptom, the most severe problem is:

---

21. How long (years) have you had the problem or symptom?

---

**APPENDIX K**  
**Consent Form**

September 6, 2004

Research Study Participant

To Whom It May Concern:

Holos University Graduate Seminary supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time without penalty.

We are interested in studying the benefits of attending church on overall health, anxiety, and depression. You will be participating in one session that will involve filling out five surveys. It is estimated that this will take no more than one hour of your time.

This study involves writing about your thoughts, feelings, and behaviors, so there is a chance that you might feel slightly uncomfortable with this information addressed in the research. Although your participation may not directly benefit you, we believe that the information will be useful in evaluating the effects of a religious/spiritual belief system on the outcome of health on other church members.

Your participation is solicited although strictly voluntary. We assure you that your name will not be associated in any way with the research findings. The information will be identified only by a code number. You will not receive a report on your research once the study is complete due to the sensitive nature of the study material.

If you would like additional information concerning this study before or after it is complete, please feel free to contact me by phone, mail, or e-mail. If you have concerns or questions about your rights as a research participant, you may contact the Holos University Graduate Seminary Dean of Academic Affairs @ (888) 272-6109, 5607 S. 222<sup>nd</sup> Road, Fair Grove, MO. 65648.

Thank you for your willingness to assist in this research endeavor.

Sincerely,

Charlene E. Bradshaw,  
Principal Investigator  
RR3, B310  
Aurora, MO. 65605  
(417) 678-5370  
email: cebrad@direcway.com

C. Norman Shealy, M.D., Ph.D.  
Faculty Supervisor  
5607 S. 222<sup>nd</sup> Road  
Fair Grove, MO. 65648  
(888) 272-6109

\_\_\_\_\_  
Signature of Subject Agreeing to Participate

\_\_\_\_\_  
Phone

With my signature I acknowledge that I have received a copy of this consent form to keep.

**APPENDIX L**  
**Cover Instruction Sheet**

**Religion/Spirituality Health Survey**

Instructions for each participant:

Thank you for participating in this survey. This survey booklet will be used to obtain baseline data and information concerning religious/spiritual beliefs and health information of church members. This research will be ongoing for many years to come, and your participation is invaluable.

After this instruction page, there are two consent forms:

Please sign the consent form on page 1.

Please sign the consent form on page 2. Leave this copy attached to the booklet.

You may keep the instruction sheet and page 1 of the consent form.

After you complete the survey, turn it into me and I will separate the consent form on page 2 from the survey booklet to ensure complete anonymity and confidentiality.

Answer the questions on each page. You may use pen or pencil to answer the questions. There are no right or wrong answers.

We at the university thank you for your participation in this research project on religion and health.

Thanks and many blessings.

Charlene Bradshaw  
Doctoral Candidate  
Holos University Graduate Seminary

**APPENDIX M**  
**Research Study Announcement**

On this Sat and Sunday after mass in the \_\_\_\_\_ room here at the church, Ms. Charlene Bradshaw, doctoral student at Holos University, will be administering surveys to assess the benefits of church membership and attendance on health, specifically anxiety and depression. If you are a member of this church and are 18 years of age or older, please volunteer for this important study. This will be a one-time survey administration and will take approximately 45 minutes. Your input is very important! Refreshments will be served.

Thank you!

**APPENDIX N**  
**Thank You Letter**

September 23, 2004

RR3, B310  
Aurora, MO 65605

Reverend Linda Whitsett  
Unity Church  
1723 Lawndale  
San Antonio, Texas 78209

Dear Reverend Whitsett:

I wish to take this opportunity to thank you for your assistance with my research project on the benefits of church attendance on health.

Your encouragement about the project is so very much appreciated, and it has been a pleasure working with you. I will be in touch with some results in a few months.

Many blessings.

Sincerely,

Charlene Bradshaw