The Emotional Well-being and Spiritual Maturity Connection: A Study on the Relationship between Emotional Health and Spirituality

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The Emotional Well-being and Spiritual Maturity Connection:

A Study on the Relationship between Emotional Health and Spirituality

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Abstract

This project was designed to determine the relationship between spiritual health and emotional maturity. The study was conducted at a community church that provides mental health services using data gathered from adults participating in a process-oriented group facilitated by a Mental Health counselor. The participants were asked to complete a pretest and posttest designed to measure emotional maturity and spiritual health. The results indicated that there is a statistically significant correlation between spiritual health and emotional maturity. As the participants matured emotionally through their work in the therapy group, they also became spiritually healthier. This study has implications for the impact of emotional growth on spiritual health in a mental health setting. These findings are useful to those pondering the compatibility of spirituality and counseling.
The Emotional Well-being and Spiritual Maturity Connection:

A Study on the Relationship between Emotional Health and Spirituality

The objective of this study was to ascertain whether there is a relationship between emotional well-being and spiritual maturity. To find out, a psychotherapeutic group of adults was formed at community church that offers mental health services. Prior to the start of the therapy group, a questionnaire designed to measure emotional health and spiritual maturity was administered as a pretest. The psychological intervention to be used is interactional group therapy designed to effect behavioral and characterological change as described by Irvin D. Yalom in *The Theory and Practice of Group Psychotherapy* (1995). The group met for eight sessions with the goal of increased emotional health of the participants. At the end of the eighth session, the questionnaire designed to measure emotional health and spiritual maturity was administered to the participants as a posttest. These data were analyzed using statistical measures to determine whether an increase in emotional health is correlational to increased spiritual maturity.

This research is significant to the research site and to similar settings where spirituality and mental health are addressed. In our society, there has been a question as to whether counseling has a place in the church (Rupp,
As a counselor currently working in a church, that question has significant meaning for me. It is also on the minds of counselors and church administrators across the country. Does the work a counselor can do reflect the goals and purposes of the church? Are spiritual health and emotional health related? By performing this study, I was able to determine that there is a connection between emotional maturity and spiritual health.

Review of the Literature

The relationship between the fields of psychology and religion is a complicated one. This relationship is addressed here in order to facilitate a better understanding of the relationship and to clarify the need for the disciplines of psychology, as it applies to counseling, and religion, as it applies to spirituality, to work together. Both fields have begun to recognize the other as being useful and valid, and small steps have been taken by both to begin integrating compatible concepts and ideas.

The structures of emotional well-being and spiritual maturity are also complex. To clarify these ideas and narrow their scope for the purpose of this study, both are addressed and refined under their own headings. Next, group therapy as offered by Yalom (1995) is outlined in detail. His eleven primary therapeutic factors are defined as well as three fundamental therapeutic tasks.
A study on the relationship between Yalom’s therapeutic factor of group cohesiveness and collective self-esteem and the resulting implications is summarized. And, a study measuring the effectiveness of interaction groups in affecting self-awareness and interpersonal skills is recapitulated as well. Finally, three studies which address the relationship between spirituality and emotional well-being are reviewed.

Religion and counseling

What is the relationship between religion and psychology, Christianity and counseling, spiritual maturity and emotional health? The answers to these questions can be hard to find (Plante, 1999). Over the years the disciplines of counseling and religion have often been at odds with one another, or, at best, just left each other alone (Plante, 1999). It has been speculated that the influences of prominent members of the field of psychology like Freud and Skinner have had a negative impact on the role religion plays in most psychological theories (Young, 2007). Most counseling and psychology graduate programs do not offer training in religious or spiritual matters (Young, 2007). This illustrates the general ignorance or bias of the psychological fields toward religion and the church.
It could also be stated that religious institutions have been distrustful of the field of psychology and counseling (Young, 2007). Religious thought has often seen psychology and counseling as an attempt to replace the role of God and spirituality in the healing of man’s mind and spirit (Sandlin, 2004).

There are a variety of responses of the church toward counseling as stated by Rupp (1998, p. 35),

“Some believe the church is under attack from counseling and it needs to be opposed. Others believe the church should do the attacking and obliterate counseling before it does more harm. Still others are tolerant of counseling in the church, but believe its usefulness is limited and marginal to the real work of the church.”

These varying attitudes of the church toward counseling illustrate that the church has its own biases against the field of psychology and its counterparts.

The need for collaboration

However, there is a call for religion and psychology to work together. According to a number of studies as cited by Plante, 96% of Americans believe in God and 75% of the population feels that religious faith is a very important part of their lives (Jones, 1994; Koenig, 1997). Other studies report that clients like to have their religious issues addressed in therapy and that
clients like to work with therapists who share their religious background (McCullough, 1999; Privette, Quackenbos, & Bundrick, 1994). There is also the possibility that addressing spirituality in counseling would improve treatment satisfaction for religious clients (McCullough, 1999).

Therapists and other mental health professionals are also interested in the role spirituality can play in the mental health fields. Many “believe that religious and spiritual values can and should be thoughtfully addressed in the course of mental health treatment” (McCullough, 1999, p. 92) Besides being interested in the role spirituality can play, research has shown that clinicians are also influenced by their clients’ religious beliefs when forming psychological assessments and throughout the therapeutic process (McCullough, 1999).

In addition, there is a growing field of research that shows that religion as it relates to spirituality plays an important role in addressing counseling and psychology areas of connection, meaning-making, resiliency, personal identity, and self-awareness (Kiesling, Sorell, Colwell, & Montgomery, 2006.) Research has also shown that focusing on things that are normally considered to be in the spiritual realm, like blessings, can have emotional and interpersonal benefits (McCullough, 2003). Normally, a focus on blessings
would occur in religious settings like Jesuit reflection days, or self-help groups like Alcoholics Anonymous (McCullough, 2003).

*Psychology integrates religion and spirituality*

Recently, collaboration between religion and psychology has begun. Counseling theorists are beginning to address spirituality and researchers have started to study the affects religion, spirituality, and Christianity play on psychological well-being and therapy effectiveness (McCullough, 2003). Researchers have been able to link religious involvement with decreased depression, anxiety, and alcoholism, and increased life-satisfaction, well-being, and self-esteem (McCullough, 1999; Plante, 1999).

As early as 1966, Marcia incorporated the idea of spirituality into identity development theory. More recently, Kiesling, Sorell, Colwell, & Montgomery (2006, p. 1269) built upon the idea of spirituality in identity formation by creating a concrete definition, “a persistent sense of self that addresses ultimate questions about the nature, purpose, and meaning of life, resulting in behaviors that are consonant with the individual’s core values.” This spiritual identity can be revised throughout adulthood through ongoing experience (Kiesling, Sorell, Colwell, & Montgomery, 2006.) This definition
begins to address Sinnott’s (2002) question, “How do the spiritual aspects of an individual’s life relate to his or her development?” (p. 199).

The church integrates psychology and counseling

Churches have also started to realize the value of counseling in spiritual maturity and overall well-being of the people they care for (Rupp, 1998). Life-stressors like depression, anxiety, blended families, financial stress, addiction, marital conflicts, parenting issues, grief, domestic violence, abuse, anger, divorce, sexual identity problems, finding purpose and meaning, adjustment disorders, life crises, vocational problems, eating disorders, and spiritual conflicts present an opportunity for developmental and spiritual growth that, with counseling support, can have a positive outcome for the sufferer. By offering a counseling solution to these life demands, the church can minister to its members and also the community (Rupp, 1998). By offering help in overcoming these struggles, the church can also help its members to achieve higher spiritual maturity and engagement in service (Scazzero, 2003).

Some principles of collaboration between the church and counseling have been established by forerunners in the field. Plante (1999) developed
five principles to aid in the successful partnership of the church and counseling according to his work in the Catholic church.

*Plante's Principles of Collaboration (1999):*

1. *Understanding the client's religious system.* Clients feel more comfortable when they do not have to spend a lot of time explaining or justifying their beliefs, which can make them feel defensive.

2. *Know the language.* In order to build rapport, it is important that the therapist understand the certain language, lingo, or way of speaking of the religious group with which he or she is working.

3. *Network.* Establishing relationships with various members of a religious group or community will facilitate in building trust and cultivating referrals.

4. *Expand your view of what you can do to help.* Incorporate “spiritually and religiously sensitive issues into professional psychological services” (p. 544). Work with clergy to “help clients get the best from both the religious and psychological perspectives” (p. 544).

5. *Provide the highest standards of professional and ethical service.* When working closely with religious communities, it is important for the therapist to maintain a personal life that reflects the highest of professional and ethical standards.
These principles are useful in illustrating the role counseling can have in the church.

*The structure of well-being*

The structure of well-being has undergone a number of changes since it was first conceived (Ryff, 1989). One idea, as originated by Bradburn (1969), is that of affective distinction between positive and negative feelings. Well-being was defined as a balance between positive and negative affect (Ryff, 1989). This view has an affective focus. This focus is still popular today. One recent study rated well-being partly on affect terms like; “interested, distressed, excited, alert, irritable, sad, stressed, ashamed, happy, grateful, tired, upset,…” (McCullough, 2003, p. 381).

Another design of well-being suggests that life-satisfaction is the key indicator of well-being with greater emphasis on cognition. However, continuing work by Ryff begun in 1989 defines well-being as self-acceptance, personal growth, purpose in life, positive relationships with others, environmental mastery, and autonomy. This work is more theory-based.

*Ryff’s definitions of theory-guided dimensions of well-being* (1989, p.1072):

*Self-acceptance* describes the manner in which people attempt to hold
positive attitudes about themselves despite the awareness of their limitations.

*Personal growth* refers to the process of developing one’s potential by growing and expanding as a person.

*Purpose in life* portrays the desire to find meaning in one’s efforts and challenges.

*Positive relationships with others* describes how people strive to cultivate warm and trusting interpersonal relationships.

*Environmental mastery* names the desire to modify one’s environment in order to meet personal needs and preferences.

*Autonomy* describes how one maintains individuality within a social system, by seeking a sense of self-determination as well as developing the ability to resist social pressures.

Another study on well-being, by McCullough (2003), also rates well-being on a diversified scale. The study rates “mood (affect), physical symptoms, reactions to social support received, estimated amounts of time spent exercising, and two global life questions” (p. 379).
McCullough’s well-being ratings

Mood is measured using 30 affect terms such as “interested, distressed, excited, alert, irritable, sad, stressed, ashamed, happy, grateful, tired, upset, strong, nervous, guilty, joyful, determined, thankful, calm, attentive, forgiving, hostile, energetic, hopeful, enthusiastic, active, afraid, proud, appreciative, and angry” (McCullough, 2003, p. 379)

Physical symptoms of well-being were measured by asking participants to check off whether they had experienced a list of various symptoms. The authors had used the measure in previous research and had found it to be reliable and valid as a measure of perceived health status. The symptoms listed included the following sensations; “headaches, faintness/dizziness, stomachache/pain, shortness of breath, chest pain, acne/skin irritation, runny/congested nose, stiff or sore muscles, stomach upset/nausea, irritable bowels, hot or cold spells, poor appetite, coughing/sore throat” (McCullough, 2003, p. 379)

Reactions to social support received was measured by asking participants to describe how they had coped with their most serious problem during that week. The most relevant coping options available to choose from included; “accepted sympathy from someone, talked to
someone about how they were feeling, or received concrete help or advice from someone” (McCullough, 2003, p. 380). Participants were then asked to rate how they felt about the help they had received using words like “grateful, annoyed, embarrassed, understood, surprised, glad, frustrated, and appreciative” (McCullough, 2003, p. 380).

*Estimated amounts of time spent exercising* involved allowing participants to write in their estimated number of hours spent exercising in the past week. The amount of time given to exercise is a good indicator of how much effort is being put into health behaviors.

*Two global life questions* were used to rate participants’ perceived overall well-being. One question asked participants to rate how they felt about their life as a whole during the week on a 7-point scale with words like “terrible” (McCullough, 2003, p. 380) at one of the spectrum and “delighted” (McCullough, 2003, p. 379) at the other end. The other question asked participants to rate their expectations for the coming week on a 7-point scale with end points labeled as “pessimistic, expect the worst” (McCullough, 2003, p. 380), and “optimistic, expect the best” (McCullough, 2003, p. 380).
In a 2003 study on the correlation between forgiving and psychological well-being, researchers assessed psychological well-being with measures of life-satisfaction, positive affect, negative affect, and self-esteem, “in an effort to capture different aspects of this multifaceted construct” (Karremans, Van Lange, Kluwer, & Ouwerkerk, p. 1015).

Scazzero (2003), in his *Inventory of Spiritual/Emotional Maturity* (app. A), assesses emotional well-being in Part B: Emotional Components of Discipleship using a self-rating scale of one to four; 1= Not very true, 2= Sometimes true, 3= Mostly True, 4= Very true, on six self-awareness principles:

*Principle One- Look beneath the Surface*

Scazzero measures this principle with statements like: “It’s easy for me to identify what I am feeling inside” (p. 60), and “I am willing to explore previously unknown or unacceptable parts of myself, allowing Christ to more fully transform me” (p. 60).

*Principle Two- Break the Power of the Past*

Examples of inventory statements characterizing this principle are “I resolve conflict in a clear, direct, and respectful way” (p.61), “I am intentional at working through the impact of significant ‘earthquake’ events that shaped
my present…” (p. 61), and “I don’t need approval from others to feel good about myself” (p. 61).

Principle Three- Live in Brokenness and Vulnerability

This principle is set apart by statements like, “I often admit when I’m wrong, readily asking forgiveness from others” (p. 61), I am consistently open to hearing and applying constructive criticism and feedback that others might have for me” (p. 61), and “I am rarely judgmental or critical of others” (p. 62).

Principle Four- Receive the Gift of Limits

Scassero quantifies this principle of emotional health through statements such as “I’ve never been accused of ‘trying to do it all’ or biting off more than I could chew” (p. 62), “I am regularly able to say ‘no’ to requests and opportunities that risk overextending myself” (p. 62), and “Those close to me would say that I am good at balancing family, rest, work, and play in a biblical way” (p. 62).

Principle Five- Embrace Grieving and Loss

Inventory statements that exemplify this principle are “I openly admit my losses and disappointments” (p. 62), “When I go through a disappointment or a loss, I reflect on how I’m feeling rather than pretend that nothing is wrong”
(p. 62), and “I am able to cry and experience depression or sadness, explore the reasons behind it, and allow God to work in me through it” (p. 63).

**Principle Six- Make Incarnation Your Model for Loving Well**

To illustrate his last principle, Scazzero uses statements such as “I have a healthy sense of who I am, where I’ve come from, and what are my values, likes, passions, dislikes, and so on” (p. 63), “I am able to accept myself just the way I am” (p. 63), I am able to form deep relationships with people from different backgrounds, cultures, races, educational, and economic classes” (p. 63), and “When I confront someone who has hurt or wronged me, I speak more in the first person (“I” and “me”) about how I am feeling than speak in blaming tones (“you” or “they”) about what was done” (p. 63). These statements seem to represent Scazzero’s idea of loving well as self-love and as the ability to love and accept others and maintain relationships

The structure of well-being is multifaceted. It is hard to define, but when all aspects are considered, a diversified approach is most accurate. A working definition for the purpose of this thesis is “the condition of being sound mentally and emotionally that is characterized by the absence of mental disorder (as neurosis or psychosis) and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings
about others, and ability to meet the demands of life” (Merriam-Webster).

This definition is summative of McCullough & Emmons’ (2003), Ryff & Keyes’ (1995), and Scazzero’s (2003) work characterizing emotional well-being, and works well as a designation for this study.

*Structure of spiritual maturity*

Spiritual maturity is also an underdeveloped structure in the counseling realm. The literature written on the topic which addresses it directly is extremely sparse. However, some similar constructs like religious commitment, discipleship, transcendence, spiritual identity, and faith maturity have been minimally explored by researchers. Religious commitment has been defined as “the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living” (Worthington, 2003, p. 85). Discipleship has been characterized as “a process which enables a person to grow in the Lord Jesus Christ and equips them to overcome joyfully the pressures and trials of this present life” (Got Questions Ministries, 2007). Discipleship “requires believers to constantly examine their thoughts, words and actions in accordance with the Word of God” (Got Questions Ministries, 2007). Transcendence, defined as “strengths that forge connections to the larger universe and provide meaning” (p. 56), includes
characteristics of appreciation of beauty and excellence, gratitude, hope, humor, and religiousness as indicative aspects (Peterson & Seligman, 2004).

Similar to Marcia’s (1996) identity statuses, spiritual identity has three stages: foreclosed, in moratorium, and achieved. Foreclosed individuals are “highly committed to particular options without having engaged in exploration of other options” (Kiesling, Sorell, Colwell, & Montgomery, 2006.) “Individuals in moratorium are characterized as experiencing crisis in the form of high levels of exploration without having arrived at a place of commitment” (Kiesling, Sorell, Colwell, & Montgomery, 2006.) And finally, achieved individuals have “navigated a period of exploration or crisis and subsequently made personally defining commitments” (Kiesling, Sorell, Colwell, & Montgomery, 2006).

Scazzero (2003) separates his Emotional/Spiritual Health Inventory into two parts, Part A: General Formation and Discipleship, and Part B: Emotional Components of Discipleship. Part A addresses more of the spiritual aspects, whereas Part B deals more with emotional health. Part A uses statements like “I feel confident of my adoption as God’s son/daughter and rarely, if ever, question his acceptance of me” and “I am a vital participant in a community with other believers” (p.60) Scazzero assesses these statements by inviting the
participant to rate himself or herself on a scale of one to four; one=Not very true, two=Sometimes true, three= Mostly True, four= Very true.

For the purpose of this thesis, the terms spiritual maturity, discipleship, and faith maturity will be used interchangeably when referring to spiritual maturity. A working definition of what is being measured is the extent to which a person adheres to his or her religious values, practices and uses them in daily living to overcome the stresses of life, and the extent to which those beliefs provide meaning for the person.

Group therapy

Yalom’s Therapeutic Factors (1995)

It would be very hard to describe group therapy without mentioning Irvin Yalom. He is considered one of the field’s leading experts in group therapy. His book, The Theory and Practice of Group Psychotherapy, (1995), first published in 1970, is still considered an authoritative work on the theoretical and practical characteristics of group work (“Top Ten,” 2007). For the purpose of this paper Yalom’s theory of group work will be explored exclusively, in the light that the researcher uses his work as the base for the group therapy sessions studied. Yalom’s work on the theories and practices of group psychotherapy are extensive and encompass the fundamentals
necessary for facilitating successful group process. Because of this, his work is able to be used exclusively, and doing so simplifies the study.

Yalom (1995) outlined eleven primary factors as relating to the therapeutic experience of group therapy; installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, imitative behavior, interpersonal learning, group cohesiveness, catharsis, and existential factors.

1. Instillation of Hope- Hope is an important aspect of any type of therapy or healing. When a person believes that he or she can be well, and that the mode of treatment being used is effective, the outcome is likely to be positive.

2. Universality- People often enter counseling with the idea that they are alone in their situation and that no one else has the same thoughts, feelings, or behaviors that they do. Hearing from others in a group setting that are not unique in these areas can help people to feel more a part of the group and of society in general.

3. Imparting information- Imparting information to group members through direct teaching provides structure for the group and information on mental health, mental illness, psychodynamics or whatever else might be
the focal problem of the group. This can reduce anxiety based on fear of the unknown, be it group process or a life threatening illness.

4. Altruism- The idea of altruism in group counseling is based on the fact that each group member contributes to the group and therefore helps the other members of the group. This process of helping others aids the individual by drawing him or her out of himself or herself to help someone else and by giving the individual new insight and personal value.

5. Corrective recapitulation of the primary family group- Because a large majority of people’s issues stem from their experiences with their primary family group, and because the group environment resembles a family with authority figures, peer siblings, and intimacy, experiencing transference relationships within the group provides the opportunity to clarify distortions.

6. Development of Socializing Techniques- The development of interpersonal skills through interactions with and feedback from other group members about behaviors that may have been undermining social interactions without one’s knowledge.
7. *Imitative Behavior*- In the same way a counselee takes on the manner of
his or her therapist in an individual setting, group members may take on
the communicative manner of the group therapist or group members who
function more effectively.

8. *Interpersonal Learning*- Interpersonal learning is a complex therapeutic
factor comprised of three smaller concepts; the importance of
interpersonal relationships, the corrective emotional experience, and the
group as a social microcosm. Interpersonal relationships are important
above all else to humans in our development of self. Emotional experience
in therapy gives the group members an opportunity to correct the
influence of previous negative experiences. Group therapy recreates the
group members’ social environment and typical social interactions in
miniature. These three concepts work together to create an opportunity
for interpersonal learning. Group members have the chance to display an
authentic behavior, receive feedback from other group members, and try
out change in their behaviors to start an adaptive pattern of growth.

9. *Group Cohesiveness*- Group cohesiveness encompasses all the forces that
help to keep a group together and can be described as the attractiveness of
the group to its members.
10. Catharsis- Catharsis is the opportunity for the participants to vent and explore feelings and gain relief from having expressed them.

11. Existential factors- Recognition of the basic features of existence through sharing with others (e.g. ultimate aloneness, ultimate death, ultimate responsibility for our own actions).

Yalom studied these therapeutic factors in twenty patients who had been successful in long-term therapy groups. The patients were asked to do a seven-pile Q-sort for 60 cards with statements related to the therapeutic factors. The cards were to be sorted into seven piles as follows: Pile one, “most helpful to me in group” (2 cards); pile two, “extremely helpful” (6 cards); pile three, “very helpful” (12 cards); pile four, “helpful” (20 cards); pile five, “less helpful” (12 cards); pile six, “barely helpful” (6 cards); pile seven, least helpful to me in the group” (2 cards). (p. 72, 73). According to the card sort, the ten items most helpful to patients were (p. 73):

1. Discovering and accepting previously unknown or unacceptable parts of myself.

2. Being able to say what was bothering me instead of holding it in.

3. Other members honestly telling me what they think of me.

4. Learning how to express my feelings.
5. The group’s teaching me about the type of impression I make on others.

6. Expressing negative and/or positive feelings toward another member.

7. Learning that I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others.

8. Learning how I come across to others.

9. Seeing that others could reveal embarrassing things and take other risks and benefit from it helped me to do the same.

10. Feeling more trustful of groups and of other people.

The statements that ranked third, fifth, and eighth fall under the category of interpersonal learning-input, which means that they learned things about themselves by other group members giving them feedback. This category ranked number one in order of importance to group therapy when ranked by patients. The statements that ranked second fourth and sixth are included in the category of catharsis, which is the therapeutic factor that deals with expressing feelings. Catharsis ranked number two as a category in the order of importance to patients. And “discovering and accepting previously
unknown or unacceptable parts of myself,” which ranked number one, falls in the category of self-understanding. Self-understanding ranked third among the therapeutic factors in the order of importance according to patients. According to Yalom these findings have been backed up by replicating studies which confirm that, in patients’ opinions, catharsis, self-understanding, and interpersonal input are the most important factors in group counseling.

**Yalom’s therapeutic tasks**

There are three fundamental tasks to be done to ensure that a group functions appropriately in order that the therapeutic factors might be achieved. First is the creation and maintenance of the group, second is culture building, and third is the activation and illumination of the here-and-now. A therapist creates a group by performing such tasks as setting the time and place of meetings, choosing members, and preventing drop-outs. A therapist also needs to recognize and interrupt any behaviors that would damage group cohesiveness. The first task is, in essence, to physically create a group by filling it with participating members.

The next step is culture building. The leader must establish group norms to assure the proper operation and maintenance of the intervention.
Norms are unwritten behavioral rules that will guide the interactions of the group throughout the life of the group. Norms that are typically established to create a culture that will be conducive to effective interactions are freedom to express immediate feelings toward the group, its members, or the researcher, honesty, and spontaneity to encourage free interaction of the group members. The therapist has two means by which to set these norms. One way is in the role of technical expert. In this role, the therapist is obviously acting in the role of therapist, and explicitly instructs patients about the rules of the group. Another way the therapist can establish norms is by acting as a model-setting participant by setting an example through his or her personal group behavior. The therapist could encourage other group members to take a risk by modeling how to engage freely in the group and showing that he or she experienced no adverse affects. Or, the therapist might model the acceptance of others’ behavior regardless of whether the behavior presents a strength or a weakness. (p. 113)

Activating and illuminating the here-and-now to the group members is the final fundamental job of the group leader. It is also what sets a group designed to effect characterological change apart from support groups and educational groups. In explaining the here-and-now, Yalom makes what he
believes to be the most important statement in his entire book, *The Theory and Practice of Group Psychotherapy*: “The here-and-now focus, to be effective, consists of two symbiotic tiers, neither of which has therapeutic power without the other” (Yalom, 1995, p. 129).

The first tier is experiential; whatever the group members are experiencing in the here-and-now is what matters. By focusing on the feelings they are having in the midst of the group, they are able to form strong relationships with the other members, the therapist, and the group. The focus is on what is happening in the group to the extent that the here-and-now takes precedence over something that happened in the past, regardless of how recent. This focus helps develop each member’s social microcosm and encourages self-disclosure, feedback, and catharsis which in turn increases the group’s vitality.

The second tier is the illumination of process. The group must understand, recognize, and examine process by studying its own interactions in order to facilitate the very powerful factor of interpersonal learning. In order to assist the group in achieving both tiers of the here-and-now, the therapist must steer the group members toward experiencing each other in the present. The therapist must also comment on the process of the group so
that the experience of the group can be processed cognitively. This will help the experience of the group to become more generalized and transferable to the group members’ lives.

Although not listed as a formal fundamental task, termination is an integral part of the process of group therapy. Termination refers to the end of an individual’s professional treatment. However, it is just a stage in his or her personal growth, and it is efficacious to help a client to identify support systems in his or her personal environment. It is also important to keep in mind that termination from the group can cause grief feelings and that those should be addressed. Some terminating members may look for ways to maintain contact with the group. This should be addressed as well. The therapist should draw attention to this process and also disclose his or her feelings about the end of the group. It is important for the group and for the leaving member to realize that the member is truly leaving and that the group will be permanently changed. In this way, termination concludes the group as a microcosmic representation of life’s essential issues of loss, separation, and death.
Study on Yalom’s group theories

Yalom’s factor of group cohesiveness has been linked theoretically to group self-esteem (Yalom, 1995). Marmarosh, Holtz, and Schottenbauer (2005), found that the study of group cohesiveness and the development of collective self-esteem has been limited. The authors go on to ask the question, “What is group-derived self-esteem, and how does it relate to well-being?” (2005, p. 33). To answer this question, Marmarosh, Holtz, and Schottenbauer employed the Collective Self-Esteem Scale created by Luhtanen and Crocker in 1992 (Marmarosh, Holtz, and Schottenbauer, 2005). The scale rates collective self-esteem on four subscales; private collective self-esteem, public collective self-esteem, importance to identity, and membership esteem (Luhtanen & Crocker, 1990). Private collective self-esteem measures “the extent to which one evaluates one’s social groups positively” (Luhtanen & Crocker, 1990, p. 62), membership esteem measures the “evaluations of oneself as a good member of the social groups to which one belongs” (Luhtanen & Crocker, 1990, p. 62), public collective self-esteem measures “how others evaluate one’s social groups” (Luhtanen & Crocker, 1990, p. 62), and importance to identity measures “how important one’s memberships in the social groups are to one’s self-concept” (Luhtanen & Crocker, 1990, p. 62).
Marmarosh et al postulated that Yalom’s group cohesiveness would significantly relate to collective self-esteem, that collective self-esteem would directly relate to measure of adjustment such as depression and self-esteem, and that there would be a path to change from collective self-esteem via hope for the self (Marmarosh, Holtz, and Schottenbauer, 2005). To measure these various factors, the Collective Self-Esteem Survey (Luhtanen & Crocker, 1992), the Schutz (1966) (as referenced in Marmarosh) Cohesiveness Questionnaire, as modified for groups by Lieberman, Yalom, and Miles (1973) (as referenced in Marmarosh), and Cross and Markus’s (1991) (as referenced in Marmarosh) assessment of hoped-for self were used. They found that, as Yalom had predicted, group cohesion does lead to collective self-esteem. They also found that, although highly related, group cohesion and collective self-esteem are separate constructs. This was illustrated in the findings that cohesiveness “did not account for a significant amount of variance in the prediction of depression” (Marmarosh, Holtz, & Schottenbauer, 2005, p. 40), but public collective self-esteem and identity collective self-esteem did account for a significant amount of variance in the prediction of depression (Marmarosh, Holtz, & Schottenbauer, 2005). This study found that there are
indeed curative factors that relate to well-being (Marmarosh, Holtz, & Schottenbauer, 2005).

Study on the effectiveness of interaction groups

In order to promote self-knowledge and perception, researchers at the University of Kentucky devised an interaction group for counselor trainees at the graduate level (Seegars & McDonald, 1963). The study involved 9 graduate students working toward a degree in Guidance and Counseling (Seegars & McDonald, 1963). The students were given the Interpersonal Check List (LaForge & Suczek, 1955) as a pretest and as a posttest. The group was then run as a process-oriented group with a focus on increasing self awareness and reducing the discrepancy between the self concept and ideal self (Seegars & McDonald, 1963).

The resulting data suggested that at the beginning of the group, students rated themselves as generally displeased with their interpersonal behavior (Seegars & McDonald, 1963). However, after the group, the participants stated that they had learned much about relating to self and others (Seegars & McDonald, 1963). The data also showed that after the group, the students’ self concept matched others’ ratings more closely (Seegars & McDonald, 1963). The authors conclude their study by stating that
group work seems to have a positive affect on participants’ interpersonal skills and self knowledge (Seegars & McDonald, 1963).

Research relating spirituality and emotional health

Research measuring the relationship between spirituality and emotional health is hard to find. The topic seems to be neglected by both counseling and religious circles. Three studies address this topic using a few different techniques and instruments of measure. In 1998, two studies were published that measured self-esteem as it relates to spiritual maturity and faith maturity as it relates to mental health. And, in 2001 a study was published that measured the relationship between the Spiritual Assessment Inventory and the Rorschach.

In a study on the relationship between spiritual maturity and dimensions of self-esteem, 310 Brigham Young University completed the Religious Status Inventory to measure spiritual maturity and the Multidimensional Self-esteem Inventory to measure global self-esteem and other dimensions of self-esteem. The results implied that spiritual maturity was “significantly correlated with global self-esteem and all self-esteem subscales, although it was most strongly associated with Moral Self-Approval, Identity Integration, Lovability, and Personal Power” (Potts, 1998,
p. 59). The study concluded that “spiritual maturity is positively associated with better mental health, and specifically that spiritually mature students tend to feel moral, lovable, and powerful” (Potts, 1998, p. 59).

To determine whether “there is a relationship between mental health and the maturity of one’s faith” (Cameron, 1998, p. 58), 1,480 Seventh-day Adventist men and women were examined using a questionnaire with 17 items measuring spiritual maturity and 52 items measuring mental health. The items measuring faith maturity dealt with relational aspects of faith like centrality of faith, and the behavioral aspects of faith like reading the Bible, going to church, and volunteering (Cameron, 1998). The measures of mental health dealt with qualities such as “a unified personality, physical and social balance, mature values, personal competence, and self-efficacy” (Cameron, 1998, p.59). Canonical correlation analysis indicated a positive relationship between faith maturity and mental health of the participants. The researchers recommended more study on various specific aspects of faith maturity and their effect on mental health.

Based on the assumption that spirituality and mental health functioning correlate, a study was conducted using the Spiritual Assessment Inventory and the Rorschach Inkblot Test (Seatter, 2001). The Spiritual
Assessment Inventory was used to measure spirituality as evidenced by things like quality of and an awareness of a relationship with God (Seatter, 2001). The Rorschach Inkblot Test was used to measure psychological functioning (Seatter, 2001). The study’s general hypothesis that “a person’s level of spiritual maturity would correlate positively with psychological adjustment” (Seatter, 2001, p.62) was supported by two of the five specific hypotheses tested (Seatter, 2001). The study concluded that there is a positive relationship between spiritual health and mental health (Seatter, 2001).

_Summative inferences for this study_

The complicated relationship between the fields of religion and psychology was addressed in order to make clear the need for the disciplines of religion and psychology to begin to communicate and collaborate. Evidence was given that the process has already begun as the narrower fields of spirituality and counseling have started to recognize the value of the other. The complex structures of emotional well-being and spiritual maturity were also addressed and a working definition of each was formed for the purpose of this thesis. Yalom’s theory of group psychotherapy as presented in _The Theory and Practice of Group Psychotherapy_ (1995) was outlined and studies relating to his theory were summarized. And, three more studies were
reviewed which address the relationship between spiritual health and emotional well-being.

The purpose of this study was to determine whether or not there is a correlation between emotional well-being and spiritual maturity. Using Sczezzer’s Inventory of Spiritual/Emotional Maturity (2003) as a pretest and posttest to measure spiritual health and emotional maturity and any growth in either area, a therapeutic group was formed in order to facilitate emotional development.

This research is of value to the disciplines of religion as it has to do with spirituality and psychology as it relates to mental health counseling. It establishes a connection between facilitating mental health and encouraging spiritual development. This study explores Sczezzer’s (2003) notion that true spiritual health and discipleship are aided heartily by attention to emotional maturity. It also addresses the reality that “despite the fact that many counselors do not receive formal training in working with clients’ religious and spiritual issues” (Young, 2007, p. 47), a 2003 University of Pennsylvania study (as cited by Young, 2007) reported that 75% of Americans state that religion and spirituality are important to them.
Method

The target group of this study was adult attendees of a large Protestant church in western New York. The study’s objective was to determine whether there is a correlation between spiritual growth and emotional health. The main purpose of the study was to examine the relationship between emotional health and spiritual maturity. The study was designed to determine if, as emotional health increased through participation in a psychotherapeutic group, spiritual maturity would also increase. The study helped to analyze how increased emotional health affected spiritual maturity and growth.

Community

The community in which this study was conducted is a small city in western New York. According to the U.S. Census Bureau (Census Bureau, 2007), the county in which it is located has an estimated population of 58,830 as of 2006. Approximately 76.7 percent of this population are 18 years of age or older. 50.5 percent of the population is female. 95.3 percent of the people are white, 2.6 percent are black, and 1.9 percent are of Hispanic or Latino origin. American Indian and Alaska Native persons, Asian persons, Native Hawaiian and Other Pacific Islander, and persons reporting two or more
races are each reported as representing less than one percent of the population of this county. Persons having graduated from high school represented 84.4 percent of the population as of 2000. The median household income, as of 2004, was $42,512. Persons living below the poverty line were 9.4 percent. The community is considered to be a micropolitan statistical area, an urban area based around a core city with a population of 10,000 to 49,999, by the U.S. Census Bureau.

**Agency**

The church at which this study was conducted is a Free Methodist congregation located in western New York. The Free Methodist movement began in 1860 in western New York. The main issues that separated Free Methodism from other Methodist denominations were slavery and pew rentals. Free Methodists derived their name by taking a strong stand for freedom. They were against slavery and against charging for pews, because both discriminated against people according to race and wealth. The Free Methodist Church where this research was conducted was founded in April 1861. According to the pastor “The mission of (this) Free Methodist Church is to bring people to Jesus Christ and to build them up in that relationship” and “The vision of (this) Free Methodist Church is to be a place where God is
seen, love is felt, and lives are changed.” The congregation has an average attendance of 1100 parishioners per weekend.

Participants

This study included nine adults and the researcher. All but one of the participants are attendees of a large Free Methodist congregation. The group was comprised of ten members. There were eight women and two men. None of the group members represented a racial minority. The average age of the group members was 44. All of the members stated that they believe there is a God, nine of the ten members professed a faith in Christ.

The participants were recruited through the following announcement in the church bulletin:

In his book *The Emotionally Healthy Church*, Pastor Peter Scazzero makes the point that spiritual health is closely tied to emotional health. Spiritual growth is hard to obtain when you are held back by patterns and habits learned from your family of origin and other life experiences. A group is forming now that is designed to address the kinds of things that can keep us from spiritual and emotional health: like burying our feelings, uncontrolled anger, trouble with conflict resolution, ignoring significant painful events of the past, having a
hard time admitting weakness and vulnerability, difficulty balancing family, work, rest, and play, trouble with self-acceptance, and difficulty building and maintaining meaningful relationships. If you are interested in addressing any of these things with a group of likeminded brothers and sisters in Christ, led by Jocelyn Rebisz, please call the church office to let us know. The start date, time, and length of the group will be decided upon based on interest and availability of those who would like to participate. Jocelyn will be completing this as part of her Master’s thesis for the Department of Counselor Education at the State University of New York College at Brockport.

The participants in this study responded to this announcement and attended at least one of the first two group sessions. No new group members were accepted after that. Three individuals dropped out after the first week due to scheduling conflicts.

Instrument of study

The researcher used the *Inventory of Spiritual/Emotional Maturity* (Scazzero, 2003) with the author’s permission as a pretest and posttest to measure participants’ spiritual maturity with Section A, and emotional health with section B. The inventory is comprised of 47 items broken into two
sections. Section A is titled General Formation and Discipleship and perfunctorily addresses spiritual topics like worship, prayer, spiritual gifts, Christian community, and faith integration. Section B is titled Emotional Components of Discipleship. This section is much longer than Section A and is broken into six Principles: Principle 1, Look Beneath the Surface; Principle 2, Break the Power of the Past; Principle 3, Live in Brokenness and Vulnerability; Principle 4, Receive the Gift of Limits; Principle 5, Embrace Grieving and Loss; and Principle 6, Make Incarnation Your Model for Loving Well (Scazzero, 2003, p. 60-63).

Each item is comprised of a statement that can be rated on a scale of one to four. One represents Not Very True, two represents Sometimes True, three represents Mostly True, and four represents Very True. At the end of part A, and at the end of each of the six sections of Part B, there is a line on which to write the sum of the responses for that section. Those totals are then rated on a scale that gives a label of emotional adult, emotional adolescent, emotional child, or emotional infant for each section of the inventory.

Procedure

According to Scazzero (2003), people of faith sometimes have a hard time conquering maladaptive patterns of behavior and this holds them back
in their spiritual development. Scazzero stated that emotional components are “indispensable in the process of fostering spiritual maturity” (Scazzero, 2003, p. 45). He encouraged that people of faith, in his book he spoke specifically to Christians, take a close look at their emotional health by addressing issues beneath the surface of their lives, in order to develop more fully in their spirituality.

To fulfill this admonition, and at the same time evaluate Scazzero’s claims, the researcher designed an interactional therapeutic group following Yalom’s model for interested congregants at the church in which she practiced counseling. At the first meeting, the participants were asked to complete Peter Scazzero’s Inventory of Spiritual/Emotional Maturity (2003), as a pretest. See Appendix A.

The pretest was administered to the participants from 7:00 p.m. to 7:30 p.m. on the evening of the first meeting. The participants were given verbal instructions as to how to use the inventory’s four point answering system to rate the statements as Very True, Mostly True, Sometimes True, or Not Very True. The inventory was then administered individually with participants reading and marking the inventory statements on their own.
When the participants had all completed the inventory, the researcher handed each participant a slip of paper marked with a number with which to label his or her inventory. The researcher then supplied each participant with an envelope in which to keep his or her number. The envelopes were then labeled with the participants’ names and stored in a locked cabinet separately from the completed inventories. At the final meeting, the researcher handed the envelopes back to the participants in order that they were able to label their posttest inventories with the same number as their pretest inventories. In this way, the researcher was able to track any individual growth without compromising the participants’ confidentiality.

Group process

After the completion of the inventories at the first meeting, the researcher asked the group members to participate in the “here-and-now” meaning that the “immediate events in the meeting take precedence over events both in the current outside life and in the distant past of the members” (Yalom, 1995, p. 129). The researcher explained that this would “facilitate feedback, catharsis, meaningful self-disclosure, and acquisition of socializing techniques” (Yalom, 1995, p. 129). Group members were also asked to examine and comment on group process and interactions between members.
The researcher established norms, or unwritten behavioral rules, to guide the interactions of the group throughout the eight sessions. Norms established in this therapy group were freedom to express immediate feelings toward the group, its members, or the researcher, honesty, and spontaneity to encourage free interaction of the group members. The researcher also explained that the group would be operating under the precedent of confidentiality and that group members should not share anything they learn about others in the group with any non-group members.

The group was then run for eight sessions. After the first week, two participants dropped out of the group. The average group attendance was eight people per session. During the eighth session, the researcher facilitated the group through a normal group process. This meeting lasted about an hour. At the end of this hour, the researcher gave each group member a new copy of Scazzero’s *Inventory of Spiritual/Emotional Maturity* (2003). The researcher also handed back the labeled envelopes containing each member’s number with which to mark his or her inventory. The participants completed the inventories in about a half an hour. When the last person indicated that she had completed the inventory by closing it, the researcher collected the inventories face-down to insure each member’s confidentiality.
Analysis

The pretest and posttest inventories were then scored according to procedure as described previously in this chapter. The pretest and posttest totals for Section A and Section B were then analyzed for correlation using SPSS (2006).

Results

Emotional and spiritual growth

At the start of this study, participants were asked to complete the Inventory of Spiritual/Emotional Maturity (Scazzero, 2003). After the predetermined eight sessions of group therapy were completed, the participants were again asked to complete the Inventory of Spiritual/Emotional Maturity (Scazzero, 2003) as a posttest. Of the thirteen participants who completed the pretest, ten completed the posttest. The results of the three pretests lacking corresponding posttests were discarded. One set of data was also discarded because of an incomplete pretest form, leaving nine complete sets of data to be analyzed.

Growth Scores

In order to test the data for a correlation, the amount of growth for spiritual health and emotional health needed to be calculated separately.
However, the raw data was not conducive to comparison because the emotional health section, with 40 items, greatly outweighed the spiritual maturity section which had only 7 items. To produce proportional growth scores, the emotional health pretest and posttest raw scores were manipulated using the following formula: The sums of the emotional health raw scores were divided by the number of emotional health items, and then multiplied by the number of spiritual health items. These scores, the differences found between pretest and posttest scores, and the corresponding measures of central tendency are recorded in Table 1.

Table 1

Proportional Scores and Growth Scores (n=9)

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Proportional Spiritual Maturity Pretest</th>
<th>Posttest</th>
<th>Spiritual Maturity Growth</th>
<th>Proportional Emotional Health Pretest</th>
<th>Posttest</th>
<th>Emotional Health Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>26</td>
<td>3</td>
<td>18</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>25</td>
<td>-1</td>
<td>26</td>
<td>25</td>
<td>-1</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>17</td>
<td>1</td>
<td>16</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>23</td>
<td>5</td>
<td>10</td>
<td>19</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>20</td>
<td>22</td>
<td>2</td>
<td>20</td>
<td>23</td>
<td>3</td>
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<td>15</td>
<td>17</td>
<td>2</td>
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<td>8</td>
<td>22</td>
<td>24</td>
<td>2</td>
<td>19</td>
<td>23</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>
Individual growth

The tracking of individual participant’s growth shows that seven of the eight individuals who grew emotionally also grew spiritually according to increased scores in both categories. Conversely, it also shows that one individual grew emotionally but did not grow spiritually as represented by scores that stayed the same. One participant showed decreased scores in both sections.

One point of interest is that the high score on the spiritual health section of the inventory, attained once for each administration, stayed the same at 26, but by two separate participants. The low score also stayed the same at 7, and was attained by one participant. The high score on the emotional health section of the inventory decreased from 26 to 25, both scores attained by a single participant, and the low score stayed the same at 9, also attained by one participant. The low scores in both sections were attained by the same participant. Also worth mentioning is that the high scoring participant was the same for both the emotional and spiritual sections of the pretest, and that this participants’ scores went down in both sections on the posttest.
*Measures of central tendency*

The spiritual health raw score mean rose from 18.3 on the pretest to 20.7 on the posttest, the median rose from 20 on the pretest to 23 on the posttest, and the mode, which was not applicable on the pretest, was 23 on the posttest. The high score on the spiritual health section stayed the same at 26, and the low score also stayed the same at 7. The emotional health raw score mean grew from 16.3 on the pretest to 19.4 on the posttest, the median grew from 16 on the pretest to 19 on the posttest, and the mode was not applicable on the pretest but was 23 on the posttest. The high score on the emotional health section went down from 26 to 25, and the low score stayed the same at 9. This information is also presented in Table 2.

Table 2

*Measures of Central Tendency*

<table>
<thead>
<tr>
<th>Central Tendency</th>
<th>18.3</th>
<th>20.7</th>
<th>2.44</th>
<th>16.3</th>
<th>19.4</th>
<th>3.11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>20</td>
<td>23</td>
<td>2</td>
<td>16</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>Mode</td>
<td>n/a</td>
<td>23</td>
<td>2</td>
<td>n/a</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>High</td>
<td>26</td>
<td>26</td>
<td>7</td>
<td>26</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Low</td>
<td>7</td>
<td>7</td>
<td>-1</td>
<td>9</td>
<td>9</td>
<td>-1</td>
</tr>
</tbody>
</table>
Correlation of emotional health and spiritual health

To fully evaluate the relationship between emotional health and spiritual health, the differences in individual scores reported in Table 3 were tested for correlation using a one-tailed Pearson Correlation. Results of this test are reported in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Correlations</th>
<th>Difference between spiritual health</th>
<th>Difference between emotional health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference between spiritual health</td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (1-tailed)</td>
<td>N</td>
<td>9</td>
</tr>
<tr>
<td>Difference between emotional health</td>
<td>Pearson Correlation</td>
<td>.665(*)</td>
</tr>
<tr>
<td>Sig. (1-tailed)</td>
<td>N</td>
<td>9</td>
</tr>
</tbody>
</table>

Correlation is significant at the 0.05 level (1-tailed).

These results indicate that there is a significant correlation between emotional health and spiritual maturity. The score of .665 shows a significant correlation at the 0.05 level. These results show that as the participants grew emotionally, they also grew spiritually. However, the correlation of this data does not imply causation in either direction.
Discussion

The purpose of this thesis was to determine whether there is a correlation between emotional health and spiritual maturity. Would emotional growth result in spiritual growth? By analyzing the results of the pretest and posttest administrations of the *Inventory of Spiritual/Emotional Maturity* (Scazzero, 2003), some conclusions can be drawn about the relationship between spiritual maturity and emotional health.

The data clearly shows a significant positive relationship between emotional health and spiritual maturity as evidenced by the Pearson correlation and the correlating increased scores on the *Inventory of Spiritual/Emotional Maturity* (Scazzero, 2003). These findings support the researcher’s hypothesis that emotional health and spiritual maturity correlate positively and that as people develop emotionally, they also mature spiritually.

Before moving on to discussing the limitations of this study, one point of interest should be addressed. This study’s participants were almost all self-professed Christians. The mean pretest score for spiritual maturity was 18.3 out of a possible 28 points. This is important to this study since spiritual maturity comprises half of the structures measured. However, one participant
did not profess a faith or spirituality of any kind. That participant scored 7, which is the lowest possible score, on the pretest and posttest. This means that this participant rated all the statements about faith as “Not very true” (Scazzero, 2003, p. 60). It was not a surprise, then, that this participant did not grow spiritually during the study since this participant did not embrace spirituality. This case is mentioned specifically because it illustrates that this study is less effective with participants who do not have a spiritual faith. It is interesting to note that this participant also did not make any emotional growth during the study.

Limitations

One main limitation of this study was the time-constraint due to the educational nature of the study. The entire thesis was completed in one academic semester. Hence, the length of time available to run the process group was limited. Eight sessions of group therapy is “just enough time to get warmed up” as one of the participants stated. Yalom (1995) echoed this notion by stating that, “To undergo substantial change in character structure as well as symptomatic improvement, (...) most patients require a minimum of approximately twelve to twenty four months” (Yalom, 1995, p. 361). The group which participated in this study was only able to run for seven weeks,
meeting for eight sessions. This fact in and of itself is a huge limitation to this study. More time would allow for more growth, making the results more pronounced. The group itself acknowledged this by requesting that the group be extended by five more months that the members may continue to work on their interpersonal skills. Another related limitation is the fact that a number of members were unable to attend one or more of the sessions thus reducing their opportunity for growth even more.

Other limitations relating to the group have to deal with factors such as dual relationships and reluctance to confront other group members. One issue with running a process group at an organization like a church, where people know one another in social contexts, is that some members may be reluctant to share vital information. One member of the group expressed worry that personal information divulged to the group might not be kept confidential.

Another issue that possibly appeared because of this dual relationship of group context and social context was that group members were reluctant to confront one another. One expressed that confronting someone in group could be uncomfortable when you see the person on Sunday. Another member mentioned that he or she did not want to hurt anyone feelings. This
reluctance to confront could also be caused by the Christian value to be nice.

Many churches focus on promoting positive interactions with others. Having positive interactions is helpful in many contexts, but a process group is not necessarily one of them.

One final limitation of this study is that the measure used, the *Inventory of Spiritual/Emotional Maturity* (Sczazzero, 2003), has not been tested for reliability or validity. This holds the studies’ results back from being very influential without further research.

**Implications for churches and mental health settings**

Despite its limitations, this study’s statistically significant results hold some implications for churches and mental health settings. The positive relationship of emotional health and spiritual maturity suggests that they are connected in a meaningful way. When addressing either emotional health or spiritual maturity, it would be wise to keep the other in mind. Sczazzero has this concept at the base of his work in *The Emotionally Healthy Church* (2003). In this book he writes from the perspective as a pastor, someone responsible for the spiritual growth of his charges. He posits that if churches truly want to increase the level of spiritual maturity and discipleship in its members, then emotional health and healing need to be addressed.
From a counseling perspective, the Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC), a division of the American Counseling Association, stated on their website that “spiritual, ethical, and religious values are essential to the overall development of the person” (ASERVIC). They also stated that members of their organization are “committed to integrating these values into the counseling process” (ASERVIC). The existence of this organization and the small but growing body of research in this field demonstrate that some professionals in the field of counseling are starting to value the impact that spirituality can have on emotional health.

Implications for future research

Because there seems to be a significant correlation between emotional health and spiritual maturity, as found in this study as well as other similar studies, (Cameron, 1998; Kiesling, Sorell, Colwell, & Montgomery, 2006; McCullough, 2003; Plante, 1999; Potts, 1998; Privette, Quackenbos, & Bundrick, 1994; Seatter, 2001; & Young, 2007), I would suggest that more research be done connecting these fields. To fulfill that proposition, the researcher would replicate this study while changing the aspects that served
as limitations such as length of study, dual relationships, and validity and reliability of the measure used.

Considering the import of Scazzero’s (2003) primary admonition that churches should address parishioners’ emotional health in order to fully meet their spiritual needs, I would suggest that his measure of spiritual and emotional health be tested for reliability and validity. In this way, churches and counselors would be more confident in using this measure for whatever purpose.

Summary

Despite the long-standing strain on the relationship between religious and psychological fields, there has been recent work that shows a vital connection between the two (Young, 2007). This thesis supports that work by showing a .665 correlation significant at the 0.05 level between emotional health and spiritual maturity. The results of this study should serve to encourage churches and mental health settings to consider integrating the spiritual and emotional aspects of growth and development and the positive relationship between the two.
References


CHAPTER 4

INVENTORY OF
SPIRITUAL/EMOTIONAL MATURITY

The previous chapter outlined a biblical basis for a new paradigm of discipleship, one that includes emotional maturity. The following diagnostic does the same thing, but in a practical and personal way.

Emotional health is not merely an idea to think about. It is an experience for you when you are alone and in your close relationships with others. Take a few minutes to reflect on this simple inventory to get a sense of where you are as a disciple of Jesus Christ, both as an individual and at church. It will help you get a sense of whether your discipleship has touched the emotional components of your life and, if so, how much.

It's natural to feel uneasy or uncomfortable about some of the questions. Try to be as vulnerable and open as possible. Remember that the inventory will reveal nothing about you that is news to God. Take a moment to pray that God will guide your responses and to remember that you can afford to be honest because he loves you dearly without condition.

Because of space limitations, I have kept Part A to a minimum. I suspect most readers will be far more familiar with the concepts indicated in Part A than in Part B.
Emotional/Spiritual Health Inventory

Please answer these questions as honestly as possibly.
Use the following scoring method:

**PART A: General Formation and Discipleship**

1. I feel confident of my adoption as God's son/daughter and rarely, if ever, question his acceptance of me.  
   | Very True | Somewhat True | Usually False | Very False |
   | 1 2 3 4 |
2. I love to worship God by myself as well as with others.  
   | 1 2 3 4 |
3. I spend quality, regular time in the Word of God and in prayer.  
   | 1 2 3 4 |
4. I sense the unique ways God has gifted me individually and am actively using my spiritual gifts for his service.  
   | 1 2 3 4 |
5. I am a vital participant in a community with other believers.  
   | 1 2 3 4 |
6. It is clear that my money, gifts, time, and abilities are completely at God's disposal and not my own.  
   | 1 2 3 4 |
7. I consistently integrate my faith in the marketplace and the world.  
   | 1 2 3 4 |

**PART B: Emotional Components of Discipleship**

*Principle 1: Look Beneath the Surface*

   | 1 2 3 4 |
2. I am willing to explore previously unknown or unacceptable parts of myself, allowing Christ to more fully transform me (Rom. 7:21–25; Col. 3:5–17).  
   | 1 2 3 4 |
   | 1 2 3 4 |
4. I can share freely about my emotions, sexuality, joy, and pain (Ps. 22; Prov. 5:18–19; Luke 10:21).  
   | 1 2 3 4 |
5. I am able to experience and deal with anger in a way that leads to growth in others and myself (Eph. 4:25–32).  
   | 1 2 3 4 |
6. I am honest with myself (and a few significant others) about the feelings, beliefs, doubts, pains, and hurts beneath the surface of my life (Ps. 73:88; Jer. 20:7–18).  
   | 1 2 3 4 |

**TOTAL**
Principle 2: Break the Power of the Past

7. I resolve conflict in a clear, direct, and respectful way, not what I might have learned growing up in my family, such as painful putdowns, avoidance, escalating tensions, or going to a third party rather than to the person directly (Matt. 18:15–18).

8. I am intentional at working through the impact of significant “earthquake” events that shaped my present, such as the death of a family member, an unexpected pregnancy, divorce, addiction, or major financial disaster (Gen. 50:20; Ps. 51).

9. I am able to thank God for all my past life experiences, seeing how he has used them to uniquely shape me into who I am (Gen. 50:20; Rom. 8:28–30).

10. I can see how certain "generational sins" have been passed down to me through my family history, including character flaws, lies, secrets, ways of coping with pain, and unhealthy tendencies in relating to others (Ex. 20:5; compare Gen. 20:2; 26:7; 27:19; 37:1–33).

11. I don’t need approval from others to feel good about myself (Prov. 29:25; Gal. 1:10).

12. I take responsibility and ownership for my past life rather than to blame others (John 5:5–7).

Principle 3: Live in Brokenness and Vulnerability

13. I often admit when I’m wrong, readily asking forgiveness from others (Matt. 5:23–24).

14. I am able to speak freely about my weaknesses, failures, and mistakes (2 Cor. 12:7–12).

15. Others would easily describe me as approachable, gentle, open, and transparent (Gal. 5:22–23; 1 Cor. 13:1–6).

16. Those close to me would say that I am not easily offended or hurt (Matt. 5:39–42; 1 Cor. 13:5).

17. I am consistently open to hearing and applying constructive criticism and feedback that others might have for me (Prov. 10:17; 17:10; 25:12).
Principle 4: Receive the Gift of Limits

20. I've never been accused of "trying to do it all" or of biting off more than I could chew (Matt. 4:1–11).

21. I am regularly able to say "no" to requests and opportunities than risk overextending myself (Mark 6:30–32).

22. I recognize the different situations where my unique, God-given personality can be either a help or hindrance in responding appropriately (Ps. 139; Rom. 12:3; 1 Peter 4:10).

23. It's easy for me to distinguish the difference between when to help carry someone else's burden (Gal 6:2) and when to let it go so they can carry their own burden (Gal. 6:5).

24. I have a good sense of my emotional, relational, physical, and spiritual capacities, intentionally pulling back to rest and fill my "gas tank" again (Mark 1:21–39).

25. Those close to me would say that I am good at balancing family, rest, work, and play in a biblical way (Ex. 20:8).

TOTAL ___

Principle 5: Embrace Grieving and Loss

26. I openly admit my losses and disappointments (Ps. 3:1–8; 5:1–12).

27. When I go through a disappointment or a loss, I reflect on how I'm feeling rather than pretend that nothing is wrong (2 Sam. 1:4, 17–27; Ps. 51:1–17).

28. I take time to grieve my losses as David (Ps. 69) and Jesus did (Matt. 26:39; John 11:35; 12:27).

29. People who are in great pain and sorrow tend to seek me out because it's clear to them that I am in touch with the losses and sorrows in my own life (2 Cor 1:3–7).
30. I am able to cry and experience depression or sadness, explore the reasons behind it, and allow God to work in me through it (Ps. 42; Matt. 26:36–46).

31. I am regularly able to enter into other people’s world and feelings, connecting deeply with them and taking time to imagine what it feels like to live in their shoes (John 1:1–14; 2 Cor. 8:9; Phil. 2:3–5).

32. People close to me would describe me as a responsive listener (Prov. 29:11; James 1:19).

33. I have a healthy sense of who I am, where I’ve come from, and what are my values, likes, passions, dislikes, and so on (John 13:3).

34. I am able to accept myself just the way I am (John 13:3–12; Rom. 12:3).

35. I am able to form deep relationships with people from different backgrounds, cultures, races, educational, and economic classes (John 4:1–26; Acts 10–11).

36. People close to me would say that I suffer with those who suffer and rejoice with those who rejoice (Rom. 12:15).

37. I am good about inviting people to adjust and correct my previous assumptions about them (Prov. 20:5; Col. 3:12–14).

38. When I confront someone who has hurt or wronged me, I speak more in the first person ("I" and "me") about how I am feeling rather than speak in blaming tones ("you" or "they") about what was done (Prov. 25:11; Eph. 4:29–32).

39. I rarely judge others quickly but instead am a peacemaker and reconciler (Matt. 7:1–5).

40. People would describe me as someone who makes “loving well” my number-one aim (John 13:34–35; 1 Cor. 13).

**Principle 6: Make Incarnation Your Model for Loving Well**
Inventory Results

For each group of questions on pages 60–63:

- Add your answers to get the total for that group. Write your totals on the top portion of page 65, as the sample below illustrates.
- Next, plot your answers and connect the dots to create a graph on the bottom portion of page 65, again following the sample below.
- Finally, see page 66 for interpretations of your level of emotional health in each area. What patterns do you discern?

**SAMPLE**

<table>
<thead>
<tr>
<th>Part A</th>
<th>Questions</th>
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<tbody>
<tr>
<td>General Formation and Discipleship</td>
<td>1–7</td>
<td>24/28</td>
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<th>Questions</th>
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<tr>
<td>Principle One – Look Beneath the Surface</td>
<td>1–6</td>
<td>20/24</td>
</tr>
<tr>
<td>Principle Two – Break the Power of the Past</td>
<td>7–12</td>
<td>11/24</td>
</tr>
<tr>
<td>Principle Three – Live In Brokenness and Vulnerability</td>
<td>13–19</td>
<td>12/28</td>
</tr>
<tr>
<td>Principle Four – Accept the Gift of Limits</td>
<td>20–25</td>
<td>14/24</td>
</tr>
<tr>
<td>Principle Five – Embrace Grieving and Loss</td>
<td>26–30</td>
<td>16/20</td>
</tr>
<tr>
<td>Principle Six – Make Incarnation Your Model for Loving Well</td>
<td>31–40</td>
<td>23/40</td>
</tr>
</tbody>
</table>

![Graph of emotional well-being and spiritual maturity](image-url)
Emotional Well-being and Spiritual Maturity

Inventory of Spiritual/Emotional Maturity

**Part A**

*General Formation and Discipleship*

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**Part B**

*Principle One—Look Beneath the Surface*

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*Principle Two—Break the Power of the Past*

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*Principle Three—Live in Brokenness and Vulnerability*

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*Principle Four—Accept the Gift of Limits*

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*Principle Five—Embrace Grieving and Loss*

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*Principle Six—Make Incarnation Your Model for Loving Well*

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<td>31–40</td>
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**Graph**

- Emotional infant: A: 12, P1: 10, P2: 10, P3: 12, P4: 10, P5: 9, P6: 16

Interpretation Guide: Levels of Emotional Maturity

**Emotional Infant.** Like a physical infant, I look for other people to take care of me more than I look to care for them. I often have difficulty in describing and experiencing my feelings in healthy ways and rarely enter the emotional world of others. I am consistently driven by a need for instant gratification, often using others as objects to meet my needs, and am unaware of how my behavior is effecting/hurting them. People sometimes perceive me as inconsiderate, insensitive, and self-centered.

**Emotional children.** Like a physical child, when life is going my way and I am receiving all the things I want and need, I am content and seem emotionally well-adjusted. However, as soon as disappointment, stress, tragedy, or anger enter the picture, I quickly unravel inside. I interpret disagreements as a personal offense and am easily hurt by others. When I don’t get my way, I often complain, throw an emotional tantrum, withdraw, manipulate, drag my feet, become sarcastic, or take revenge. I have difficulty calmly discussing with others what I want and expect from them in a mature loving way.

**Emotional adolescents.** Like a physical adolescent, I know the right ways I should behave in order to ‘fit in’ mature, adult society. I can feel threatened and alarmed inside when I am offered constructive criticism, quickly becoming defensive. I subconsciously keep records on the love I give out so I can ask for something in return at a later time. When I am in conflict, I might admit some fault in the matter, but I will insist on demonstrating the guilt of the other party, proving why they are more to blame. Because of my commitment to self-survival, I have trouble really listening to another person’s pain, disappointments, or needs without becoming preoccupied with myself.

**Emotional adults.** I can respect and love others without having to change them or becoming critical and judgmental. I don’t expect anyone to be perfect in meeting my relational needs, whether it be my spouse, parents, friends, boss, or pastor. I love and appreciate people for who they are as whole individuals, the good and the bad, and not for what they can give me or how they behave. I take responsibility for my own thoughts, feelings, goals, and actions. When under stress, I don’t fall into a victim mentality or a blame game. I can state my own beliefs and values to those who disagree with me—without becoming adversarial. I am able to accurately self-assess my limits, strengths, and weaknesses and freely discuss them with others. Deeply in tune with my own emotions and feelings, I can move into the emotional worlds of others, meeting them at the place of their feelings, needs, and concerns. I am deeply convinced that I am absolutely loved by Christ, that I have nothing to prove.
Acknowledgements

To thank all the folks who helped me out in some way that I might finish this thesis, this section of acknowledgements would be longer than my lit review, which, as you know, is quite long. So, I will go right to the top and simply thank God for all wonderful people and opportunities He has placed in my life. I know it is because of Him that I am who I am, that I am where I am, and that my life is evidence of a God who cares.

*He came to heal.*

*Be His ears. Be His voice.*

*Here.*

*Now.*