SPIRITUAL FORMATION IN WOMEN: A THEORECTICAL EXAMINATION

Spiritual formation in women: A theoretical examination of

Christian spirituality and self-concept

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May 2006

SPIRITUAL FORMATION IN WOMEN: A THEORETICAL EXAMINATION

OF CHRISTIAN SPIRITUALITY AND SELF-CONCEPT

A Thesis

Presented to the Faculty

Of

Psychological Studies Institute

Atlanta, Georgia

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May 2006

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Abstract

This thesis reviewed literature exploring the factors contributing to spirituality and their effects on the development of self-concept in girls and women. Self-esteem, self-concept, and self-image, although closely related, were distinct constituents of mental health. Although religiousness and spirituality appeared to describe different concepts, they also were not fully independent. Christian spiritual formation was identified by the practice of spiritual disciplines and acts of faith with others. Spiritual and religious involvement were consistently and positively related to health and inversely related to disorders. However, there was inadequate conceptualization of Christian spirituality in the literature as an explanation effecting self-concept. Review of the evidence indicated that continued research is needed regarding the integration of spiritual disciplines as predictors for a distinct spiritual formation in women. Further research may provide evidence that healthy self-concept in women increases as a function of Christian spiritual formation.

ACKNOWLEDGEMENTS

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The purpose of this thesis is to examine existing research and theories that speak to the connection between Christian spiritual formation in women and its effect on self-concept. Christian spiritual formation is identified by an intrinsically motivated practice of spiritual disciplines and acts of faith with others (Delaney & Miller, 2005). This study is important because it speaks to gaps in the existing research regarding feminine measures of developing self-concept. Add to this gap a self-concept influenced by a distinct women's Christian spirituality, and the deficiency becomes even more apparent.

This paper is organized in two parts. Part I explores the general concept of Christian spiritual formation – starting with religiousness and spirituality – as it exists in the literature and as it applies to women. This provides a tentative outline for a distinctive women's spirituality. Self-concept is viewed as a constituent of mental health as established in the literature. Part I argues for the value of self-conceptualization in girls and women as an important component of mental health. Part II positions and defends the thesis asserting a connection between spiritual formation in women and the development of self-concept.

<center>Part I</center>

<center>*Background*</center>

In the past 20 years, interest in religiousness and spirituality has increased, and a large number of social scientists have attempted to define, study, and theorize about these two terms (Benner, 1989; Ingersoll, 1994; Shafranske & Gorsuch, 1984; Spilka, Shaver, & Kirkpatrick, 1985; Zinnbauer, Pargament, Cole, Rye, Belavich, Hipp, et al., 1997). The literature provides an overview of some important studies that have determined that spirituality and religion can have an important influence on human health and behavior (Koenig, 1998; Levin and Chatters, 1998; George, Larson, Koenig, & McCullough, 2000). Over the past 10 years, women's health

increasingly has been recognized as an important focus (Kornstein & Clayton, 2002). Over the same period of time, interest and participation in women's spirituality have grown dramatically (Lauver, 2000). Further examination of the evidence allows general conclusions to be drawn regarding determinant influences of religion and spirituality on mental health. Specific studies regarding the effects of spirituality on self-esteem, self-imagery, and self-concept in women are presented (Mackie, 1983, Josephs, Tafarodi, & Markus, 1992; Rayburn & Richmond, 2002).

Religiousness, Spirituality and Mental Health

There have been copious studies exploring the meaning of religiousness and spirituality (Mattis, 2000; Spilka, 1989; Spilka, et al., 1985; Zinnbauer et al., 1997). In the same way, there have been numerous studies linking these two terms with their effects on mental health (Bergin, Masters, & Richards 1987; Miller, 2003). Although a historical overview is not the premise of this paper, it seems appropriate to mention the backdrop from which these terms have evolved and how they came to be associated with mental health. Furthermore, a broader look at religiousness and spirituality seems suitable to lay the foundation with which to build the argument that Christian spiritual formation is positively related to a healthy self-concept in women.

Historically, spirituality was not distinguished from religiousness. It had been suggested that the distinction between different aspects of religious orientation was useful in reports of psychological well-being (Gorsuch, 1988). Three main religious orientations had been identified: (a) an intrinsic orientation towards religion, (b) extrinsic orientation towards religion, and (c) Quest (Allport, 1950; Batson & Schoenrade, 1991; Pargament, Sullivan, Balzer, Van Haitsma, & Raymark, 1995). Gorsuch (1988) argued that the distinction between individuals who displayed intrinsic and extrinsic orientation towards religion had given insight into relationship between

religion and mental health. The Quest religious orientation was less often used in studies examining the relationship between religious orientation and psychological well-being (Wulff, 1977). The literature suggested that many aspects of religiosity and psychological well-being were significantly related. But the intrinsic and extrinsic models had not depicted a personal relationship with God, as opposed to a particular religion, as a necessary condition for spiritual formation, which later studies would include (Miller & Thoresen, 2003).

Early studies by Allport (1950) attempted to make distinctions by defining intrinsic and extrinsic orientations (I-E-O) to religion as a measure of the quality of an individual's relationship to a particular religion. Allport's theoretical model of I-E-O provided a way of examining the motivation behind religious activity rather than mere content. Making a connection between religion and mental health, Allport maintained that extrinsic religion was less therapeutic or preventive than was intrinsic religion.

In line with these findings, Entner (1976) similarly endeavored to determine if there was a significant relationship between religious orientation and six mental health variables: (a) trust, (b) empathy (altruism), (c) empathy (responses to taped problems), (d) emotional stability, (e) anxiety, and (f) self-concept. Entner argued that college students intrinsically oriented to religion would display a higher level of mental health than college students who are extrinsically oriented to religion, as measured by the six mental health variables listed above.

Entner's sample consisted of 116 college students enrolled in general education classes from two different liberal arts colleges belonging to a theologically conservative Baptist denomination which emphasizes ecclesiastical separation and high standards of moral conduct. The students were essentially middle class and equally represented by sex and academic class. Nearly all of the students were Caucasian and affiliated with the Baptist denomination.

The instrumentation included: (a) *Feagan's Twelve-Item Intrinsic-Extrinsic Scale* (1964); (b) the *Comrey Personality Scales* (1970) each containing 20 items; (c) the *State-Trait Anxiety Inventory* (Spielberger, Gorusch, & Lushene, 1984) measuring the student's description of how s/he "generally" feels (trait anxiety) and how s/he feels "at a particular moment in time" (state anxiety); (d) the *Carkhuff Scale* (1969)*,* a five point scale designed to evaluate counselors on their empathic skills; and (e) the *Personal Self Subscale from Tennessee Self Concept* (Fitts, 1965) to measure "the individual's sense of personal worth, feelings of adequacy as a person and his evaluation of his personality apart from his own body or relationships with others." This instrument contained 18 items in 3 categories: (a) identity (what he is), (b) self-satisfaction (how he accepts himself), and (c) behavior (how he acts). Additionally, each student's written responses were included. The responses evaluated were written reactions to four simulated problems presented on tape by four different individuals.

The stated hypothesis was moderately supported by the results. The results revealed significant correlations between the intrinsic scale and mental health variables of emotional stability and empathy. That is to say, the intrinsically oriented person was characterized as (a) emotionally stable, (b) empathic (altruistic), (c) trusting, and (d) relatively low in anxiety. Empathy ratings and personal self-concept demonstrated no significant relationship with intrinsic religion. The results provided no evidence one way or the other, regarding the development of self-concept as a function of increased intrinsic religious orientation. Entner's discussion revealed methodological problems in measuring these two mental health variables and their impact on the expected relationship with religious orientation.

Most surprising was the finding that males were essentially responsible for the significant correlations between mental health and religious orientation. In his discussion, Entner noted one

possible explanation might be that the impact of personality style on religious style was stronger in males than in females due to cultural conditioning, especially true for the conservative, fundamentalist sample used in the study. In this subculture of men, they may have been characterized by instrumental behavior (e.g., goal-oriented, dominant, demanding, aggressive) whereas, females were more likely to be characterized by expressive behavior (e.g. passive, nurturing, appreciating, loving).

Similarly, a later study dealing with agency traits in males (e.g. achievement and dominance), in comparison to communion traits in females (e.g. relational concerns), took place using 60 undergraduate women (Nealy, Smith, & Uchino, 2002). The implication that gender influences psychosocial adjustment to stressors (pathology) was evident, and in turn, affected ultimate health and psychological well-being. This study continued to support the notion that female traits such as the underlying motivation of intimacy, rather than the male motivational trait of accomplishing a task, contribute to well-being, health, and ultimately development in personality and a distinct spirituality in women. Further attention on gender comparisons of self-imagery and self-esteem (Mackie, 1983) and God image as a function of self-esteem and locus of control will appear later in this paper (Benson & Spilka, 1973).

Subsequent studies continued to explore the relation between intrinsic religious faith and psychological well-being (Laurencelle, Abell, & Swartz, 2002; Maltby, Lewis, & Day, 1999). The Laurencelle study argued that high intrinsic faith correlated with greater ego strength and greater superego strength, by which the development of self-concept was influenced. Additionally, the authors attempted to reveal that high intrinsic faith correlated with lesser character pathology and fewer pathological behaviors. The sample (N=210) for the study was drawn from two private Midwestern universities and religious organizations from a large

Midwestern metropolitan area. Data were analyzed using multivariate analysis of variances (MANOVA) and univariate analysis of variance (ANOVA). After the MANOVA, each of the individual dependent variables was analyzed using ANOVA and Tukey's Honest Significant Difference test (HSD). In all analyses, higher intrinsic faith and moderate intrinsic faith groups scored significantly better than the lower intrinsic faith group, indicating better psychological well-being. There was considerable variability of psychological well-being within high, moderate, and low faith groups. The question of whether high intrinsic faith causes psychological well-being could not be answered by this study. The authors suggest that it would be interesting to investigate whether ego strength, superego strength, presence of character pathology, and amount of pathological behaviors would change if the strength of intrinsic faith significantly changed. The results strongly suggested that intrinsic faith and psychological well-being were interconnected. An intrinsically oriented spirituality in women may prove to be a genuine frontier for research in examining the effects it has on concept of self as a constituent of psychological well-being.

There was a consistent view that sex differences in religiosity existed, with women being significantly more religious than men (Maltby et al. 1999; Wulff, 1997). The aim of the Maltby study was to examine the role of religious acts (personal prayer and church attendance) within the relationship between measures of religious orientation (intrinsic, extrinsic, and Quest) and psychological well-being (anxiety, depression, and self-esteem). A sample consisting of 474 (n1=251 men and n2=223 women) English students were administered questionnaire measures. The measured religious acts were carefully chosen to make a further distinction between personal and public expression. The analyses were conducted separately for men and women.   The findings suggested that it was the frequency of personal religious practices, such as personal

prayer, rather than a general orientation towards religion that was a factor in psychological well-being. More specifically, a personal prayer component was found to be important in accounting for variance for scores in the measures of greater depressive symptoms, lower trait anxiety, and greater self-esteem. The findings add impetus to the theoretical approach that seeks to provide a basis to the relationship between spiritual formation (intrinsically motivated, expressed, and developed through religious acts) and its effect on self-concept as an element of psychological well-being. There is also room for exploring a distinct feminine approach to spiritual formation.

Pargament's (1997) theory of religious coping provided another theoretical context in which to examine the relationship between religiosity and psychological well-being. Influencing Maltby, Pargament's theory emphasized the importance of religious acts. He proposed that if religious practices were important to the relationship between religiosity and psychological well-being, then religious acts rather than religious orientation should dominate the relationship between religiosity and psychological well-being.

With the rise of secularism in this century, and an ever growing disillusionment with religious institutions, the definition of religiosity was expanded to include (a) a belief in a Higher Power, (b) regular experience of relationship with that Higher Power, and (c) the use of relationship with that Higher Power as a source of strength and support (Laurencelle, et. al., 2002). Throughout the 70's and 80's, several instruments measuring religiosity had been constructed for research purposes (Koenig, 1998). Still, the ways in which religiosity and spirituality were conceptualized and used, were often inconsistent in the research literature (Zinnbauer, et. al, 1997).

For some, the term spirituality referred to a larger construct, within which religious involvement was only one aspect, even though it was the one most often studied. Although
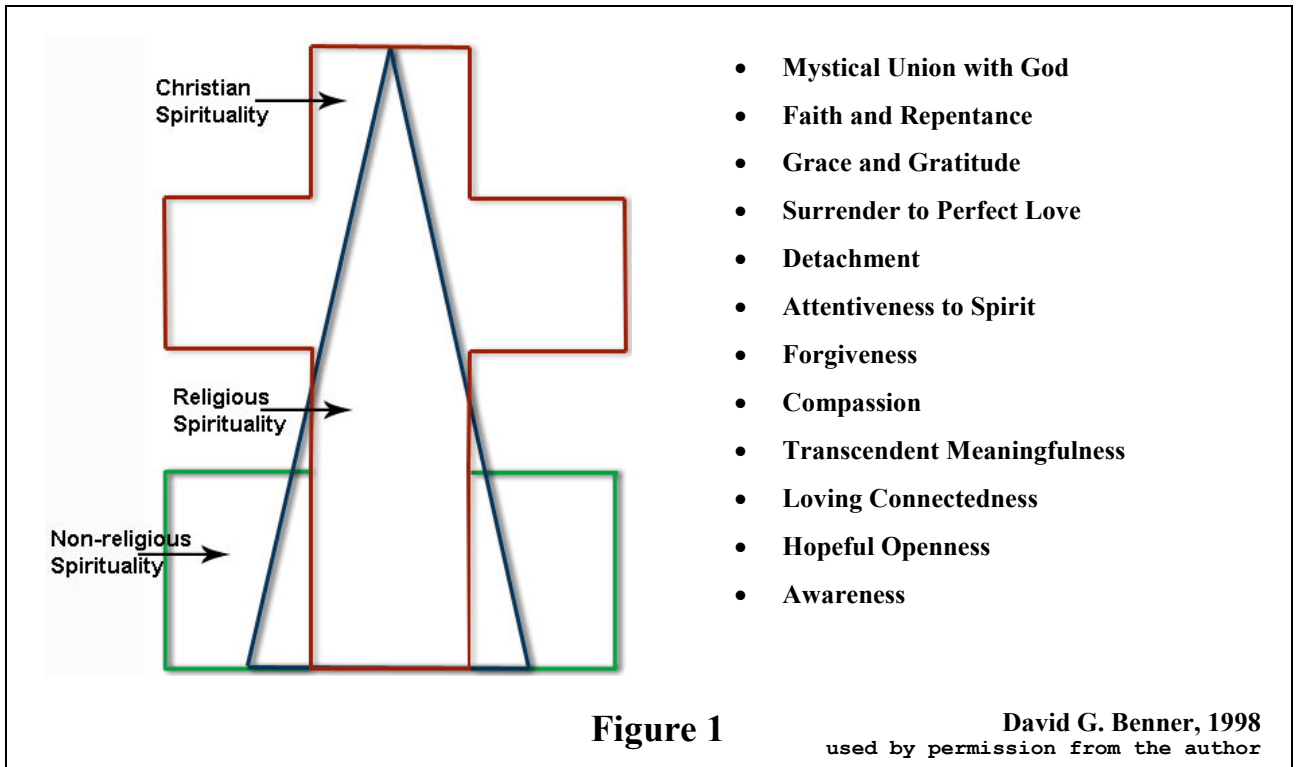
spirituality often involves institutional religion, it was meaningfully distinct from religion (Shafranske & Gorsuch, 1984). Like personality and health, spirituality was complex. It was not adequately defined by any single continuum or by dichotomous classifications; rather it had many dimensions (Miller & Thoresen, 2005, p. 6).

Equally pervasive evidence of difference between these constructs comes from research on the lives of African American women (Mattis, 2000). Two qualitative studies explored the distinctive meanings that African American women make between spirituality and religiosity. The first study (N=128), revealed 13 categories of meaning that were assigned to spirituality from a content analysis of written narratives. In the second study (N=21), three key differences between the constructs resulted: (a) Religion was associated with organized worship whereas spirituality was defined as the internalization of positive values, (b) religion was conceptualized as a path whereas spirituality as an outcome, and (c) religion was tied to worship whereas spirituality was associated with relationships.

More recent conceptions of religiousness and spirituality in the social scientific study of religion have become exceedingly diverse. Definitions of religiousness have ranged from beliefs in doctrines (Vaughan, 1991) to a belief in a divine power, and practices of worship or other rituals directed towards such a power. Spirituality has been variously defined by theorists as the "feelings, acts, experiences of individual men in their solitude…in relation to whatever they may consider the divine" (James, 1902/1961, p. 42) to "the human response to God's gracious call to a relationship with himself" (Benner, 1989, p. 20) or "a subjective experience of the sacred" (Vaughan, 1991, p. 105).

Although a large array of instruments were available for studying religious variables, research yielded an inadequate conceptualization of spirituality, and more specifically *Christian*

spirituality. Moreover, not all spirituality was prescribed as religious, and not all religious

spirituality as Christian (Figure 1, Benner 1998). To complicate matters, many researchers used the

terms religiousness and spirituality interchangeably. The constructs of spiritual and religious do

overlap in common usage, but can have significantly different meanings as well (Miller &

Thoresen, 2003).

- **Mystical Union with God**
- **Faith and Repentance**
- **Grace and Gratitude**
- **Surrender to Perfect Love**
- **Detachment**
- **Attentiveness to Spirit**
- **Forgiveness**
- **Compassion**
- **Transcendent Meaningfulness**
- **Loving Connectedness**
- **Hopeful Openness**
- **Awareness**

Figure 1   **David G. Benner, 1998**
                     used by permission from the author

 Because of this ambiguity, it was difficult to envision spirituality as having a valid place in the

realm of scientific study. Miller and Thoresen purported that

> While this diversity of opinion regarding religiousness and spirituality may enrich
>
> our understanding of the constructs, the inconsistency in the definitions can also
>
> have some negative implications for social scientific research. First, without a
>
> clearer conception of what the terms mean, it is difficult to know what researchers
>
> and participants attribute to these terms. Second, a lack of consistency in defining

the terms impairs communication within the social scientific study of religion and across other disciplines interested in the two concepts. Third, without common definitions within social scientific research it becomes difficult to draw general conclusions from various studies. (p. 28)

There are many questions associated with the core issues surrounding spirituality and religiousness. Add to that, those that are specific to women, and it becomes clear the continued search for more answers will shape the nature of scientific inquiry for the future.

The Spirituality and Health of Women

Both women's spirituality and the focus on women's health have grown increasingly in recent years. Lauver (2000) delineates commonalities between contemporary women's spirituality and women's health:

Both share a holistic perspective and respect the interdependence of body, mind and spirit. The processes of developing one's spirituality and fostering health are proposed as being similar. These may include quieting, listening, nurturing themselves, sharing, affirming, and …building supporting environments in which women can thrive rather than merely survive. (p. 86)

The author uncovers implications for clinical practice and the value of cultivating relationships through the creation of groups and communities that foster health and well-being. Well-being may be characterized by positive states of functioning in multiple dimensions (i.e., physically, cognitively, emotionally, psychologically, socially, and spiritually). Lauver acknowledged that she had left out the relevancy of the church community and ministry. Results of the research provided useful insight into the importance of a holistic approach to cultivating a sense of self and personal spirituality within the realm of community.

With increased attention given to women's health, a comprehensive reference resource was devoted to an overview and summary of current views and research on the mental health of women (Kornstein & Clayton, 2002). The spirituality of women was not the focus of the anthology, but rather mental health was primary. The chapters covered a broad spectrum of topics concerning physiological, psychological, and socio-cultural issues affecting women. The contributors dealt with their respective areas of expertise with a particular frame of orientation directed to psychological, psychiatric and mental health concerns. Each chapter carried an exhaustive reference list.

One example of a physiological health study with direct implications for spiritual formation was conducted by Simoni, Martone, and Kerwin (2002). The emergence of HIV/AIDS has not left women without its unique challenges. The researchers conducted a survey interviewing 230 predominantly African American and Puerto Rican, low-income women who were living with HIV/AIDS in New York City. The population revealed high levels of spirituality and spiritually based coping with HIV. Two hierarchical regression analyses that controlled relevant covariates, indicated positive correlations between the spirituality indicators and psychological adaptation (i.e., a composite measure of depressive symptomatology, mood states, mastery, and self-esteem). This study points to important implications for counseling women who are HIV positive, as well as for research and theory in the area of spiritually based coping. The significance of such literature will aid in future studies that will lead to establishing culturally relevant programs for women. These types of studies will point women toward transforming their inner lives to reach the goal of becoming healthy, self-actualized persons.

Self-Esteem and Mental Health in Women

      Self-esteem can be defined as the sense of contentment and self-acceptance that results from a person's appraisal of one's own worth, attractiveness, competence, and ability to satisfy one's aspirations (Robson, 1989). High self-esteem has proven essential for emotional health and positive identity (Erickson, 1968, Josephs, et al., 1992). Evidence indicates that low self-esteem can lead to depression (Harter, 1998) and other mental disorders such as eating disorders (Wood, Waller, & Gowers, 1994) and suicidality (Vilhjalmsson, Krisjansdottir, & Sveinbjarnardottir, 1998). Theorists have provided detailed analysis of gender as a social construction, contending that the self-concepts of women and men are indeed likely to differ in some important respects (Belenky et al., 1986; Gilligan, 1982; Markus & Oyserman, 1988; Miller, 1986; Stewart & Lykes, 1985).

      In theoretical work on self-esteem, relatively little attention has been devoted to the basis of self-esteem. Josephs, Tafarodi, and Markus (1992) grappled with the question, "Where does self-esteem (SE) come from?" Three experiments explored the idea that men's and women's SE arise, in part, from different sources. The authors hypothesized that SE is related to successfully measuring up to culturally mandated, gender-appropriate norms – separation and independence for men and connection and interdependence for women. Two of the studies addressed the gender specific SE measures and the third demonstrated that the failure to perform well on gender-appropriate tasks, endangered compensatory reaction, thus effecting SE.

      In the Josephs et al. study, the population consisted of 1,500 college students who were prescreened on a variety of psychological measures, including the 10 item Rosenberg Self-Esteem Scale (1965). A random sample of 90 subjects (43 males and 47 females), whose scores on this scale were between the bottom 10th and 20th percentiles or between the top 10th and 20th

percentiles, were selected as participants. An Abilities Survey was completed as a six page questionnaire asking subjects to write down their best overall skill as well as their best skill or ability in four different domains - athletic, academic, social, and creative. Subjects were tested individually in the third study. Seated across from the experimenter, each participant was given a counterfeit test measuring a fictitious trait known as "polysomical interpretation" (PI), being told that it was a standardized test. The interpretive nature of the questions left subjects without any sense during testing of how well they were doing. They were later tested on compensatory recall a second time. At the end of the experiment, the subjects were debriefed as to the true nature and purpose of the experiment.

The findings of all three studies were discussed with regard to their implications on the structure and dynamics of the self. They suggested that for HSE women, self-concept was associated in some significant part with connection to or interdependence with others. In addition, the results supported the notion that the self-concepts of men were less likely to include others and relationships with others, and likely to develop what is called an individualist, independent, or autonomous representations self. Together these studies supported a view of self-esteem as deriving, in part, from an ability to adhere to the norms set by one's various socio-cultural context. To the extent that people can successfully adhere to the culturally mandated norms, they can feel that they are worthy or valued members of their group. These findings suggest the possibility that women may develop a greater sense of self and mental health within community, where connection and interdependence with others can happen. Researching this type of question may further substantiate the value of self-esteem and the function of community.

Women, Spirituality and Self-Concept

Although seemingly similar or synonymous, self-concept differs from self-esteem in that one's self-esteem is how s/he feels about herself or himself, and can be an outcome of the way in which s/he defines or conceptualizes herself or himself. One contention is that men and women may develop different types of self-concepts. The literature suggested that women were more likely to develop a collectivist, ensembled, and connected self-schema, whereas men were relatively more likely to develop an individualist, independent, and autonomous schema for self (Josephs, et al., 1992, Mackie, 1983).

There was some evidence that cultural and spiritual factors influence self-concept. Rayburn and Richmond (2002) investigated the importance of spirituality to the development of women and how they defined themselves. The authors proposed that spirituality added to women's empowerment, rather than diminished it, thus contributing positively to their understanding of self. However, Rayburn and Richmond made a clear distinction between the strength of spirituality as a benefit to women versus the receding effect of organized religion upon women as it relates to the development of self-concept.

Rayburn and Richmond cited several studies, which investigated spirituality as a resource in helping women to gain a sense of connectedness with themselves, others, and the natural world and to find a sense of inner strength (Goetz, Barkony, Gardner, Lepke, & Wager 1994; Ogden 1997). Conversely, Rayburn and Richmond noted that although women comprise at least 60% of most religious congregations, they have not been allowed to function in as many leadership roles as have men which would potentially affect self-esteem and self concept (Iglehart 1982; Northup, 1996). Such considerations have persuaded Rayburn and Richmond to assess leadership styles in the work and religious environment (2002). They stressed

Women have had influence as leaders throughout the history of the church and synagogue. Esther, Sarah, Leah, Rachel, Miriam, Ana, Deborah, Priscill, Dorcas, Ruth, Naomi, Jael, Junio, Rebecca, Mary – the mother of Christ, Mary Magdalene, and other women of scripture have influenced modern thinking in ecclesiastical settings…and yet (today) dissatisfied girls and women often become marginalized and sense themselves as being held in less importance than are boys and men.   They may then function as only nominal members of the group (church), and some may decide to leave the religious setting all together (p. 183-184).

Despite limited roles in church leadership, empirical findings upheld the fact that both religiousness and spirituality have been important influences in the lives of many women and how they positively viewed themselves. Rayburn and Richmond concluded that spirituality for women did exist within the context of religion but theorized that spirituality could exist independently of religiousness. They also acknowledged that people could conceivably self-identify as spiritual but not religious or as both spiritual and religious (2002, p.170).

Building on the idea that not all spiritual formation was considered beneficial for women, Dahill (2001) asserted that although the legacy of Dietrich Bonhoeffer has offered significant resources for Christian spiritual formation, his example of self-sacrificing and *becoming a person for others* may prove to be particularly harmful for women who suffer abuse and other forms of violence. From a similar vantage point, Miller (1986) contended that women, because of their relatively powerless position in society, must be constantly attuned to and responsive to others, especially to the dominant others who control their lives. Consequentially, relationships and

interdependence with others would be more central to the development of self-concepts in women, but not for the same reasons as women who were not abused or in dominated positions.

In an interesting project, Dahill (2001) presented the insights of selected contemporary feminist theorists – namely the leader of Harvard's research team Carol Gilligan, psychoanalytic theorist Jessica Benjamin, and trauma psychiatrist Judith Herman – in regard to gendered patterns of self-formation, including the experience of women in abuse. Dahill mediated a dialogue about the writings of Bonhoeffer, specifically on the subject of Christian spiritual formation in the abused women population. The colloquium not only included a critique of Bonhoeffer from the feminist perspective, but also acknowledged the contrasting important contributions he had made toward a truly liberating Christian spirituality for those who struggle with human selfhood. Dahill concluded her piece with suggestions regarding the broader relevance of her study for women and the implications for ministry.

Another study revealing a connection between self-esteem, mental health, and religiosity was conducted by examining the role of religious involvement as a protective factor. The findings helped to explain resilience among adolescent mothers and their children (Carothers, Borkowski, Lefever, Whitman, & Thomas, 2005). Those found to possess a high level of religiosity have a higher self-esteem, thereby contributing to greater resiliency. Data were collected from the Notre Dame Adolescent Parenting Project (Whitman, Borkowski, Keogh, & Weed, 2001). The researchers assessed the impact of religiosity on the socio-emotional and behavioral outcomes of 91 adolescent mothers and their offspring over 10 years.

The average age of the mothers at the time of birth was 17.12 years. On average they had completed 10.56 years of education. In general, the participants were of low socioeconomic status and were living at or near poverty before giving birth, with a mean score of 63.24 ($SD = 6.08$) on

the Hollingshead and Redlich index (1958). The sample was primarily African American (66.9%), with smaller percentages of Caucasian American (26.5%) and Hispanic American (6.6%). Approximately one half of the children were male (54.4%). Infants were generally healthy at birth, with typical Apgar scores (Whitman et al., 2001).

Religiosity was defined as maternal involvement in church as well as contact with, and dependence on, church leaders and members. The results presented aggregated maternal outcomes as a function of low versus high religious involvement. The low and high religiosity groups differed significantly in regard to self-esteem, $F(1,89) = 4.24$, $p < .05$, with mothers high in religiosity having greater self-esteem. Approximately two thirds of the mothers scored low on self-esteem; high religiosity mothers accounted for 37.9% of this group, $X2(1) = 3.37$, $p = .06$. The authors emphasize that differences in self-esteem were maintained after covarying intelligence, socioeconomic status, stress, and grandmother support, $F(5,49) = 3.28$, $p = .01$, with high religiosity mothers having higher self-esteem than low religiosity mothers.

The researchers reported that no significant differences were found between the low and high religiosity groups on depression, abuse potential, and trait anxiety. However, when maternal prenatal intelligence, socioeconomic status, stress, and maternal support at 3 years of age were held constant, low religiosity mothers were significantly different from high religiosity mothers on the measures of depression, $F(5,45) = 3.13$, $p < .05$; abuse potential, $F(5,45) = 5.09$, $p < .01$; and trait anxiety, $F(5,45) = 2.75$, $p < .05$. In each case, other than trait anxiety, the results indicated high religiosity mothers exhibited better adjustment than low religiosity mothers

Researching the effects of faith as it is lived within community, as a counter variable to at-risk women and their children, may further substantiate the value of the church as a protective factor, thereby contributing to positive self-esteem and mental health. Religious and spiritual

components as intervention and prevention efforts for at-risk women may continue to stimulate the interest of investigators. Additional research will enrich our understanding of multifaceted relationships among religious involvement, social support, and personal adjustment and adaptation to life circumstances. One of the benefits to an integrational approach to psychology and spiritual formation is that it increases the likelihood of fruitful interaction between other subfields of psychology such as social psychology, feminist psychology, and the psychology of religion.

Self-Imagery and Self-Esteem in Women

Further distinctions between self-image and self-esteem can be found in a Canadian study comparing wives in the labor force and full-time housewives (Mackie, 1983). The study also made gender comparisons of those who work outside the home. In order to remain focused on the topic of women and the effects of spirituality on self-concept, only the segment comparing the women will be discussed. It must be noted that the religious or spiritual status of the participants were not considered in this study, but it is worthy of examination in light of self-imagery and self-esteem.

Self-imagery was measured by means of the Twenty Statements Test [TST] (Kuhn & McParland, 1954) which asks respondents to write 20 different answers to the question "Who Am I?" The Rosenberg Self-Esteem Scale (1965) was the second data source. The N = 444 females, comprised of Women Labor Force = 192 and Housewives = 219. The numbers vary because more completed the RSE than did the TST.

The results indicated that the self-esteem of working wives was significantly higher than that of housewives. Household work had increased salience for full-time wives and outside work had increased salience for wives working full-time outside the home. However, the family

retained its priority for both categories of women. Gender, marital, and parental statuses were all equally salient for working wives and housewives. The researchers expected self-imagery to be effected citing Rowbotham's (1973) reference to housewives, saying "the work of a housewife…is not just something you do, it's somebody you are" and it "sucks you into itself as a person rather than a worker." In other words, "role-person merger" seemed more likely in the case of full-time housewives (Turner, 1978). Discussion of the research pointed to the possibility that self-esteem was higher in those who worked outside the home because occupation was viewed as an achieved status. They cited Rosenberg (1981) with the notion that one's own achievements apparently outweigh ascribed statuses in assessing one's self-worth. The authors proposed pursuing the directionality of this latter relationship by evoking the question, "Are women with high self-esteem more likely to go out to work, or does outside work reinforce self-esteem, or both? (p. 349)"   Another question for exploration which the researchers did not consider in this study might be, "In what ways might spirituality effect self-image, indicating a change in self-esteem, regardless of where a woman may work?" The question points to earlier thoughts of Rowbotham and Turner's viewing self in the realm of who a person is versus what a person does.

Still another study, which talked about spirituality as a contributing factor to resilience and mental health in women, was done by Choate (2005). The focal point of her study was that of body image in girls and women, with self-image being directly related. The author provided an analysis of five protective factors as components to building body image resilience. They were (a) family-of-origin-support, (b) gender role satisfaction, (c) positive physical self-concept, (d) effective coping strategies, and (e) sense of holistic balance and wellness.

Choate illustrated the importance of holism and balance in life by utilizing Myers' Wheel of Wellness (Myers, et al., 2000). The researcher cited Myers' definition of wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community." Choate explains

> The model encompasses five life tasks represented by interrelated spokes on a wheel, indicating that changes in one area of wellness affect all other areas in both positive and negative directions. At the center of the wheel is spirituality, surrounded by the life tasks of self-direction, work and leisure, love, and friendship.
>
>   Spirituality, the "core characteristic of healthy people" (Myers et al., 2000), may be conceptualized as one's "awareness of being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe" (Myers et al. 2000). There exists a positive relationship between spirituality, mental and physical health, life satisfaction, and wellness. It follows that if a woman draws her sense of meaning from a spiritual force that goes beyond herself, and that provides coherence and purpose to the universe, she will find less need to focus on her …appearance in an attempt to find happiness or life satisfaction. (2005, p. 326)

Choate concluded that spirituality can serve as a buffer against socio-cultural values and pressures, thereby contributing to a woman's resiliency and self-image.

God-Image and Self-Image

Benson and Spilka (1973) predicted that a believer's level of self-esteem and his or her degree of locus of control would influence his or her description and definition of God. The instruments utilized in the study were S. Coopersmith's (1967) 50 item list measuring self-esteem and Rotter's Internal-External Control Scale (1966) with 128 male Catholic high school students. Results indicated that self-esteem was positively related to loving, accepting God images and negatively related to rejecting images. Locus of control was unrelated to controlling beliefs. It was suggested that self-esteem may be a major determinant of God images and that results have important implications for studying the dynamics of personal religion. Beyond this study, possible questions for future exploration might be, "Would God images have determinant influences on a person's definition of self and their self-esteem?" and "If a person believes s/he are created in the image of God, then how might that belief shape self-image?" This type of questioning allows the researcher to think of spirituality not only as a dependent variable but also as an independent variable in healthy self-conceptualization.

A Scotland group of researchers posed a similar question as they looked at God images and self-worth among adolescents (Francis, Gibson, & Robbins, 2001). In this study, a sample of 866 young people, both male and female, between the ages of 12 and 15 years, completed measures of self-worth and God images. The data demonstrated a positive relationship between self-worth and images of God as loving and forgiving, and a negative relationship between self-worth and images of God as cruel and punishing.

Part II

Discussion

Numerous studies have been cited above avowing a positive association with religion, spirituality and mental health. Furthering the connection between a more *Christian* spirituality and psychology Benner (1998) asserted
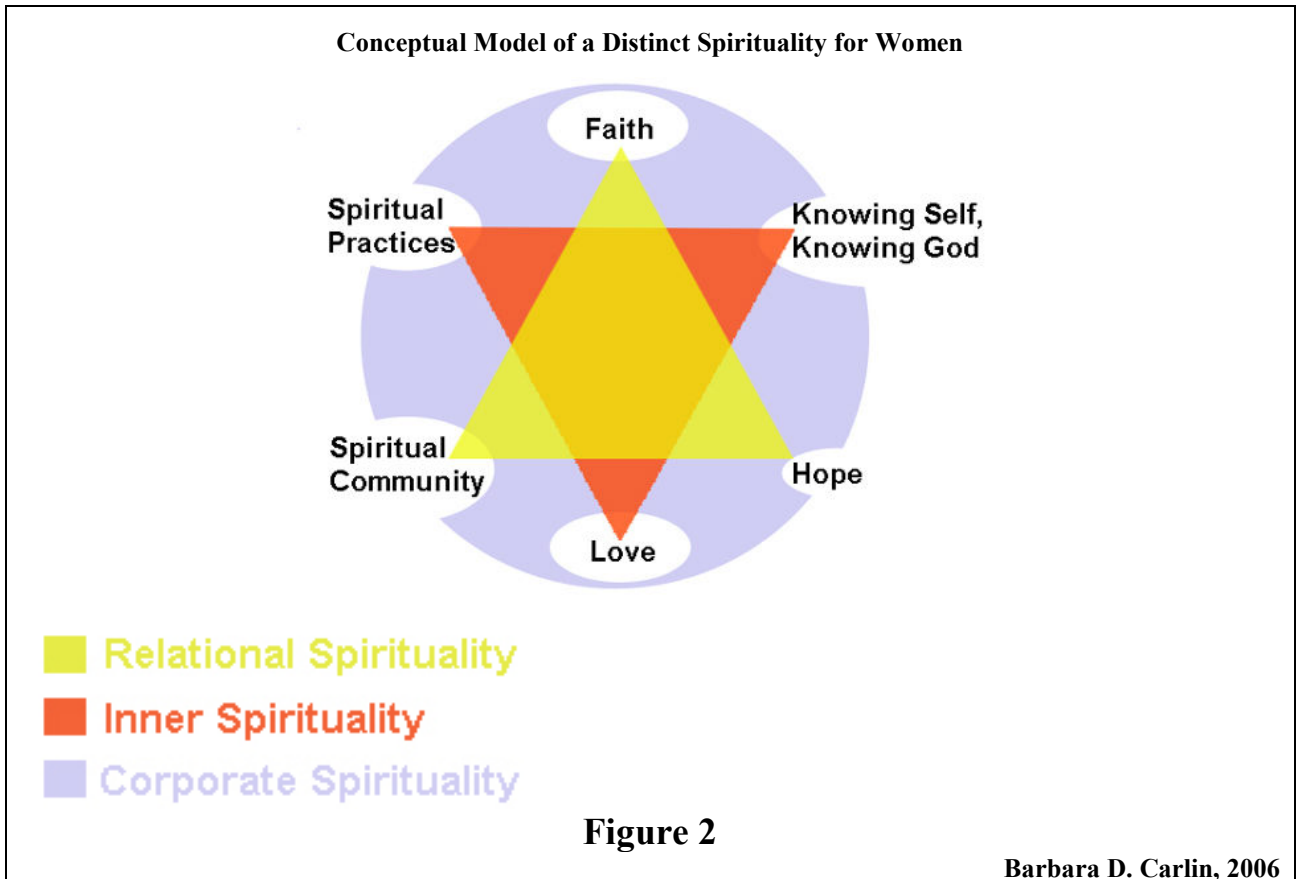
> The soul is the meeting point of the psychological and the spiritual. This means that soul care that draws on both, the best insights of modern therapeutic psychology as well as the historic Christian approaches to the care and cure of persons, will never again be able to accept the artificial distinction of the psychological and the spiritual and directs the activities of those who care for the soul of others in such a way that their care touches the deepest levels of people's inner lives. (p. 12-13)
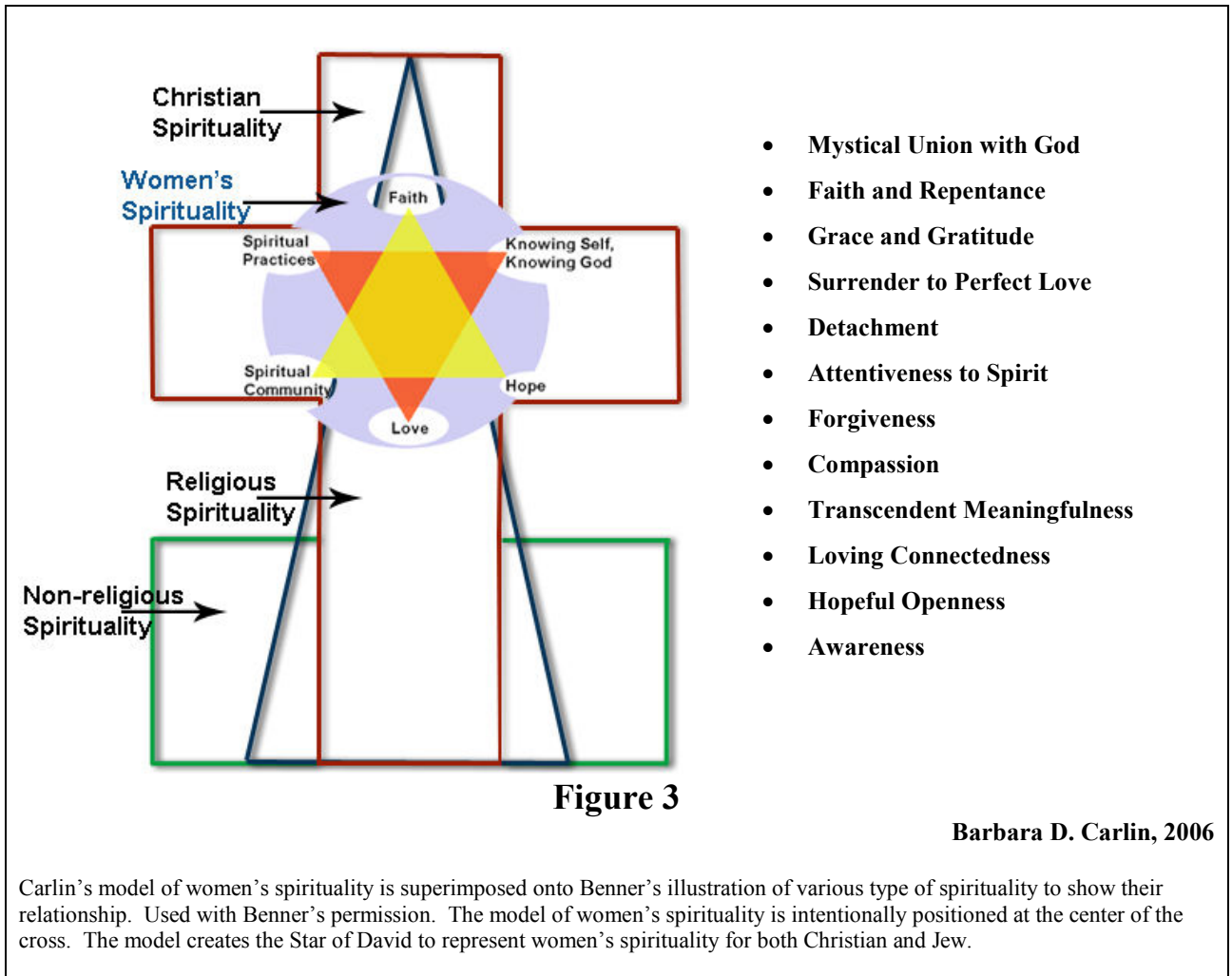
Benner is in good company. Integrating spirituality into psychology has been substantiated by the work of Maslow, Allport, Jung, Adler, Kunkel, Frankl, and May (Richards & Bergin, 2005). What was once a cavernous division between psychology and spirituality has now evolved into a more mature relationship that views spiritual life as the heart of a person's psychological being. That is to say, there is a genuine richness that flows up out of the inner self and transforms and integrates all of personality (Benner, 1989). Therefore, spiritual growth is viewed as an integral part of psychological growth and physical development.

Christian spirituality can be defined as a state of deep relationship with God made possible through faith in Jesus Christ and the life of the indwelling Holy Spirit. Many have found a disciplined pursuit of spiritual growth not only helpful but necessary; therefore, Christian spiritual formation can be identified by an intrinsically motivated practice of the spiritual disciplines (see

Appendix A for list of classic spiritual disciplines; Foster, 1978, and Willard, 1988) which

includes private personal acts and acts of faith with others.

Those operating out of a relational model of spirituality are nurtured through prayer,

worship, and group life that concentrate on affirmation and the appropriation of God's

unconditional love, acceptance, and grace. It is precisely this kind of model that promotes

spiritual maturity in women. It is important to distinguish between men and women's spirituality

because each find meaning and experience their spirituality dissimilarly. An in-depth

examination of a distinct women's spirituality is beyond the scope of this paper. Yet a cursory

review would be valuable for making the argument for future study. Figure 2 illustrates a

conceptual framework for a distinct spirituality for women. Figure 3 depicts women's

spirituality, distinguishing it from other kinds of spirituality previously discussed.

Conceptual Model of a Distinct Spirituality for Women

Figure 2

Barbara D. Carlin, 2006

Figure 3

Barbara D. Carlin, 2006

Carlin's model of women's spirituality is superimposed onto Benner's illustration of various type of spirituality to show their relationship. Used with Benner's permission. The model of women's spirituality is intentionally positioned at the center of the cross. The model creates the Star of David to represent women's spirituality for both Christian and Jew.

A distinct women's spirituality, as depicted above, illustrates that prior to developing a

true and authentic understanding of self, one must begin by knowing self as known by God. This

is a spirituality that allows for understanding self-concept in terms of *Imago Dei* (Image of God).

Imago Dei is a theological term, applied uniquely to humans, which denotes the unique relation

between God and humanity. The term has its roots in Genesis 1:27, wherein "God created man in

his own image…" This scriptural passage does not mean that God is in human form, but rather,

that humans are created in the image of God, intellectually, morally, and spiritually. A woman

can see herself as created in the image of God from a feminine perspective, since God is both

male and female. She experiences the knowing of God and the love of God increasingly, through

spiritual practices uniquely feminine, that cultivate an *inner* spirituality. True knowing of God demands that she know God not just as an abstraction or as objective data, but in and through her as lived personal experience. A definitive self-concept is determined as women begin to see themselves as God sees them. Women mirror God's divinity in their ability to actualize the unique qualities with which they have been endowed, and which make them different than all other creatures.

As a woman experiences the knowing of self, by how she is known and loved by God, she moves towards realizing a more *relational* spirituality that flows out of her deep relationship with God. Women come to faith as individuals, yet live out and grow in their faith together. Spiritual community becomes vital when she understands that God created humans to be interdependent and relational, just as God exists and models interdependence and relationship in the Trinity. Differences exist in how women live and grow together in faith as compared to men (Entner, 1976; Maltby, et al., 1999; Nealy, et al., 2002; Wulff, 1997). Women share their lives in uniquely feminine ways with one another (Josephs, et al. 1992). Out of their interdependence upon God and one another, hope is nurtured, expanding personal meaning and purpose.

In the same way, Ballou (1995) argued a distinct feminine spirituality affirming that Feminist views of spirituality offer importantly different views, ones which encourage us to reflect upon our own lives, relationships, actions, our felt connection, experiences and our meaning making…Feminist spirituality is placed in ordinary life, is known through experience and holds relationships central. (p. 15)
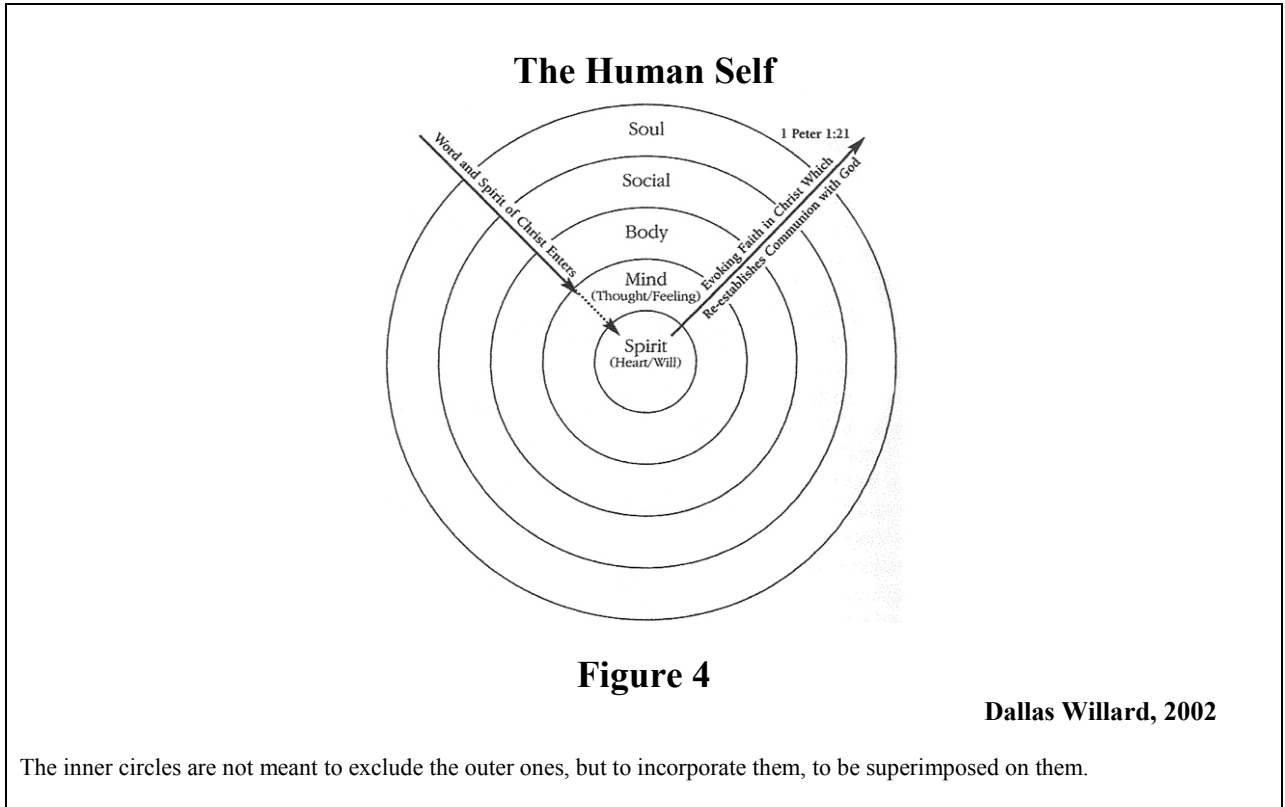
And finally, *corporate* spirituality represents life within the Church. Life in Christ is not meant to be solitary and individualistic but shared and collective. Neither is it to be polarized

between genders because of their differences. The more we realize that we are allies on the journey rather than independent agents, the more clearly we will see that personal spiritual growth does not take place in a relational vacuum; nor does it take place within spiritual communities segregated by gender. All believers are part of a community of fellow travelers, moving toward God, and we are meant to assist, nurture and encourage one another along the way. Commitment to a local community of faith enhances personal growth by providing a corporate context for identity, involvement, and ministry.

Personal faith begins with Christ and is supported and fed by spiritual community. This is not unlike the viewpoint of Willard (2000), who contends that calling others to true spiritual formation involves more than teaching Christian behaviors: it involves: "…shaping their heart to love Christ and his commandments, and training their entire personality (soul, mind, body, and to some degree even environment) to side with their new heart or spirit" (p. 256). Although Willard's model of self is not gender specific, creating an environment in which individual's can experience spiritual formation is. How women and men practice spiritual disciplines and cultivate significant relationships within a spiritual community are distinct. Willard asserts that the primary source for spiritual formation is the local congregation. Inward transformation or *renovation of the heart* is accomplished through discipleship or spiritual mentoring. He identified two key factors that contribute to spiritual transformation: (1) intentionality in practicing spiritual disciplines and (2) emotionally-significant relationships within a spiritual community. Figure 4 depicts Willard's model of the human self (2002, p.38).

Further examination of a distinct women's spirituality goes beyond the scope of this paper. Suffice it to say, women gain a sense of themselves in relationship within communities that

nurture, support, and validate their selfhood (Dahill, 2001). Feminine contributions to the

understanding of spirituality and psychology have important implications for the renewal interest

in spiritual formation and practice of the classic spiritual disciplines.

The Human Self

Figure 4

Dallas Willard, 2002

The inner circles are not meant to exclude the outer ones, but to incorporate them, to be superimposed on them.

Future studies can begin to address such questions as how can women take steps toward

transforming the inner life to reach the goal of becoming healthy, self-actualized persons? Or

what is the impact of practicing specific spiritual disciplines on personal growth and healthy

development in women? Since one comes to faith as an individual and yet lives out the expression

of faith in community, how do women effectively and relevantly pursue Christian spiritual

formation as individuals and also in the community? How might the socialization of women in the

Christian community contribute to women's perceptions of the value of her voice?

Summary and Conclusion

Review of the literature over several decades reveals a myriad of researchers attempting to define, study, and theorize about such terms as religiousness and spirituality. The evidence suggested that these terms described different concepts. Distinction between these terms began in earlier studies comparing intrinsic and extrinsic factors in religion. Additional distinctions were deduced from participant's definitions. Spirituality was most often described in personal or experiential terms, such as belief in God or in a higher power or having a relationship with God or with a higher power. Definitions of religiousness included personal beliefs and/or organizational beliefs and practices such as church membership, church attendance and the like. Although religiousness and spirituality appeared to describe different concepts, they also were not fully independent either.

Moreover, social scientific studies included the investigation of spiritual variables and their effects on mental health and health in general. Health was often broadly characterized as a state of well-being with positive traits of functioning in multiple dimensions such as physical, cognitive, emotional, psychological, social, and spiritual. The evidence consistently found spiritual and religious involvement to be positively related to health and inversely related to disorders.

Further review of the literature uncovered blurry distinctions between self-esteem, self-concept, and self-imagery as they related to spirituality. These terms, although distinct at times, were often used interchangeably. In each of the studies, self-esteem, self-concept or self-image were viewed as constituents of mental health.

Although Rayburn and Richmond (2002) touched upon the connection between spirituality in women and self-concept, the need for more research investigating the importance of spirituality, and its effects on the development of women and how they define themselves, is paramount. How self-concept is developed from a feminine perspective is for the most part lacking in the literature. Neither psychological theory nor research has fully addressed the magnitude of the effects of the integration of spiritual formation in the development and knowing of self in women. The theoretical, empirical, and practical implications of such findings would be most helpful contributors to growth and healthy functioning in multiple dimensions.

An impressive list of research studies yielded little with regard to an inquiry of a distinct women's Christian spiritual formation and its effect on self-concept. Studies were sketchy and inconclusive, with inadequate conceptualization of Christian spiritual formation as an explanation. A cautionary note is necessary to prevent the tendency to polarize gender differences. Clearly, both men and women are called to engage in multiple ways of understanding God and self.

 Here is a genuine frontier for research, in which psychologists have both much to offer and much to learn. It is a topic that already enjoys public interests. Most people, including women, want to live with better health, less disease, greater inner peace, and a fuller sense of meaning, direction, and satisfaction in their lives. A broad body of research tells us that spirituality is a significant dimension in health and may hold important keys to understanding self.

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Appendix A

There is no standardized list of spiritual disciplines. Some are more prominent in the literature than others. Richard J. Foster (1978/1998) divided the disciplines into three categories of inward disciplines, outward disciplines, and corporate disciplines. Dallas Willard (2000) divided the disciplines into two categories which included disciplines of abstinence and disciplines of engagement.

Spiritual Disciplines as depicted by Foster

The Inward Disciplines

Meditation	Prayer	Fasting	Study

The Outward Disciplines

Simplicity	Solitude	Submission	Service

The Corporate Disciplines

Confession	Worship	Guidance	Celebration

Spiritual Disciplines as depicted by Willard

Disciplines of Abstinence

Solitude	Silence	Fasting	Frugality
	Chastity	Secrecy	Sacrifice

Disciplines of Engagement

Study	Worship	Celebration	Service
Prayer	Fellowship	Confession	Submission

Appendix B

Key Terms and Definitions

Christian Spirituality: a state of deep relationship with God made possible through faith in Jesus Christ and the life of the indwelling Holy Spirit.

Christian Spiritual Formation: practice of spiritual disciplines and acts of faith for developing Christ-likeness.

Faith: complete trust, confidence, or conviction; belief in religious doctrines or system.

God Image: person's description or definition of God.

Health: person's mental or physical condition; a state of being well in body or mind.

Imago Dei: (image of God) theoretical term applied uniquely to humans and their relationship to God, denoting that man is created in the image of God. The term has its roots in the scriptural reference in the book of Genesis.

Religious: devoted, concerned with being godly or adhering to a particular doctrine or religion.

Religious Orientation: *intrinsic* (inwardly and personally motivated private religious acts), *extrinsic* (externally motivated public expression of religious acts according to a doctrine or religion) or *Quest* (commitment to spiritual discovery or journey).

Religiosity: measure of the condition of being religious.

Religiousness: the quality or state of being religious.

Self-concept: how a person defines oneself, the mental formulation of ideas about oneself, the general notion or understanding of oneself.

Self-esteem: how a person feels about oneself informed by their self-concept.

Self-image: a person's vision or picture of oneself.

Spiritual: of the spirit or the soul, often in a religious aspect, as distinguished from the body. Often thought of as the higher part of the mind.

Spiritual Disciplines: acts of faith to facilitate spiritual growth. See appendix A.

Spirituality: spiritual nature, character or quality. Experience of the sacred or holy. The internalization of morals or positive values. Not all spirituality is religious, and not all religious spirituality is Christian.