THE UNIVERSITY OF CALGARY

# A Study of the Relationship Between God Images and Mental Health

by

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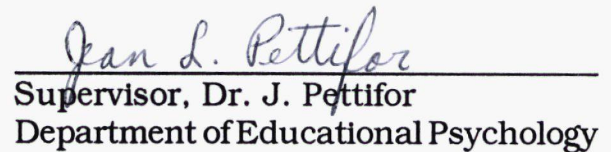

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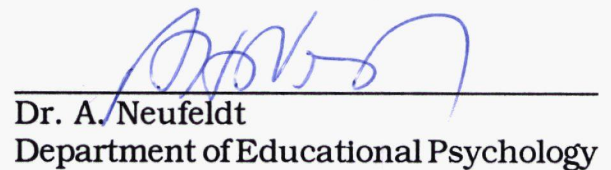

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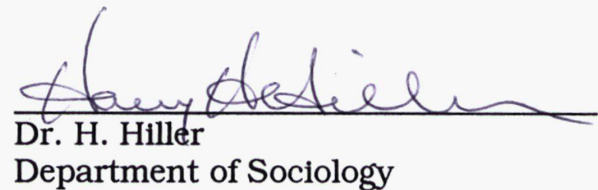

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# ABSTRACT

The purpose of the present study was to explore the relationship between images of God and mental health in a church-attending population. The sample consisted of 212 adults (129 females and 83 males) attending six Anglican Churches of Canada in the diocese of Calgary. Self-esteem, depression, God images, and demographic information were assessed by four self-report instruments. Results of the data analysis revealed the following. A loving view of God was marginally associated with higher self-esteem. No relationship was found between a loving image of God and depression for the whole sample; however, a negative association approaching statistical significance was found between a loving image of God and depression for frequent church service attenders. A wrathful view of God was marginally associated with lower self-esteem and higher levels of depression. Possible reasons for the small magnitude of the relationships found were discussed. As a result, future research in the area is recommended.

## ACKNOWLEDGEMENTS

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*God is love. Whoever lives in love lives in God, and God in him. In this way love is made complete among us so that we will have confidence on the day of our judgement. There is no fear in love. But perfect love drives out fear, because fear has to do with punishment. The one who fears is not made perfect in love.*

*(1 John 4:16-18)*

# Chapter I

# INTRODUCTION

In recent years, there has been an increasing emphasis in the mental health field on developing preventative strategies to reduce the incidence of mental illness and promote general well-being (Duckett, 1991). This thrust is evident in Health and Welfare Canada's (1987) proposed framework for mental health promotion which is built around: (1) reducing inequities, (2) increasing prevention, and (3) enhancing coping. Thus, a need exists to identify factors that help individuals to cope with life's stresses and enhance well-being. One such potential factor is religion.

A review of a recent Canada-wide survey, Project Canada 85 (cited in Bibby, 1987) provides some insight into the influence of religion in Canadians' lives. Almost nine in 10 Canadians express belief in a God or supreme being. Three in four Canadians pray privately once in a while, and some 30 percent gain considerable gratification from their efforts to communicate with God. Close to five in 10 acknowledge the possibility of having experienced God's presence. Finally, 40 percent of Canadians say they regard themselves as committed Christians.

Since psychology's inception, a turbulent debate has taken place among psychologists concerning the mental health benefits of religion. Freud (1913) argued that religion was a type of universal obsessional neurosis. More recently, Ellis (1980) proposed that "human disturbance is

largely associated with and spawned from absolutistic thinking--from dogmatic inflexibility and devout shoulds, oughts, and musts--and that extreme religiosity is . . . essentially emotional disturbance" (p. 635).

Some, however, have lauded religion for its mental health benefits. Foremost of these is Bergin (1987) who suggests that mental health is facilitated by certain dimensions of religion and that a negative view of religion has been fostered in the mental health field as a result of: (1) the reliance on humanistic and naturalistic assumptions rather than theistic and spiritual ones in the dominant psychological theories; (2) the limited involvement of mental health professionals in religion; and (3) the exclusion of religious factors from empirical inquiry or the inclusion of the religious factor in such a way as to prejudice the results. Stark (1971) also argues that the bias against religion found in the mental health literature is not only unfounded, but that the neurotic and mentally ill are less likely to exhibit conventional religious commitment.

Empirical findings are just as conflicting. For instance, Martin and Nichols' (1962) review of 11 studies in the 1950s indicated that religious believers were emotionally distressed, conforming, rigid, prejudiced, unintelligent, and defensive. However, Bergin's (1983) meta-analysis of 24 studies conducted over a 20-year period found no support for this; furthermore, his analysis revealed a small but positive correlation between religion and mental health. He suggests that the diverse findings are due to the difficulty in defining religion. For example, as many as 21 factors in

religion were identified in one study alone (King & Hunt, 1975). Bergin (1983) suggests that greater precision in defining and measuring religion would alleviate this problem.

One of the most fruitful and useful religious dimensions considered to date in the empirical research has been Allport's (1968) construct of intrinsic and extrinsic religious motivation. According to Allport (1968), extrinsic-oriented individuals tend to use religion for their own ends whereas the intrinsic-oriented individuals find their master motive in religion. Thus, the extrinsic religious individual turns to God without turning away from self while the intrinsic type lives his or her religion. In general, extrinsic religiousness tends to be positively correlated with negatively-evaluated personality characteristics and uncorrelated with measures of religious commitment (Donahue, 1985). Conversely, intrinsic religiousness is uncorrelated with negatively-evaluated characteristics and positively correlated with religious commitment (Donahue, 1985).

How people perceive God or their God concept is another potentially useful dimension of religiousness. Elkind (1970) states that "the concept of God or the transcendent lies at the very core of personal religion" (p. 41) and Gorsuch (1967) comments that "if belief in God has any meaning whatsoever in psychological terms, then the type of God one believes in will be as important or more important than whether or not one does or does not believe in God" (p. 187). To date, research examining the relationship between God concepts and mental health is sparse. However, a recent

study by Gorsuch and Schaefer (1991) found that God concepts significantly added predictive variance over religious motivation with regards to religious behaviours. This suggests that God concepts may also have a bearing on whether religion enhances an individual's well-being and acts as a protective factor against stressful life events.

Purpose of the Study

The purpose of this study is to examine the relationship between religion and mental health. In particular, this study examines the relationship between God images and mental health indicators in an adult church-attending population. Findings from this study will contribute to the understanding of some of the characteristics of religious belief which may contribute to mental health. Such knowledge would likely be beneficial to mental health practitioners as religious cognitions, emotions, and behaviours may be salient to some of the individuals they encounter. Indeed, surveys such as Project Canada 85 (cited in Bibby, 1987) indicate that religion plays an important role in the lives of many Canadians.

# Chapter II

# LITERATURE REVIEW

The purpose of this section is to present an overview of existing psychological literature on God images. First, a review is presented on the literature concerning the dimensions of God images. This is followed by an overview of the various theories of the development of God images and the supporting evidence. Presented last is a review of the literature examining the relationship between God images and mental health in normal and psychiatric populations. No attempt was made to examine the images of God found in theological literature as it was beyond the scope of this thesis.

## Dimensions of God Images

Gaultiere (1989) and Day (1975) suggest that individuals form both cognitive and affective God images. A cognitive God image is what an individual thinks about God whereas an emotional God image is what an individual feels about God. The vast majority of the empirical research dealing with God images neglects the affective aspect of God images, perhaps due to the difficulty involved in assessing this aspect. Therefore, the empirical findings presented throughout the literature review refer to people's cognitive God images.

A number of researchers have examined the dimensions of God images. Throughout the findings, two views of God have consistently

emerged: a favourable or loving image; and a less favourable or punishing image of God.

A favourable or loving God image factor has surfaced in many studies and has been given various labels: traditional (Gorsuch, 1968), New Testament (Nelsen, Waldron & Stewart, 1973), available (Tamayo & Desjardins, 1976), receptive (Tamayo & Dugas, 1977), healing (Nelsen, Cheek & Au, 1985), and nurturing (Roberts, 1989). Individuals endorsing this view of God perceive God as gentle, forgiving, loving, merciful, protective and supportive. Gorsuch (1968) and Hammersla, Andrews-Qualls and Frease (1986) suggest that this favourable dimension is a broad, general factor which can be broken down into highly-intercorrelated but more specific components such as companionability and benevolence.

A less favourable or punishing God image has also emerged in several studies and has been given various labels: wrathful (Gorsuch, 1968), Old Testament (Nelsen et al., 1973), authoritative (Tamayo & Desjardins, 1976), vindictive (Hammersla et al., 1986), and disciplining (Roberts, 1989). Individuals who endorse this view of God perceive God as stern, punitive, wrathful, and restrictive. This factor tends to be unidimensional.

The existence of these two dimensions poses the question as to how they are related. Spilka, Armatas and Nussbaum (1964) propose that these two views of God represent the opposite ends of a God-concept continuum. Yet, more recent research (Hammersla et al., 1986; Potvin, 1977) indicates that these two dimensions are not correlated and are independent of each

other. Thus, an individual could perceive God as both loving and punishing.

Criticisms of these research findings lie in the difficulty of measuring God images. People's perceptions of God are, by nature, private, personal, and somewhat ambiguous and therefore cannot be observed or verified by others (Hammersla et al., 1986). Typically, images of God are assessed by a self-report checklist. Hammersla et al. (1986) suggest that this method is too restrictive and may artificially create the two dimensions observed. Potvin (1977), however, notes that these two images of God agree with the way in which God is portrayed throughout the Bible, the source of Christian theology. Thus, there appears to be some validity for these two dimensions.

According to Gaultiere (1989), another drawback of measuring God images is that people may distort idealistically the self-report of their perception of God. Both Hammersla et al. (1986) and Gorsuch (1968) noted that subjects tended to respond to God image scales on the basis of their general affinity toward God, an information-processing tendency known as the halo effect. Furthermore, Corzo (1981) found that subjects tended to reiterate learned ideal responses and Spilka and Schmidt (1983) observed the reluctance of individuals to blame God.

Development of God Images

In this section, three of the major theories concerning the development of God images are reviewed: parental projection, self-esteem, and culture.

Parental projection. Questions concerning the origin of God images had been explored only within the domain of theology until Freud (1913) dared to broach this taboo topic by stating that God is nothing other than an exalted father. According to Freud (1913), belief in God is a self-created illusion that stems from mankind's helplessness and need for protection.

> When the growing individual realizes that he is destined to remain a child forever, that he can never do without protection against strange superior powers, he lends these powers the features belonging to the figure of his father; he creates for himself the gods whom he dreads, whom he seeks to propitiate, and whom he nevertheless entrusts with his own protection (1913, p. 24).

Freud's view that God images are merely father image projections is still widely accepted (Beit-Hallahmi & Argyle, 1975). However, in recent years other parent-child relationships have been proposed as possible sources of God images: the preferred parent, the mother, and the same-sex parent.

The hypothesis that God images are a projection of the preferred parent is derived from Adler's (1964) theory of individual psychology. Adler proposes that mankind is striving continuously towards self-preservation and perfection. For Adler, then, God is "the concretization and interpretation of the human recognition of greatness and perfection" (1964, p. 460). He posits that God is an idea which enhances mankind's striving

towards greatness by strengthening the appropriate feelings. From this general proposition, researchers (Corzo, 1981; Spilka, Addison & Rosensohn, 1975; Nelson, 1971) have suggested that the Adlerian position is that God images are a projection of the preferred parent.

The theory that God images are a projection of the mother is based on Erikson's work on the development of identity. Erikson (1968) proposes that a sense of basic trust in an orderly universe is necessary for one's mental health. According to him, this sense of trust is established in early mother-child relationships and remains a basic need throughout one's life. He suggests that a belief in God restores and maintains this basic sense of trust into adulthood. Thus, researchers (Corzo, 1981; Gaultiere, 1989) have suggested the Erikson position that the mother is the source of God images.

Spilka et al. (1975) introduced the alternative hypothesis that God images are a projection of the same-sex parent. He drew upon social learning theory by suggesting that the dominant parental model would have a strong influence on God images of a child. Spilka et al. (1975) assume that, in most cases, this would be the same-sex parent.

Several studies have examined the validity of parental projection theories. The findings across the studies are not consistent but some general trends are evident:

1. Moderate correlations have been found between both parental images, mother and father, and God images for respondents who

reported no parental preference (Godin & Hallez, 1964; cited in Corzo, 1981; Nelson, 1971; Lindsay, 1978). Researchers interpret this finding as providing support for a composite parental projection rather than a projection of only one of the parents (Beit-Hallahmi & Argyle, 1975; Corzo, 1981).

2. Influence of parental images on the formation of God images may be greater for those individuals who experience a religious conversion earlier in life and are concrete thinkers (Fleck, Day & Reilly, 1974; cited in Corzo, 1981; Tamayo & Desjardins, 1976).

3. The differential impact of the mother and father image on the formation of an individual's God image is mediated by the gender of the individual and by the individual's preference for one of the parents. Opposite-sex parents and preferred parents have a closer similarity with an individual's God image than the same-sex or the less-preferred parent (Beit-Hallahmi & Argyle, 1975).

4. Whether maternal or paternal components are differentially emphasized in God images depends upon the age, sex, cultural values, and religious background of the respondent (Keyser & Collins, 1975; Tamayo & Desjardins, 1976; Vergote, Tamayo, Pasquali, & Bonami, 1969).

Self-Esteem. Self-projection or self-esteem theory (Benson & Spilka, 1973) is a variant of parental projection. Information about an individual that conflicts with the individual's view of him/herself tends to create

dissonance (Bramel, 1962). In order to minimize such discomfort, cognitive mechanisms such as selective perception, are employed to keep incoming information consistent with one's self-image. Thus, a loving individual perceives God as loving, while a self-punishing individual sees God as punitive.

A number of research findings provide support for the self-esteem theory. Benson and Spilka (1973) surveyed Catholic high school students and found that high self-esteem was associated with loving God images and low self-esteem with wrathful God images. Similarly, Chartier and Goehner (1976) and Flakoll (1975; cited in Spilka, Hood, & Gorsuch, 1985) found a positive relationship between self-esteem and loving God images in a group of Christian adolescents. Employing a random sample of adults, Roberts (1989) reported that individuals who think of themselves as generous, sincere, quick to forgive and as easy to please are most likely to perceive God as nurturing. Conversely, individuals who describe themselves as suspicious of others' motives or as depressed are most likely to perceive God as a discipliner. Ellzey (1961; cited in Corzo, 1981) also found that self-acceptance in adults was highly correlated with a belief in an accepting God. These findings appear to support the self-esteem theory.

One criticism of these studies is that the relationship found between self-esteem and God images could be explained by the influence of a third variable. Benson and Spilka (1973) suggest that parents may influence both God and self-images. For example, rejective parents might induce low

self-esteem and, as research indicates, these children might also perceive God similar to the way they view their parents, in this case as rejective. Spilka et al. (1975) employed statistical controls in an attempt to reduce the confounding influence of parents. His results indicate that apart from parental influence, there is a small positive relationship between self-esteem and God images.

A more serious criticism of these studies lies in the interpretation of the findings. These studies employ a correlational analysis and, as noted by Schwab and Petersen (1990), there are considerable difficulties in distinguishing cause and effect in this type of research. It is just as valid, for instance, to interpret the findings as indicating that God images influence self-esteem, a position taken by some researchers (Pollner, 1989; Spilka, Shaver & Kirkpatrick, 1985). A more likely conclusion, however, is that there is some sort of reciprocal interaction between self-esteem and God images.

The relationship between self-esteem and God images may be mediated by the importance of religion to the individual. Spilka et al. (1975) suggest that the relationship between self-esteem and God images may not exist in an individual who is not identified reasonably strongly with a traditional spiritual framework and hence may not exist in an individual to whom religion is not important. Findings from a study conducted by Potvin (1977) conducted on a national random sample of adolescents where

no relationship was found between self-esteem and God images seem to support this.

Culture. Research findings suggest that an individual's social environment has an influence on an individual's view of God (Nelsen, 1972; Nelsen et al., 1973; Nunn, 1964; Nelsen & Kroliczak, 1984; Potvin, 1977; Roberts, 1989). In both children and adults, the perception of God as discipliner is more common among the poor than the affluent (Nelsen & Kroliczak, 1984; Roberts, 1989). Low-income parents tend to rely more on the threat "God will punish you" as a means of controlling their children's behaviour than affluent parents (Nunn, 1964; Nelsen & Kroliczak, 1984). In addition, the higher the level of education attained by parents, the less the probability of children viewing God as punishing (Potvin, 1977). Thus, limited education and low income appear to create a certain social context within which a harsh view of God can emerge. Potvin (1977) and Nelsen (1972) note that a harsh world view is often associated with the lower class and/or the less educated. They conclude that the parents' harsh world view is translated into a view of God as wrathful, which is transmitted to their children.

Religious socialization also appears to be an important factor in the development of God images in the church (Benson & Spilka, 1973; Nelsen et al., 1973; Nelsen, Cheek & Auj, 1985; Roberts, 1989). Perceiving God as comfort, nurturing and helpful is positively related with church attendance, while a perception of God as wrathful has no relationship with church

attendance (Roberts, 1989; Nelsen et al., 1973). A belief in a personal god is also linked with church attendance (Potvin, 1977). Thus, religious socialization appears to influence the emergence of a nurturing God image. With regards to wrathful God images, no consistent relationships are evident.

Lastly, cultural values may have an impact on how God is viewed. Lambert, Triandes & Wolf (1959) examined qualities of God images and socialization parameters in 63 primitive cultures. They found that aggressive deity images emerged in cultures that emphasized self-reliance and independence. Nurturing God images tended to be associated with cultures that value nurturing.

Summary. The research concerning the development of God images reveals that God images are influenced by: (1) parental images (Chartier & Goehner, 1976; Godin & Hallez, 1964; Nelson, 1971; Strunk, 1959); (2) self-images (Benson & Spilka, 1973; Chartier & Goehner, 1976; Spilka et al., 1975); (3) socialization (Potvin, 1977; Nelsen & Kroliczak, 1984; Nunn, 1964); and (4) social context (Nelson, 1971; Nelsen & Kroliczak, 1984; Nunn, 1964; Lambert et al., 1958). God images thus develop within the context of a relationship with parents, significant others, self, and environment. More importantly, God images also appear to influence one's perception of self, with loving God images associated with positive self-images and wrathful God images associated with less positive self-images.

God Images and Mental Health

Theory. The model presented here is based on the premise that a God-adult relationship is analogous to that of a parent-child relationship. Theorists such as Freud (1913) have previously noted the similarity between these two relationships, and the close correspondence between paternal and God images lends support to this notion (Gaultiere, 1989). Therefore, before proceeding onto a discussion of the influence of God images on mental health, some findings by Coopersmith (1967) concerning parent-child relationships will be reviewed.

Coopersmith's (1967) highly-acclaimed work on the antecedents of self-esteem documents the impact of parent-child relationships on children's self-esteem. He highlights the importance of parental love and acceptance and its enhancing influence on children's self-esteem. At the other extreme, he notes how parental rejection results in a diminished sense of self-worth in children. Furthermore, he draws attention to the importance of children's perception of their parents. He found that children who view their parents favourably interpret parental actions favourably. Children who view their parents unfavourably interpret parental actions in a like manner.

Coopersmith's (1967) findings, then, given the validity of the parent-child analogy, suggest the following. A perception of God as loving and accepting would correlate with (1) enhanced self-esteem and reduced negative affect (Maton, 1989), and (2) a favourable interpretation of negative

life events, thereby attenuating the stress response to such events (Maton, 1989; Pargament, Ensing, Falgout, Olsen, Reilly, Van Haitsma & Warren, 1990). Conversely, an unfavourable perception of God would lead to (1) a diminished sense of self-worth, and (2) an unfavourable interpretation of life events, thereby resulting in an erosion of self-worth. Thus, a favourable God image may have a beneficial influence on mental health while a wrathful God image may have an adverse influence on mental health. On the other hand, since the direction of causality is not established, the state of one's mental health may help to determine one's image of God.

Empirical findings. A number of researchers have compared the God images of psychotic psychiatric patients, non-psychotic psychiatric patients, and "normals". Psychotic patients tend to view God as more wrathful, hostile, punitive, and unforgiving than do normals (Hardt, 1953; cited in Corzo, 1981; Lowe & Braeten, 1966; Lindsay, 1978). Conversely, normals and non-psychotic patients view God as more loving, accepting, and benevolent than do psychotic patients. Also, psychotic patients tend to view God as more impersonal than do non-psychotic patients (Lowe & Braeten, 1966). Length of stay in hospital was also correlated with feelings of being less accepted by God (Lowe & Braeten, 1966).

These findings indicate that the presence of mental illness and perception of God are strongly related. Harsher, less loving views of God are associated with the presence of severe psychological distress. Some researchers argue that these findings substantiate the notion that God

images are an expression of personality. Thus a negative view of self leads to a negative view of God. These findings could also just as easily be interpreted as indicating that a harsh view of God leads to mental illness, as cause and effect cannot be determined from this type of research.

Studies investigating the relationship between God images and mental health in "normal" samples are sparse. Jolley and Taulbee (1986) report consistent, positive associations between dimensions of self-concept and loving God images for a prison sample but not for a college sample. Schwab and Petersen (1990) found that a wrathful God image was positively related to loneliness whereas a helpful God image was negatively related to loneliness. A perception of God as helpful was linked with lower levels of neuroticism but no relationship was found between a wrathful image of God and neuroticism. An analysis of the 1989 General Social Survey by Pollner (1989) revealed a marginal positive relationship between a helpful God image and life satisfaction and a negative correlation between image of God as ruler and a measure of global happiness. However, Pollner (1989) found that a subject's feelings of closeness to God had a much greater impact on the sense of well-being than did the subjects' perception of God. Lastly, Schaefer and Gorsuch (1991) found a negative correlation between a loving God image and anxiety but no relationship was found between a wrathful God image and anxiety.

These findings, at best, show only marginal support for a relationship between God images and mental health. The rather inconclusive findings

may be due to the failure of the researchers to control for contaminating variables. For example, it is conceivable that the relationship between mental health and God images may not exist in individuals who are not identified reasonably strongly with a traditional spiritual framework (Spilka et al., 1975). This criticism does seem to apply to some of the previous research in this area where the expected relationships were not found (Potvin, 1977; Jolley & Taulbee, 1986; Pollner, 1989). Clearly, there exists a need for further research exploring the relationship between God images and mental health in better-defined "normal" samples.

Summary

Much of the research to date has examined how individuals develop images of God. This research suggests that parental images, self-images, and the environment influence the development of God images along two dimensions: a loving versus non-loving God image, and a wrathful versus non-wrathful God image. Conversely, this research can also be interpreted as suggesting that how God is perceived along these two dimensions influences an individual's view of self, parents, and environment. While both of these perspectives have their ardent supporters, neither position has been definitively substantiated by empirical findings. A more likely possibility is that there exists some sort of reciprocal interaction between God images and people's perceptions of self, parents, and environment.

While this debate will likely continue for some time, the more important question seems to be whether or not a relationship exists

between God images and mental health. To date, findings concerning this are sparse and inconclusive. Wrathful and less loving God images are associated with the presence of symptoms of severe psychological distress; however, a relationship between God images and mental health in "normal" adult samples has received marginal support so far.

The establishment of such a link will help researchers to better understand what constitutes health-promoting religious beliefs as opposed to less health-promoting religious beliefs. Presently, there exists a lack of understanding as to how to differentiate between the two. Because of this, the mental health community has failed to utilize people's interest in religion that may enhance well-being or act as a protective factor against stressful life events.

The present study was undertaken, therefore, as an exploratory study to address the issue of this relationship between God images and mental health. In particular, this relationship will be explored in adult Christian churchgoers. Measures of self-esteem and depression will be employed as indicators of mental health and well-being.

Self-esteem was selected as an indicator of mental health because of the widespread acceptance of self-esteem as an important aspect of emotional adjustment (Aycock & Noaker, 1985; Tashakkori & Thompson, 1988; Blascovich & Tomaka, 1991; Rosenberg, 1985). For this research, self-esteem was defined as an overall evaluative rating of oneself (Tashakkori & Thompson, 1988). It is the extent to which one values,

approves, or likes oneself (Blaskovich & Tomaka, 1991) and involves feelings of self-acceptance, self-liking, and self-respect, both conditional and unconditional (Tashakkori & Thompson, 1988).

Depression was chosen as an indicator of mental health because of its high prevalence in the general population (Dean, 1985). For purposes of this research, a broader definition of depression was chosen instead of the stricter DSM-IIIR definition. Depression is regarded as either a normal feeling brought on by perceived failures, setbacks, relationship problems, losses, and social isolation or, in come cases, a pathological state requiring medical attention (Shaver & Brennan, 1991). As such, it is more indicative of mental distress rather than mental illness.

Hypotheses

The following hypotheses will be investigated:

(1) Self-esteem will be positively related to nurturing God images.

(2) Self-esteem will be negatively related to wrathful God images.

(3) Depression will be negatively related to nurturing God images.

(4) Depression will be positively related to wrathful God images.

# Chapter III

# METHODOLOGY

## Subjects

The study sample consisted of 212 subjects, 129 females and 83 males. All subjects met the following criteria: (1) at least 18 years of age; (2) a minimum of Grade 6 education; (3) a belief in God; (4) considered themselves to be a member of an Anglican parish in Canada. A minimum age of 18 was set so that the sample would be limited to adults. Individuals with less than Grade 6 education were excluded from the study as such individuals could possibly have had difficulty completing the research measures. Subjects were confined to those who believed in God and were affiliated with a church congregation in order to reduce the variation in the degree of religious salience among subjects. The degree of religious salience or commitment has been found to influence God images (Hammersla et al., 1986). Thus, variation in subjects' religious commitment could conceivably confound the study findings. Church affiliation was further restricted to one denomination, Anglican, in order to minimize possible theological variations between the subjects due to differences in religious education. However, it is recognized that even within a congregation, theological beliefs could vary significantly amongst members. It was assumed that individuals who considered themselves to be a member of an Anglican congregation would ascribe to the doctrinal

beliefs of the Anglican church. Therefore, individuals who met the study's criteria would view God as a personal being as outlined in the articles of faith given in the Anglican Book of Common Prayer (1959). The Anglican church was selected instead of other denominations because of the researcher's greater familiarity with it.

Six Anglican parishes agreed to participate in this study. A total of 340 individuals agreed to participate, and 214 completed surveys were returned to the researcher, yielding an overall response rate of 63 percent. Two of the returned surveys were rejected, as they did not meet the specified criteria.

Measures

Center for Epidemiologic Studies Depression (CES-D) Scale. The CES-D scale was selected to measure the current level of depression in subjects. This brief self-report scale was developed for survey research to measure the current level of depressive symptomatology in the general population. Its purpose differs from other self-report depression inventories which were developed chiefly for use at diagnosis at clinical intake and/or evaluation of severity of illness over course of treatment (Radloff, 1977). The CES-D taps the major components of depressive symptomatology that were identified by Radloff (1977) in a survey of clinical literature and factor analysis studies.

The CES-D scale consists of 20 items. Respondents were asked to indicate how frequently they experienced the symptoms in the last week.

Responses ranged from "rarely" to "most or all of the time". Each frequency level was assigned a numerical value ranging from 0 (rarely) to 3 (most/all) and measure scores ranged from 0 to 60. Higher scores indicated a higher frequency of depressive symptomatology.

Studies suggest that the CES-D has adequate reliability. Radloff (1977) reported the following reliabilities. Internal consistency coefficients ranged ranged from 0.76 to 0.87 for normal groups and from 0.85 to 0.92 for patient groups. Test-retest reliabilities are somewhat weaker, with a test-retest reliability of .32 and .67 for 12 months and 4 weeks respectively. Other researchers reported similar findings (Devins, Orme, Costello, & Binik, 1988; Aneshensel, Clarke, & Frerichs, 1983; Ross & Mirowsky, 1984).

Research findings support the validity of the CES-D. The CES-D correlates moderately well with other depression inventories (Radloff, 1977; Weissman, Sholomskas, Pottenger, Prusoff, & Locke, 1977). It discriminates fairly well between psychiatric patient and general population samples and CES-D scores show improvement for treated populations (Radloff, 1977; Boyd, Weissman, Thompson, & Myers, 1982; Husaini, Neff, Harrington, Hughes, & Stone, 1980). Moreover, the CES-D scale has a similar factor structure across diverse population subgroups (Radloff, 1977; Aneshensel et al., 1983). Thus the convergent and factorial validity of the CES-D are supported.

Self-Esteem Scale. Rosenberg's (1965) Self-Esteem Scale (SES) was chosen to measure global self-esteem. This scale is a highly-popular, brief, easy-to-administer self-report measure that was designed to provide a global estimate of an individual's feelings about self. The SES consists of ten items which require the respondent to report feelings about the self directly. Respondents are asked whether or not they strongly agree, agree, disagree, or strongly disagree with each of the items. The resulting scale score ranges from 10 to 40, with high scores representing high self-esteem.

The SES demonstrates high reliability. Dobson, Goudy, Keith, and Powers (1979) reported a coefficient $\alpha$ of 0.77 while Fleming and Courtney (1984) reported a coefficient $\alpha$ of 0.88. With regards to test-retest reliabilities, Silber and Tippett (1965) found a correlation of 0.85 for 28 subjects after a two-week interval. Fleming and Courtney (1984) found a test-retest correlation of 0.82 for 39 subjects after a one-week interval.

The validity of the SES has been demonstrated in several studies. The SES correlates with other measures of self-esteem: 0.65 with the Coopersmith Self-Esteem Inventory (Demo, 1985); 0.72 with the Lerner Self-Esteem Scale (Savin-Williams & Jaquish, 1981); and 0.69 with interview assessment of self-esteem (Demo, 1985). The SES scores correlate positively with constructs associated with high self-esteem: 0.51 with social confidence (Fleming & Courtney, 1984); 0.69 with popularity (Lorr & Wunderlich, 1986); and 0.78 with self-regard (Fleming & Courtney, 1984). Conversely, the SES scores correlate negatively with constructs

associated with low self-esteem: -0.64 with anxiety, -0.54 with depression, and -0.43 with anomie (Fleming & Courtney, 1984). The unidimensional factorial structure of the SES has also been demonstrated across diverse population samples (Hensley, 1977; Simpson & Boyal, 1975; Hensley & Roberts, 1976; Dobson et al., 1979).

Adjective Ratings of God (ARG) Scale. The ARG scale was selected to assess subjects' cognitive perception of God or image of God along two dimensions: loving and wrathful. This easy-to-administer self-report measure was developed by Gorsuch (1968) for the purpose of exploring people's cognitive perception of God. The ARG scale consists of a list of 91 adjectives. Respondents are asked to indicate, on a four-point scale ranging from "strongly disagree" to "strongly agree", how closely the adjective describes their own view of God.

Gorsuch (1968) identified 11 factors or dimensions using the ARG. For this study, only two of the 11 factors identified were employed to assess people's God image: "kindly" and "wrathful". These two dimensions were selected because of their close correspondence to the loving and wrathful dimensions of people's God image described in the literature review. Individuals who endorse the "kindly" subscale items view God as loving, merciful, patient, and comforting. Individuals who endorse the wrathful subscale items view God as avenging, damning, punishing, and wrathful. The "kindly" subscale consists of 12 adjectives and the subscale score ranges from 12 to 48. The "wrathful" subscale consists of 13 adjectives and

the subscale score ranges from 13 to 52. The higher an individual's subscale score, the more closely the subscale represents the individual's view of God.

The reliability of the ARG scale is adequate. Gorsuch (1968) reported an internal consistency coefficient of 0.83 for the "wrathful" subscale. Lindsay (1978) reported internal consistency reliabilities of 0.80 and 0.95 for the "wrathful" and "kindly" subscales, respectively. Hammersla et al. (1985) found internal consistency coefficients of 0.95 and 0.75 for modified versions of the "kindly" and "wrathful" subscales respectively. Test-retest reliabilities are not available.

The validity of the ARG appears to be satisfactory. A number of studies have found closely-corresponding factors (Spilka et al., 1964; Nelsen et al., 1973; Hammersla et al., 1985; Gorsuch & Schaefer, 1991). The ARG subscales have also successfully differentiated between groups in research conducted by Seichrist (1975; cited in Gaultiere, 1989), Crow (1978; cited in Gaultiere, 1989), and Lindsay (1978).

Questionnaire. A review of the literature revealed a number of demographic variables that could possibly confound the study findings: age, education level, gender, income, and religious behaviour. A questionnaire was designed by the researcher and administered to the subjects to obtain information with regards to these variables. The questionnaire is presented in Appendix A.

Procedure

Ethical approval to proceed with the present study was obtained from the University of Calgary Education Joint Research Ethics Committee. Letters stating the purpose of the research and requesting permission to solicit volunteers from the parishes were sent to the Calgary Anglican parishes. These letters were later followed by telephone calls from the researcher to ascertain the response of the parishes to the letters. The researcher discussed the procedure for soliciting subjects and administering the survey with those parishes that agreed to participate. Dates were then set for administering the survey.

Administration of the survey took place in the months of October and November, 1991. These months traditionally have high church attendance (Rev. Lemmon, personal communication, 1991). Surveys were administered as follows. The parish minister made an announcement at the beginning of the church service asking for volunteers to participate in an anonymous survey investigating the relationship between the feelings and beliefs of churchgoers with their view of God. A similar announcement was included in the church bulletin. Those individuals choosing to participate were asked to take a survey packet from the researcher at the close of the service. At that time, the researcher handed out the survey packets to those interested and answered any concerns expressed by volunteers. Volunteers were asked to mail the completed questionnaires and consent form by mail in the stamped, pre-addressed envelope provided by the

researcher. Reminders to mail the survey packet were included in the church bulletin the following two Sundays.

Data Analysis

Descriptive statistics were calculated for all the variables. Pearson product-moment correlations were computed for all variables in order to determine the magnitude as well as the direction of the relationship between variables. A possibility exists that any relationships found between the God image variables and mental health variables are due to the influence of an extraneous set of variables. Demographic and religious behaviour variables have been found to be associated with both God images and mental health variables. Thus, partial correlations were computed between the God image and mental health variables with the significant demographic and religious behaviour variables partialled out. Lastly, correlations were calculated between the God image and mental health measures across samples created by grouping the subjects according to church service attendance.

# Chapter IV

# RESULTS

## Demographic and Religious Behaviour Variables

The descriptive statistics of the sample demographic variables are as follows:

The sample consisted of 212 subjects, 61 percent female and 39 percent male.

Subjects' ages ranged from 18 to 73 years, with an arithmetic mean of 46. The frequency distribution of the sample's age composition is shown in Table 1. Inspection of Table 1 suggests an approximate normal distribution with a modal age interval of 40 to 49 years.

With regards to education, the sample as a whole was highly educated. The modal level of education completed was a college degree, with the level of education completed being positively skewed towards a graduate degree. The education frequency distribution is shown in Table 2.

The annual household income was highly skewed towards the maximum income interval possible, $50,000 and above. About 55 percent of the subjects' household income fell into this category. The income distribution is presented in Table 3.

With regards to religious behaviour, the common rates of attendance were four worship services per month and one religious meeting per month.

TABLE 1

Frequency Distribution of Age

| Age Interval | Frequency | Percent |
|---|---|---|
| 18 - 29 | 20 | 9.4 |
| 30 - 39 | 54 | 25.5 |
| 40 - 49 | 57 | 26.9 |
| 50 - 59 | 46 | 21.7 |
| 60 - 69 | 31 | 14.6 |
| 70 and up | 4 | 1.9 |

TABLE 2

Frequency Distribution of Educational Attainment

| Level of Education Completed | Frequency | Percent |
|---|---|---|
| High school | 22 | 10.4 |
| Trade school | 13 | 6.1 |
| Some college | 43 | 20.3 |
| College degree | 90 | 42.4 |
| Graduate degree | 44 | 20.7 |

TABLE 3

Frequency Distribution of Income

| Yearly Household Income | Frequency | Percent |
|---|---|---|
| $0 - $10,000 | 6 | 2.8 |
| $10,001 - $20,000 | 10 | 4.7 |
| $20,001 - $30,000 | 12 | 5.7 |
| $30,001 - $40,000 | 36 | 15.1 |
| $40,001 - $50,000 | 36 | 17.0 |
| over $50,000 | 116 | 54.7 |

About 50 percent of the subjects attended an average of four worship services per month and 50 percent of the subjects attended, on average, between zero to one religious service per month. The worship service distribution is presented in Table 4.

The correlations of the demographic and religious behaviour variables with the God image and mental health scales are presented in Table 5. The statistically-significant correlations are summarized as follows:

(1) Age is negatively correlated with the wrathful God image scale ($r = -.16$, $p < .05$), indicating that the older subjects tend to view God as less wrathful than the younger subjects.

(2) Age is negatively correlated with the depression scale ($r = -.25$, $p < .01$), indicating that the older subjects tend to exhibit fewer symptoms of depression than the younger subjects.

(3) Level of education is positively correlated with the self-esteem scale ($r = .15$, $p < .05$), suggesting that subjects with greater education are more likely to exhibit high self-esteem than subjects with less education.

(4) Level of education is negatively correlated with depression ($r = -.16$, $p < .05$), suggesting that subjects with greater education exhibit fewer symptoms of depression than subjects with less education.

TABLE 4

Frequency Distribution of Worship Service Attendance

| Average Number of Services per Month | Frequency | Percent |
|---|---|---|
| One | 6 | 2.8 |
| Two to three | 56 | 26.4 |
| Four | 105 | 49.5 |
| More than four | 45 | 21.3 |

TABLE 5

Pearson Product-Moment Correlations Between Demographic and Religious Behaviour Variables and God Image and Mental Health Variables

| Demographic and Religious Behaviour | God Images | | Mental Health | |
|---|---|---|---|---|
| | Loving God | Wrathful God | Self-Esteem | Depression |
| Age | 0.00 | * -0.16 | 0.09 | ** -0.25 |
| Education | -0.10 | -0.08 | * 0.15 | * -0.16 |
| Gender | 0.11 | 0.10 | -0.01 | 0.02 |
| Income | 0.04 | -0.04 | * 0.13 | * -0.17 |
| Service Attendance | ** 0.20 | 0.00 | 0.07 | -0.00 |
| Meeting Attendance | * 0.16 | 0.06 | 0.01 | 0.07 |

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

Significant values calculated using a two-tailed t-test with degrees of freedom = 210.

(5) Attendance at church services and religious meetings is positively correlated with the loving God image scale ($r = .20, p < .01$; $r = .16, p < .05$, respectively), indicating that subjects who engage in these religious behaviours more frequently tend to perceive God as more loving than those subjects who engage in these religious behaviours less frequently.

God Image and Mental Health Variables

The descriptive statistics for the God image and mental health scales are presented in Table 6. Inspection of this table reveals the following.

The mean score for the loving God image scale is 44.0 out of a possible maximum of 48. On the average, the subjects strongly endorsed a view of God as loving, merciful, and patient. Only one individual disagreed with this view. The mean score for the wrathful God image scale is 24.6 out of a possible maximum of 52. On the average, subjects disagreed with a wrathful, punishing view of God. Only 20 subjects, or about 10 percent, supported this view of God to some extent.

The sample self-esteem scale scores were symmetrically distributed about a mean of 32.6 out of a maximum score of 40. This high mean score suggests that the subjects, on the average, exhibited a healthy level of self-esteem. The sample depression scores were highly skewed toward a low rating of depression, with a mean of 7.6. Employing a cutoff score of 16, as proposed by Craig and Van Natta (1978; cited in Boyd et al., 1982), 24 subjects or 11.3 percent of the sample may be at risk of clinical depression and may be experiencing severe mental distress.

TABLE 6

Descriptive Statistics for the Loving God Image Scale, the Wrathful God Image Scale, the Center for Epidemiologic Studies Depression Scale, and the Rosenberg Self-Esteem Scale

| Variable | Arithmetic Mean | Median | Modes | Standard Deviation |
|---|---|---|---|---|
| Loving God image scale | 44.0 | 46.0 | 48 | 4.3 |
| Wrathful God image scale | 24.6 | 25.0 | 27 | 5.9 |
| Depression scale | 7.6 | 6.0 | 0, 5 | 7.4 |
| Self-esteem scale | 32.6 | 32.0 | 29, 30 | 4.2 |

The correlations between these scales are presented in Table 7. Inspection of the table reveals the following:

(1) The self-esteem variable was inversely correlated with the depression variable ($r = -.52$, $p < .001$). This finding is consistent with the literature (Tennen, Herzberger, & Nelson, 1987).

(2) The loving God image variable was negatively correlated with the wrathful God image variable ($r = -.28$, $p < .01$). This finding is not consistent with the literature; however, the magnitude of the correlation supports the notion that these two constructs are separate dimensions along which God is viewed.

(3) As hypothesized, the loving God image variable is positively correlated with the self-esteem variable ($r = .28$, $p < .01$).

(4) Contrary to expectations, the loving God image is not correlated with depression ($r = .00$).

(5) As hypothesized, the wrathful God image is positively correlated with depression ($r = .19$, $p < .01$).

The partial correlations between the God image scales and the mental health scales are presented in Table 8. Inspection of Table 8 indicates that partialling out the demographic and religious behaviour measures has little impact on the relationship between the God image and mental health variables.

TABLE 7

Pearson Product-Moment Correlations Between
God Image Scales and Mental Health Scales

| | Loving God Image Scale | Wrathful God Image Scale | Self-Esteem Scale | Depression Scale |
|---|---|---|---|---|
| Loving God Image Scale | --- | ** -0.28 | ** 0.28 | 0.00 |
| Wrathful God Image Scale | | --- | ** -0.29 | ** 0.19 |
| Self-Esteem Scale | | | --- | ** -0.52 |
| Depression Scale | | | | --- |

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

Significant levels calculated using a two-tailed t-test with degrees of freedom = 210.

TABLE 8

Correlations Between God Image Scales and Mental Health Scales
After the Following Variables Have Been Partialled:
Age, Education, Gender, Income,
Service Attendance, Meeting Attendance

| | Self-Esteem | Depression |
|---|---|---|
| Loving God Image | *** 0.296 | 0.010 |
| Wrathful God Image | * -0.262 | * 0.133 |

*  $p < .05$
**  $p < .01$
***  $p < .001$

Significant values calculated using a two-tailed t-test with degrees of freedom = 204.

Thus, three of the four hypotheses were supported while one was not supported. Further analysis was undertaken in order to investigate why the loving God image was not correlated negatively with depression as hypothesized.

First, two smaller samples were created from the original sample by selecting those subjects who placed in either the lower or upper quartile of the sample distribution of the loving God image scores. A t-test was used to compare the difference in levels of depression between the two groups. No significant difference was found ($t = 1.3$, $p = .19$; see Table 9), thereby confirming the finding that the loving God image and depression are not correlated.

Secondly, an attempt was made to group the subjects according to the degree of religious salience--the importance of religion to the individual. This approach was undertaken as the literature suggests that a relationship may not exist between God images and mental health in individuals who are not strongly identified with a spiritual framework or in individuals to whom religion is not important (Spilka et al., 1975; Jolley & Taulbee, 1986; Potvin, 1977). Hence, it makes sense that a stronger relationship would exist between God images and mental health as the degree of religious salience increases in individuals.

Worship service attendance was used as an approximate indicator of the degree of religious salience. The subjects were divided into three

TABLE 9

Comparison of Depression Levels Between the Lower and Upper Quartiles of the Loving God Image Score Distribution

| Loving God Image Scale | Depression Scale | | t | Probability |
|---|---|---|---|---|
| | Mean | S.D. | | |
| Lower quartile | 6.96 | 6.66 | 1.32 | .19 |
| Upper quartile | 5.42 | 5.10 | | |

N = 52 for each quartile and degrees of freedom = 102.

groups based on level of worship service attendance as follows: three or fewer services per month; four services per month; and five or more services per month. The correlations between the God image scales and mental health indicators for these three groups are presented in Table 10. Inspection of Table 10 reveals that as subjects' average monthly church service attendance increases from three or fewer to four or more, the correlation between the loving God image and depression variables changes from 0.23 to -0.23. Thus, the hypothesized relationship is observed in frequent church service attenders. Conversely, the reverse relationship is found in low church service attenders. While these correlations are not statistically significant, this trend provides useful and relevant information.

Likewise, a comparison of the correlation between the loving God image and self-esteem variables across the same samples is also instructive. Inspection of Table 10 indicates that as the average monthly church service attendance increases from three or fewer to four or more, the correlation between these variables increases from 0.04 to 0.36, a significant change. Thus, the hypothesized relationship is found in moderate to high church service attenders but not in low church service attenders.

TABLE 10

Correlations Between God Image Scales and Mental Health Scales as a Function of Frequency of Church Attendance

| God Image | Low Level of Attendance (n = 63) | | Medium Level of Attendance (n = 105) | | High Level of Attendance (n = 44) | |
|---|---|---|---|---|---|---|
| | Self-Esteem | Depression | Self-Esteem | Depression | Self-Esteem | Depression |
| Loving | .04 | .23 | **.43 | -.14 | **.36 | -.23 |
| Wrathful | -.24 | .23 | **-.39 | *.22 | -.11 | .06 |

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

Significant values calculated using a two-tailed t-test.

# Chapter V

# DISCUSSION

The demographic data suggests that the sample consisted of mostly middle-aged, highly-educated and relatively affluent individuals. This description corresponds with the author's own impression of the participants and is consistent with the fact that five of the six churches included in the study were located in older, middle-class neighbourhoods. The relative homogeneity of the subjects' socioeconomic characteristics may explain the weak relationship the demographic variables have with the God image and mental health variables.

As predicted, a view of God as loving and accepting was positively associated with self-esteem, especially for frequent church attenders. For the overall sample, the subjects' view of God as loving was independent of depression. However, for frequent church service attenders, the expected inverse association, approaching statistical significance, was found between a perception of God as loving and depression. Thus, church attendance appears to mediate the relationship between a loving God image and mental health among the subjects. Assuming that the frequency of church attendance can be interpreted as an approximate indicator of religious salience, these findings suggest that a view of God as loving is positively associated with mental health in individuals to whom religion is important,

but not necessarily for the individual to whom religion occupies a less salient role.

As hypothesized, the degree to which subjects endorsed a wrathful view of God was positively correlated with depression and negatively correlated with self-esteem for the overall sample. Thus, subjects who supported a wrathful, punitive view of God tended to exhibit higher levels of depression and lower levels of self-esteem. Church attendance did not mediate the relationship between the wrathful God image and mental health indicators in a consistent manner.

The major criticism of these findings is with regards to the magnitude of the correlations found between God images and mental health measures. The partial correlations range in magnitude from 0.14 to 0.29 and the resulting shared variance ranges from two to nine percent. The marginal magnitudes of these correlations could be interpreted as suggesting that how an individual views God has little bearing on whether religion enhances an individual's well-being or acts as a protective factor against life stresses.

The following research does not support this interpretation. Firstly, mental health may be the outcome of many relatively minor factors rather than the result of a few potent factors. Indeed, Diener's (1984) review of research concerning well-being found that it is the product of a number of factors including demographic, social, personality, and spiritual variables. Secondly, the influence of religion on an individual's mental health may

only be readily observable under conditions of high stress as suggested by Parsons (cited in Pargament et al., 1990, p. 797): "Religion has its greatest relevance to the points of maximum strain and tension in human life as well as to positive affirmations of faith in life, often in the face of these strains." This notion is compatible with Rutter's (1985) conception of protective factors. According to him, "protective factors refer to influences that modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (p. 600). Furthermore, he notes that "protective factors may have no detectable effect in the absence of any subsequent stressor" (p. 600).

A recent study by Maton (1989) supports the hypothesis that religion may act as a protective factor. He found that a "spiritual support" measure was significantly related to well-being in a high life-stress sample but not for a low life-stress sample. That the present study employed a low life-tress sample may be inferred from the low incident rate of depression found, 10 percent, compared with an incident rate of 21 percent found by Radloff (1977) in a general population sample.

Another explanation for the marginal magnitude of the correlations found between the God images and mental health indicators may be related to the nature of the sample. For the most part, the subjects were fairly homogeneous in their view of God. The majority of subjects supported an accepting, loving image of God while rejecting a punitive, wrathful image. Therefore, the restricted range of God image scores may have resulted in a

weakened relationship between the God images and mental health indicators which may not be representative of a more heterogeneous population with a wider range of variability in God image scores.

Limitations

There are limitations in this study with regards to (1) the sampling procedure employed; (2) the research design; and (3) the instrumentation selected. Each of these limitations will be explored.

The major weakness of the sampling procedure employed lies in the volunteer basis for subject selection. With this type of procedure there are no controls for ensuring a representative sample of the Anglican congregations surveyed. Therefore, it is highly possible that the sample obtained may have differed on some salient variable from the other congregation members. Consequently, caution needs to be exercised in generalizing the study findings to other Anglican church members. Furthermore, the potential subject pool was restricted geographically to six Calgary congregations and restricted in time to those people who attended church services on the particular day of the administration of the survey.

Another criticism of this study lies in its cross-sectional design. While a perception of God as loving and not wrathful may enhance an individual's self-esteem, and reduce his or her level of psychological distress, particularly in individuals to whom religion is very important, the reverse may be equally true. Individuals with high self-esteem and low levels of psychological distress may be more inclined to endorse a

favourable view of God. The correlational nature of this study cannot resolve this issue and a prospective or longitudinal design is needed to indicate the direction of causability between the God images and the mental health variables.

With regards to instrumentation, the use of the Adjective Ratings of God (ARG) checklist to assess the subjects' perception of God may be criticized on the grounds that it tends to measure more stereotypical notions of God rather than personal affective perceptions (Corzo, 1981). Assuming that a loving image of God is the stereotypical image, then the highly-skewed loving God image scale scores, with only one subject in strong disagreement with a loving God image, lends some validity to this criticism. Furthermore, individuals may be reluctant to endorse the more negative descriptions of God as they are both culturally condemned by church groups and are potentially psychologically distressful (Gaultier, 1989). Some support for this criticism is indicated by the high percentage of subjects that disagreed with a wrathful, punishing view of God, 90 percent.

Implications

The present research attempted to explore the relationship between people's perceptions of God and mental health in adult church-goers. Analysis of the data indicated marginal support for three of the four hypotheses. While the results were somewhat disappointing, perhaps the most important outcome of the study was the highlighting of the impact

that factors such as religious salience and level of life stress can have on the relationship between religion and mental health. Failure to control for such factors may conceivably account for the mixed or insignificant findings obtained from many of the studies examining the influence of religious involvement on mental health. In view of this, and of the limitations of this study discussed earlier, the following recommendations are made for future research.

The first suggestion is to select churches that serve a broader range of the population in order to obtain a more heterogeneous sample with regards to mental health characteristics and religiousness. Statistically, the probability of finding a relationship between these variables increases as variability in religiousness and mental health among subjects increases.

The second suggestion is to include other measures of religiousness in order to help identify the unique amount of shared variance between God images and mental health variables. Allport's (1968) measure of religious motivation would be a suitable measure.

A third suggestion is to explore other instruments for assessing people's perceptions of God. The literature suggests that current self-report measures elicit a somewhat superficial and stereotypical image of God from respondents (Gaultiere, 1989). The narrow range of responses obtained from the subjects in this study with regards to God images tends to confirm this notion. More complex interview-administered instruments, such as Preston and Viney's (1986) adaptation of the Sociability Scale (Viney &

Westbrook, 1979), where the God image dimensions are evaluated on interpersonal style and affective content, yield richer images. Unfortunately, these instruments are cumbersome to administer and are not suitable for survey research. One possible solution would be to administer the less accurate self-report instrument to the entire sample and administer the more complex interview instrument to a small proportion of the total sample. A comparison of the results between the two instruments could then be undertaken, thereby providing some insight into the limitations of the results from the self-report instrument.

The possible mediating influence of the participants' religious salience and stress levels on the relationship between religiousness and mental health needs to be further examined. This can be done at the analysis stage of research by grouping subjects according to the degree of religiousness and stress levels and then comparing the relationship between mental health and religiousness across these groups. If these variables act as mediators, then the relationship between religiousness and mental health would change between groups.

Lastly, a prospective analytical model needs to be employed in order to resolve the issue of causality. Concurrent correlations between indicators of religiousness and mental health are amenable to three alternative interpretations: (1) religiousness may influence mental health; (2) mental health may influence religiousness; and (3) some third variable, such as personality, may influence both. Employing a prospective model

would involve collecting data concerning religiousness and mental health at two points in time (time 1 and time 2) with some stressful life event intervening between the two times. For example, the mental health and religiousness of freshman college students could be measured prior to the commencement of the school year (time 1) and shortly after (time 2). This assumes that the entrance into college is a stressful experience for freshman students. If religiousness influences mental health, then the religiousness of individuals at time 1 would predict the mental health of individuals at time 2 beyond that of the mental health of individuals at time 1.

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# VII. APPENDICES

Appendix A: Questionnaire and Instructions

Appendix B: Consent Form

## Appendix A: Questionnaire and Instructions

Dear Respondent:

I am a graduate student at the University of Calgary and am currently completing my master's thesis. For my thesis, I am investigating the relationship of church attenders' personal feelings, beliefs, and attitudes with their view of God, an area of interest to me. Findings for this research could have implications for the counselling of Christians.

I would like to request your participation in this study. This involves the completion of the three self-report measures of personality and attitudes, and the completion of a demographic information sheet. These questionnaires will take about 30 minutes to complete.

If you agree to participate in this study, please sign the following consent form and complete the attached questionnaires. Each questionnaire will have brief instructions for you to follow. Presented below are some general instructions for completing this survey.

1. Complete the questionnaires in the order presented.
2. Please answer every question, even if you are not sure of your choice.
3. There is no time limit for completing this survey. However, it is best to work as rapidly as is comfortable for you. Try not to overanalyze your answers by considering them for too long.
4. Try to be as honest and serious as possible when responding to the questionnaires. Remember, your responses are anonymous.
5. To ensure that your identity remains anonymous, do not place your name on any of the questionnaires. Please note that upon receipt of the completed forms, the consent form will be immediately detached from the questionnaires so that participant names cannot be associated with completed questionnaires.
6. Upon completion of this package, place your signed consent form and questionnaires in the envelope provided.
7. Please either mail the completed package or return it to your church office by ______________________________.

Thank you for your cooperation. If you have any questions concerning this survey package, leave a message at 230-5672 and I will return your call as soon as possible.

Sincerely,

Matthew Geddes
Graduate Student

## BACKGROUND INFORMATION

The following items will provide some necessary background information to the survey. For each question please circle the appropriate response or fill in the blank if necessary.

1. Age: ______________

2. Sex: *male* *female*

3. Marital status:

   *single* *married* *remarried* *divorced* *separated* *widow/er*

4. Highest level of education completed:

   *a.* *elementary*
   *b.* *junior high*
   *c.* *high school*
   *d.* *trade school*
   *e.* *some college*
   *f.* *college degree*
   *g.* *graduate degree*

5. What is the estimated yearly income of your household?

   *a.* *$0-$10,000*
   *b.* *$10,001-$20,000*
   *c.* *$20,001-$30,000*
   *d.* *$30,001-$40,000*
   *e.* *$40,001-$50,000*
   *f.* *over $50,000*

6. On average, how often do you attend religious worship services each month?

   *a.* *0 or 1*
   *b.* *2 or 3*
   *c.* *4*
   *d.* *more than 4*

7. On average, how often do you attend other religious meetings each month?

   *a.* *0 or 1*
   *b.* *2 or 3*
   *c.* *4*
   *d.* *more than 4*

8. Do you consider yourself to be a member of an Anglican congregation?

   *a.* *yes*
   *b.* *no*

9. Do you believe in God?

   *a.* *yes*
   *b.* *no*

This questionnaire assesses your image of God. Presented below is a list of 25 adjectives. Please indicate the degree to which you agree or disagree with how much each adjective describes your personal view of God. Beside each adjective four possible responses are listed. Circle one of the responses, according to the scale shown below, which best represents your view.

| | SD Strongly Disagree | D Disagree | A Agree | SA Strongly Agree |
|---|---|---|---|---|
| Avenging | SD | D | A | SA |
| Blunt | SD | D | A | SA |
| Charitable | SD | D | A | SA |
| Comforting | SD | D | A | SA |
| Considerate | SD | D | A | SA |
| Critical | SD | D | A | SA |
| Cruel | SD | D | A | SA |
| Damning | SD | D | A | SA |
| Fair | SD | D | A | SA |
| Forgiving | SD | D | A | SA |
| Gentle | SD | D | A | SA |
| Gracious | SD | D | A | SA |
| Hard | SD | D | A | SA |
| Jealous | SD | D | A | SA |
| Just | SD | D | A | SA |
| Kind | SD | D | A | SA |
| Loving | SD | D | A | SA |
| Merciful | SD | D | A | SA |
| Patient | SD | D | A | SA |
| Punishing | SD | D | A | SA |
| Severe | SD | D | A | SA |
| Sharp | SD | D | A | SA |
| Stern | SD | D | A | SA |
| Tough | SD | D | A | SA |
| Wrathful | SD | D | A | SA |

*(Adapted from Gorsuch, 1968)*

Presented below is a list of statements describing how you might feel about yourself. Indicate the degree to which you agree or disagree with each statement. Four possible responses are listed beside each statement. Circle one of the responses, according to the scale shown below, which best represents how you feel.

| | SD Strongly Disagree | D Disagree | A Agree | SA Strongly Agree |
|---|---|---|---|---|
| I feel that I am a person of worth, at least on an equal basis with others. | SD | D | A | SA |
| I feel that I have a number of good qualities. | SD | D | A | SA |
| All in all, I am inclined to feel that I am a failure. | SD | D | A | SA |
| I am able to do things as well as most other people. | SD | D | A | SA |
| I feel I do not have much to be proud of. | SD | D | A | SA |
| I take a positive attitude toward myself. | SD | D | A | SA |
| On the whole, I am satisfied with myself. | SD | D | A | SA |
| I wish I could have more respect for myself. | SD | D | A | SA |
| I certainly feel useless at times. | SD | D | A | SA |
| At times I think I am no good at all. | SD | D | A | SA |

*(Adapted from Rosenberg, 1965)*

Presented below is a list of statements describing the ways you might have felt or behaved recently. For each statement indicate how often you have felt this way during the past week. Four possible responses are listed beside each statement. Circle one of the responses, according to the scale shown below, which best describes how you felt this past week.

| | 1<br>Rarely or none of the time (less than 1 day) | 2<br>Some or a little of the time (1-2 days) | 3<br>Occasionally or a moderate amount of time (3-4 days) | 4<br>Most or all of the time (5-7 days) |
|---|---|---|---|---|
| I was bothered by things that usually don't bother me. | 1 | 2 | 3 | 4 |
| I did not feel like eating; my appetite was poor. | 1 | 2 | 3 | 4 |
| I felt that I could not shake off the blues, even with help from my family or friends. | 1 | 2 | 3 | 4 |
| I felt that I was just as good as other people. | 1 | 2 | 3 | 4 |
| I had trouble keeping my mind on what I was doing. | 1 | 2 | 3 | 4 |
| I felt depressed. | 1 | 2 | 3 | 4 |
| I felt that everything I did was an effort. | 1 | 2 | 4 | 4 |
| I felt hopeful about the future. | 1 | 2 | 3 | 4 |
| I thought my life had been a failure. | 1 | 2 | 3 | 4 |
| I felt fearful. | 1 | 2 | 3 | 4 |
| My sleep was restless. | 1 | 2 | 3 | 4 |
| I was happy. | 1 | 2 | 3 | 4 |
| I talked less than usual. | 1 | 2 | 3 | 4 |
| I felt lonely. | 1 | 2 | 3 | 4 |
| People were unfriendly. | 1 | 2 | 3 | 4 |
| I enjoyed life. | 1 | 2 | 3 | 4 |
| I had crying spells. | 1 | 2 | 3 | 4 |
| I felt sad. | 1 | 2 | 3 | 4 |
| I felt that people dislike me. | 1 | 2 | 3 | 4 |
| I could not get "going". | 1 | 2 | 3 | 4 |

*(Adapted from Radloff, 1977)*

Appendix B: Consent Form

## INFORMED CONSENT FORM

*I, ________________________________ agree to participate in a study investigating the relationship of church attenders' feelings, beliefs, and attitudes with their view of God. The purpose of this study and the nature of my involvement has been explained to me. I understand the following:*

*(1) My participation in this study is completely voluntary and I may withdraw at any time.*
*(2) No discomforts or risks are anticipated by participating in this study.*
*(3) My responses will be used in such a way that I will be unidentifiable and confidentiality will be maintained.*
*(4) This study is being conducted by a graduate student in clinical psychology under the supervision of Dr. Jean Pettifor.*

*Thank you for your help.*

________________________________
*Participant's Signature*