Religiosity, Marital Adjustment, and Intimacy

by

Bryan Presler

Presented to the Faculty of the
Graduate Department of Clinical Psychology
George Fox University
in partial fulfillment
of the requirements for the degree of
Doctor of Psychology
in Clinical Psychology

Newberg, Oregon
June 24, 2014
Religiosity, Marital Adjustment and Intimacy

By

Bryan Presler, M.A.

has been approved

at the

Graduate Department of Clinical Psychology

George Fox University

as a Dissertation for the PsyD Degree

Signatures:

[Signature]
William Buhrow Jr., PsyD, Chair

Members:

[Signature]
Mark McMinn, PhD, ABPP

[Signature]
Roger Buford, PhD, ABPP

Date: 6/24/14
Religiosity, Marital Adjustment and Intimacy

Bryan Presler
Graduate Department of Clinical Psychology at
George Fox University
Newberg, Oregon

Abstract

The purpose of this study was to examine the complexities of how religious attendance, personal religious activity, and importance of religion are related to marital adjustment and emotional, sexual, and spiritual intimacy. Previous research suggests that church attendance is related to higher marital adjustment; however, the relationship between sexual satisfaction and religiosity appears to be minimal, although Christian authors often suggest a link.

The Revised Dyadic Adjustment Scale (RDAS), and the Emotional, Sexual, and Spiritual Intimacy Scale (ESSI) were administered to a sample of 88 married individuals. One-way ANOVAs found that religious attendance was not related to marital adjustment, or sexual or emotional intimacies, but it did have a significant relationship to three of the RDAS’s subscales; decision-making, stability and values. Furthermore, religious attendance, personal religious activities, and importance of religion had significant relationships with spiritual intimacy, but were not related to emotional and sexual intimacies. Finally, when the sample was divided by frequency of self-reported religious
activities, emotional and sexual intimacy were significantly correlated with spiritual intimacy for those endorsing high levels of religious attendance, personal religious activities, or importance of religion, but these correlations were not found for those endorsing low or moderate levels of religious attendance, personal religious activities or importance of religion. The study was limited by convenience sampling, unequal sample sizes, and potentially inconsistent due to the use of self-report measures. Future research may benefit from matching spouses, a more generalizable population, and examining quality of personal religious activities and attendance as opposed to quantity.
Acknowledgments

The path to completing this document has been a long and arduous process, but it has not been one of solitude. There are many people that have assisted me through this process, whether it be through reading this document multiple times or providing me the encouragement to continue when times were tough. I would like to thank my dissertation committee. I specifically chose each one of you, because I felt that you brought something special to the project. Dr. McMinn and Dr. Bufford, you both offer a wide experience in the integration of psychology and religiosity as well as profound understanding of statistical analysis and research. I could describe both of you as a “jack of all trades,” however instead of being “king of none,” you brought a great deal of knowledge and wisdom to the project. Dr. Buhrow, I can never thank you enough for the amount of effort you put into reviewing countless drafts of this document. I have appreciated your guidance from step one on. Your sarcasm and humor have made a once despised subject, research, more bearable. I also would like to thank you for your mentorship both clinically and professionally beginning in my first year of graduate school. I would also like to thank my fellow “Island of misfit grad students”. Because of you, RVT had a warm and enjoyable atmosphere that supported the development and finally, completion of this document.

I would also like to thank my parents and brother for supporting me through the process and even attending the defense. I appreciated your enthusiasm with asking me questions during the presentation (this is said with just a hint of sarcasm, but at least you were paying attention). Most importantly, I would like to thank my darling wife, Katie,
for never doubting me and always pushing me to keep fighting through the fatigue of this project, graduate school in general, and internship applications. Thank you for spending hours reviewing the document too; I know it was fascinating for you. Hearing your warm laughter after a stressful day put me at ease, as did the continual hope of marrying you. I am so excited that our wedding day finally came and after so many years of being long-distance, we are now finally able spend the rest of our lives together.
# Table of Contents

Abstract ........................................................................................................ iii

Acknowledgements ....................................................................................... v

List of Tables ................................................................................................. ix

Chapter 1 Introduction .................................................................................. 1

Marital Outcomes and Religion ................................................................. 2

  Religious attendance and marital outcomes ............................................ 3
  Personal religious activity and marital outcomes ................................... 4
  Marital outcomes and marital adjustment .............................................. 5

Sexual Intimacy and Religion ..................................................................... 6

Emotional and Spiritual Intimacy and Marital Adjustment ...................... 7

Summary ....................................................................................................... 8

Chapter 2 Methods ...................................................................................... 9

Participants .................................................................................................. 9

Instruments .................................................................................................. 9

  The Revised Dyadic Adjustment Scale ................................................... 10
  The Emotional, Sexual, and Spiritual Intimacy Scale ............................. 11

Procedure .................................................................................................... 12

Chapter 3 Results ........................................................................................ 14

Religious Attendance and Marital Adjustment ......................................... 15

Religious Attendance, Personal Religious Activities and
Importance of Religion and Sexual and Emotional Intimacy ................... 16
Religious Attendance, Personal Religious Activities and Importance of Religion and Spiritual Intimacy ...........................................16

Religious attendance ........................................................................16
Personal religious activities .................................................................16
Importance of religion .......................................................................17

Additional Analyses ........................................................................17

Chapter 4 Discussion ........................................................................21

Religious Attendance ........................................................................21
Personal Religious Activity .................................................................24
Importance of Religion .......................................................................26
Spiritual Intimacy of Highly Religious Couples ................................27
Limitations .........................................................................................28
Recommendations for Future Research...........................................29
Summary ...........................................................................................30

References ........................................................................................32

Appendix A: Instruments ...................................................................36
Appendix B: Additional Results .........................................................41
Appendix C: Curriculum Vitae ............................................................47
List of Tables

Table 1  Ethnicity ..................................................................................................................9
Table 2  Education ..............................................................................................................10
Table 3  Religious Identification .......................................................................................10
Table 4  Pearson’s Correlation: Spiritual Intimacy and Religious Attendance .............18
Table 5  Pearson’s Correlation: Spiritual Intimacy and Personal Religious Activities ....19
Table 6  Pearson’s Correlation: Spiritual Intimacy and Importance of Religiosity ........19
Table 7  Religious Engagement and Marital Outcomes ....................................................20
Chapter 1

Introduction

A recent survey found that approximately 83% of Americans adults identified as being affiliated with one form of religion or another (Pew Research, 2008). Of course the level of involvement is dependent on each person. For some, it is important to focus on attending religious services and having fellowship with people of similar beliefs. For others, it is more imperative that time is devoted to personal religious study or prayer. For some it is a balance of these two. Still others develop more unique ways of religious expression. Regardless, religious beliefs can often times have a lasting impact on making life decisions.

For many people, religion was an integral part of their lives while growing up and was an important consideration when selecting a mate. After marriage, religious beliefs can affect the way a couple may respond to struggles within their marriage or contribute to decisions on child rearing. However, spouses may have differing beliefs on the importance of religious attendance and personal religious activities. These individual differences often impact various aspects of the couple’s relationship. To better understand the complex relationship between religion and marriage, this study examines how personal religious activity, religious attendance, and importance of religion are related to emotional, spiritual and sexual intimacy and marital adjustment.
Marital Outcomes and Religion

One way to assess healthy relationships is to use marital outcome measures. The relationship between these marital outcomes and religion has been studied considerably in recent history, but recent research has yielded mixed results regarding the effect of religiosity on marital outcomes. Some have found that religiosity is closely related to marital satisfaction (Heaton, 1984; Hünler & Gençöz, 2005; Olson, Goddard, and Marshall, 2013), while Gaunt (2006) found that marital satisfaction is more closely related to a couple’s similarity in religious values than to their religiousness, *per se*. Similarly, using data spanning from 1980 to 1997, Myers (2006) found there was a significant effect of religious homogamy on marital satisfaction, but this effect seems to be decreasing over time. It would seem that as we have moved into the 21st century, the relationship between religiosity and marriage may be declining, but still is important.

Additionally, denominational differences and their relationship to marital outcomes have also been studied. Dudley and Kosinski (1990) found that within a relatively conservative church population, the strongest predictors for marital satisfaction were similarity between spouses on religiosity and church attendance as well as family worship. Similarly Gruner (1985), found that prayer was more predictive of marital adjustment for more conservative church members than liberal church members, however results were significant for both groups.

Individual religious beliefs have also been associated with marital adjustment in past research. Wilson and Filsinger (1986) found that religious rituals, experiences, and beliefs were correlated with marital satisfaction. Of note, Sullivan (2001) found that attitudes towards commitment, divorce, and seeking marital help when in conflict were associated with religiosity,
but the relationship between religiosity and marital satisfaction was not significant. No evidence that beliefs about the Bible had a significant impact on marital satisfaction (Heaton & Pratt, 1990) and, Heaton and Pratt (1990) found that religiosity in men had more of an impact on marital satisfaction than in women.

Another important aspect of marriage is conflict and disagreements. Studies exploring the relationship between religious beliefs and conflict have found mixed results. For example, Lambert and Dollahite (2006) found that religious beliefs and practices can benefit couples during times of disagreement. They found that religion was helpful in preventing problems, resolving conflict, and also reconciling after a conflict. Likewise, Curtis and Ellison (2002) found that theological differences between spouses were related to increased conflicts. In contrast, however, Curtis and Ellison (2002) found that denominational differences were not related to conflict.

**Religious attendance and marital outcomes.** One way to measure external religious behaviors is to explore religious attendance because many people of faith consider religious attendance to be an important aspect of their spirituality. Religious attendance in research has been approached from two avenues, overall religious attendance and similar patterns of religious attendance. Overall religious attendance appears to be related to better marital outcomes and less conflict. Goddard, Marshall, Olson, and Dennis (2012), found that church attendance was a predictor of marital satisfaction. Additionally, Atkins and Kessel (2008) found that higher rates of infidelity were found when spouses endorse a high importance of religion and closeness to God, but had lower church attendance. Gender differences have also been noted. Curtis and
Ellison (2002) found that men’s religious attendance was inversely related to number of marital disputes, while women’s religious attendance was not.

While religious attendance in general appears to be important, research suggests that it is not just religious attendance that is related to better marital outcomes, but also similar religious attendance patterns. Couples who have similar patterns of religious attendance also tend to have higher marriage stability (Call & Heaton, 1997; Heaton, 1984; Heaton & Pratt, 1990) and quality (Myers, 2006). Call and Heaton (1997) also found that frequency of religious attendance had the greatest impact on marital stability and that marital stability was lower for spouses who differed in religious attendance than spouses who did not attend church services at all. Additionally, Curtis and Ellison (2002) found that differences in church attendance patterns between spouses were associated with a higher frequency of conflicts. Therefore, it seems that those who worship together tend to have better marital outcomes, but those who differ in religious attendance tend to experience more conflict, instability, and less satisfaction than those who choose either to worship or not to worship.

**Personal religious activity and marital outcomes.** Another way of measuring religious behaviors is to consider personal religious activity. These activities can include prayer, music, sacraments, studying sacred texts, or other activities that a person uses for personal spiritual expression. The relationship between personal religious activity and marital outcomes has also yielded mixed results. Atkins and Kessel (2008) found that faith, prayer and other personal religious activities were not predictors of marital stability, but rather an inconsistency between a stated importance of religion and religious attendance was associated with marital instability. In contrast, other studies suggest that prayer appears to be a mediating factor in marriages. Lambert,
Fincham, LaVallee, and Brantley (2012), found that both praying with and praying for one’s partner increased trust and couple unity, but they did not explore whether prayer in and of itself helped the couples or if it was the joint activity that built unity. Fincham, Beach, Lambert, Stillman, and Braithwaite, (2008) found that for younger adults, prayer for the partner or with the partner also increased relationship satisfaction and commitment, but it was the focus on the partner and not prayer itself that seemed to increase satisfaction. Finally, Gruner (1985) found that prayer as a means of managing family conflict and to a lesser extent Bible reading were predictive of marital adjustment, particularly for more conservative church attenders. Therefore, it appears that if prayer is focused on the partner or the family, then marital outcomes improve; however, the relationship between these religious activities and marital outcomes needs to be further explored.

**Marital outcomes and marital adjustment.** Throughout the previous pages, the terms marital quality, marital adjustment, marital satisfaction, marital conflict, and other terms have been used to describe various marital outcomes. This study will be focus on the concept of *marital adjustment*. Spanier and Cole (1976) described a method of assessing marital adjustment by determining the levels of “troublesome marital differences,” “interspousal tensions” and “personal anxiety,” “marital satisfaction,” “dyadic cohesion,” and “consensus on matter of importance to marital functioning” (p. 128). Additionally, Spanier (1976) described marital adjustment as a process as opposed to an unchanging variable. He described it as a way to view marriage quality at any given point along their relationship. The factors that contributed to marital adjustment were later combined to form three factors including consensus with values,
decisions, and affection; satisfaction; and cohesion in terms of activities and discussion (Busby, Christensen, Crane, & Larson, 1995).

There has been some debate regarding the term *marital adjustment*. Eddy, Heyman, and Weiss (1991), distinguish adjustment from satisfaction indicating that satisfaction was just one component of adjustment and that these terms should not be used interchangeably. However, Heyman, Sayers, and Bellack (1994), found that basic measures of marital satisfaction were often times comparable to measures of marital adjustment (e.g., the Dyadic Adjustment Scale).

**Sexual Intimacy and Religion**

While the relationship between marriage outcomes and religion has been extensively studied, the relationship between sexual intimacy and religion has not been studied as much. For example, while there has been considerable research on religiosity and attitudes towards sex and sexual behaviors, there has been less research on the relationship of sexual intimacy and religiosity. There has, however, been some research on the relationship between sexual satisfaction and religiosity, which while not identical to sexual intimacy, may provide some insight into its relationship to religiosity.

Young, Denny, Luquis, and Young (1998) studied the correlates of sexual satisfaction. Overall, marriage satisfaction was most highly correlated with sexual satisfaction; however, religious factors, including religiosity and God’s perception of sex, did not have a significant relationship to sexual satisfaction. Additionally, Goff (2010) failed to find a significant link between spirituality and sexual satisfaction, and, McFarland, Uecker, and Regnerus (2011) found that the incorporation of religious practices into normal life did not increase sexual satisfaction for older married adults.
Despite the fact that these studies were examining sexual satisfaction as opposed to intimacy, these findings are interesting in that they fail to support the writings of some Christian authors. Many of these authors describe sexual intimacy as a way of understanding who God is. Some Christian authors such as Clinton (2009) describe sex as both an emotional and spiritual experience, and an opportunity to be completely unified with another person body and soul. Rosenau and Sytsma (2004) described sexual intimacy as a way of knowing more about God and also the opportunity to be one both spiritually and sexually with another person. They further described sexual intimacy as less about the body and more about a deep connection with another person. If true, one would expect to find a relationship between sexual intimacy and religiosity. Therefore, it is possible that an important distinction between sexual satisfaction and intimacy should be made in that satisfaction may be more about the bodily experience of a person, whereas sexual intimacy may be about the shared experience with a partner.

**Emotional and Spiritual Intimacy and Marital Adjustment**

While research on the relationship between sexual intimacy and religion has been minimally explored, research on spiritual and emotional intimacy has been almost nonexistent, and the studies that have been done have yielded mixed results. Hatch, James, and Schumm (1986) found that spiritual intimacy was not a strong predictor of marital satisfaction, but differences in spiritual intimacy did predict lower marital satisfaction. In addition, the authors suggested that the minimal effects of spiritual intimacy on marital satisfaction had more to do with emotional intimacy as opposed to spiritual intimacy. On the other hand, Bauman (1998) found that marital intimacy within marriage had a positive relationship with spiritual wellbeing.
Summary

The purpose of this study was to determine if religious attendance, personal religious activities, and overall importance of religion are related to marital adjustment and sexual, spiritual and emotional intimacy.

First, it was hypothesized that marital adjustment would be related to levels of religious attendance, specifically, that those with high levels of religious attendance would report significantly higher marital adjustment compared to those reporting low or moderate levels of religious attendance.

Second, this study looked to better understand the relationship between religion and sexual intimacy. Since the sexual satisfaction research suggests a minimal relationship between sexual satisfaction and religion, the current study seeks to clarify the disparity between previous research and those in the religious community that view sexual intimacy and religiosity to be heavily related. Given that sexual satisfaction appears to focus on the experience of an individual as opposed to sexual intimacy, which appears to focus on the couple as a whole, it was hypothesized that sexual intimacy and emotional intimacy would be related to the couple’s religious attendance patterns, because religious attendance would indicate a shared activity with a spouse.

Lastly, it was hypothesized that religious attendance, personal religious activities, and importance of religion would be related to spiritual intimacy in that married individuals with high levels of religious attendance, personal religious activities, and importance of religion would report higher spiritual intimacy.
Chapter 2

Methods

Participants

Participants were recruited through social media and religious organizations throughout the United States. In total, 111 participants began the survey; however, only 88 completed the survey, therefore only this data was used in analysis. There were approximately 23 males and 64 females, with 1 participant not indicating gender. Participants ranged in age from 22 to 86 years of age with a mean of 42 years ($SD = 17.2$) and a mode of 27. In addition, length of marriage ranged from about 5 months to 60 years with an average of 15.5 ($SD = 15.2$) and a mode of 1 year. Participants varied by ethnicity, education and religious identification (see Tables 1, 2, 3).

Table 1

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Asian American</th>
<th>African American</th>
<th>Caucasian</th>
<th>Hispanic</th>
<th>Mixed/Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant</td>
<td>1</td>
<td>0</td>
<td>81</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Spouse</td>
<td>2</td>
<td>1</td>
<td>80</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Instruments

Three instruments were included in this study: the Revised Dyadic Adjustment Scale, the Emotional, Sexual, and Spiritual Scale, and a brief questionnaire that focused on religiosity and demographics.
Table 2

*Education*

<table>
<thead>
<tr>
<th></th>
<th>Did not answer</th>
<th>High School Diploma</th>
<th>Some College</th>
<th>4 Year Degree</th>
<th>Graduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant</strong></td>
<td>1</td>
<td>0</td>
<td>17</td>
<td>37</td>
<td>33</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>0</td>
<td>5</td>
<td>26</td>
<td>29</td>
<td>28</td>
</tr>
</tbody>
</table>

Table 3

*Religious Identification*

<table>
<thead>
<tr>
<th></th>
<th>Christian Protestant</th>
<th>Christian Catholic</th>
<th>Jewish Conservative</th>
<th>Jewish Reform</th>
<th>Jewish Orthodox</th>
<th>Other</th>
<th>Agnostic/Atheist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participant</strong></td>
<td>58</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td><strong>Spouse</strong></td>
<td>56</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

The Revised Dyadic Adjustment Scale (RDAS) was used to assess for marital adjustment. The RDAS (Busby et al. 1995) is a 1995 revision of the Dyadic Adjustment Scale. The Dyadic Adjustment Scale was originally developed by Spanier in 1976 to assess adjustments in relationships. Due to limited psychometric robustness and length it was revised in 1995 to a shorter version with enhanced psychometrics (Busby et al., 1995).

The RDAS is a self-report measure of adjustment in marriage and can be used to distinguish distressed and non-distressed couples. The RDAS consists of three subscales: Consensus, Satisfaction, and Cohesion. The Consensus subscale has six items related to decision-making, values, and affection. Satisfaction has four items related to stability and conflict. Cohesion has four items related to activities and discussion. These combine for a total
of 14 questions to determine whether a couple is distressed or non-distressed. The RDAS correctly determined distressed couples with a 74% accuracy rate and non-distressed couples with an 86% accuracy rate. Using Cronbach’s Alpha, the RDAS demonstrated an internal consistency of .90. The internal consistency for subscales was .81 for Consensus, .85 for Satisfaction, and .80 for Cohesion. The RDAS is generally used to determine whether or not a couple is satisfied by scoring in the non-distressed range and unsatisfied if they score in the distressed range. For the purposes of this study, we will use marital adjustment as a continuous variable, as opposed to the dichotomous variable of distressed (unsatisfied) and non-distressed (satisfied).

The Emotional, Sexual, and Spiritual Intimacy Scale (ESSI) assesses emotional, sexual, and spiritual intimacy (Davis, Pallen, DeMaio, & Jackson, 2000). The ESSI is a self-report measure of intimacy that is based on Prager’s (1995) definition of intimacy which consisted of a mutual revealing of personal matters, positive views towards both the partner and one’s self, and shared understanding within the relationship. The ESSI examines three areas of intimacy: emotional, sexual, and spiritual intimacy. Emotional intimacy is the “degree of closeness and comfort one feels toward her or his partner” (Davis et al., 2000, p. 290). Sexual intimacy looks at the level of “satisfaction, pleasure, and comfort with the sexual aspects of one’s relationship (Davis et al., 2000, p. 291). Spiritual intimacy examines both the level of religiosity in relationship with one’s significant other as well as the importance of spirituality in the relationship. The ESSI consists of 44 statements in which participants choose how strongly they agree or disagree with the statement (1 = strongly disagree, 6 = strongly agree, NA = Not Applicable). Scores on each of the subscales are divided by the total number of questions
completed for each subscale to create a scaled score between 1 and 6 (6 being the highest level of intimacy; Davis et al., 2000).

In addition, a brief demographic and religiosity questionnaire was created to better understand the specifics of participants’ religiosity and marriage, as well as to obtain demographic information. This questionnaire consisted of 18 questions regarding participant and spouse’s ages, education levels, religious affiliation, ethnicities, current U.S. state, and number of years married. In addition there were 6 questions regarding both the participant’s own as well as how the participant perceived the spouse’s attendance of religious services, personal religious activity, and overall importance of religion. These 6 questions were used to determine the independent variables.

**Procedure**

Once prospective participants expressed interest in the study, participants were supplied with a link to the survey on Survey Monkey. Participants were able to complete the survey using their computer, smart phone, or other tool that allowed access to the Internet. Participation was voluntary and participants were able to discontinue at any point. The survey took an average of 15 minutes to complete and consisted of 76 questions. The participants were given a continuous survey that did not differentiate between the measures; however, the order of items was the brief questionnaire, followed by the RDAS, and then the ESSI (see Appendix A).

Data were collected and multiple one-way analyses of variance (ANOVAs) and correlations were run. To determine a couple’s religious attendance score, the participants rated their own religious attendance on a scale of 1 to 6 and also rated their spouse’s religious
attendance on a scale of 1 to 6. A score of 3.5 or lower was considered low religious attendance, while a score of 4 or higher was considered high religious attendance.

Participants were divided into three groups based on religious attendance: high, low, and mixed. If both the participant’s self-score and spouse score were high then the couple was considered to have high religious attendance, and if both scored low then they were considered to have low religious attendance. When the participant differed from their spouse (e.g., one was high and one was low), the couple was considered to have a moderate level of religious attendance. The same procedure was used for determining level of personal religious activity and importance of religion.
Chapter 3

Results

The results of this survey were analyzed using Statistical Product and Service Solutions (SPSS). Findings were considered statistically significant at the $p < .05$ level. Three hypotheses were tested. The first hypothesis was that couples that identify as having high levels of religious attendance would endorse higher marital adjustment. The second hypothesis was that religious attendance would be related to sexual and emotional intimacy. The third hypothesis individuals with high levels of religious attendance, personal religious activities and importance of religion would also have higher spiritual intimacy. These hypotheses were evaluated using the totals from the RDAS, ESSI, subscales of the RDAS, and the religious attendance, personal religious activities, and importance of religion items.

These hypotheses were analyzed using three one-way ANOVA’s comparing the group means of those in the high religious attendance ($n = 48$), low religious attendance ($n = 33$) and moderate levels of religious attendance ($n = 6$) groups; high personal religious activities ($n = 40$), low personal religious activities ($n = 30$) and moderate levels of personal religious activities ($n = 17$) groups; and high importance of religiosity ($n = 72$), low importance of religiosity ($n = 7$) and moderate levels of religiosity ($n = 9$) groups.
Religious Attendance and Marital Adjustment

The relationship between religious attendance and marital adjustment was assessed. No evidence was found to support the hypothesis that religious attendance was significantly related to marital adjustment, $F(2, 84)=2.78, p=.07$ or its subscales (See Appendix B) with the exception of consensus where there was a significant difference between the 3 groups, $F(2,84)=4.55, p=.01$. Using the Scheffé’s post hoc method, results indicated that participants falling in the moderate religious attendance group ($M = 20.17, SD = 8.42$) scored significantly lower on the consensus subscale than those in the high religious attendance group ($M = 24.60, SD = 3.01, p = 0.01$ (See Appendix B).

Additionally, the RDAS’ subscales consensus, satisfaction, and cohesion each had their own subscales. These subscales each consisted of two items. No relationship was found between religious attendance and these subscales with the exception of decision-making, $F(2,84)=3.83, p = .03$, values, $F(2,84)=5.17, p = .008$, and stability $F(2,84)=6.38, p = .003$. Scheffé’s post hoc analysis indicated that decision making was significantly lower in the moderate attendance condition ($M = 6.83, SD = 2.86$), than either the high ($M = 8.40, SD = 1.28$) or low ($M = 8.33, SD = 2.86$) conditions, $p = .03$ and $p = .04$, respectively. The post hoc test also found values in the moderate condition ($M = 6.67, SD = 2.80$) to be significantly lower than in the high condition ($M = 8.23, SD = 1.02, p = .04$). Additionally, post hoc tests found stability in the moderate condition ($M = 7.83, SD = 1.72$) to be significantly lower than either the high ($M = 9.50, SD = 1.38$) or low condition ($M = 9.67, SD = .54), $p < .01$ and $p < .01$, respectively.

Though it was not one of the study’s original hypotheses, the relationship of personal religious activities and importance of religion with marital adjustment were also explored.
Personal religious activities were not significantly related to marital adjustment, the RDAS subscales, or the subscales of the subscales. Additionally, importance of religion was not significantly related to marital adjustment, its subscales, or the subscales of the subscales with the exception of values, $F(2,85)=5.27$, $p = .007$. Using the Scheffé’s post hoc method, results indicated that the values subscale was significantly higher, $p = .02$, for the high condition ($M = 8.06$, $SD = 1.35$) than the low condition ($M = 7.22$, $SD = 1.09$; see Appendix B).

**Religious Attendance, Personal Religious Activities, and Importance of Religion and Sexual and Emotional Intimacy**

No evidence was found the support the hypothesis that religious attendance would be related to sexual intimacy or emotional intimacy (See Appendix B). In addition, the relationships between personal religious activities and importance of religion and sexual and emotional intimacy were explored. Neither personal religious activities nor importance of religion were found to be related to sexual intimacy or emotional intimacy (See Appendix B).

**Religious Attendance, Personal Religious Activities and Importance of Religion and Spiritual Intimacy**

*Religious attendance.* Religious attendance was significantly related to spiritual intimacy, $F_{(2,84)} = 18.21$, $p < .001$. Using the Scheffé’s post hoc method, results indicated that spiritual intimacy was significantly higher ($p < .001$) for high religious attendance ($M = 5.38$, $SD = .67$) than low ($M = 3.90$, $SD = 1.47$).

*Personal religious activities.* Personal religious activities were significantly related to spiritual intimacy, $F_{(2,84)} = 21.7$, $p < .001$. Using the Scheffé’s post hoc method, results indicated
that high personal religious activities couples \((M = 5.46, SD = .58)\) scored significantly higher than low \((M = 3.78, SD = 1.51)\), \(p < .001\).

**Importance of religion.** Importance of religion was also significantly related to spiritual intimacy, \(F(2,85)=64.86, p < .001\). Using the Scheffé’s post hoc method, results indicated that the high importance of religiosity group \((M = 5.23, SD = .82)\) scored significantly higher on spiritual intimacy than the low \((M = 2.27, SD = .42)\) or moderate \((M = 3.04, SD = .98)\) importance of religion groups, \(p < .001\) and \(p < .001\), respectively.

**Additional Analyses**

Correlations exploring the relationship between the spiritual intimacy scale of the ESSI and all other variables were investigated for the high, low, and moderate conditions of religious affiliation, personal religious activities, and importance of religion. For participants in the low and moderate religious attendance groups, spiritual intimacy was not significantly correlated (see Table 4) with emotional intimacy \((r = .12, p = .50; r = .81, p = .05, \text{ respectively})\) or sexual intimacy \((r = -.13, p = .46; r = .46, p = .036, \text{ respectively})\). However, for couples in the high levels of religious attendance group, spiritual intimacy was significantly correlated with emotional intimacy \((r = .381, p = .008)\) and sexual intimacy \((r = .410, p = .004)\).

For participants in the low and moderate personal religious activities groups, emotional intimacy \((r = .02, p = .93; r = .92, p = .725, \text{ respectively})\), sexual intimacy \((r = .05, p = .81; r = - .09, p = .74, \text{ respectively})\), marital adjustment \((r = -.07, p = .73; r = .13, p = .63, \text{ respectively})\), consensus \((r = .02, p = .94; r = .32, p = .21, \text{ respectively})\), satisfaction \((r = -.12, p = .54; r = .20, p = .44, \text{ respectively})\), and cohesion \((r = -.06, p = .76; r = -.17, p = .51, \text{ respectively})\) were not
Table 4

Pearson’s Correlation: Spiritual Intimacy and Religious Attendance

<table>
<thead>
<tr>
<th></th>
<th>High (N = 48)</th>
<th>Low (N = 33)</th>
<th>Moderate (N = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Intimacy</td>
<td>.38**</td>
<td>.12</td>
<td>.81</td>
</tr>
<tr>
<td>Correlation</td>
<td>.00</td>
<td>.50</td>
<td>.05</td>
</tr>
<tr>
<td>Significance</td>
<td>.00</td>
<td>.46</td>
<td>.36</td>
</tr>
<tr>
<td>Sexual Intimacy</td>
<td>.41**</td>
<td>-.13</td>
<td>.46</td>
</tr>
</tbody>
</table>

Note. *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).

significantly correlated (see Table 5) with spiritual intimacy. However, for couples in the high personal religious activities group, spiritual intimacy was significantly correlated with emotional intimacy ($r = .53, p < .001$) sexual intimacy ($r = .34, p = .032$), marital adjustment ($r = .39, p = .014$) and satisfaction ($r = .429, p = .006$), but not with consensus ($r = .29, p = .07$) and cohesion ($r = .13, p = .44$).

For participants within the moderate importance of religion group, emotional intimacy ($r = -.31, p = .42$) and sexual intimacy ($r = -.21, p = .60$) were not significantly correlated (see Table 6) to spiritual intimacy. For couples endorsing low importance of religion, spiritual intimacy was not correlated with sexual intimacy ($r = -.7, p = .08$) but was negatively correlated with emotional intimacy ($r = -.80, p = .03$). In addition, couples with high importance of religion, spiritual intimacy was correlated with emotional intimacy ($r = .28, p = .02$) and sexual intimacy ($r = .23, p = .05$) as well.
Table 5

**Pearson’s Correlation: Spiritual Intimacy and Personal Religious Activities**

<table>
<thead>
<tr>
<th></th>
<th>High (N = 40)</th>
<th>Low (N = 30)</th>
<th>Moderate (N = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.53**</td>
<td>.02</td>
<td>.09</td>
</tr>
<tr>
<td>Significance</td>
<td>.00</td>
<td>.93</td>
<td>.73</td>
</tr>
<tr>
<td><strong>Sexual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.34*</td>
<td>.05</td>
<td>-.09</td>
</tr>
<tr>
<td>Significance</td>
<td>.03</td>
<td>.81</td>
<td>.74</td>
</tr>
<tr>
<td><strong>Marital Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.39*</td>
<td>-.07</td>
<td>.13</td>
</tr>
<tr>
<td>Significance</td>
<td>.01</td>
<td>.73</td>
<td>.63</td>
</tr>
<tr>
<td><strong>Consensus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.29</td>
<td>-.12</td>
<td>.20</td>
</tr>
<tr>
<td>Significance</td>
<td>.07</td>
<td>.54</td>
<td>.44</td>
</tr>
<tr>
<td><strong>Cohesion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.13</td>
<td>-.06</td>
<td>-.17</td>
</tr>
<tr>
<td>Significance</td>
<td>.44</td>
<td>.76</td>
<td>.51</td>
</tr>
</tbody>
</table>

*Note.* *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).*

Table 6

**Pearson’s Correlation: Spiritual Intimacy and Importance of Religiosity**

<table>
<thead>
<tr>
<th></th>
<th>High (N=72)</th>
<th>Low (N=7)</th>
<th>Moderate (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotional Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.28</td>
<td>-.80</td>
<td>-.31</td>
</tr>
<tr>
<td>Significance</td>
<td>.02</td>
<td>.03</td>
<td>.42</td>
</tr>
<tr>
<td><strong>Sexual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correlation</td>
<td>.23*</td>
<td>-.70</td>
<td>-.21</td>
</tr>
<tr>
<td>Significance</td>
<td>.05</td>
<td>.08</td>
<td>.60</td>
</tr>
</tbody>
</table>

*Note.* *Correlation is significant at the 0.05 level (2-tailed). **Correlation is significant at the 0.01 level (2-tailed).*

To summarize, Table 7 illustrates the significant findings of all the variable relationships that were considered.
Table 7
Religious Engagement and Marital Outcomes

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Religious Attendance</th>
<th>Religious Activity</th>
<th>Importance of Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Consensus</td>
<td>YES</td>
<td>Moderate &lt; High</td>
<td>NS</td>
</tr>
<tr>
<td>Decision Making</td>
<td>YES</td>
<td>Moderate &lt; Others</td>
<td>NS</td>
</tr>
<tr>
<td>Values</td>
<td>NS</td>
<td>NS</td>
<td>High &gt; Low</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Cohesion</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Intimacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Sexual</td>
<td>NS</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>Spiritual</td>
<td>Yes</td>
<td>Yes</td>
<td>High &gt; Low = Mixed</td>
</tr>
</tbody>
</table>

Note. (NS – not significant).
Chapter 4
Discussion

The focus of this study was to examine the relationship between different aspects of religion (i.e., religious attendance, personal religious activities, and importance of religion) and marriage (i.e., emotional, sexual, and spiritual intimacy and marital adjustment). The purpose was to determine if religious attendance, personal religious activities, and overall importance of religion were related to marital adjustment and sexual, spiritual and emotional intimacy, in hopes of expanding upon previous research and providing valuable information to both couples and counselors.

**Religious Attendance**

It was hypothesized that sexual intimacy and emotional intimacy would be related to religious attendance. The findings of this study did not support our hypothesis and previous religious authors; however, it was consistent with prior research.

As has been found previously (Goff, 2010; McFarland et al., 2011; Young et al., 1998), sexual intimacy was not found to be related to religious attendance. This appears to be contrary to both Clinton (2009) and Rosenau and Systma (2004) who think of sex as a spiritual activity that sheds light into who God is or potentially, religious attendance does not relate to sexual intimacy, whereas other aspects of religious may. Perhaps, as Young et al. (1998) found, couples with high religious attendance may not view sexual activities as spiritual or, they may feel that God does not approve of sex. Thus, these beliefs may minimize the relationship between
relational attendance and sexual intimacy. A possible solution to the apparent disconnect between religious attendance and sexual intimacy may be that a theology of sexuality needs to be created and discussed more in places of worship and in religious homes, like Rosenau and Systma (2004) suggested. This could potentially increase the relationship between religion and sexual intimacy for couples.

Additionally, this study did not find a significant relationship between religious attendance and emotional intimacy. While there has been minimal research on the relationship between religious attendance and emotional intimacy, this study seems to suggest that the strength of a couple’s emotional intimacy is dependent on factors other than religious attendance. Perhaps, because religious attendance is an external behavior and emotional intimacy has more to do with internal thoughts and feelings, there is not a relationship between emotional intimacy and religious attendance.

Regarding marital adjustment, previous research (Call & Heaton, 1997; Heaton, 1984; Heaton & Pratt, 1990; Goddard et al., 2012) found that high religious attendance leads to higher marital adjustment. However, this study did not find that overall marital adjustment was related to religious attendance. But, when exploring the subscales of the RDAS, the subscale consensus as well as the subscales of the subscales, decision making, values, and stability were related to religious attendance, specifically, high religious attenders scored significantly higher on consensus, values, decision making, and stability than moderate religious attenders and low religious attenders scored significantly higher on decision making and stability than moderate religious attenders. This suggests that couples with high religious attendance were more likely to share values than those with moderate religious attendance and those who agree on religious
attendance whether high or low, tended to agree more on decision-making, and had higher stability than those who were moderate on religious attendance.

It is interesting that given the previous research examining the impact of religious attendance on marital adjustment, the current study found no relationship. Perhaps the subscale findings better uncover, with greater detail, the aspects of marital adjustment that are actually related to religious attendance. In addition, it appears that couples that agree on religious attendance, whether high or low, also report significantly higher relational consensus, decision making, values and stability than those with moderate religious attendance. This is consistent with previous research (Call & Heaton, 1997; Curtis & Ellison, 2002; Heaton, 1984; Heaton & Pratt, 1990; Myers, 2006) suggesting that couples that agree on religious attendance tend to be more stable and have less conflict. Furthermore, it seems to suggest that the actual amount of religious attendance is not as important, but rather the shared decision on attendance patterns that is important.

In addition, it was predicted that spiritual intimacy would be higher for those who had higher levels of religious attendance. Our results confirmed this prediction. However, there was an interesting finding. Spiritual intimacy was significantly higher for those with high religious attendance compared to those with low attendance, however, not significantly higher than those with moderate attendance. Therefore, it is possible that even when spouses disagree on religious attendance, spiritual matters are still discussed; alternatively, this may reflect the nature of the questions related to spiritual intimacy. A number of the questions were focused on a partner’s desire for and importance of incorporating spiritual matters in their relationship and not the
actual amount that is present. Lastly, this may also be a result of one spouse perceiving more spiritual intimacy than is actually present.

Religious attendance is considered by many religious people to be an outward expression of their faith. Our research found that couples reporting similar levels of attendance had higher stability and agreement on decision making than those who were moderate. However, there was no difference in sexual or emotional intimacy, or overall marital adjustment for couples that differed on religious attendance. Additionally those who reported higher levels of attendance also reported higher agreement on values. The implication of these findings is that generally speaking, similar religious attendance patterns (whether high or low) appear to be more important with regards to stability and decision making than the quantity of religious attendance.

**Personal Religious Activity**

Research has not found evidence that personal religious activity is related to sexual intimacy (Goff, 2010; Young et al., 1998) and our findings were consistent with that research. As previously stated, perhaps couples consider God’s view of sex as negative (Young et al., 1998) or perhaps for some, sexual intimacy is a compartmentalized aspect of life that is apart from personal religious activities. Perhaps, like sexual intimacy, emotional matters are apart from personal religious activities. It is possible that spouses do not devote a great deal of time discussing personal religious matters or that the material does not seem to pertain to emotional intimacy. Therefore, if they do not communicate about personal religious matters, it is reasonable to expect these matters would have little relationship to emotional intimacy.

It also was hypothesized that spiritual intimacy would be related to personal religious activity. Our results suggest that spiritual intimacy was significantly higher for those with high
personal religious activity compared to those with low religious activity, however, not significantly higher than those with moderate personal religious activity. This is an interesting finding, because it would appear that even when spouses have different amounts of personal religious activities, they still report that their spiritual intimacy is a relatively important aspect of their relationship.

The results of previous research on the relationship between personal religious activity and marital adjustment are mixed. Some studies suggested that personal religious activity was significantly related to marital adjustment (Fincham et al., 2008; Gruner, 1985; Lambert et al., 2012), while others found no support for this relationship (Atkins & Kessel, 2008). This disparity led us to study the relationship between personal religious activities on marital adjustment. Our results failed to support the hypothesis that personal religious activity is significantly related to marital adjustment. It is interesting, that once again, given the amount of research suggesting a relationship between personal religious activity and marital adjustment, that our study would yield negative results.

Sample size was a major limitation. Another possible reason for these results is that our study focused more on quantity of religious activity as opposed to the quality of religious activity and it may be the quality of the personal activity that impacts marital adjustment. Additionally, it may be that personal religious activity is not as integral to overall marital adjustment as previously thought.

Personal religious activities are considered by many religious people to be a private or even an inward expression of their faith. For many it becomes a place of meaning and understanding of themselves, others, and the world around them. It is interesting that given the
supportive research on marital adjustment and its relationship to personal religious activities, our results did not support this relationship. The potential implications for couples and those who work with couples is that it appears to be possible to experience a happy and healthy relationship regardless of one’s personal religious activities. Consistency between the partners seems to be more important than where they fall on the religious engagement spectrum. These findings seem to echo the concerns about not becoming “unequally yoked” (2 Corinthians 6:14).

**Importance of Religion**

Similar to religious attendance and personal religious activities, importance of religion was not significantly related to sexual or emotional intimacy. These results suggest that it does not matter whether or not a person views religion as important or not for healthy emotional intimacy or sexual intimacy to exist. Perhaps, couples that differ on importance of religiosity are able to relate in other areas of their relationship, including emotional and sexual intimacy, without any negative impact of these differences, therefore it seems that overall importance of religion does not seem to be related to sexual or emotional intimacy.

In addition, it was predicted that spiritual intimacy would be related to importance of religion. Our results supported this prediction, demonstrating that those couples in the high importance of religion group share a higher level of spiritual intimacy compared to those in the low or moderate importance of religion groups. This is of particular interest, because for both religious attendance and personal religious activity, those in the moderate and high level groups were not significantly different. However, spiritual intimacy was related to both spouses’ high importance of religion.
Additionally importance of religion was not related marital adjustment except for one aspect of consensus: values. These results suggested that couples that scored high on importance of religion also shared similar values. This makes sense given that religion and spirituality often are related to a person’s life values.

**Spiritual Intimacy of Highly Religious Couples**

Additional analyses were run in order to better understand how spiritual intimacy was related to marital adjustment, sexual intimacy and emotional intimacy. When comparing the different groups of religious attendance, neither sexual intimacy nor emotional intimacy were correlated with spiritual intimacy in both the moderate and low attendance groups. However, when looking at the high religious attendance groups, spiritual intimacy was highly related to both sexual and emotional intimacy. It is possible, that when religious attendance is higher for the couple, their spirituality becomes more fully integrated into the rest of their lives. This may have a positive impact on the couple’s emotional and sexual areas of intimacy resulting in a more fully intimate relationship as well. Another possibility is that small sample size prevented discovery of a similar relationship in the other two groups.

Our study also found that generally speaking, marital adjustment was not related to personal religious activity. However, when examining only those in the high personal religious activity group, spiritual intimacy was significantly correlated to marital adjustment and the satisfaction subscale as well as emotional intimacy and sexual intimacy. It is possibly that personal religious activities positively impact marital adjustment, and intimacy. It is also possible that because both spouses spend more time in personal religious activity, they are more willing to
disclose private spiritual and emotional matters, which may contribute to their overall satisfaction in other areas of their relationships.

Similar to religious attendance and personal religious activity, spiritual intimacy was only related to emotional and sexual intimacy when examining the high importance of religion groups, but not the low or moderate groups. This is an important finding, because regardless of the extent of external or internal religious behaviors, so long as both partners believed that religion was important, there was a relationship between spiritual intimacy and emotional and sexual intimacy.

Taken together, these findings suggest that when both marital partners engage in high levels of religious attendance, personal religious activities, and rate importance of religion as high they experience greater sexual, spiritual, and emotional intimacy. Basically, couples that engage in high levels of religious behavior and believe religion is important experience greater intimacy not only spiritually but also emotionally and sexually.

Limitations

One limitation in this study was that participants were asked rate their perception of their spouse’s religiosity as opposed to measuring the spouse directly. This was partly due to concerns regarding gaining enough complete couple participants. It also enabled us to avoid collecting uniquely identifying data for participants such as would be necessary to match spouses. Additionally, there was no way to tell if spouses actually went to religious services together or actually engaged in personal religious activities. It is also possible, that respondents responded in a way that they believed to be correct or desirably and not on actual reflection of what they do or believe. Further research would benefit from examining social desirability.
Another limitation was the participants in this study were predominantly classified as nondistressed on the RDAS. With most couples functioning well, the limited range of marital distress potentially minimized our ability to detect any relationship between religious factors and marital intimacy.

An additional limitation was that there was a potentially higher risk for type 1 error, or finding a significant relationship that was not actually there. This was due to the limited range on the RDAS, as well as the number of analyses that were run given the small sample size. Conversely, due to the uneven group sizes, significant results may have been minimized due to the small sample size in some groups.

Lastly, the population was gathered through convenience sampling and therefore was not as representative of the general population. Geographically, the participants were mostly located within Washington, Oregon, and California and consisted of mostly European Americans. Additionally, as is generally true of the United States population, (Gallup, “Religion”) only a few identified themselves as being outside of the Judeo-Christian traditions.

**Recommendations for Future Research**

The current study explored how religiosity is related to intimacy and marital adjustment. While previous research has studied religiosity and marital adjustment, less focus has been placed on studying intimacy. For the future, it would be helpful to sample both spouses which would minimize some of the potential inaccuracies and biases in perception that the participant have had towards their spouse’s commitment to religiosity. Further research should also look at quality of religious activities as opposed to -or in addition to- quantity, to better understand the relationship between religion and marital adjustment and intimacy.
In addition, given the limited generalizability to the overall population, future research would benefit from expanding the population to include other faith groups, as well, and people from other parts of the country. Finally, a larger sample, especially of couples with moderate religious commitments, is essential to allow adequate sensitivity to differences. Increasing the sample size would decrease the chance of having a false positive.

Perhaps new information could be gathered on the complexities of how religion is related to marital adjustment and intimacy, by including other faith groups including Eastern or New Age religions. Additionally, the population of the current study was heavily focused on the West Coast of the United States; perhaps these results would be much different considering the Southern United States or the Midwest.

Summary

No support was found for the hypothesis that religious attendance was related to sexual intimacy, emotional intimacy and marital adjustment were not found to be related to religious attendance, although religious attendance was related to the subscale consensus, indicating that couples who shared similar religious attendance patterns had more marital stability and agreed more on decisions.

However, religious attendance, personal religious activities, and importance of religion were found to be related to spiritual intimacy. In addition, sexual intimacy and emotional intimacy were correlated with spiritual intimacy for high religiosity groups.

This research suggests that the importance of spiritual intimacy appears to be most related to marital concerns when both spouses hold different aspects of religion as highly important. Otherwise, it appears that religious practices are not related to marital adjustment and
certain aspects of marital intimacy. However, it is uncertain if this relationship is mitigated by a perception that religion is not related to sexuality or if people feel that sexuality makes them unholy. It appears that it would be beneficial for religious couples to spend some time discussing sexuality in light of their religious beliefs in order to deconstruct any potentially damaging preconceived notions regarding sex and spirituality, as well as to promote sexual and spiritual beliefs and practices that are coherent with their religious views in order to fully enjoy a more integrated, intimate, and satisfying marriage.
References:


doi:10.1521/jscp.2008.27.4.362


doi:10.1080/15332691.2011.613308


Appendix A

Instruments

Thank you for your cooperation in honestly completing this survey. All responses are confidential (i.e. the researcher will not know who you are). If at anytime you decide that you no longer would like to be a part of this study, you may discontinue.

1. What is your current age in years?
2. What is your spouse’s current age in years?
3. How many years have you and your spouse been married?
4. Please indicate the U.S. state or country in which you are located.
5. Identified Gender
   a. Male
   b. Female
   c. Other
6. Identified Gender of Spouse
   a. Male
   b. Female
   c. Other
7. Ethnic Background
   a. Asian American
   b. African American
   c. Caucasian
   d. Hispanic
   e. Native American
   f. Other (please specify)
8. Ethnic Background of Spouse
   a. Asian American
   b. African American
   c. Caucasian
   d. Hispanic
   e. Native American
   f. Other (please specify)
9. Education
   a. Less than High School Diploma
   b. High School Diploma
   c. Some College
d. 4 Year Degree
e. Graduate Degree

10. Education of Spouse
   a. Less than High School Diploma
   b. High School Diploma
   c. Some College
   d. 4 Year Degree
   e. Graduate Degree

11. Religious Affiliation
   a. Christian (Catholic)
   b. Christian (Protestant)
   c. Jewish (Conservative)
   d. Jewish (Orthodox)
   e. Jewish (Reform)
   f. Other Religious Preference (Please Specify)

12. Religious Affiliation of Spouse
   a. Christian (Catholic)
   b. Christian (Protestant)
   c. Jewish (Conservative)
   d. Jewish (Orthodox)
   e. Jewish (Reform)
   f. Other Religious Preference (Please Specify)

13. How important are your religious beliefs and practices?
   a. 1 Religion is not important
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6 Religion is extremely important

14. To your best knowledge, how important are your religious beliefs and practices to your spouse?
   a. 1 Religion is not important to my spouse
   b. 2
   c. 3
   d. 4
   e. 5
   f. 6 Religion is extremely important to my spouse

15. In the past year how frequently have you attended a religious service?
   a. Not at all
b. Once or twice a year
   c. Between 3 and 11 times a year
   d. Between on and three times a month
   e. Weekly
   f. More than once a week

16. In the past year how frequently has your spouse attended a religious service?
   a. Not at all
   b. Once or twice a year
   c. Between 3 and 11 times a year
   d. Between on and three times a month
   e. Weekly
   f. More than once a week

17. In the past year how often have you engage in personal religious activities (e.g. prayer, studying religious texts)?
   a. Not at all
   b. Less than once/week
   c. Weekly
   d. 1-3 times/week
   e. 4-7 times/week
   f. More than once/day

18. In the past year how often has your spouse engaged in personal religious activities (e.g. prayer, studying religious texts)?
   a. Not at all
   b. Less than once/week
   c. Weekly
   d. 1-3 times/week
   e. 4-7 times/week
   f. More than once/day

19. Most people have disagreements in their relationships. Please indicate below the extent of agreement or disagreement between you and your partner for each item. (Six-point Likert Scale – Always agree, Almost always agree, Occasionally disagree, Frequently disagree, Almost always disagree, Always disagree)
   a. Religious Matters
   b. Demonstrations of Affection
   c. Making Major Decisions
   d. Sex Relations
   e. Conventionality (correct or proper behavior)
   f. Career Decisions
20. Please indicate how often the following occur (Six-point Likert Scale – all the time, most of the time, more often than not, occasionally, rarely never)
   a. How often do you and your mate “get on each other’s nerves”?
   b. How often do you and your partner quarrel?
   c. How often do you discuss or have you considered divorce, separation, or terminating your relationship?
   d. Do you ever regret that you married (or lived together)?

21. Do you and your spouse engage in outside interest together?
   a. Every Day
   b. Almost Every Day
   c. Occasionally
   d. Rarely
   e. Never

22. How often would you say the following events occur between you and your mate? (Six-point Likert Scale – Never, Less than once a month, Once or twice a month, Once or twice a week, Once a day, More often)
   a. Have a stimulating exchange of ideas
   b. Work together on a project
   c. Calmly discuss something

23. The following questions concern emotional, spiritual, and sexual behaviors and attitudes. Please indicate your level of agreement/disagreement with each statement. (Six-point Likert Scale - 1 being strongly disagree and 6 being strongly agree, with an option to select N/A Not applicable or Does not apply)
   a. Our religious beliefs are an important topic of discussion.
   b. I feel closer to my partner after sexual activity.
   c. I tell my partner my innermost thoughts.
   d. It is important that my partner and I share the same religious beliefs.
   e. I feel comfortable with my partner
   f. My sexual needs are fulfilled by my partner.
   g. I enjoy thinking about my partner.
   h. My relationship is healthy because religion and spirituality are involved.
   i. My partner and I are sexually spontaneous.
   j. I feel close to my partner.
   k. Taking time for spiritual meditation increases the tranquility within my relationship
   l. I feel “oneness” with my partner during sexual activity.
   m. My partner listens to me.
   n. I trust my partner.
   o. My partner understands me.
p. I feel satisfied when my partner does things to please me sexually.
q. I feel comfortable expressing my feelings to my partner.
r. I display affection towards my partner.
s. I believe I fulfill my partner’s sexual needs.
t. My partner and I are open to sexual exploration.
u. My relationship with my partner is based on spirituality.
v. My partners and I hold similar values and goals.
w. In relationships, I aim toward shared spirituality.
x. I value the time I spend with my partner.
y. When I feel upset I want my partner to comfort me.
z. I comfort my partner when he or she is upset.
aa. When I have a problem I talk about it with my partner.
bb. I am able to be myself with my partner.
c. I communicate to my partner what I like and dislike sexually.
dd. My partner and I share things about ourselves equally.
e. My spirituality is the most important aspect of my intimate relationship.
ff. I enjoy pleasing my partner sexually.
gg. Spirituality is a necessary part of my relationship.
hh. I believe my partner accepts me for who I am.
i. I accept my partner for who he/she is.
jj. I enjoy surprising my partner sexually.
kk. I listen to my partner.
ll. My partner pleases me sexually.
m. I become sexually aroused when I see my partner.
n. My relationship is sexually satisfying.
oo. Religion is not important in my intimate relationship
pp. I am more attracted to my partner when we discuss our spiritual beliefs.
qq. I feel closer to my partner when we go to religious services (church) or pray together.
r. I feel accepted by my partner during sexual activity.

Thank you for completing the survey. If you would like a copy of the results after the study is completed, email bpresler10@georgefox.edu.
### Appendix B

**Additional Results**

**ANOVA for Religious Attendance**

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>(2,84)</td>
<td>2.78</td>
<td>.07</td>
</tr>
<tr>
<td>Consensus</td>
<td>(2,84)</td>
<td>4.55</td>
<td>.01*</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>(2,84)</td>
<td>2.26</td>
<td>.11</td>
</tr>
<tr>
<td>Cohesion</td>
<td>(2,84)</td>
<td>.04</td>
<td>.96</td>
</tr>
<tr>
<td>Decision Making</td>
<td>(2,84)</td>
<td>3.83</td>
<td>.03*</td>
</tr>
<tr>
<td>Values</td>
<td>(2,84)</td>
<td>5.17</td>
<td>.01*</td>
</tr>
<tr>
<td>Affection</td>
<td>(2,84)</td>
<td>2.62</td>
<td>.08</td>
</tr>
<tr>
<td>Stability</td>
<td>(2,84)</td>
<td>6.38</td>
<td>.01*</td>
</tr>
<tr>
<td>Conflict</td>
<td>(2,84)</td>
<td>.21</td>
<td>.81</td>
</tr>
<tr>
<td>Activities</td>
<td>(2,84)</td>
<td>.07</td>
<td>.93</td>
</tr>
<tr>
<td>Discussion</td>
<td>(2,84)</td>
<td>.13</td>
<td>.88</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
<td>(2,84)</td>
<td>1.99</td>
<td>.14</td>
</tr>
<tr>
<td>Sexual Intimacy</td>
<td>(2,84)</td>
<td>.97</td>
<td>.38</td>
</tr>
<tr>
<td>Spiritual Intimacy</td>
<td>(2,84)</td>
<td>18.21</td>
<td>&lt;.001**</td>
</tr>
</tbody>
</table>

*Note.* *ANOVA* is significant at the 0.05 level (2-tailed). **ANOVA** is significant at the 0.01 level (2-tailed).
**Group Statistics Religious Attendance**

<table>
<thead>
<tr>
<th></th>
<th>High (N = 48)</th>
<th>Low (N = 33)</th>
<th>Moderate (N = 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MaritalAdjustment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>53.99</td>
<td>53.61</td>
<td>47.50</td>
</tr>
<tr>
<td>SD</td>
<td>7.34</td>
<td>4.60</td>
<td>6.47</td>
</tr>
<tr>
<td><strong>Consensus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>24.60</td>
<td>23.88</td>
<td>20.17</td>
</tr>
<tr>
<td>SD</td>
<td>3.01</td>
<td>2.50</td>
<td>8.42</td>
</tr>
<tr>
<td><strong>Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>16.35</td>
<td>16.70</td>
<td>14.67</td>
</tr>
<tr>
<td>SD</td>
<td>2.51</td>
<td>1.38</td>
<td>2.50</td>
</tr>
<tr>
<td><strong>Cohesion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>13.02</td>
<td>13.03</td>
<td>12.67</td>
</tr>
<tr>
<td>SD</td>
<td>3.09</td>
<td>2.43</td>
<td>4.50</td>
</tr>
<tr>
<td><strong>Emotional Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.47</td>
<td>5.59</td>
<td>5.12</td>
</tr>
<tr>
<td>SD</td>
<td>.65</td>
<td>.37</td>
<td>.42</td>
</tr>
<tr>
<td><strong>Sexual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.12</td>
<td>5.21</td>
<td>4.67</td>
</tr>
<tr>
<td>SD</td>
<td>.85</td>
<td>.93</td>
<td>.73</td>
</tr>
<tr>
<td><strong>Spiritual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.38</td>
<td>3.90</td>
<td>4.65</td>
</tr>
<tr>
<td>SD</td>
<td>.67</td>
<td>1.47</td>
<td>1.34</td>
</tr>
<tr>
<td><strong>Years Married</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>18.11</td>
<td>11.09</td>
<td>11.83</td>
</tr>
<tr>
<td>SD</td>
<td>16.16</td>
<td>11.24</td>
<td>12.02</td>
</tr>
</tbody>
</table>
### ANOVA for Personal Religious Activities

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>2.84</td>
<td>1.68</td>
<td>.19</td>
</tr>
<tr>
<td>Consensus</td>
<td>2.84</td>
<td>1.01</td>
<td>.37</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>2.84</td>
<td>2.13</td>
<td>.13</td>
</tr>
<tr>
<td>Cohesion</td>
<td>2.84</td>
<td>1.65</td>
<td>.20</td>
</tr>
<tr>
<td>Decision Making</td>
<td>2.84</td>
<td>1.13</td>
<td>.33</td>
</tr>
<tr>
<td>Values</td>
<td>2.84</td>
<td>.45</td>
<td>.64</td>
</tr>
<tr>
<td>Affection</td>
<td>2.84</td>
<td>1.35</td>
<td>.26</td>
</tr>
<tr>
<td>Stability</td>
<td>2.84</td>
<td>2.06</td>
<td>.13</td>
</tr>
<tr>
<td>Conflict</td>
<td>2.84</td>
<td>1.98</td>
<td>.14</td>
</tr>
<tr>
<td>Activities</td>
<td>2.84</td>
<td>1.17</td>
<td>.31</td>
</tr>
<tr>
<td>Discussion</td>
<td>2.84</td>
<td>1.50</td>
<td>.23</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
<td>2.84</td>
<td>1.06</td>
<td>.35</td>
</tr>
<tr>
<td>Sexual Intimacy</td>
<td>2.84</td>
<td>2.17</td>
<td>.12</td>
</tr>
<tr>
<td>Spiritual Intimacy</td>
<td>2.84</td>
<td>21.70</td>
<td>&lt;.001**</td>
</tr>
</tbody>
</table>

*Note.* *ANOVA is significant at the 0.05 level (2-tailed). **ANOVA is significant at the 0.01 level (2-tailed).*
### Group Statistics Personal Religious Activities

<table>
<thead>
<tr>
<th></th>
<th>High (N = 40)</th>
<th>Low (N = 30)</th>
<th>Moderate (N = 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>Mean</td>
<td>54.48</td>
<td>53.27</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>5.48</td>
<td>5.58</td>
</tr>
<tr>
<td>Consensus</td>
<td>Mean</td>
<td>24.20</td>
<td>24.40</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>4.28</td>
<td>2.42</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Mean</td>
<td>16.68</td>
<td>16.50</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>1.27</td>
<td>1.96</td>
</tr>
<tr>
<td>Cohesion</td>
<td>Mean</td>
<td>13.60</td>
<td>12.37</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>2.62</td>
<td>2.91</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
<td>Mean</td>
<td>5.58</td>
<td>5.47</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.39</td>
<td>.54</td>
</tr>
<tr>
<td>Sexual Intimacy</td>
<td>Mean</td>
<td>5.23</td>
<td>5.20</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.73</td>
<td>.67</td>
</tr>
<tr>
<td>Spiritual Intimacy</td>
<td>Mean</td>
<td>5.46</td>
<td>3.78</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.58</td>
<td>1.51</td>
</tr>
<tr>
<td>Years Married</td>
<td>Mean</td>
<td>19.54</td>
<td>11.43</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>16.47</td>
<td>11.37</td>
</tr>
</tbody>
</table>
### ANOVA for Importance of Religion

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>(2,85)</td>
<td>1.97</td>
<td>.15</td>
</tr>
<tr>
<td>Consensus</td>
<td>(2,85)</td>
<td>0.90</td>
<td>.41</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>(2,85)</td>
<td>1.14</td>
<td>.33</td>
</tr>
<tr>
<td>Cohesion</td>
<td>(2,85)</td>
<td>2.26</td>
<td>.11</td>
</tr>
<tr>
<td>Decision Making</td>
<td>(2,85)</td>
<td>0.44</td>
<td>.65</td>
</tr>
<tr>
<td>Values</td>
<td>(2,85)</td>
<td>5.27</td>
<td>.01**</td>
</tr>
<tr>
<td>Affection</td>
<td>(2,85)</td>
<td>0.01</td>
<td>.99</td>
</tr>
<tr>
<td>Stability</td>
<td>(2,85)</td>
<td>2.29</td>
<td>.11</td>
</tr>
<tr>
<td>Conflict</td>
<td>(2,85)</td>
<td>0.22</td>
<td>.81</td>
</tr>
<tr>
<td>Activities</td>
<td>(2,85)</td>
<td>1.78</td>
<td>.18</td>
</tr>
<tr>
<td>Discussion</td>
<td>(2,85)</td>
<td>2.10</td>
<td>.13</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
<td>(2,85)</td>
<td>1.44</td>
<td>.24</td>
</tr>
<tr>
<td>Sexual Intimacy</td>
<td>(2,85)</td>
<td>1.21</td>
<td>.31</td>
</tr>
<tr>
<td>Spiritual Intimacy</td>
<td>(2,85)</td>
<td>64.87</td>
<td>&lt;.001**</td>
</tr>
</tbody>
</table>

*Note. *ANOVA is significant at the 0.05 level (2-tailed). **ANOVA is significant at the 0.01 level (2-tailed).*
### Group Statistics Importance of Religiosity

<table>
<thead>
<tr>
<th></th>
<th>High (N = 72)</th>
<th>Low (N = 7)</th>
<th>Moderate (N = 9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital Adjustment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>54.10</td>
<td>52.43</td>
<td>49.67</td>
</tr>
<tr>
<td>SD</td>
<td>5.38</td>
<td>4.58</td>
<td>13.27</td>
</tr>
<tr>
<td><strong>Consensus</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>24.32</td>
<td>22.86</td>
<td>23.11</td>
</tr>
<tr>
<td>SD</td>
<td>3.51</td>
<td>3.08</td>
<td>4.43</td>
</tr>
<tr>
<td><strong>Satisfaction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>16.54</td>
<td>16.00</td>
<td>15.44</td>
</tr>
<tr>
<td>SD</td>
<td>1.48</td>
<td>1.63</td>
<td>5.36</td>
</tr>
<tr>
<td><strong>Cohesion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>13.24</td>
<td>13.57</td>
<td>11.11</td>
</tr>
<tr>
<td>SD</td>
<td>2.80</td>
<td>1.62</td>
<td>4.26</td>
</tr>
<tr>
<td><strong>Emotional Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.53</td>
<td>5.51</td>
<td>5.20</td>
</tr>
<tr>
<td>SD</td>
<td>.45</td>
<td>.37</td>
<td>1.15</td>
</tr>
<tr>
<td><strong>Sexual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.12</td>
<td>5.55</td>
<td>4.87</td>
</tr>
<tr>
<td>SD</td>
<td>.86</td>
<td>.38</td>
<td>1.18</td>
</tr>
<tr>
<td><strong>Spiritual Intimacy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.23</td>
<td>2.27</td>
<td>3.04</td>
</tr>
<tr>
<td>SD</td>
<td>.82</td>
<td>.42</td>
<td>.98</td>
</tr>
<tr>
<td><strong>Years Married</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>16.47</td>
<td>8.86</td>
<td>13.17</td>
</tr>
<tr>
<td>SD</td>
<td>15.60</td>
<td>13.00</td>
<td>12.22</td>
</tr>
</tbody>
</table>
Appendix C
Curriculum Vitae

EDUCATION

George Fox University,
Graduate Department of Clinical Psychology, Newberg, OR
Doctoral Student Clinical Psychology August 2010-Present

• APA-Accredited Psy.D. Program
• Master of Arts Degree in Clinical Psychology earned in September 2012
• Expected Doctorate in Clinical Psychology in July 2015
• Cumulative GPA: 3.83
• Dissertation: Religiosity, marital adjustment, and intimacy.

Washington State University, Pullman, WA
Bachelor of Science in Psychology May 2010

• Summa Cum Laude
• Helping Skills Certificate
• Cumulative GPA: 3.93

Skagit Valley College, Oak Harbor, WA
Associates in Arts and College Transfer Degree June 2008

• Cumulative GPA: 3.81

PREDOCTORAL INTERNSHIP

Department of Behavioral Health, County of San Bernardino July 2014-Present

• APA accredited internship with a forensic and outpatient rotation
• 1900 hours necessary for completion
• Requirements include a research project, 8 psychological batteries, program evaluation, over 400 hours of face-to-face clinical work, and other professional growth opportunities.

Mesa Counseling Center, Rialto, CA January 2015-Present

Clinical Psychology Intern
Treatment Setting: Outpatient/Community Mental Health
Population: Primarily adult’s with persistent mental illness and children with behavioral, emotional, or adjustment difficulties.
Supervisor: Christine Cardenas, Ph.D.
Responsibilities:
Therapeutic:
• Solution focused short-term work for adult clients with persistent mental illness.
• For adults, common diagnoses include Schizophrenia spectrum disorders, mood disorders, Posttraumatic Stress Disorder, and substance dependence.
• Individual and Family therapy with children and teens who have behavioral or emotional concerns.
• Co-facilitate depression and anger management groups.
Supervision
• Two hours of group supervision and two hours of didactic training each week.
• One hour of clinical supervision and one hour of testing supervision per week.
Consultation:
- Work as a member of an interdisciplinary team that includes psychiatrists, case managers, and many different county agencies.

Psychological Assessment:
- Experience with assessing children with behavioral concerns, Attention Deficit Hyperactivity Disorder, and diagnostic clarification.

**Supervised Treatment After Release**, Colton, CA

**July 2014 – Present**

Clinical Psychology Intern

Setting: Forensic

Population: Dual Diagnosed currently on probation

Supervisor: Kipp Thorn, Psy.D.

Responsibilities:

Therapeutic:
- A mixture of solution-focused treatment, aimed at symptom reduction.
- Additional focus on community reintegration and developing positive goals for the future.
- Wide variety of clientele differing by socioeconomic status, age, mental illness, and ethnicity with various presentations
- Common diagnoses include Schizophrenia spectrum disorders, mood disorders, Posttraumatic Stress Disorder, and substance dependence.
- Co-led an outpatient process group in order to assist clients in developing alternative coping strategies.
- Participated in day treatment groups that focused on develop skills (e.g. anger management), learning alternative forms of entertainment (e.g. exercise), and coping with difficult emotions (e.g. process group).

Assessment:
- Experience with diagnostic clarification and understanding personality structure.
- Commonly used the following:
  - Intelligence Measures: Wechsler Adult Intelligence Test-4th Edition, Ravens Nonverbal Test
  - Achievement Tests: Wide Range Achievement Test
  - Objective Personality Assessments: The Minnesota Multiphasic Personality Inventory-2nd Edition, Personality Assessment Inventory, Million Clinical Multiaxial Inventory-3rd Edition,
  - Projective Personality Measures: Rorschach, Thematic Apperception Test, House Tree Person
  - Cognitive Screeners: Repeatable Battery for the Assessment of Neuropsychological Status
  - Malingering: Test of Memory Malingering and the 21-item test.

Supervision:
- Two hours of group supervision and two hours of didactic training each week.
- One hour of clinical supervision and one hour of testing supervision per week.

Consultation:
- Work as a member of an interdisciplinary team that included psychiatrists, probation officers, drug and alcohol counselors, case managers, house managers, and judges.
SUPERVISED CLINICAL EXPERIENCE

Salud Medical Center, Woodburn, OR
Behavioral Health Consultant
Treatment Setting: Primary Care/ Medical Center
Population: Primarily Latino/a migrant farm workers and their families
Supervisor: Juliette Cutts, Psy.D.
Responsibilities:

Intervention:
• Provided brief, 20-minute behavioral consultations for primary care physicians.
• Often worked with a live interpreter.
• Common presenting problems were anxiety, depression, grief, separation from family members, and Posttraumatic Stress Disorder.
• Used evidence-based practices, usually focusing on the most pressing concern.
• Saw a mixture of scheduled patients and “warm hand offs” from providers.

Supervision:
• Each patient is supervised and the session debriefed.

Consultation:
• Worked as a member of an interdisciplinary team
• Consulted with providers directly regarding treatment plan and behavioral modification.
• Co-facilitated a continual training workshop to help Medical Assistants and front staff better deal with difficult patients.

Psychological Assessment:
• Minimal, however, most patients were screened using the Patient Health Questionnaire -9 and the Generalized Anxiety Disorder 7.
• Provided brief screeners for substance abuse, Bipolar Disorder, and Attention Deficit Hyperactivity Disorder as well.

George Fox Behavioral Health Clinic, Newberg, OR
Practicum Clinician
Setting: Community Mental Health
Population: Varies, but often low-income
Supervisor: Joel Gregor, Psy.D.
Responsibilities:

Therapeutic:
• Primarily short-term solution focused work, but had a few opportunities for long-term therapy.
• Wide variety of clientele differing by socioeconomic status, age, mental illness, and ethnicity with various presentations
• Co-led a parenting group and an anger management group.
• Worked primarily from a person-centered perspective using Cognitive Behavioral techniques.

Assessment:
• Experience with testing for ADHD, Asperger’s Disorder, Learning Disability’s, and Conversion Disorder.
• Administration of the following:
  o Intelligence Measures: Wechsler Adult Intelligence Test, Wechsler Intelligence Scale for Children, and Wide Range Intelligence Test.
Tests of Memory: Wechsler Memory Scales and Wide Range Assessment of Memory Learning.
Personality Assessments: The Minnesota Multiphasic Personality Inventory, Personality Assessment Inventory, Million Clinical Multiaxial Inventory, Personality Inventory for Children, Personality Inventory for Youth, The Roberts Apperception Test.
Executive Functioning: The Delis Kaplan Executive Functioning System, Continuous Performance Test, Brief Rating Inventory of Executive Functioning, Wisconsin Carding Sorting Test, Booklet Category Test.
Other Neuropsychological Tests: Finger Tapping, Grip Strength, Grooved Pegboard, Finger-Tip Number Writing Perception Test, Tactile Finger Recognition Test, Bilateral Simultaneous Sensory Stimulation, Tactual Perception Test, Repeatable Battery for the Assessment of Neuropsychological Status, Controlled Oral Word Association, Speech Sounds Perception Test, and Seashore Rhythm Test.
Malingering: Test of Memory Malingering and the 21-item test.
Mental Status: Mini Mental Status Exam and Montreal Cognitive Assessment

Supervision:
• Group supervision every other week, with didactic training on the off weeks. Individual supervision once a week, which included reviewing videotapes of individual sessions.

Oregon State University - Counseling and Psychological Services, Corvallis, OR  
Practicum Clinician  
September 2011 – June 2012  
Treatment Setting: University Counseling Site  
Population: Mostly traditional college students ages 18 to 25  
Supervisor: A.J. Williams, Ph.D.
Responsibilities:
Therapeutic:
• Short-term solution focused individual therapy.
• Worked with college age students from diverse backgrounds.
• Common presenting problems were anxiety, depression, Adjustment Disorder, academic difficulties, grief, and relational concerns.
• Co-facilitated an Anxiety and Depression group.

Supervision:
• Weekly group and individual supervision
• All sessions were video taped and often watched during supervision.

Clinical Foundations Course, Newberg, OR  
Prepracticum Clinician  
January 2011 – April 2011  
Treatment Setting: College Counseling  
Population: 1st or 2nd year undergraduate students from a Christian University  
Supervisor: Mary Peterson, Ph.D. & Jeri Turgesen, M.A.
Responsibilities:
Therapeutic:
• Completed 10-week course of treatment with two clients.
• Practiced from a Rogerian Person-Centered Orientation.

Supervision:
• Weekly group and individual supervision as part of a course requirement
• All sessions were videotaped and reviewed by my supervisor and were often discussed within group supervision.

OTHER CLINICAL EXPERIENCE
Harvest House, Pullman, WA  August 2009 – May 2010
Undergraduate Practicum Experience
Supervisor: Dave Port, B.A.
• Worked in a “clubhouse” for individuals with a variety of psychiatric disorders, ranging from Schizophrenia to Major Depressive Disorder.
• Taught members social skills and activities of daily living.
• Worked together with individuals doing tasks such as cooking, keeping the clubhouse functioning, as well as planning clubhouse activities.

Job Shadow Experience
Supervisor: Jeff Riffel, M.A.
• Shadowed a school counselor as he worked on conflict resolution between students and other students or teachers and taught students anger management skills.
• Participated in small groups that focused on building friendships.

RESEARCH EXPERIENCE
Research Study 2014-2015
Title: Developing a measure of locus of control for a forensic population.
• Research aimed at creating a suitable measure of locus of control that matches the forensic population made up of those on supervised community release.
• Chairperson: Kipp Thorn, PsyD

Doctoral Dissertation  Defended March 2014
Title: Religiosity, marital adjustment, and intimacy.
• Research examined how religious attendance, personal religious activity, and importance of religion are related to marital adjustment and emotional, sexual, and spiritual intimacy.
• Chairperson: Bill Buhrow, Psy.D.
• Committee Members: Mark McMinn, Ph.D. & Roger Bufford, Ph.D.

Research Vertical Team 2011-2014
• Member of a collaborative research team composed of Psy.D. students from George Fox University that met on a biweekly basis. Teams were made of 1st -4th year students. Members worked on collaborative research projects and supported one another in completing the dissertation research. Meetings took place twice a month.
• Research Team Leader: Bill Buhrow, Psy.D.
Program Evaluation  2013
Title: The validity of the PGRE as a predictor of EPPP and graduate success
- Research evaluating the PGRE as a benchmark for readiness of doctoral candidacy within the George Fox Doctor of Clinical Psychology Program.
- Presented at the Oregon Psychological Association and to the George Fox Clinical Psychology faculty.

Research Study  2012-2013
Title: The effect of a premarital education class on emotional intimacy.
- Research analyzing the impact of a brief premarital education course on emotional intimacy ranging from 4 to 20 years after completing the course.
- Presented a poster at Christian Association of Psychological Studies.

Undergraduate Research Assistant  2009
The Sleep and Performance Research Center, Washington State University;
- Research examining the effect of sleep deprivation on decision-making tasks while under working memory load.
- Tasks included data analysis using Statistical Analysis System (SAS), writing an abstract, and completing a poster presentation.
- The abstract was selected by the Inland Northwest Health Science Research Symposium, in Spokane, WA, for oral and poster presentations.
- Supervisor: Hans P.A. Van Dongen, Ph.D. Assistant Director

AWARDS AND SCHOLARSHIPS
Health Professions Scholarship Program, United States Air Force  2013
- This scholarship is awarded to students who represent potential for leadership and clinical abilities in the United States Air Force.

Developing Scholar, Inland Northwest Health Symposium, Spokane, WA  2009
- This was an invitation to present my research as an undergraduate to the Inland Northwest Health Symposium

PROFESSIONAL PRESENTATIONS

Presler, B. & Blake, A. (2013, May). The validity of the PGRE as a predictor of EPPP and graduate success as it relates to the George Fox University Graduate Department of Clinical Psychology. Presented at the Graduate Department of Clinical Psychology Faculty Meeting, in Newberg, OR.

Presler, B. (Discussant) (2013, February). Self-care in light of school shootings. In J. Gregor (Chair), How to respond to national tragedies. Presented at a local National Association for Mental Illness meeting, Newberg OR.
PEER REVIEWED PRESENTATIONS


PROFESSIONAL MEMBERSHIPS
American Psychological Association
Student Member 2010 – Present
Christian Association for Psychological Studies
Member 2012 – Present
Phi Beta Kappa, National Honor Society
Member 2010 – Present
Psi Chi, National Honor Society
Member 2009 – 2010
Phi Theta Kappa, Honor Society
Member 2007 – 2008

ADDITIONAL PROFESSIONAL TRAININGS
Trauma Resiliency Model Training
December 2014
2013 Northwest Assessment Conference:
Using Tests of Effort in Psychological Assessment and Assessing Mild Cognitive Impairment and Dementia May 2013
Oregon Psychological Association Conference:
Topics including: Ethical Considerations with Multicultural Clients, Primary Care and Health Care Reform, Detecting Deception in Assessments, and Biofeedback with Chronic Pain Patients May 2013
Christian Association for Psychological Studies Conference:
Cross Cultural Care and Counsel April 2013
2012 Northwest Assessment Conference: Assessment of Bullying and Anger in Children; The Mini-Mental Status Exam May 2012