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A Correlational Study of Anxiety Level, Spiritual Practices, and Spiritual Well-Being

Darren N. Janzen
George Fox University, janzend@ohsu.edu

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by

Darren M. Janzen

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Darren M. Janzen

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Signatures:

Rodger Bufford

Rodger Bufford, Ph.D., Chair

Provost

Date: 4-15-05

Members:

William C Buhrow

William Buhrow, Psy.D

Sarah M Hopkins

Sarah Hopkins, Psy.D.

Date: 4-13-05

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Darren M. Janzen

Graduate School of Clinical Psychology at

George Fox University

Newberg, Oregon

Abstract

Research has indicated that anxiety is the most prevalent of all psychological disorders, affecting up to 30 million people in the United States at some point during their lives (Lepine, 2002). It has also been determined that anxiety may be a fairly stable trait that people experience. Some people are more likely to experiencing anxiety than others, and for those who are more likely it is also more difficult to stop having anxiety. Predictors of anxiety have been identified and include such items as: low self-esteem, ineffective social support, high education, low religiosity (Hovey & Magana, 2002), low vocational satisfaction (Knox, Virginia, & Lombardo, 2002), female gender (Fergusson, Swain-Campbell, & Horwood, 2002), and family history of anxiety (Frazier, 2001). The purpose of this study was to examine the relationship between anxiety and spirituality in order to provide a basis for further research and to lead to the development of additional strategies to help individuals cope with, and manage anxiety levels.

For this current study a convenience sample of undergraduate and graduate college

students from a private Pacific Northwest university were surveyed. Both men (n=25) and women (n=63) were surveyed. A demographic questionnaire, the State-Trait Anxiety Inventory, the Spiritual Practices scale, and the Spiritual Well-Being scale were administered.

The hypotheses stated that, firstly, Christian Spiritual Practices would be significantly negatively correlated with the level of both Trait and State Anxiety. Secondly, that Spiritual Well-Being would be significantly negatively correlated with both the level of Trait and State Anxiety. And thirdly, that there would be a significant positive correlation between Spiritual Well-Being and Christian Spiritual Practices.

Results of the study indicate that all of the hypotheses were fully supported and that there is indeed a strong negative correlation between the level of Anxiety an individual experiences and the specific types of Spiritual Practices and level of Spiritual Well-Being exhibited. Additionally, a strong positive correlation between Spiritual Well-Being and Christian Spiritual Practices was also evidenced.

Currently the most widely used treatment modalities for lowering symptoms of anxiety include psychotherapy, pharmacological treatment, or a combination of the two. These can be extremely beneficial in providing symptom relief and changing the individuals' beliefs, roles, or expectations. However, in light of the strong findings of this research, it may be advantageous for clinicians to begin thinking outside of the box in their treatment of individuals suffering from severe anxiety. Encouraging Christian spiritual practices in particular, and possibly other spiritual practices, may also prove effective in reducing anxiety. These may provide an important ancillary treatment to psychotherapy and pharmacotherapy.

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Chapter 1

Introduction

Anxiety is extremely prevalent in today's society, which may be attributed to a number of different reasons, such as insecurity and constant change. In fact, anxiety is the most prevalent of all psychological disorders. Examination of the largest prevalence studies on psychiatric illnesses conducted in the United States have found that anxiety disorders yearly affect 15.7 million people in the United States and approximately 30 million people in the United States at some point during their lives (Lepine, 2002). As such, anxiety is a topic that has been long studied. It has been theorized that anxiety is the emotional response that occurs upon the appraisal of a perceived threatening situation (Beck & Emery, 1985). Also, research has found that women have higher rates of internalizing disorders, such as anxiety, than men. In fact, findings have determined that internalizing disorders occur more than twice as often in women than in men (Fergusson, Swain-Campbell, & Horwood, 2002).

Variables that best predict anxiety have also been identified. One study that examined migrant workers found that higher levels of acculturative stress, low self-esteem, low social support, lack of control and choice in occupation or lifestyle, low religiosity, and high level of education were significantly related to high anxiety (Hovey & Magana, 2002). Additionally, low job satisfaction and social support were found to predict both state and trait anxiety levels (Knox, Virginia, & Lombardo, 2002). A study on children and adolescents found that familial history of

anxiety, female gender, rejection by peers, and psychological control were the greatest predictors of anxiety in children and adolescents (Frazier, 2001). In school-aged African-American children in both low and high violence areas, trait anxiety was found to be positively correlated with exposure to community violence and negatively correlated with social support, whereas state anxiety was negatively correlated with familial social support (Hill, Levermore, Twaite, & Jones, 1996).

However, even with this information it is difficult to determine exactly who will struggle with higher levels of anxiety. The Lundby Study, which was a prospective study of a normal population from 1947-1972, concluded that the defining characteristics of those who developed problematic anxiety disorders were not specific and were difficult to determine from those of other mental illnesses (Graesbeck, Rorsman, Hagnell, & Havik, 1995).

Anxiety may be a fairly stable characteristic that people experience. One longitudinal study of psychiatric outpatients found that almost 40% of those with an anxiety disorder upon admission still had an anxiety disorder after a 6-year period, while less than 10% of those without an anxiety disorder upon admission had developed one (Alnaes & Torgersen, 1999). It was also reported that several personality disorders and personality traits predicted the development and severity level of new anxiety disorders. Avoidant, borderline, paranoid, obsessive-compulsive, and self-defeating personality disorders were found to be the most significant long-term predictors of anxiety disorders (Alnaes & Torgersen, 1999).

Historical Studies of Anxiety

The construct of anxiety has been long examined. It was studied by Charles Darwin, who considered the expression of fear (anxiety) and rage "to be universal and adaptive characteristics in both humans and animals that had evolved over countless generations through a process of natural selection" (Maruish, 1999, p. 994). Darwin noted that the levels of both fear and rage varied, and that these levels lowered or rose in relation to the present situation.

These topics were also explored in early psychology/psychiatry. In Freud's theories, fear and anxiety referred to "a specific unpleasant or emotional state or condition that included experiential, physiological, and behavioral components" (Maruish, 1999, p. 994). Freud believed that the emotional reaction of anxiety would rise or fall in proportion to the true danger level in the environment. His theories were further developed in his concepts of neurotic anxiety. This occurred when the emotional reactions produced by the anxiety were out of proportion with the true danger level.

Freud initially theorized that neurotic anxiety resulted from the release of repressed somatic sexual tensions (Maruish, 1999). This view was later modified to align with the more favorable view of anxiety as being a signal which is due to the presence of perceived danger. Freud's Danger Signal Theory proposed that the presence of danger creates an unpleasant emotional condition. This unpleasant condition causes the individual to make necessary adjustments in order to relieve the condition. This view of anxiety lines up with Darwin's notions that anxiety has an adaptive function which helps individuals deal with dangerous situations.

Studies of anxiety and other related topics are plentiful. Prior to 1950 there was little experimental research on human anxiety due to the complexity of it as a construct and a lack of

well-designed assessment instruments. However, since 1950 research on human anxiety has been conducted in two ways. These include (a) conceptual advances that have clarified the nature of anxiety as a theoretical construct, and (b) a number of instruments that have been crafted to measure the construct (Maruish, 1999). Currently, a variety of psychometric tests, questionnaires, and rating scales are used to measure anxiety. Of these, self-report questionnaires such as the Beck Anxiety Inventory and State-Trait Anxiety Inventory are the most popular and most widely used.

Professional Views on Religion and Spirituality

Traditionally the roles of religion and spirituality have been looked at negatively by many in the field of psychology. Both psychiatrists and psychologists, from Freud to Ellis, have viewed religion in negative ways (Clay, 1996). Ellis's theory indicated that rigid religiosity increases emotional problems (Poland, 1996). Yet more recent studies challenge this idea. For example, Poland found that spiritual and religious beliefs/practices are more complex than Ellis's original rational-emotive therapy indicated (Poland, 1996).

In recent years there has been a renewed interest in spirituality. Researchers have studied spirituality in many different populations and shown in many instances that spirituality may have a positive effect on individuals' mental health and well-being. Spirituality has been shown to provide an important balancing outcome for anxiety symptoms (Young, Cashwell, & Shcherbakova, 2000). Religious persons also have reported generally higher levels of well-being. Although the association of religion and anxiety has been somewhat inconsistent, religion's effect on mental health issues generally serves to protect the individual; however, the effect may be small (Van Ness & Larson, 2002). These findings show the usefulness of employing aspects of spirituality within individuals who seek therapy.

Although people have long invested time and finances in spiritual practices, the area of spiritual practices has only recently begun to be studied from a psychological perspective. It has been found in previous studies that participating in specific spiritual practices is related to the person's specific religious orientation, which includes intrinsic, extrinsic, or quest (Bufford, Shaver, Hall, Floyd, Anderson, Rosengren, & White, 2002). People who are either intrinsic or extrinsic in their spiritual beliefs tend to share some individual spiritual practices but differ in others. This difference in religious orientation has been studied in great detail. In a recent study, a lack of relationship between intrinsic and extrinsic religious orientation and trait anxiety was credited to the complexness of religion (Botto, 2001). However, the Spiritual Practices (Endyke, Bufford, Gathercoal, & Koch, 1999) scale is important due to the fact that it may have a higher sensitivity in assessing individuals who have an intrinsic religious view.

Should Spirituality/Religiosity have an Effect on the Individual?

From a therapeutic point of view, it is important to look at whether or not spiritual practices are having an effect on the individuals' anxiety levels. Ellens proposed that "most religious practices in human life and history reinforce the anxiety of man through the frustrating dynamics of guilt and the sense of ultimate helplessness in the face of human morality problems and mortality threat" (Ellens, 1975, p. 11). However, authentic spirituality/religiosity promotes the concept of grace which should serve to override these dynamics.

Anxiety is also important from a religious point of view. The Bible speaks on the topic of anxiety in numerous locations. Many religions purport to change the lives of followers in dramatic ways. If this is true, then those followers who are internalizing their spiritual practices should manifest lower over-all anxiety levels in their lives. For example, Killmer proposed that a

"review of biblical insights draws the conclusion that the spiritual antidote to anxiety is a radical trust rooted in an intimate relationship with God" (Killmer, 2002, p. 309).

Purpose of the Present Study

For many, anxiety is an extremely relevant and important issue. The purpose of this study is to examine the ways in which individuals combat anxiety. By studying anxiety in the light of spirituality it will give better insight into whether or not spiritual experiences and practices play a role in helping to diminish or exacerbate anxiety. It was predicted that in the present study there would be a direct relationship between spiritual practices and level of anxiety. More specifically, that there would be an inverse relationship between spirituality and anxiety demonstrated. These factors point to the usefulness of this study. It will broaden the understanding and practical implications of recommending specific spiritual practices in therapy with those who are struggling with anxiety and willing to employ such techniques.

Hypotheses of the Present Study

Although the study was primarily exploratory, the first hypothesis was that Christian Spiritual Practices would be significantly negatively correlated with the level of both Trait and State Anxiety. The second hypothesis was that Spiritual Well-Being would be significantly negatively correlated with both the level of Trait and State Anxiety. A final hypothesis was that there would be a significant positive correlation between Spiritual Well-Being and Christian Spiritual Practices.

Chapter 2

Method

Subjects

Participants consisted of a convenience sample of students at George Fox University, a private university in Newberg, Oregon. The participants were recruited through both graduate and undergraduate classes. Participants were allowed to express their willingness to participate, and those who agreed to participate were given a packet of assessment materials to complete and return.

The group consisted of 25 male and 63 female students. Participants' mean age was 27.43 years (*SD* = 11.65, range = 17-62). The participants came from numerous denominational backgrounds. The largest denominational background represented was Protestant (66.3%), while Other (24.7%) and Catholic (5.6%) backgrounds were also endorsed. Ethnic ancestry of the subjects was broad, including Native Americans (2.2%), European Americans (88.8%), Hispanic Americans (2.2%), Asian Americans (1.1%), and those from other ethnic groups (2.2%). Socioeconomic Status (SES) was also diverse with family household incomes ranging from $0-10,000 (10.1%), $10,000-20,000 (2.2%), $20,000-30,000 (7.9%), $30,000-50,000 (29.2%), $50,000-70,000 (16.9%), and $70,000+ (22.5%).

Instruments

The following measures were employed in testing the participants: a demographic questionnaire, the State-Trait Anxiety Inventory, the Spiritual Practices scale, and the Spiritual Well-Being scale. The demographics questionnaire asked for age, gender, ethnic background, current status, level of social support, education level, vocational satisfaction, family household income, and denominational background.

Anxiety level. The State-Trait Anxiety Inventory (STAI; Spielberger, 1983) consists of two scales. One scale measures State Anxiety (S-anxiety) and one measures Trait Anxiety (T-anxiety). The S-anxiety and T-anxiety scales consist of 20 statements each that evaluate how respondents generally feel. Participants respond on a Likert scale of one (*Almost Never*) to four (*Almost Always*). Scores on each scale can range from a minimum of 20 to a maximum of 80, with higher scores indicating higher state or trait anxiety.

The reliability of this instrument has been extensively tested and documented. As a measure of stability, Alpha coefficients (S-anxiety=0.93 and T-anxiety=0.90) are quite high for both scales, reflecting strong internal consistency. The test-retest coefficients are relatively high for the T-anxiety (r=0.70) and low for the S-anxiety (r=0.33) indicating that the trait scale is generally insensitive to change in the short-term while the state scale changes as expected because the instrument assesses situational anxiety. Alpha coefficients in the present study were: Total Self-Evaluation Scale = 0.93; Trait Anxiety Subscale = 0.90; State Anxiety Subscale = 0.89.

The validity of this instrument has also been extensively tested and documented. Construct, concurrent, divergent, and convergent validity have been demonstrated with these

scales by correlations to different anxiety measures as well as differentiation between stressful and non-stressful situations (Speilberger, Gorsuch, & Lushene, 1970).

Spiritual Practices. The Spiritual Practices (SP) scale (Endyke et al., 1999) consists of 62 positively and negatively worded statements in regard to various religious practices; 42 of the items deal with traditional Christian practices, while the remaining 20 items deal with practices found in other various world religions. It was designed to measure the spiritual practices of people from diverse religious backgrounds (Bufford et al., 2002). Items are scored on a 6-point Likert scale that ranges from *Strongly Agree* to *Strongly Disagree*, with no midpoint. Separate Christian and Non-Christian Spiritual Practice scores were calculated by summing the responses to the appropriate items.

Preliminary studies using the Spiritual Practices scale have established reliability of the scale. Coefficient alpha, a measure of internal consistency, was 0.86 for Christian Spiritual Practices and 0.59 for Non-Christian Spiritual Practices. Alpha coefficients in the present study were: Total Spiritual Practices Scale = 0.87; Christian Spiritual Practices Subscale = 0.87; Non-Christian Spiritual Practices Subscale = 0.61.

Preliminary studies using the Spiritual Practices scale have also established validity of the scale. Research on the scale has shown that it is a good general measure of spirituality as it is positively correlated with other measures, specifically intrinsic religious orientations (Bufford et al., 2002).

Spiritual Well-Being. The Spiritual Well-Being Scale (SWBS; Ellison, 1983) is a 20-item self-report instrument with two subscales. The Religious Well-Being subscale contains 10 items which refer to God and assess the vertical dimension of spirituality. The Existential Well-Being subscale includes 10 items which measure a horizontal dimension of well-being in

relations to the world, including a sense of life purpose and satisfaction. Each item is rated on a 6-point Likert scale from *Strongly Agree* to *Strongly Disagree*, with no midpoint.

The SWBS shows test-retest reliability above 0.85 in three samples after 1, 4, and 10 weeks (Brinkman, 1989; Ellison, 1983). Coefficient alpha, a measure of internal consistency, was also above 0.84 in seven samples (Brinkman, 1989; Kirschling & Pittman, 1989; Paloutzian & Ellison, 1982). The SWBS is also positively correlated with several standard indicators of well-being (Bufford, Paloutzian, & Ellison, 1991). Alpha coefficients in the present study were: Total Spiritual Well-Being Scale = 0.94; Religious Well-Being Subscale = 0.96; Existential Well-Being Subscale = 0.86.

Validity of the SWBS has also been established. Research on the scale has shown that it is a good general index of well-being as the SWBS and its subscales are positively correlated with several other standard indicators of well-being and negatively correlated with indicators of poor health and poor well-being (Bufford et al., 1991).

Procedure

After Human Subjects Research Committee approval was obtained, college student volunteers were solicited to participate in the study. A member of the research team either addressed each classroom of prospective participants and explained the study directly, or indirectly through preparing the class instructor to fulfill this role. The participants were given assessment packets to complete, and informed that by completing the materials they were giving their consent to participate. They were told that the packet would take approximately 30 minutes to fully complete. The participants were given confidential envelopes in which to seal the assessment packet and return once completed. The participants were given the Spiritual

Practices scale last so as to minimize the likelihood it would affect the anxiety level achieved in the prior testing.

Each participant was given all assessment tools employed. All were informed that participation was voluntary and that it was acceptable to terminate the testing procedures at any time, with no reason needed. Those who agreed to participate were given the opportunity to request feedback on the results of the study when they became available. Once the testing was completed, the participants were debriefed as to what the research was being used for and they were thanked for their participation in the study.

Statistical Analysis. The Statistical Package for the Social Sciences (SPSS) version 10/Windows was used to analyze the data. Because the purpose of this study was to explore the relationship between anxiety and spiritual practices, regression analyses were used to identify a continuous relationship of Anxiety based on the outcomes. Within the regression the predictors were Spiritual Practices and Spiritual Well-being. The dependent variables were State and Trait Anxiety. A correlation Matrix was used and the variables were correlated with each other. A stepwise regression was used to determine the order of entry. This was done to establish the most effective predictors.

Chapter 3

Results

Does spirituality have an effect on the level of anxiety an individual experiences? The results of this study would seem to support this possibility. Descriptive data for each scale employed was: Self Evaluation Scale ($M = 76.62$, $SD = 16.55$); Trait Anxiety Subscale ($M = 38.43$, $SD = 8.97$); State Anxiety Subscale ($M = 38.05$, $SD = 9.25$); Spiritual Well-Being Scale ($M = 101.22$, $SD = 16.57$); Religious Well-Being Subscale ($M = 52.33$, $SD = 10.34$); Existential Well-Being Subscale ($M = 48.99$, $SD = 7.95$); Spiritual Practices Scale ($M = 204.58$, $SD = 31.56$); Christian Spiritual Practices Subscale ($M = 169.62$, $SD = 27.44$); Non-Christian Spiritual Practices Subscale ($M = 34.33$, $SD = 7.62$) (See Table 1).

The first hypothesis tested was that separate Christian Spiritual Practices would be significantly negatively correlated with the level of Trait and State Anxiety. This was fully supported because Christian Spiritual Practices were significantly negatively correlated with Trait Anxiety ($r = -.48$, $p \leq .01$), and with State Anxiety ($r = -.40$, $p \leq .01$) as demonstrated in Table 2. Interestingly, Non-Christian Spiritual Practices were not significantly correlated with either Trait or State Anxiety.

Table 1

Descriptive Data for Self-Evaluation, Well-Being, and Spiritual Practices Scales

Scale	*N*	Min.	Max.	*M*	*SD*	*Mdn*	Mode	Alph. Coef.
Total SE	85	46	145	76.62	16.55	75.00	73	.93
T Anxiety	87	24	76	38.43	8.97	38.00	41	.90
S Anxiety	87	20	69	38.05	9.25	37.00	29	.89
Total SWB	85	43	120	101.22	16.57	106.00	108	.94
RWB	86	19	60	52.33	10.34	57.00	60	.96
EWB	85	23	60	48.99	7.95	50.00	49	.86
Total SP	57	108	265	204.58	31.56	208.00	225	.87
CSP	63	83	218	169.62	27.44	173.00	162	.87
NCSP	72	21	54	34.33	7.62	33.00	35	.61

Note. Total SE = Total Self-evaluation Scale; T Anxiety = Trait Anxiety Subscale; S Anxiety = State Anxiety Subscale; Total SWB = Total Spiritual Well-Being Scale; RWB = Religious Well-Being Subscale; EWB = Existential Well-Being Subscale; Total SP = Total Spiritual Practices Scale; CSP = Christian Spiritual Practices Subscale; NCSP = Non-Christian Spiritual Practices Subscale.

The second hypothesis, which predicted that Spiritual Well-Being would be significantly negatively correlated with both the level of Trait and State Anxiety was also fully supported (r = -.51, $p \leq .01$, and r = -.37, $p \leq .01$ respectively) as demonstrated in Table 2.

A final hypothesis was that there would be a significant positive correlation between Spiritual Well-Being and Christian Spiritual Practices which was confirmed (r = .78, $p \leq .01$) as demonstrated in Table 2.

Additional extra regression analyses were conducted with Spiritual Practices and Spiritual Well-Being as the predictor variables and Anxiety (Total Self Evaluation, Trait Anxiety, and State Anxiety) as the dependant variable. In a stepwise regression of other measures on Self Evaluation, only Existential Well-Being entered; Existential Well-Being accounted for about 83% of the total variance in a combination of Trait and State Anxiety (R = .910; R^2 = .829; $p \leq$ .001).

In a stepwise regression of other measures on Trait Anxiety, only Existential Well-Being entered; Existential Well-Being accounted for about 44% of the total variance in Trait Anxiety (R = .663; R^2 = .439; $p \leq .001$).

In a stepwise regression of other measures on State Anxiety, only Existential Well-Being entered; Existential Well-Being accounted for about 33% of the total variance in State Anxiety (R = .576; R^2 = .332; $p \leq .001$).

Table 2

Correlations among Anxiety, Well-Being, and Spiritual Practices

Scale	Total SE	T Anxiety	S Anxiety	Total SWB	RWB
Total SE					
T Anxiety	.90**		.64**	-.51**	-.34**
S Anxiety	.91**	.64**		-.37**	-.25*
Total SWB	-.49**	-.51**	-.37**		.93**
RWB	-.32**	-.34**	-.25**	.93**	
EWB	-.59**	-.63**	-.44**	.88**	.63**
Total SP	-.48**	-.48**	-.40**	.74**	.75**
CSP	-.50**	-.48**	-.45**	.78**	.78**
NCSP	-.05	-.11	.03	.17	.21

Table 2 *(continued)*

Correlations among Anxiety, Well-Being, and Spiritual Practices

Scale	EWB	Total SP	CSP	NCSP
Total SE				
T Anxiety	-.63**	-.48**	-.48**	-.11
S Anxiety	-.44**	-.40**	-.45**	.03
Total SWB	.88**	.74**	.78**	.17
RWB	.63**	.75**	.78**	.21
EWB		.53**	.58**	.09
Total SP	.53**		.97**	.52**
CSP	.58**	.97**		.30*
NCSP	.09	.52**	.30*	

Note. Total SE = Total Self-evaluation Scale; T Anxiety = Trait Anxiety Subscale; S Anxiety = State Anxiety Subscale; Total SWB = Total Spiritual Well-Being Scale; RWB = Religious Well-Being Subscale; EWB = Existential Well-Being Subscale; Total SP = Total Spiritual Practices Scale; CSP = Christian Spiritual Practices Subscale; NCSP = Non-Christian Spiritual Practices Subscale.

$N \geq 57$ for all analyses.

* = $p \leq .05$. ** = $p \leq .01$.

Supplementary analyses were conducted to identify gender differences that occurred in

the study. It was determined that the age of the participants was more variable for women ($p \leq .005$); however no other areas exhibited significant differences in variability within the population surveyed. Although there were no other additional significant gender differences, it was determined that the female participants mean scores were higher than the male participants mean scores on areas including Spiritual Well-Being Total, Religious Well-Being Total, Existential Well-Being Total, Spiritual Practices Total, and Christian Spiritual Practices Total as demonstrated in Table 3. Interestingly, the female participants mean scores were lower for Self-Evaluation Total, Trait Anxiety Total, and State Anxiety Total, which supports the hypotheses of this study and are also demonstrated in Table 3.

Table 3

Comparison of Mean Scores of Men and Women on Measures

	Men		Women			
Scale	*M*	*SD*	*M*	*SD*	*df*	*t*
Total SE	79.13	20.73	75.95	14.79	82	.78
T Anxiety	40.13	11.52	37.94	7.76	84	1.02
S Anxiety	38.67	10.35	37.90	8.91	84	.34
Total SWB	94.88	19.17	103.70	15.00	82	-2.25
RWB	49.29	12.21	53.48	9.44	83	-1.69
EWB	45.58	9.46	50.33	6.96	82	-2.54
Total SP	198.80	34.94	207.22	29.87	54	-.95
CSP	163.86	31.05	172.07	25.51	60	-1.11
NCSP	34.17	9.21	34.40	6.92	69	-.11

Note. Total SE = Total Self-evaluation Scale; T Anxiety = Trait Anxiety Subscale; S Anxiety = State Anxiety Subscale; Total SWB = Total Spiritual Well-Being Scale; RWB = Religious Well-Being Subscale; EWB = Existential Well-Being Subscale; Total SP = Total Spiritual Practices Scale; CSP = Christian Spiritual Practices Subscale; NCSP = Non-Christian Spiritual Practices Subscale.

* = $p \leq .05$. ** = $p \leq .01$.

Chapter 4

General Discussion

Summarization

Research has shown that anxiety is an extremely relevant area of treatment not only in a clinical population, but also in the broader population at large. Approximately 10% of the US population will be adversely affected by anxiety at some point in their lives. It is not only useful, but rather necessary to find new ways to treat individuals through non-pharmacological means in light of the staggering figures. Although medications can be extremely useful in helping individuals who either suffer from severe anxiety related disorders, or are simply unable to achieve symptomatic relief by other means, they may not be necessarily the best first-line of defense.

Anxiety can be a fairly stable characteristic that people experience in their lives, and like anything, there is a broad range in the level of symptoms experienced by an individual. Predictors of anxiety have been identified and help point to individuals who may be at risk for suffering from anxiety. In adults these predictors include low self-esteem, ineffective social support, low vocational satisfaction, low religiosity, high education, female gender, and family history of anxiety and anxiety disorders (Fergusson et al., 2002; Hovey & Magana, 2002; Knox et al., 2002). In children and adolescents, predictors include a family history of anxiety and anxiety disorders, peer rejection, female gender, and psychological control (Frazier, 2001). However,

even with all of this information on who may be prone to experience heightened levels of anxiety it is still difficult to determine exactly who will struggle with adverse anxiety levels in their life.

Traditionally, psychology and psychiatry has sought to separate the roles of religion and spirituality from that of clinical practice. Yet in recent years there have been several studies which have challenged this notion (Van Ness, & Larson, 2002; Young et al., 2000). This recent renewed interest in spirituality has resulted in contemporary beliefs that it may in fact have a positive effect on patients' mental health and overall wellness.

Review of the Study

The purpose of this study was to examine the relationship between anxiety and spirituality in order to provide insight for clinical practice as well as to provide a basis for further research in developing new strategies for helping individuals cope with, and manage adverse anxiety levels. For this current study a convenience sample of undergraduate and graduate college students from a private Pacific Northwest university were surveyed. Each individual surveyed was administered a demographic questionnaire, the State-Trait Anxiety Inventory, the Spiritual Practices scale, and the Spiritual Well-Being scale. The hypotheses of the study stated that, firstly, Christian Spiritual Practices would be significantly negatively correlated with the level of both Trait and State Anxiety. Secondly, that Spiritual Well-Being would be significantly negatively correlated with both the level of Trait and State Anxiety. And thirdly, that there would be a significant positive correlation between Spiritual Well-Being and Christian Spiritual Practices.

Review of the Results

Results of the study indicate that all of these hypotheses were fully supported and that there is indeed a strong correlation between the level of anxiety an individual experiences and the

specific types of spiritual practices and level of spiritual well-being exhibited. Additional regression analyses were conducted and it was determined that in this sample Existential Well-Being accounted for about 83% of the total variance in a combination of Trait and State Anxiety, for about 44% of the total variance in Trait Anxiety, and for about 33% of the total variance in State Anxiety.

Implications for Clinical Practice

It is widely understood and accepted that a large portion of individuals suffer from adverse levels of anxiety and associated problems. Currently, the most widely used treatment modalities include psychotherapy, pharmacological treatment, or a combination of the two. These can be extremely beneficial in providing symptom relief and changing the individuals' beliefs, roles, and/or expectations.

In light of the strong findings of this research, it may be advantageous for clinicians to begin thinking outside of the box in their treatment of individuals suffering from anxiety. Many times patients do not care how the relief comes, but rather simply that relief occurs. In this study it has been shown that there is indeed a strong correlation between anxiety and spirituality and therefore it may be beneficial for clinicians to be conscious of spirituality and religion in their treatment considerations. It is not this author's intent to indicate that spirituality or religion should be used in all cases of anxiety reduction, but rather that it may be a beneficial tool in assisting clients who have a worldview which includes spirituality or religiosity.

Limitations of the Current Study

It is important to recognize that in most all research there are limitations which occur. Although this study has been conducted in an appropriate and skillful way it is essential to realize the limitations in it as well. It is vital that researchers in this area continue to develop new

tools for assessing spirituality (including beliefs, practices, and well-being) in research participants. It is hoped that these new tools will become even stronger measures over the current assessment tools available. One limitation of this current study is that the reliability of the Non-Christian Spiritual Practices Scale is lower due to the fact that it may be a combination of possibly unrelated measures (Bufford et al., 2002). Also, only preliminary studies to establish validity have been conducted on the Spiritual Practices Scale. Although these studies have established that it is a good general measure of spirituality as it is positively correlated with other measures, specifically intrinsic religious orientation, additional studies should be conducted to establish additional validity for the scale. Although these were the best tools available to be used in this study, it does indicate a need for the development of practical and useful assessment tools in the area of spirituality.

An additional limitation of the current study is found in the participants recruited to be surveyed. These participants from a convenience sample of graduate and undergraduate students lacked in diversity. Approximately 72% of the sample were women, while almost 89% of the total sample was from European-American ethnic ancestry. Also, the participants may have a negative bias towards Non-Christian Spiritual Practices. Although this likely is representative of the university which was surveyed, it is not representative of the population at large. Should additional follow-up research be conducted, it is hoped that the population surveyed would better match that of the general population. In short, due to the population employed in this study, it is difficult to generalize this study to other age groups, cultural backgrounds, education levels, and to people from different time periods.

Implications for Further Research

The research conducted in this study has suggested that the spiritual practices and spiritual well-being of an individual may affect the levels of anxiety experienced. It is important that future research in this area look at the roles of spirituality and religiosity and how they may be utilized in working with clinical populations who are open to their use. A deeper understanding of the correlations exhibited in this research may be necessary in order to convince professionals of their usefulness.

The purpose of this study was to simply generate a basic understanding of how these factors interrelate, as well as to stimulate professional thought about these issues. While the study was sufficient for these purposes, it is important that this area not be overlooked or minimalized. Rather, further steps must be taken in solidifying this research through the development and implementation of new measures with even greater reliability and validity.

Conclusions

This study has found that Christian Spiritual Practices are significantly negatively correlated with the level of Trait and State Anxiety, while Non-Christian Spiritual Practices were not significantly correlated with either. Spiritual Well-Being was also found to be significantly negatively correlated with both the level of Trait and State Anxiety. Lastly, a significant positive correlation between Spiritual Well-Being and Christian Spiritual Practices was also confirmed.

Adverse anxiety levels can lower the enjoyment and quality of life in a large portion of people in the general population. It is important that clinicians continue to find new and unique ways to treat afflicted individuals. Although empirically driven treatment and theory is mandated by an ever-increasing involvement of managed care, supplemental treatment can be beneficial in lowering symptoms and providing a protective aspect once formal treatment has

been completed. Competent clinicians must be firmly grounded in theory as well as being open to the individual needs of the patients they serve. This study has empirically validated the usefulness of Christian spiritual practices. Encouraging Christian spiritual practices in particular, and possibly other spiritual practices, may prove to be effective in reducing anxiety symptoms. These may provide an important ancillary treatment to psychotherapy and pharmacotherapy. For those patients whose worldview includes spirituality or religiosity, it may be beneficial for the professional to assess and employ spirituality/religiosity improvement as a positive supplementary treatment recommendation for improved functioning and feelings.

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Appendix A

Informed Consent

Agreement to Participate in Research Study

A Study of Anxiety and Spirituality

You have been asked to participate in a study investigating anxiety and how it is affected by spirituality. All data will be anonymous. Please do not place your name or any other identifying information on any of the materials. It will take about 25 minutes to complete the attached questionnaires. Please describe your personal feelings and beliefs as accurately as you can. Apart from the personal background questions such as age and marital status, there are no right or wrong responses. If you do not wish to complete this study, you may return your unfinished materials. By handing in the materials you agree to participate in the study.

When completed, results of the study will be available for those interested. If you wish to receive a summary of the results, please complete an envelope (available when you submit your completed materials) with your name and address; you will then be notified when results are completed.

If you have any questions or concerns, or would like additional information regarding this research you may contact the researcher.

Thank You!

Darren Janzen, M.A.
(503) 630-4008

Rodger Bufford, Ph.D.
Supervisor
(503) 554-2340

Appendix B

Demographic Questionnaire

BACKGROUND INFORMATION

---

1) What is your age in years, as of your most recent birthday?
   _____ Years

2) Gender?
   _____ Male _____ Female

3) Ethnic Background?
   _____ Asian _____ Hispanic
   _____ African American _____ Native American
   _____ Caucasian _____ Other

4) Current Status?
   _____ Single _____ Separated
   _____ Married _____ Other
   _____ Divorced

5) What is the level of Social Support you receive from family and friends?

   1 – 2 – 3 – 4 – 5 – 6 – 7
   Low High

6) Education Level?
   _____ Some High School _____ College Degree
   _____ High School Degree _____ Some Graduate Work
   _____ Some College _____ Graduate Degree

7) What is your level of Vocational Satisfaction?

   1 – 2 – 3 – 4 – 5 – 6 – 7
   Low High

8) Family Household Income
   ___$0-$10,000 ___$20,000-$30,000 ___$50,000-$70,000
   ___$10,000-$20,000 ___$30,000-$50,000 ___$70,000+

9) Denominational Background
   _____ Protestant
   _____ Catholic
   _____ Other

Appendix C

State-Trait Anxiety Inventory

INSERT THE STATE-TRAIT ANXIETY INVENTORY HERE

Appendix D

Spiritual Practices Scale

Spiritual Practices

SA	=	Strongly Agree	D	=	Slightly Disagree
MA	=	Moderately Agree	MD	=	Moderately Disagree
A	=	Slightly Agree	SD	=	Strongly Disagree

1. I sometimes abstain from activities for spiritual reasons.....	SA	MA	A	D	MD	SD
2. I owe more than 10% of my annual income for personal debts other than a home mortgage.....	SA	MA	A	D	MD	SD
3. I have taken a religious pilgrimage.....	SA	MA	A	D	MD	SD
4. I rarely participate in public worship.....	SA	MA	A	D	MD	SD
5. I rarely study spiritual materials.....	SA	MA	A	D	MD	SD
6. I frequently spend time alone.....	SA	MA	A	D	MD	SD
7. God often gives me clear direction.....	SA	MA	A	D	MD	SD
8. I regularly confess my sins to God.....	SA	MA	A	D	MD	SD
9. I generally believe that my ways are best.....	SA	MA	A	D	MD	SD
10. I participate in sweat lodge ceremonies.....	SA	MA	A	D	MD	SD
11. I engage in frequent spinning as part of my spiritual activities.....	SA	MA	A	D	MD	SD
12. I regularly practice yoga.....	SA	MA	A	D	MD	SD
13. I regularly wear objects or symbols that have spiritual or religious significance (i.e., cross, amulet, turban, yarmulke).....	SA	MA	A	D	MD	SD
14. I rarely pray for the needs of others.....	SA	MA	A	D	MD	SD
15. I frequently study Scripture.....	SA	MA	A	D	MD	SD
16. I often celebrate significant spiritual events in my life or of others around me.....	SA	MA	A	D	MD	SD
17. I frequently engage in private worship.....	SA	MA	A	D	MD	SD
18. I make a practice of doing things to help others without expecting anything in return.....	SA	MA	A	D	MD	SD
19. I seek to simplify my life.....	SA	MA	A	D	MD	SD
20. I often pray for myself.....	SA	MA	A	D	MD	SD
21. I sometimes seek help from a shaman.....	SA	MA	A	D	MD	SD
22. I regularly wear special attire that has religious significance.....	SA	MA	A	D	MD	SD
23. I often have trouble with impure thoughts.....	SA	MA	A	D	MD	SD
24. At some point in my life I entered a monastery or religious order.....	SA	MA	A	D	MD	SD
25. I seldom spend time alone to engage in spiritual practices.....	SA	MA	A	D	MD	SD
26. I often meditate.....	SA	MA	A	D	MD	SD
27. At times God gives me things to say to others.....	SA	MA	A	D	MD	SD
28. I make it a custom to set aside one day a week for rest.....	SA	MA	A	D	MD	SD
29. I practice animal sacrifice as part of my worship or spiritual practice.....	SA	MA	A	D	MD	SD
30. I do not practice yoga.....	SA	MA	A	D	MD	SD
31. I seldom engage in praying in the Spirit.....	SA	MA	A	D	MD	SD
32. I pray five times daily.....	SA	MA	A	D	MD	SD
33. As part of my worship I have created a shrine.....	SA	MA	A	D	MD	SD
34. I frequently take vacations.....	SA	MA	A	D	MD	SD
35. I abstain from Alcohol for religious reasons.....	SA	MA	A	D	MD	SD
36. Sometimes I use peyote (or other substances) during worship.....	SA	MA	A	D	MD	SD
37. I give a portion of my income to religious causes.....	SA	MA	A	D	MD	SD
38. It is against my religion to eat meat.....	SA	MA	A	D	MD	SD

SD rand - 10/17/2003

Spiritual Practices Page 2

SA	=	Strongly Agree	D	=	Slightly Disagree
MA	=	Moderately Agree	MD	=	Moderately Disagree
A	=	Slightly Agree	SD	=	Strongly Disagree

39. I often pray for others	SA	MA	A	D	MD	SD
40. God seldom speaks to me through other persons	SA	MA	A	D	MD	SD
41. I seldom fast	SA	MA	A	D	MD	SD
42. I am usually content with what I have	SA	MA	A	D	MD	SD
43. It is hard for me to say "thy will be done"	SA	MA	A	D	MD	SD
44. I use prayer wheels as a spiritual activity	SA	MA	A	D	MD	SD
45. I seldom engage in contemplative prayer	SA	MA	A	D	MD	SD
46. I often meditate on spiritual materials	SA	MA	A	D	MD	SD
47. I have never used a spiritual advisor (guru, monk, pastor, priest, rabbi)	SA	MA	A	D	MD	SD
48. I frequently spend time with others who share my spiritual beliefs	SA	MA	A	D	MD	SD
49. I engage in washing rituals as part of my spiritual	SA	MA	A	D	MD	SD
50. I have spoken in tongues several times	SA	MA	A	D	MD	SD
51. I rarely spend time as a volunteer in a religious group	SA	MA	A	D	MD	SD
52. I rarely participate in religious holidays	SA	MA	A	D	MD	SD
33. When I blow it I confess and seek forgiveness from those I have harmed	SA	MA	A	D	MD	SD
54. I engage in human sacrifice as part of my worship activity	SA	MA	A	D	MD	SD
55. During meditation I often use a mantra	SA	MA	A	D	MD	SD
56. I often spend time in studying scripture	SA	MA	A	D	MD	SD
57. I have engaged in religious mission activity lasting at least a week	SA	MA	A	D	MD	SD
58. I do not struggle with pride	SA	MA	A	D	MD	SD
59. I seldom study spiritual materials	SA	MA	A	D	MD	SD
60. When hurt by others I find it easy to become bitter	SA	MA	A	D	MD	SD
61. I struggle in letting go of injustices done to me	SA	MA	A	D	MD	SD
62. I consider my work a spiritual responsibility	SA	MA	A	D	MD	SD

2-00 v 2

Appendix E

Spiritual Well-Being Scale

Spiritual Well-Being Scale

For each of the following statements circle the choice that best indicates the extent of your agreement or disagreement as it "describes your personal experience:

SA = Strongly Agree
MA = Moderately Agree
A = Agree
D = Disagree
MD = Moderately Disagree
SD = Strongly Disagree

1. I don't find much satisfaction in private prayer with God SA.....	SA MA A D MD SD
2. I don't know who I am, where I came from, or where I'm going.....	SA MA A D MD SD
3. I believe that God loves me and cares about me.....	SA MA A D MD SD
4. I feel that life is a positive experience.....	SA MA A D MD SD
5. I believe that God is impersonal and not interested in my daily situations.....	SA MA A D MD SD
6. I feel unsettled about my future.....	SA MA A D MD SD
7. I have a personally meaningful relationship with God.....	SA MA A D MD SD
8. I feel very fulfilled and satisfied with life.....	SA MA A D MD SD
9. I don't get much personal strength and support from my God.....	SA MA A D MD SD
10. I feel a sense of well-being about the direction my life is headed in.....	SA MA A D MD SD
11. I believe that God is concerned about my problems.....	SA MA A D MD SD
12. I don't enjoy much about life.....	SA MA A D MD SD
13. I don't have a personally satisfying relationship with God.....	SA MA A D MD SD
14. I feel good about my future.....	SA MA A D MD SD
15. My relationship with God helps me not to feel lonely.....	SA MA A D MD SD
16. I feel that life is full of conflict and unhappiness.....	SA MA A D MD SD
17. I feel most fulfilled when I'm in close communion with God.....	SA MA A D MD SD
18. Life doesn't have much meaning.....	SA MA A D MD SD
19. My relationship with God contributes to my sense of well-being.....	SA MA A D MD SD
20. I believe there is some real purpose for my life.....	SA MA A D MD SD

5/27/99

Appendix F

Curriculum Vita

CURRICULUM VITAE
February, 2005

Darren M. Janzen, M.A.

PO Box 490
Estacada, Oregon
97023-0490

Phone: 503.630.4008
Fax: 503.630.4008
E-mail: dajanzen@georgefox.edu

Education and Honors

2000 to present — Doctor of Clinical Psychology (Psy.D.) Expected 2005.
Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon. **APA Accredited**
Cumulative GPA: 3.8

2002 — Master of Arts in Clinical Psychology.
Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon. **APA Accredited**

1997 — Bachelor of Arts in Behavioral Science.
Northwest College, Kirkland, Washington

2003 — *Richter's Scholar Research Grant*, $3,110.00, George Fox University, Newberg, Oregon.

Psychology Field Experience

8/04-present *Clinical Psychology Intern:*
Warm Springs Counseling Center, Boise, Idaho
Provide psychological services for male and female children, adolescents, and adults in an outpatient mental health setting. Responsibilities include:
-Psychological evaluations, including cognitive-intellectual, personality, and psychoeducational assessments.
-Individual psychotherapy, brief and long-term
-Group psychotherapy
-Facilitation of psychoeducational groups
-Consultation and collaboration with care providers
Participation in individual supervision, case presentations, and consultation with multidisciplinary staff members.
Supervisor: Scott Armentrout, Ph.D.
Total Hours: 1000 current

9/03-5/04 *Clinical Psychology Pre-Intern:*
Oregon State Hospital, Salem, Oregon
Provided psychological services for male and female adults in an inpatient hospital setting. Responsibilities included:
-Forensic psychological evaluations, including cognitive-intellectual, personality, and neuropsychological assessments.
-Individual psychotherapy, brief
-Group psychotherapy
-Co-facilitation of psychoeducational groups
-Consultation and collaboration with care providers and treatment teams
Participation in individual supervision, case presentations, and consultation with multidisciplinary staff members.
Supervisors: Claudia Kritz, Ph.D., Tracy Schultz, Psy.D.
Total Hours: 605

9/02-5/03 *Clinical Psychology Practicum II:*
CareMark Behavioral Health, Child and Adolescent Treatment Program at Legacy Emanuel Hospital, Portland, Oregon.
Provided psychological services for male and female children and adolescents, ages 7 to 18, in an outpatient hospital setting. Responsibilities included:
-Co-facilitation of adolescent sex offender group therapy
-Individual psychotherapy, brief and long-term
-Consultation and collaboration with schools, case workers, parole officers, medical staff, and foster placements
-Cognitive-intellectual and neuropsychological assessment
-Crisis intervention
Participation in individual and group supervision, case presentations, and consultation with multidisciplinary staff members.
Supervisor: Carol Dell'Oliver, Ph.D.
Total Hours: 638

9/01-5/02 *Clinical Psychology Practicum I:*
Columbia River Mental Health Services, Vancouver, Washington.
Provided psychological services for male and female low-income adult outpatient clients in a community mental health center. Responsibilities included:
-Individual psychotherapy, brief and long-term
-Marriage and family therapy
-Case management
-Cognitive-intellectual and neuropsychological assessment
Participation in individual and group supervision, case presentations, and consultation with multidisciplinary staff members.
Supervisor: Rebecca Robb-Hicks, Psy.D.

Total hours: 530

1/01-5/01 *Clinical Psychology Pre-Practicum:*
University Counseling Center, George Fox University, Newberg, Oregon
Provided outpatient psychological services for male and female college undergraduates requesting counseling as part of course requirement.
Responsibilities included:
-Intake interviews, personality assessment, diagnosis, treatment planning, and individual psychotherapy.
-Monitored progress through video tape reviews and presented cases to supervision group.
Participation in group supervision, case presentations, clinical didactic seminars, and consultation.
Supervisor: Carol Dell'Oliver, Ph.D.
Total hours: 148

Relevant Work Experience

5/97-8/00 *Enrollment Counselor*, Office of Enrollment Services, Northwest College, Kirkland, Washington. Provided recruitment and guidance of high school and undergraduate college students in educational, occupational, and life goals.
Supervisor: Calvin White, Ph.D.

Teaching Experience

August 2003 to May 2004 *Pre-practicum Supervisor*, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon.
PSYD 503: Pre-practicum. Selected by the Director of Clinical Training to supervise and educate graduate level pre-practicum students in their clinical activities.
Participate in guest lecturing and supervise dyads and triads to aid first year graduate students in the further development of clinical skills.
Supervisor: Clark Campbell, Ph.D.

Spring 2004 *Teaching Assistant*, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon.
PSYD 524: Comprehensive Psychological Assessment.
Responsible for lab component in a course for third-year graduate psychology students. Duties included preparation and teaching of comprehensive psychological report writing skills and supervision and evaluation of completed psychological evaluations.

Supervisor: Nancy Thurston, Psy.D.

October 2003 — *Guest Instructor*, George Fox University, Newberg, Oregon. PSY 485: Psychology of Religion. Lectured on components of an undergraduate psychology course. Topics included: Adolescent spiritual development, Theoretical models of lifespan religious development.

October 2003 — *Guest Instructor*, George Fox University, Newberg, Oregon. PSY 381: Counseling. Lectured on components of an undergraduate psychology course. Topics included: Responding to cognitive content, Completing the intake interview

Fall 2003 — *Teaching Assistant*, Department of Psychology, George Fox University, Newberg, Oregon. PSY 381: Counseling. Responsible for lab component in a course for advanced undergraduate psychology students. Duties included preparation and teaching of course material and supervision and evaluation of initial therapeutic skills.
Supervisor: Sarah Hopkins, Psy.D.

Fall 2001 — *Teaching Assistant*, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon. PSYD 517: Ethics for Psychologists. Responsible for lab component in a course for first-year graduate psychology students. Duties included preparation and teaching of Ethics Lab component materials, such as presentation of ethics-related clinical cases, and moderating group discussion.
Supervisor: Rodger Bufford, Ph.D.

Research Experience

2002 to present — *Doctoral Dissertation*, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon.
Title: A Correlational Study of Anxiety Level, Spiritual Practices, and Spiritual Well-Being. Chair: Rodger Bufford, Ph.D., George Fox University. An investigative study designed to look at the relationship between anxiety and spirituality in adults.

2001 to present — *Research Vertical Team Member*, Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon.
A research team investigating topics including religious and social attitudes and beliefs, right-wing authoritarianism, and outcome

evaluations. Meet bi-monthly to discuss and evaluate the progress, methodology, design, procedures, and various issues related to a wide range of research projects that are being conducted or proposed by students and faculty.
Supervisor: Rodger Bufford, Ph.D.

1997 *Undergraduate Senior Research Project*, Northwest College, Department of Psychology, Kirkland, Washington.
A project assessing faith and healing in the professional's practice. Performed research, interviews, written paper, and presentation to Psychology Department.
Supervisor: Kevin Leach, Ph.D.

Publications and Presentations

Bufford, R., O'Friel, M., Lonigan, G., Krzich, J., **Janzen, D.**, Harrier, A., Harmon, M., & Copeland, B. (2004, July). *Right-wing authoritarianism revisited: Religious correlates of RWA factor scales.* Presented at the annual meeting of the American Psychological Association, Honolulu, HI.

Bufford, R., Copeland, B., Harmon, M., Harrier, A., **Janzen, D.**, Krzich, J., Lonigan, G., & O'Friel, M. (2004, March). *Right-wing authoritarianism revisited: RWA factor scales and religious qualities.* Presented at the annual meeting of the Christian Association for Psychological Studies, St. Petersberg, FL.

Hall, T., **Janzen, D.**, Cardoza, S., Kessler, B., & Henry, N. (2002). *Depression packet: Steps of understanding and wellness.* CareMark Behavioral Health, Child and Adolescent Treatment Program at Legacy Emanuel Hospital, Portland, Oregon.

Henry, N., **Janzen, D.**, Hall, T., Cardoza, S., & Kessler, B. (2002). *Anxiety packet: Steps of understanding and wellness.* CareMark Behavioral Health, Child and Adolescent Treatment Program at Legacy Emanuel Hospital, Portland, Oregon.

Kessler, B., Cardoza, S., Hall, T., Henry, N., & **Janzen, D.** (2002). *Anger packet: Steps of understanding and wellness.* CareMark Behavioral Health, Child and Adolescent Treatment Program at Legacy Emanuel Hospital, Portland, Oregon.

University Involvement

August 2001 to present *Peer Mentor*, Clinical Psychology Peer Mentoring Program. Offer guidance in professional development and peer support to incoming graduate psychology student.

March 2004 *Interviewer*, George Fox University Graduate Department of Clinical Psychology. Selected by faculty to interview

applicants for the clinical psychology program

June 2003 to August 2003 — *Program Development Assistant*, for Dr. Sarah Hopkins. Graduate School of Clinical Psychology, George Fox University, Newberg, Oregon. Helped in the creation of a generalist track in geriatrics. Responsibilities included: Evaluation of present program, review of potential grant applications, and research in existing geropsychology programs generalist track requirements.

Volunteer Experience

Nov. 2000 to August 2004 — *Youth Leader and Teacher*, Estacada Assembly of God, Estacada, Oregon. Consistently taught and mentored at-risk junior high and high school age adolescents on a weekly basis. Involved in teaching weekly lessons, overseeing retreats, and planning additional group activities.

Professional Memberships

American Psychological Association
Student Affiliate since 2000

Test Administration, Scoring, and Interpreting Experience

Cognitive-Intellectual	# administered	#reports written
Peabody Picture Vocabulary Test –III	1	1
Wechsler Abbreviated Scale of Intelligence	18	18
Wechsler Adult Intelligence Scale-III	8	6
Wechsler Individual Achievement Test –II	2	2
Wechsler Intelligence Scale for Children-III	6	5
Wechsler Intelligence Scale for Children-IV	4	4
Wechsler Memory Scale-III	2	1
Wide Range Achievement Test	12	11
Wide Range Assessment of Memory and Learning	1	1
Wide Range Intelligence Test	1	1
Woodcock Johnson III – Tests of Achievement	12	12

Personality		
Adolescent Anger Rating Scale	7	7
Child Depression Inventory	8	8
Minnesota Multiphasic Personality Inventory-II	3	3
Minnesota Multiphasic Personality Inventory-A	8	8
Millon Adolescent Clinical Inventory	7	7
Millon Clinical Multiaxial Inventory-III	2	2
Personality Assessment Inventory	8	8
16 Personality Factor	2	2
Projective		
Figure Drawing Test	15	13
Rorshach Inkblot Test (Exner System)	2	2
Rotter Incomplete Sentence Test	12	11
Thematic Apperception Test	1	0
Neuropsychological		
The Booklet Category Test-II	2	0
California Verbal Learning Test-II	3	1
COGNISTAT	3	3
Controlled Oral Word Association Test	2	2
Delis Kaplan Executive Function System	1	0
Finger Tapping Test	3	2
Finger Tip Number Writing Test	2	1
Finger Recognition Test	1	0
Grip Strength Test	2	1
Grooved Pegboard Test	1	0
NEPSY	1	1
R-BANS	1	1
Rey Complex Figure Task	3	2
Stroop Color Word Test	1	0
Tactile Performance Task	4	2
Trail Making Test A & B	4	2
Wisconsin Card Sort	4	2

Relevant Graduate Course Work

Assessment Courses:
Comprehensive Psychological Assessment
Intellectual and Cognitive Assessment
Neuropsychological Assessment
Personality Assessment
Projective Assessment

Clinical Psychology Core Courses:
Advanced Studies in Geropsychology
Behavioral Medicine

Biological Basis of Behavior
Forensic Psychology
Geropsychology
History and Systems of Psychology
Human Development
Human Sexuality
Learning and Cognition
Psychology of Shame
Psychopathology
Psychopharmacology
Social Psychology
Theories of Personality and Psychotherapy

Professional Courses:
Ethics for Psychologists
Professional Issues

Psychotherapy Courses:
Child and Adolescent Therapy
Cognitive Behavioral Psychotherapy
Family and Couples Psychotherapy
Multicultural Therapy
Object Relations Therapy
Psychodynamic Psychotherapy

Research Courses:
Psychometrics
Research Methods
Statistics

Cumulative GPA = 3.8

Additional Professional Training

WISC-IV: An overview and discussion of changes
Jerome Sattler, Ph.D.
Licensed Clinical Psychologist
June 2004; Northwest Assessment Conference

WISC-IV: A hands-on practice with the new instrument
Trevor Hall, M.A.
Psy.D. Graduate Student
June 2004; Northwest Assessment Conference

Dialectical Behavior Therapy: An introduction.
Brian Goff, Ph.D.
Licensed Clinical Psychologist
October 2003; George Fox University

Advanced Interpretation Using the SB-5
Gale Roid, Ph.D.
SB-5 Author
June 2003; George Fox University

Stanford-Binet, 5th Edition: Administration, uses, and interpretive strategies
Gale Roid, Ph.D.
SB-5 Author
June 2003; George Fox University

Current Guidelines for Working with Gay, Lesbian, and Bisexual Clients
Carol Carver, Ph.D.
Licensed Clinical Psychologist
May 2003; George Fox University

Profitable Behavior: Using psychological knowledge and skills to consult with businesses
Steven Hunt, Ph.D.
Industrial and Organizational Psychologist
March 2003; George Fox University

Interpreting Personality Dynamics with the Wechsler Scales
Robert Lovinger, Ph.D., ABPP
Licensed Clinical Psychologist
October 2002; George Fox University

Assessment and Treatment of Traumatized Children
Sophie Lovinger, Ph.D.
Licensed Clinical Psychologist
October 2002; George Fox University

Integration of Religion and Psychotherapy: Explicit, implicit, or what?
Robert Lovinger, Ph.D., ABPP
Licensed Clinical Psychologist
October 2002; George Fox University

Prevalence Rates of Full and Partial PTSD and Lifetime Trauma in a Sample of Adult Members of an American Indian Tribe
Thomas Ball, Doctoral Candidate

Researcher and Professor, Oregon Social Learning Center (OSLC)
April 2002; George Fox University

Recognizing Mental Health Issues in Children and Promoting Effective Interactions with Families
Fred Coler, M.D. & Christine Portland, Ph.D.
Clackamas County Mental Health Taskforce
April 2001; Willamette Falls Hospital

Substance Use Disorders: Diagnosis and treatment and related topics
Shane Haydon, Ph.D.
Treatment Director, Springbrook Northwest - Newberg, Oregon
March 2001; George Fox University

Professional References

Wayne Adams, Ph.D., ABPP
George Fox University
414 N. Meridian St. #6141
Newberg, OR 97132
(503) 554-2760

Rodger Bufford, Ph.D.
George Fox University
414 N. Meridian St. #6146
Newberg, OR 97132
(503) 554-2750

Carol Dell'Oliver, Ph.D.
George Fox University
414 N. Meridian St. #6145
Newberg, OR 97132
(503) 554-2746

Scott Armentrout, Ph.D.
Warm Springs Counseling Center
740 Warm Springs Ave.
Boise, ID 83712
(208) 343-7797