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Self-perception and faith maturity

Ryan Dale Thompson
George Fox University

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Self-Perception and Faith Maturity

by

Ryan Dale Thompson

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Self-Perception and Faith Maturity

Ryan Dale Thompson

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Approval

Signatures:

Mark R. McMinn, PhD, ABPP, Chair

William Buhrow, PsyD, Committee Member

Kristina Kays, PsyD, Committee Member

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Abstract

It is often assumed that faith produces works, but this study suggests that the opposite is true - one’s works bring one’s faith to maturity. The study hypothesized that those who volunteer with the Christian lay caregiving program, Stephen Ministries, would increase in faith maturity as a result of their experience. This is supported by self-perception theory, which proposes that beliefs and attitudes are shaped by one’s observations of one’s behaviors. Additionally, the helper-therapy principle, the notion that caregivers show benefits similar to those seen in their care-receivers, was relevant to the study. In past research, lay counseling clients have shown increases in religiosity, so their caregivers should be expected to have similar results. The Faith Maturity Scale (FMS), a self-report measure of religiosity, was administered to Stephen Ministers during training, and then again after five months of caregiving. The FMS yields scores for vertical faith maturity (FMS-V), horizontal faith maturity (FMS-H), and global faith maturity (FMS-T). FMS-V represents a person’s personal relationship with God. FMS-H is regarding a person’s views on suffering and how he or she, as a Christian, should respond to the needs of others. FMS-T is a composite score derived from both FMS-V and FMS-H. Thirty-
four Stephen Ministers from 15 different Protestant churches of various denominations participated in both the pre-test and post-test. The sample was divided in half to create a High Group (those with at least 10 meetings with a care.receiver) and a Low Group (those with fewer than 10 meetings). No significant differences were found between the High Group and Low Group for any measure of faith maturity. However, the entire sample yielded significant increases across time for both FMS-H and FMS-T. No significant increases were found for FMS-V. Limitations of the study, ideas for future research, and implications for Stephen Ministries are discussed.
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Chapter 1

Introduction

In an oft-quoted biblical passage, James, the brother of Jesus, made a bold statement by claiming that “… faith by itself, if it does not have works, is dead” (James 2:17, ESV). He then offered Abraham – the Old Testament patriarch who followed God’s command to leave his home, seek a new land, and establish a new people – and Rahab – the prostitute who assisted Hebrew spies – as examples of how “faith was completed by … works” (James 2:22, ESV). Finally, as though the first statements were not strong enough, James further emphasizes his point by saying, “For as the body apart from the spirit is dead, so also faith apart from works is dead” (James 2:26, ESV). This passage has been the object of much controversy throughout the history of the Church. Martin Luther even referred to the book of James as an “epistle of straw” because he did not understand how it could be in accord with Paul’s writings on salvation through faith alone (as cited in Dowd, 2000). Today the rationale commonly given for this passage is that true faith will always produce fruit in the form of works, and if works are not being produced, then the faith was not genuine (Adams, 2006; Jenkins, 2002). This argument may be legitimate, but an alternative explanation could be offered with the backing of psychological research. Perhaps works serve to increase faith and bring it to maturity; therefore faith cannot survive without works. The present study seeks to test the hypothesis that active
participation by Christians in a voluntary work of service over an extended period of time will produce increases in faith maturity.

It may be natural to assume that one’s beliefs shape one’s behaviors, but a preponderance of evidence from social psychology suggests that it also works the other way around (Bem, 1967; Festinger, 1957; Festinger & Carlsmith, 1959; Holland, Verplanken, & Knippenberg, 2002; Olson & Stone, 2005; Zanna, Olson, & Fazio, 1981). The notion that beliefs and attitudes are shaped by behaviors is the cornerstone for research in cognitive dissonance and self-perception theory. In 1959, Festinger and Carlsmith conducted a classic experiment in which participants had to complete a long, boring task. Afterward, the participants were paid to tell another person that the task was fun. Those who were paid $20 later said they lied for the money, while those who were paid $1 began to believe the lie they had told. Festinger (1957) explained this phenomenon as “cognitive dissonance.” When a person’s thoughts and actions are not in sync, new cognitions are produced to remedy the situation. In Festinger’s study, participants who lied for only $1 would not allow themselves to believe they had been bought for such a nominal fee, so they believed they had not lied instead.

Ten years later, Daryl Bem (1967) developed self-perception theory, another explanation for the cognitive dissonance phenomena. Bem did not agree that attitudes change in an effort to achieve cognitive consistency. He postulated that we hold particular attitudes based on how we have observed ourselves behaving. Just as an outside observer would have assumed that Festinger’s participant with the $1 payment must have enjoyed the task, the participant accordingly made the same assumption based on his or her own actions. Self-perception theory
has been tested and supported many times since Bem’s initial work (Holland et al., 2002; Olson & Stone, 2005; Zanna et al., 1981).

The self-perception study by Zanna et al. (1981) is of particular interest, as it concerns religious attitudes and behaviors. Two groups of participants were given one questionnaire about religious attitudes they held, and one questionnaire about religious behaviors in which they engaged. The control group completed the attitudes questionnaire first, but the self-perception group completed the behaviors questionnaire first. One month later, it was found that the attitudes questionnaire for the self-perception group was more predictive of religious behavior than that for the control group. In short, participants were more likely to accurately report their religious attitudes after they were given the opportunity to review their own behaviors.

Generally, self-perception literature uses the term “attitude” in its description of a cognition that is altered and shaped by one’s behavior. “Attitude,” as defined by Merriam-Webster’s Medical Dictionary (n.d.), is “a: a mental position with regard to a fact or state; [or] b: a feeling or emotion toward a fact or state.” This study, however, uses the term “faith,” which is defined as “a set of principles or beliefs” (American Heritage Dictionary, 2000). The two terms may not be synonyms for each other, but they are closely related. The definition for faith given by Benson, Donahue, and Erickson (1993) indicates that faith may be better explained as the fusion of religious attitudes and behaviors.

Benson et al. (1993) defined faith by dividing it into two dimensions: vertical and horizontal. Vertical faith was described as an individual’s personal relationship with God (Benson et al., 1993; Tisdale, 1999). This includes beliefs, personal prayer life, fasting, study of Scripture, and other disciplines and values specifically geared toward a personal relationship
with God. Benson et al. described horizontal faith as a person’s concern and care for the world around him or her. For example, horizontal faith includes a desire for justice in the world, but it also includes a person’s individual efforts to feed the hungry in his or her own community.

With these dimensions in mind, Benson et al. (1993) set out to measure vertical and horizontal faith within the context of Protestant Christianity. Working alongside numerous scholars and clergy, they chose to minimize such aspects as denominational affiliation, socio-economic status, and ethnicity, while maximizing the individual’s relationship with God (vertical faith) and relationship with others (horizontal faith) (Benson, et al., 1993; Tisdale, 1999). The result of their efforts was the Faith Maturity Scale (FMS). Scholars are in agreement about its psychometric robustness, and its usefulness as a measurement of cross-denominational, intrinsic faith maturity (Benson, et al., 1993; Ji, 2004; Salsman & Carlson, 2005; Sanders, 1998; Tisdale, 1999). Due to its established ability to measure faith maturity within the Protestant Christian context, the FMS was utilized to measure the faith maturity of participants in the present study.

Past studies regarding faith and volunteer service have yielded interesting results in light of the present study. Specifically, intrinsic faith has been associated with increased membership in volunteer service organizations, but the study did not examine causal relationships between the two variables (Lam, 2002). Wilson and Musick (1997) did not find the same relationship between faith and volunteering; but they did find that those who volunteered with an organization were more likely to demonstrate helping behaviors in informal settings. In other words, when a person gave his or her time to formal volunteering, he or she was more likely to subsequently help others on an informal level; but the reverse effect - informal helping leading to formal volunteering - was not found. A self-perception theorist would say that, from an
observational standpoint, formal volunteering is a more momentous event than informal volunteering. Formal volunteering, then, would be more likely to impact a person’s self-perception.

The voluntary work of service in this study is active participation in the Christian lay caregiving organization known as Stephen Ministries. Founded and led by Kenneth Haugk, Ph.D., Stephen Ministries works through churches to train volunteers for caregiving and counseling, and to set up organized caregiving programs (Stephen Ministries, 2000; Tan, 1991). With over 450,000 trained volunteers, and representation in 150 denominations, Stephen Ministries is among the most utilized lay caregiving organizations in the world (Stephen Ministries, 2006). In order to be a Stephen minister, one must complete 50 initial hours of training, commit to two years of service, and meet for supervision and support twice each month (Tan, 1991). The organization adheres to what Tan (1991) called an “informal, organized model” of lay counseling, meaning that while counseling occurs in informal settings, the volunteers are still well supervised and organized.

No published studies have directly assessed the effectiveness of Stephen Ministries, but three studies have sought to measure effectiveness in other Christian lay counseling programs (Toh & Tan, 1997; Toh, Tan, Osburn, & Faber, 1994; Walters, 1987). In a study by Walters (1987), a questionnaire was used to compare client satisfaction of a church’s lay counseling ministry to the professional counseling of Family Service Association (FSA). Lay counseling clients largely reported a positive experience, and the results were favorably comparable to responses from FSA clients. These results, while encouraging, should be used cautiously, as the ministry is only that of one church, and no control group was used.
A study by Toh et al. (1994) utilized several outcome measures after 10-20 sessions of lay counseling. The measures included the Target Complaints measure, Brief Symptom Inventory, Spiritual Well-Being Scale, and Global Rating of Client’s Psychological Adjustment. The clients were found to have improved significantly according to every measure; but the sample size was very small, and the study was devoid of a control group. Toh and Tan (1997) later conducted a similar study with both a larger sample size and a control group. Just as the prior study had found, lay counseling clients improved significantly in every measured area.

It should be noted, though, that there are at least two ways in which a lay counseling program should be evaluated. The first method – to determine the effectiveness of the program for the clients – has been explored by the aforementioned studies. The second approach is to examine the effect that the program has on the caregivers. Studies that have explored this end of the lay counseling relationship have generally found that non-professional counselors and helpers tend to improve in the same areas where they are helping (Reissman, 1965; Roberts et al., 1999; Roman, Lindsay, Moore, & Shoemaker, 1999; Salzer & Shear, 2002; Zemore, Kaskutas, & Ammon, 2004).

The tendency for helpers to improve at least as much as those they are helping is called the helper-therapy principle (Reissman, 1965). This phenomenon has been studied across several domains. Zemore et al. (2004) found that when participants in a 12-step program actively assisted other participants, they were less likely to binge drink in the future. Two studies have examined peer-support groups for sufferers of recurring mental disorders. Support providers reported that they had experienced significant personal benefit (Roberts et al., 1999; Salzer & Shear, 2002), despite their insistence that they had only been trying to help others
(Salzer & Shear, 2002). Roman et al. (1999) studied low-income mothers who volunteered for an organization offering social support to low-income pregnant women. Volunteers reported increased self-esteem, a sense of belonging, and improved skills. The results of these studies are encouraging, but unfortunately, no published studies have investigated the helper-therapy principle within the context of a faith-based lay counseling program. The principle suggests that volunteer helpers receive virtually the same benefits gained by those they assist, and it seems that this would hold true for Christian lay caregivers as well.

With the helper-therapy principle as a factor, Stephen ministers should be expected to improve in certain areas as they assist other people. Lay counseling clients have been shown to increase in spiritual well-being (Toh & Tan, 1997; Toh et al., 1994); hence, their counselors or caregivers should experience similar increases. Additionally, self-perception theory suggests that when a Christian volunteer observes himself or herself contributing a significant amount of time to a church-based service, his or her religious attitudes, or faith, should increase. Consequently, it was hypothesized that following five months of meeting with care-receivers, faith maturity should increase significantly among Stephen ministers. In other words, works should produce faith.
Chapter 2

Method

Participants

Adults beginning the training process to become Stephen Ministers were asked to participate in the study. Sixty-two Protestant churches of various denominations from throughout the United States were invited to assist in the study. Most were unable to participate due to scheduling conflicts. Ultimately, 15 churches agreed to assist, and were able to participate within the time frame required for the study. All Stephen Ministries trainees from each church were invited to participate. Fifty-four trainees signed up to participate in the study and completed the pre-test. All participants were asked to take a post-test five months later, regardless of whether or not the Stephen minister has been assisting a care-receiver. Thirty-four of the original participants completed the post-test. Ages of participants ranged from 30 to 79, with a mean age of 50.22, and a median age of 52. Females comprised 79.6% of participants, with 20.4% being males. Regarding ethnicity, 83.3% of participants identified as European-American, 7.4% identified as Native American, 7.4% identified as Other, and 1.9% identified as African-American. Regarding marital status, 70.4% identified as Married, 14.8% as Single, 9.3% as Divorced, and 5.6% as Widowed. All participants stated that they were Christians. No participants had ever volunteered for Stephen Ministries before their current service, though four had been care-receivers in the past.
Instruments

The *Faith Maturity Scale* (FMS; Benson et al., 1993) was used to assess the participant’s level of faith maturity during the Stephen Ministries training process. The FMS de-emphasizes denominational differences and focuses on values and behaviors associated with Protestant Christian faith. It consists of 38 items in Likert scale format; and it generates a global faith maturity score (FMS-T), and two subscales: vertical faith (FMS-V) and horizontal faith (FMS-H). Using Cronbach’s alpha to determine reliability, estimates ranged from .84 to .90 across age, gender, respondent type, and denomination (Benson et al., 1993). According to Benson et al., face validity of the measure is high, as development of items included a significant level of participation from multiple panels of experts. There was a correlation of .58 between faith maturity and intrinsic religiosity, based on a 12-item intrinsic/extrinsic measure (Benson et al., 1993). The FMS was administered electronically using Zoomerang.com.

Demographic questionnaires accompanied the FMS upon both pre-test and post-test, and included items regarding age, gender, ethnicity, amount of time spent with a care-receiver, and prior Stephen Ministries experience.

Procedure

Sixty-two Protestant churches with active Stephen Ministries programs were contacted and asked to assist with the study. Fifteen churches were able to offer assistance based on training schedule and interest of trainees. Within each participating church, Stephen Ministries leaders asked trainees to offer their names and email addresses if they were interested in being included in the study. A sign-up sheet was given to the leaders for this purpose. At the conclusion of the initial training period, those trainees were individually contacted by email and
invited to participate in the study by clicking on a hyperlink. The email also contained an ID number for the participant to enter as they begin the survey. The hyperlink led to a page that explained the purpose of the study, and explained that continuing with the survey was equivalent to giving their consent. Participants’ email addresses and ID numbers were kept confidential, but were retained for the purpose of future retesting.

After five months, those who completed the FMS were contacted again, and asked to participate in the post-test. Included in the demographics section of the post-test was an item regarding the number of sessions the participant has spent with his or her care-receiver. It was originally intended that participants who had not seen a care-receiver would be considered a control group. Unfortunately, only five of the respondents reported that they had not seen a care-receiver. It was decided that this was too few to be considered a control group with any representative value. Therefore, the entire sample was divided into two groups: those with 10 or more care-receiver appointments and those with fewer than 10 care-receiver appointments. These will be known as High Group and Low Group, respectively. Each group had 17 participants.
Chapter 3

Results

In lieu of a true control group, the entire sample was divided into two groups of 17 participants each. Every member of the High Group saw his or her care-receiver for at least 10 sessions. Every member of the Low Group saw his or her care-receiver for fewer than 10 sessions. Three mixed model ANOVAs were run to look for differences between these 2 groups (between groups variable) over time (within groups variable). The three ANOVAs tested global faith maturity (FMS-T), horizontal faith maturity (FMS-H), and vertical faith maturity (FMS-V). No significant differences were found between the High and Low Groups for FMS-T, FMS-H, or FMS-V. Additionally, no significant interaction effects were found. However, two of the three ANOVAs revealed significant repeated measures effects.

The mean score on FMS-T increased from 5.0 at pre-test to 5.15 at post-test, which is a significant increase, $Wilks' \lambda (1, 32) = 0.85, p < .05 (d = 0.28)$. This means that the entire sample of participants, on average, showed an increase in FMS-T following five months of service in the Stephen Ministries program, regardless of how many times each met with their respective care-receivers. Similarly, scores rose from an average of 4.36 to 4.60 on FMS-H, $Wilks' \lambda (1, 32) = 0.88, p < .05 (d = 0.28)$. No significant changes over time were observed on FMS-V (see Table 1).
Table 1

*Changes in Faith Maturity Over Time Through Volunteering in Stephen Ministries*

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Pre-Test Mean</th>
<th>Post-Test Mean</th>
<th>Cohen’s d</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FMS-Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>5.00</td>
<td>5.15</td>
<td>0.28</td>
</tr>
<tr>
<td>High Group</td>
<td>5.10</td>
<td>5.26</td>
<td>0.28</td>
</tr>
<tr>
<td>Low Group</td>
<td>4.89</td>
<td>5.03</td>
<td>0.29</td>
</tr>
<tr>
<td><strong>FMS-Horizontal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>4.36</td>
<td>4.60</td>
<td>0.28</td>
</tr>
<tr>
<td>High Group</td>
<td>4.55</td>
<td>4.81</td>
<td>0.29</td>
</tr>
<tr>
<td>Low Group</td>
<td>4.16</td>
<td>4.39</td>
<td>0.28</td>
</tr>
<tr>
<td><strong>FMS-Vertical</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>5.61</td>
<td>5.71</td>
<td></td>
</tr>
<tr>
<td>High Group</td>
<td>5.68</td>
<td>5.78</td>
<td></td>
</tr>
<tr>
<td>Low Group</td>
<td>5.54</td>
<td>5.64</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 4

Discussion

The hypothesis in this study was that new Stephen Ministers would experience increases in faith maturity as measured by the *Faith Maturity Scale* (FMS; Benson et al., 1993) over a five-month period of service. The findings suggest that such an increase did occur overall. Both global (FMS-T) and horizontal faith maturity (FMS-H) increased over the period of service in the ministry, but no significant increases were shown in vertical faith maturity (FMS-V). FMS-T is the composite score for faith maturity on the FMS, combining both FMS-V and FMS-H. FMS-V is an indicator of faith in terms of a person’s personal relationship with God (e.g., prayer, fasting, beliefs, etc.). FMS-H is an indicator of faith in terms of how the participant sees the world around him or her. It includes views on social justice, as well as actions toward improving the well-being of others. This specific type of faith saw the greatest increase in this study.

That FMS-H was the most affected form of faith should come as no surprise. The participants in the study were active in a ministry that exists to help others through difficult times of life. Over their time of service, the participants were exposed to the pain their care-receivers were going through, and they volunteered considerable amounts of their time to figuratively walking alongside those people in their suffering. As such, the aspect of their faith that showed the most growth involved caring for those who suffer and desiring to do something about that suffering. On the other hand, one might expect that people volunteering for Stephen Ministries
would already have above average FMS-H, else they might have chosen a different area of service. In that regard, then, it is impressive that they still showed a significant increase.

The participants did not show significant increases for FMS-V. One possible reason for this is that, at the time of the pre-test, the mean score for FMS-V was already considerably higher than the mean FMS-H score. Therefore, a ceiling effect may have prevented elevations from reaching statistically significant levels. Another possibility is that the act of service in this study more directly related to horizontal faith than vertical faith. Vertical faith is regarding a person’s personal relationship with God through beliefs about the person of Christ, the importance of prayer, and other aspects not directly involving the outside world. It would be interesting to see if a different act of service might contribute more to FMS-V than FMS-H. For example, teaching a Sunday School class or leading regular devotions may have a different outcome, as these acts directly relate to bringing others into a closer personal relationship with God. In this particular study, a larger sample size and/or a greater length of time between pre-test and post-test may have resulted in an increase in FMS-V, though. Expanding the present study and examining other acts of service would offer deeper insight into how differing aspects of faith can be developed.

As shown in multiple studies on self-perception theory (Holland, 2002; Olson & Stone, 2005; Zanna et al., 1981), people’s attitudes and beliefs align with their observations of their own past behaviors. Furthermore, Zanna et al. (1981) demonstrated how self-perception theory impacts religious attitudes by examining surveys about participants’ religious behaviors compared to their religious attitudes. The present study went a step further by showing how faith, itself, was impacted by actual participation in an act of service rather than the participants’
reported behaviors. The findings from the present study not only are consistent with past studies on self-perception theory; but they demonstrate how the faith of a religious person can be increased through actions.

Additionally, studies on the helper-therapy principle (Reissman, 1965; Roberts et al., 1999; Roman et al., 1999; Salzer & Shear, 2002; Zemore et al., 2004) have consistently shown that helpers and caregivers tend to improve in the same areas where their care-receivers show improvement. In this study, the faith maturity of the care-receivers was not assessed, so it cannot be certain that the helper-therapy principle was at work here. However, past studies have shown that lay counseling clients tend to increase in spiritual well-being (Toh & Tan, 1997; Toh et al., 1994). Considering those findings, seeing increases in the spiritual well-being, or faith, of the caregivers in the present study should have been expected, based on the helper-therapy principle.

Though the findings of this study are encouraging in terms of the link between works and faith, the study is not without its limitations. Originally, there was intended to be a control group consisting of participants who went through Stephen Ministries training, but did not meet with a care-receiver over the five-month period. At the time of the post-test, though, only five participants reported no meetings with a care-receiver. It was decided that this was too few to have representative value as a control group, so the entire sample was divided in half, based on whether or not participants had met with a care-receiver at least 10 times. No significant difference was found between these two groups, which could have multiple explanations. Perhaps putting forth the effort to volunteer was enough to increase faith maturity, regardless of the amount of interaction with a care-receiver. Also, it is probable that the vast majority of
Stephen Ministers are also active church members; so it is possible that the same increases would be seen in most active church members – Stephen Ministers or not.

The only way to do this study that would provide clear evidence of cause-and-effect would be to choose a group of people interested in becoming Stephen Ministers; then assign half to go through the training and begin seeing care-receivers, and the other half to a wait list. This procedure would raise ethical and practical concerns, and would almost certainly reduce the number of churches willing to participate in the study. Without a true control group, it is impossible to infer causation from these results.

Furthermore, the number of participants who completed both the pre-test and post-test was only 34. This small sample size was due to a number of obstacles, including scheduling conflicts with churches that might have otherwise participated, potential participants who did not have internet access or an email address, and a limited time frame in which to conduct the study. This limited time frame also prevented the length between pre-test and post-test from exceeding five months. A larger sample size and greater length of time between tests may have produced different results. Potentially related to these limitations are the small effect sizes. It is likely that the effect sizes are small because of the low number of participants, or the relatively short time the volunteers had to grow in faith. However, the reason may simply be that faith increases due to service in Stephen Ministries, though present, are modest.

Finally, response bias is also a possibility with this study. That is, those who chose to participate in the post-test may have had more positive experiences in their service than those who chose not to participate. Those who enjoyed their experience the most were possibly more eager to continue assisting in the study than those who were dissatisfied or exhausted.
In light of these limitations, further research should be done into the relationship between self-perception theory and faith maturity. Even with a relatively small sample size and limited time frame, the results were encouraging. A follow-up study with a larger sample, a true control group, and a longer period of time between pre-test and post-test could provide excellent information regarding how Christian activity contributes to increased faith. Stephen Ministry was chosen as the act of service in this study due to its consistent training model throughout a wide variety of churches. Researching other acts of service would be fascinating, though. This study showed how lay caregiving appears to increase horizontal faith maturity. Are there other works that can lead to deeper vertical faith maturity, though? Furthermore, future research should examine the relationship between faith and self-perception within other religions. Active service in the name of one’s belief system could very well lead to increased maturity for many faiths.

The Stephen Ministries programs that participated in this study were eager to take part in this research. Even several of those who could not participate still requested to see the final results of the study. Future studies may provide more definitive answers, but this study does show that according to self-report on the Faith Maturity Scale, the participating Stephen Ministers largely experienced increases in faith maturity over their five-month period of service. It has been long accepted that Stephen Ministries provides an invaluable service to members of churches who are in distress and need a compassionate, listening ear. This study suggests that the benefits go beyond the care-receiver. Those giving up their time and energy are receiving something priceless in return that they may not have expected. Just as James suggested, it appears that their “faith was completed by [their] works” (James 2:22, ESV).
References


Appendix A

Faith Maturity Scale with Demographics Questionnaire
**Faith Maturity Scale**

Mark one answer for each. Be as honest as possible, describing how true it really is and not how true you would like it to be.

Choose from these responses:

<table>
<thead>
<tr>
<th></th>
<th>Never true</th>
<th>Rarely true</th>
<th>True once in a while</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>Almost always true</th>
<th>Always true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am concerned that our country is not doing enough to help the poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I know that Jesus Christ is the Son of God who died on a cross and rose again</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>My faith shapes how I think and act each and every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I help others with their religious questions and struggles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I tend to be critical of other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>In my free time, I help people who have problems or needs</td>
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<td>7</td>
<td>My faith helps me know right from wrong</td>
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<td>8</td>
<td>I do things to help protect the environment</td>
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<td>9</td>
<td>I devote time to reading and studying the Bible</td>
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<td>10</td>
<td>I have a hard time accepting myself</td>
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<td>11</td>
<td>Every day I see evidence that God is active in the world</td>
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<td>12</td>
<td>I take excellent care of my physical health</td>
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<td>13</td>
<td>I am active in efforts to promote social justice</td>
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<td>14</td>
<td>I seek out opportunities to help me grow spiritually</td>
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<td>15</td>
<td>I take time for periods of prayer or meditation</td>
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<tr>
<td>16</td>
<td>I am active in efforts to promote world peace</td>
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<td>17</td>
<td>I accept people whose religious beliefs are different from mine</td>
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<td>18</td>
<td>I feel a deep sense of responsibility for reducing pain and suffering in the world</td>
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<td>19</td>
<td>As I grow older, my understanding of God changes</td>
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<td>20</td>
<td>I feel overwhelmed by all the responsibilities and obligations I have</td>
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<td>21</td>
<td>I give significant portions of my time and money to help other people</td>
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<td>22</td>
<td>I speak out for equality for women and minorities</td>
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<td>23</td>
<td>I feel God’s presence in my relationships with other people</td>
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<tr>
<td>24</td>
<td>My life is filled with meaning and purpose</td>
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<td>25</td>
<td>I do not understand how a loving God can allow so much pain and suffering in the world</td>
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<td>26</td>
<td>I believe that I must obey God’s rules and commandments in order to be saved</td>
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<td>27</td>
<td>I am confident that I can overcome any problem or crisis no matter</td>
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how serious

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<tr>
<td>28</td>
<td>I care a great deal about reducing poverty in the United States and throughout the world</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>29</td>
<td>I try to apply my faith to political and social issues</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>30</td>
<td>My life is committed to Jesus Christ</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>31</td>
<td>I talk with other people about my faith</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>32</td>
<td>My life is filled with stress and anxiety</td>
<td>1 2 3 4 5 6 7</td>
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<td>33</td>
<td>I go out of my way to show love to people I meet</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>34</td>
<td>I have a real sense that God is guiding me</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>35</td>
<td>I do not want the churches of this nation getting involved in political issues</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>36</td>
<td>I like to worship and pray with others</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>37</td>
<td>I think Christians must be about the business of creating international understanding and harmony</td>
<td>1 2 3 4 5 6 7</td>
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<tr>
<td>38</td>
<td>I am spiritually moved by the beauty of God’s creation enough to help the poor</td>
<td>1 2 3 4 5 6 7</td>
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</table>

Note: Items in italics are reverse-scored.

**Demographics Questionnaire**

The following are questions that accompanied the pre-test:

- What is your age?
- What is your sex?
  - Male
  - Female
- What is your ethnicity?
  - African-American
  - European-American
  - Hispanic/Latino
  - Asian-American
  - Native American
  - Pacific Islander
  - Other
- What is your current marital status?
  - Single
  - Married
  - Divorced
  - Separated
  - Widowed
- If you are currently married, how long have you been married?
- How many times have you been married?
- Do you have children?
  - Yes
Self-Perception and Faith Maturity

- No
  - If “Yes,” how many children do you have?
- Do you consider yourself a Christian?
  - Yes
  - No
    - If “Yes,” how long have you been a Christian?
- What motivated you to become a Stephen Minister?
- Have you ever participated in Stephen Ministries in the past (prior to your current participation)?
  - Yes
  - No
- If you answered “yes” to the previous question, in what capacity did you participate?
  - Care-giver
  - Care-receiver
  - Other, please specify

The following are questions that accompanied the post-test:
- How many different care-receivers have you seen over the past five months?
- How many total meetings did you have with your care-receiver(s)?
- What has been most satisfying about your experience as a care-giver?
- What has been most challenging about you experience as a care-giver?
- How likely are you to continue volunteering as a Stephen Minister?
  - Definitely Not
  - Very Unlikely
  - Somewhat Unlikely
  - Unsure
  - Somewhat Likely
  - Very Likely
  - Definitely Will
    - Why?
- Have you experienced any major life crises in the last five months (regardless of whether or not they are related to Stephen Ministries)?
  - Yes
  - No
- Do you have any additional comments?
Appendix B

Curriculum Vitae
Curriculum Vitae

Ryan D. Thompson, MA
311 North Street, Apartment 1
Portsmouth, Virginia 23704
(770) 361-8374
thompson.psyd@gmail.com

Education

2005 – present  
**Student in Doctor of Psychology Program**  
Graduate Dept of Clinical Psychology *(APA Accredited)*  
George Fox University, Newberg, OR  
Anticipated Date of Graduation, Spring 2010

2007  
**Master of Arts, Clinical Psychology**  
Graduate Dept of Clinical Psychology  
George Fox University, Newberg, OR

2003 – 2005  
**Student in Master of Arts, Professional Counseling Program**  
Psychological Studies Institute, Atlanta, GA  
(now Richmont Graduate University)

2003  
**Student in Master of Arts, Professional Counseling Program**  
Georgia School of Professional Psychology  
Argosy University, Atlanta, GA

2001  
**Bachelor of Science, Psychology**  
Berry College, Mt. Berry, GA

Clinical Training

8/09 – present  
**Intern**  
Eden Counseling Center/ Eden Family Institute,  
Virginia Beach, VA  
Responsibilities:  
• Psychological assessments for children and adults.  
• Brief and long-term individual and couple therapy.  
• Pre-marital counseling using Prepare/Enrich.  
**Supervisors: Julie Campbell, PsyD & Erica Tan, PsyD**

9/08 – 4/09  
**Pre-intern**  
Oregon State Hospital, Salem, OR  
Responsibilities:
• Cognitive rehabilitation with TBI patients.
• Baseline assessments for new forensic patients.
• Interdisciplinary Treatment Planning.

**Supervisors: Jacek Haciak, PsyD, & Joel Gregor, PsyD**

12/07 – 5/08

**Program Consultation**

*Children’s Ministry, Northside Community Church, Newberg, OR*

Responsibilities:
- Gathered information and ideas from Children’s Ministry volunteers, and from Children’s Directors at other churches.
- Compiled information into a consultation report for the Children’s Ministry Director.

**Supervisor: Mark McMinn, PhD**

8/07 – 5/08

**Practicum II**

*George Fox University Health and Counseling Center, Newberg, OR*

Responsibilities:
- Brief individual therapy.
- Long-term individual therapy when appropriate and necessary.
- Weekly caseload of 8-12 clients.
- Treatment planning.
- Two hours of training and one hour of supervision each week.

**Supervisors: Kristina Kays, PsyD, & Bill Buhrow, PsyD**

9/06 – 6/07

**Practicum I**

*Yamhill-Carlton School District, Yamhill, OR*

Responsibilities:
- Psycho-educational assessments and risk assessments.
- Brief and long-term therapy for 7-10 adolescents weekly.
- Provision of consultation for school counselors and administration.
- Two hours of supervision each week.

**Supervisor: Elizabeth Hamilton, PhD**

1/06 – 4/06

**Prepracticum**

*George Fox University Health and Counseling Center, Newberg, OR*

Responsibilities:
- Brief individual therapy with undergraduate students.
- Treatment planning.
- Weekly individual and group supervision, with video tape reviews.

**Supervisors: Ryan Hosley, MA, & Clark Campbell, PhD**
Teaching and Supervision Experience

1/09 – 4/09  
Graduate Teaching Assistant for *Christian History and Theology Survey for Psychologists*  
Graduate Department of Clinical Psychology, George Fox University  
Responsibilities:  
• Reading and grading students’ online responses to class questions and discussions.  
• Assisting students with any course-related difficulties.  
Supervisor: Bob Buckler, MD

9/08 – 4/09  
Graduate Teaching Assistant for *Prepracticum*  
Graduate Department of Clinical Psychology, George Fox University  
Responsibilities:  
• Direct supervision of first-year graduate students’ psychotherapy with undergraduate students.  
• Facilitation of six first-year graduate students as they practice psychotherapy skills.  
• Teaching and leading discussion on class material.  
• Guest Lecturer: *Attending and Listening Skills/ Scientific Foundations of Psychotherapy*  
Supervisor: Clark Campbell, PhD

9/08 – 4/09  
Oversight Provider  
Graduate Department Of Clinical Psychology, George Fox University  
Responsibilities:  
• Provision of weekly clinical oversight (supervision with a professional developmental focus) to a Practicum I student and a Prepracticum student.  
Supervisor: Wayne Adams, PhD

9/08 – 12/08  
Graduate Teaching Assistant for *Projective Assessment*  
Graduate Department of Clinical Psychology, George Fox University  
Responsibilities:  
• Assistance in teaching graduate students to administer, score, and interpret projective measures, with emphasis on the Rorschach (Exner Scoring System).  
Supervisor: Nancy Thurston, PsyD

9/07 – 12/07  
Teaching Assistant for *Advanced Counseling*  
Undergraduate Psychology Department, George Fox University  
Responsibilities:
• Facilitation and supervision of small groups of undergraduate students as they practiced counseling skills.  
  **Supervisor: Kristina Kays, PsyD**

**Research Experience**

**Doctoral Dissertation**  
Graduate School of Clinical Psychology, George Fox University, Newberg, OR  
**Title:** *Self-perception and faith maturity.*  
**Chair:** Mark McMinn, PhD  
**Committee:** Bill Buhrow, PsyD & Kristina Kays, PsyD

8/06 – present  
**Research Vertical Team Member**  
**Advisor:** Mark McMinn, PhD  
• Participate in biweekly meetings to discuss ongoing and future research projects.  
• Co-author of a qualitative research study on forgiveness and prayer.

**Publications/Presentations**


**Relevant Work Experience**

4/03 – 12/04  
**Associate Minister, Youth and Children**  
**Peachcrest Christian Church, Loganville, GA**  
• Duties included teaching, mentoring, and counseling youth and children.

8/01 – 4/03  
**Associate Director, Assimilation and Small Groups**  
**FUEL Ministries, Inc., Winder, GA**  
• Encouraged and aided young adult attendees in finding ways in which to serve as a part of the ministry.  
• Supervised a team of leaders who helped build and maintain relationships with attendees.
Volunteer Experience

9/05, 9/06, 9/07  Serve Day Volunteer
Juliette’s House, McMinnville, OR
• Provided building maintenance and yard work for a non-profit child abuse assessment center.

8/06 – 4/07  Peer Mentor
Graduate Department of Clinical Psychology, George Fox University, Newberg, OR
• Mentored a first year graduate student.

3/07  Legislative Advocate
Oregon State Capitol, Salem, OR
• Advocated to state legislators for prescriptive privileges, and for new building plans for the Oregon State Hospital.

9/97 – 5/01  Volunteer Staff
Youth For Christ, Rome, GA
• Mentored adolescents.
• Assisted in the development and facilitation of a ministry for troubled teens.
• Led a leadership study for emerging leaders in the group.

Professional Affiliations

9/05 – present  American Psychological Association – Graduate Student Affiliate
1/07 – 12/07  Christian Association for Psychological Studies – Member

Tests Administered, Scored, and Interpreted

Personality/Projective:
16PF  BDI-II
BAI  MCM-I-III
MMPI-II  MACI
MMPI-A  Rorschach (Exner Scoring System)
PAI  Roberts-2
Rotter Incomplete Sentences  TAT
House-Tree-Person  TSCC
YMRS  CDI
Y-BOCS  BASC-2
Conner’s Rating Scales  Myers-Briggs Type Indicator
K-SADS  SAVRY
Cognitive/Neuropsychological:

- WAIS-IV: WRAT-3
- WAIS-III: WRAT-4
- WISC-IV: WIAT-2
- WJ-III: WRIT
- WASI: PPVT-3
- UNIT: WRAML-2
- Bender Gestalt-II: WMS-III
- Beery-VMI: Vineland-II
- D-KEFS: RBANS
- Grip Strength Test: TOMM
- Grooved Pegboard: COWA
- Boston Naming Test-Revised: Rey Complex Figure Test
- Wisconsin Card Sorting Test: CVLT-II
- Attention Process Training-I: Folstein Mini Mental State Exam
- Halstead-Reitan Neuropsychological Battery (Category Test, Tactual Performance Test, Trail Making A & B, Finger Tapping Test, Seashore Rhythm Test, Speech Sounds Perception Test, Reitan-Indiana Aphasia Screen, Reitan-Klove Sensory-Perceptual Exam)

Additional Professional Development

2009

Understanding Learning Styles and Meeting the Needs of Students with Autism Spectrum Disorders. Presented by Gary Messibov, PhD, at George Fox University, Newberg, OR.

Battling the Ghosts of War. Presented by J. David Kinzie, MD, at George Fox University, Newberg, OR.

2008

Making Behavioral Health Primary: Primary Care Psychology. Presented by Julie Oyemaja, PsyD, at George Fox University, Newberg, OR.

Toward a Global Christian Psychology: Reconsidering Culture and Context. Presented by J. Derek McNeil, PhD, at George Fox University, Newberg, OR.

Early Onset Substance Abuse & Adolescent Brain Development. Presented by Eric Martin, MA, MAC, CADC III, at Oregon State Hospital, Salem, OR.

WAIS-IV: An Overview. Presented by Larry Weiss, PhD, at George Fox University, Newberg, OR.
Sexual Minorities. Student-led forum at Pacific University, Forest Grove, OR.

The Psychology of Forgiveness in Clinical Practice: The Benefits and Pitfalls of Helping Clients Forgive. Presented by Nathaniel Wade, PhD, at George Fox University, Newberg, OR.

2007

Risk Assessment at Oregon State Hospital. Presented by Elena Balduzzi, PsyD, & Alex Millkey, PsyD, at George Fox University, Newberg, OR.

Psychodynamic Diagnostic Manual and Personality Conceptualization. Presented by Nancy McWilliams, PhD, at Oregon Health & Science University, Portland, OR.

Legislative Advocacy. Presented by Robin Henderson, PsyD, President of Oregon Psychological Association, at George Fox University, Newberg, OR.

Annual meeting of the Christian Association for Psychological Studies, King of Prussia, PA. Sample of sessions attended:

Couples Counseling: Beloved by Research Geeks and Relationship Freaks. Presented by Jennifer Ripley, PhD.

Scenes from a Therapist’s Life: A Journey into the Heart of God. Presented by Diane Langberg, PhD.

Body and Relationship: Theological and Psychological Foundations of the Person. Presented by Paul Vitz, PhD.

Borderline Personality Disorder: Successful and Unsuccessful Treatment. Presented by Deb Brock, PhD, & Ron Johnson, PhD.

Invited Symposium on Research on Forgiveness and Related Processes (multiple sessions). Presented by Everett Worthington, PhD, et al.

Spiritual Hunger: Anorexia and Bulimia. Presented by Jennifer Lafferty, PhD.

2006

Motivational Interviewing. Presented by William Miller, PhD, at George Fox University, Newberg, OR.
Recognizing and Treating Sexual Addiction in Everyday Practice. Presented by Earl Wilson, PhD, and Ryan Hosley, MA, at George Fox University, Newberg, OR.

Grief Issues in Psychotherapy. Presented by Beth Brokaw, PhD, at George Fox University, Newberg, OR.

2005 Relational Cognitive Therapy. Presented by Mark McMinn, PhD, ABPP, at George Fox University, Newberg, OR.

2004 Spirituality and the Practice of Counseling Psychology. Presented by Larry Crabb, PhD, at Cobb Galleria Centre, Atlanta, GA.