

1-1-2008

The effects of prayer and glossolalia on the mental health status of Protestants

Recco S. Richardson
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Clinical Psychology Commons](#), and the [Religion Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES

This is to certify that the doctoral dissertation by

Recco S. Richardson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Nina Nabors, Committee Chairperson, Psychology Faculty
Dr. Marcia Moody, Committee Member, Psychology Faculty
Dr. V. Wayne Leaver, Committee Member, Psychology Faculty

Chief Academic Officer

Denise DeZolt, Ph.D.

Walden University
2008

ABSTRACT

The Effects of Prayer and Glossolalia On
The Mental Health Status of Protestants

By

Recco S. Richardson

M.A., Central Michigan University, 1990
B.S., Ferris State University, 1987

Dissertation Submitted in Partial Fulfillment
of the Requirement for the Degree of
Doctor of Philosophy Psychology

Walden University
July 2008

ABSTRACT

The resurgence of prayer and glossolalia (speaking in tongues) within Protestant denominations in the United States of America has stimulated widespread psychological and theological debate. Previous research has indicated that religiosity has both a negative and positive effect on mental health functioning. However, there remains an important gap in the current literature regarding the relationships between specific religious practices and mental health. Therefore the purpose of the proposed study is to report on the growing number of religious persons who pray/glossolate and the conflicting messages in the literature regarding the relationship between religiosity and mental illness. A total of 10 Protestants (5 with and 5 without mental health treatment experience) from a large urban area in southeastern Michigan were interviewed. The key research questions were the participants' prayer life, coping skills, participation in mental health services, and perception of their mental health providers' comfort level. To identify themes, the participants' responses were classified, placed into clusters of meaning, reflected upon, and then described. Identified themes included using prayer/glossolalia to resolve interpersonal conflicts and a preference for Christian identified counselors when seeking mental health services. Findings from this research clarify a need for further study regarding mental health services that are delivered to glossolates and nonglossolates. This is an important contribution to the existing literature and enhances social change initiatives through advocating training for mental health providers in the positive impact of religious practices on mental health.

The Effects of Prayer and Glossolalia On
The Mental Health Status of Protestants

By

Recco S. Richardson

M.A., Central Michigan University, 1990
B.S., Ferris State University, 1987

Dissertation Submitted in Partial Fulfillment
of the Requirement for the Degree of
Doctor of Philosophy Psychology

Walden University
July 2008

UMI Number: 3336718

INFORMATION TO USERS

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleed-through, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.



UMI Microform 3336718
Copyright 2008 by ProQuest LLC
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

DEDICATION

This project is dedicated to my beautiful, committed, and devoted wife, Rene M. Richardson, and my wonderful children, whose constant support and encouragement allowed me to fulfill a life-long dream.

ACKNOWLEDGMENTS

This project is the result of the special support and efforts of several outstanding individuals. Dr. Nina Nabors, Dr. Marcia Moody, and Dr. Wayne Leaver as committee members were very patient, knowledgeable and provided outstanding faculty input and guidance throughout this project. I personally thank them for their uniqueness and commitment to my educational goals.

A special thank you and note of praise goes out to the various pastors and para-church organizations that assisted in ensuring that this project gained access to participants so as to collect data.

Lastly, I would like to express a deep appreciation towards my immediate and extended family. The support and understanding they have provided has ensured the completion of this project. I am fortunate to have such a warm and flexible family that has a reservoir of support to offer.

TABLE OF CONTENTS

LIST OF TABLES	vi
CHAPTER 1: INTRODUCTION TO THE STUDY	1
Introduction.....	1
Background of the Problem	2
Statement of the Problem.....	3
Purpose Statement.....	4
Nature of Study	4
Orientation of the Researcher	6
Research Questions	7
Theoretical Framework.....	8
Significance of Study	10
Definitions of Terms	12
Assumptions.....	14
Scope and Limitations.....	15
Delimitations of Study	15
CHAPTER 2: LITERATURE REVIEW	18
History of Glossolalia	19
Theory of Psychology and Religion	22
Psychological Well-Being & Religion.....	27
Clinical Values & Treatment	31

Religion & Mental Health Status	34
Life Satisfaction, Religion and Extrinsic Religiosity	40
Glossolalia Methodological Assumptions	43
Glossolalia, Personality and Mental Health Status	46
Glossolalia and Psychological Perspectives	50
CHAPTER 3: RESEARCH METHODOLOGY	57
Introduction.....	57
Nature of Study	58
Research Questions	58
The Sample and Sampling Procedures	60
Instrumentation	64
In-Depth Individual Interviews.....	64
Verification	65
Procedure/Measures	66
Research Design.....	66
Data Collection	67
Data Analysis	68
CHAPTER 4:RESULTS.....	69
Data	71
Discrepant Cases	99
Unifying Meaning.....	101
CHAPTER 5: FINDINGS	111

Interpretation of Findings	112
Implications for Social Change.....	117
Recommendation for Action.....	118
Recommendation for Further Study.....	120
Researcher’s Reflections.....	121
Concluding Statement.....	123
REFERENCES	124
CURRICULUM VITAE.....	132

LIST OF TABLES

Table 1. What is prayer/glossalalia? Non-Glossolates' Response.....72

Table 2. What is prayer/glossolalia? Glossolates' Response.....74

Table 3. How Prayer/Glossolalia and Other Religious Activities Help Cope? Non-Glossolates' Responses.....75

Table 4. How Prayer/Glossolalia and Other Religious Activities Help Cope? Glossolates' Responses.....78

Table 5. How Describe Religious Life – Non-Glossolates' Responses.....82

Table 6. How Describe Religious Life – Glossolates' Responses.....84

Table 7. How Describe Speaking in Tongues.....85

Table 8. What is the difference between praying in English and praying in tongues?.....87

Table 9. What is speaking in tongues?.....88

CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Religious experiences such as prayer and glossolalia are popular and important within the United States of America. On a daily basis, Protestant adherents are encouraged to pray to God. Prayer is considered to be an acceptable, common and well received form of public and private worship that promotes peace, healing, comfort and esteem (Abraido-Lanza, Vasquez & Echeverria, 2004; Ameling, 2000).

Glossolalia (speaking in tongues) is considered by some to be the divine ability to speak in an unlearned language or to use linguistic behavior totally unknown to the speaker (Smith & Fleck, 1981). The experience is believed to provide participants with additional access to their object of worship or the sacred. Worldwide, 250 million or more individuals are believed to practice glossolalia as part of their religious life (Barrett & Johnson, 2002; Martin, 2002; Synan, 2004). While the popularity of glossolalia continues to rise, the literature is not clear as to how the experience affects coping skills and if religious participation promotes mental instability.

The current literature offers conflicting reports as to the mental health status of glossolates in terms of levels of anxiety, hysteria, ego control (Lovekin & Malony, 1997), regressive behavior and pathology (Smith & Fleck, 1980), neuroticism (Francis & Thomas, 1991) and psychoticism and weakened emotional states (Louden & Francis, 2001). There are several questions that need to be answered regarding mental health status, religiosity, and psychological functioning of glossolates and nonglossolates.

An investigation of nonglossolates and glossolates can assist in promoting changes in current theory, theology, and mental health treatment as it relates to psychology, religion, and mental health services. Glossolates and nonglossolates mental health treatment will be discussed further in chapter 2.

Background of the Problem

The relationship between religion and psychology has been a critical topic for years. The discussed topics include the relationship between religion, prayer and psychology, and the effect religious experiences such a prayer and glossolalia have on mental health status.

Glossolalia as a subject matter within Christianity has been of interest since the death of Jesus Christ, and a resurgence of interest occurred in the United States of America in the early part of the 1900s. Central to discussions on glossolalia is the Pentecostal and Charismatic religious movements and their embracing of the phenomena of what is called spirit baptism or glossolalia. McArthur (1992) proposed that within the Pentecostal and Charismatic movements it is taught that every Christian is eligible for spirit baptism and glossolalia. The specifics of these phenomena will be discussed in greater detail within the literature review.

Charismatics are introduced to glossolalia via electronic media, attendance at Pentecostal worship/fellowship services or by way of a mutual friend who is either Pentecostal or Charismatic. They also are introduced to glossolalia by their charismatic church. In essence the difference between being labeled a Pentecostal or a Charismatic

rests in the church/denominational affiliation of a person.

Statement of the Problem

The literature is inconsistent on the role that religiosity plays in the mental health status and treatment of nonglossolates and glossolates. The current body of knowledge documents there being a negative and positive relationship between religiosity and mental health status.

The literature suggests that religious individuals who glossolate experience more anxiety (Lovekin & Malony, 1997), display regressive behavior and pathology (Smith & Fleck, 1981) and experience psychoticism and weakened emotional states more than those who do not glossolate (Louden & Francis, 2001).

In contrast, other literature suggests a positive relationship between glossolalia and socioemotional functioning (Hutch 1980; Smith & Fleck, 1980; Gowins, 1990; Louden & Francis, 2001). Lovekin and Maloney (1979) stated that, when compared, individuals who glossolate do not differ from nonglossolates in anxiety, depression, hostility, guilt, and trait anxiety levels. Frances and Thomas (1997) observed that there is a positive correlation between charismatic experience and stability. Smith and Fleck (1981) reported that the act of glossolalia could improve individuals' mental health status as a result of the ego being strengthened and speech/physical attributes of the phenomena having therapeutic value. Smith and Fleck also reported that glossolalic behavior has therapeutic value in that the verbal behavior discharges anxiety and excess stress.

Smith and Fleck (1981) stated that glossolalia and emotional status has not been investigated adequately due to the inconsistent use of instruments, the usage of faulty research designs, and sampling biases. Hutch (1980) proposed that glossolalia has been misunderstood due to researchers' failure to view the phenomenon as a religious ritual. Dorahy et al. (1998) and Koenig (2001) research findings have differing results regarding the association found between psychology and religion. Louden and Francis (2001) found that glossolates tend to be clinically misdiagnosed more than nonglossolates. Thus, this study provides information regarding glossolates' coping skills, mental health status, level of religiosity, and participation in mental health services.

Purpose Statement

This study explored the effect religious experiences such as prayer and glossolalia have on coping skills, socioemotional functioning, and attitude towards mental health services.

Nature of Study

A qualitative phenomenological study was utilized. Creswell (2002) offered that the usage of qualitative research is well received in the social and human sciences, especially in the fields of occupational health, interpersonal communication, and psychology.

A qualitative research design explored the research questions regarding nonglossolates' and glossolates' religious experiences, the effects of prayer and

glossolating, the value of praying and glossolating, and an individual's life experiences before and after becoming glossolate. The qualitative aspect of this study interpreted the phenomena of traditional prayer and glossolalia and made sense of the experience. A phenomenological approach was utilized. Lawler (1998) reported that phenomenological studies seek to discover the personal meaning held by individuals and the ways in which they construct reality.

Phenomenological studies utilize in-depth individual interviews as a means to describe and explore individual experiences. Lawler (1998) and Creswell (1997) suggested that, as in-depth instruments, interviews have the ability to uncover the essentials, essence, and single unifying meaning of experiences.

There is a justification for not utilizing biography and ethnography or other approaches found in qualitative research traditions. Creswell (1997) indicated that in biography or ethnography designs, instruments such as documents, artifacts, and extended observation are used to describe individual life experiences and social group. While these qualitative research traditions both also utilize individual interviews, their emphasis is not on understanding the experiences about a phenomenon. Rather, their emphasis is on producing a detailed picture of an individual's life or describing the cultural behavior of individuals or groups.

The phenomenological tradition was selected for this study because in-depth interviews were used to describe and explore prayer and glossolalia as a phenomenon that a multitude of persons have experienced (Lawler, 1998, Creswell, 1997). The results of the exploration and describing of religious experiences such as prayer and glossolalia laid

a foundation for understanding of the meaning of prayer and glossolalia for select individuals.

Orientation of the Researcher

During my youth, my parents did not attend church, and they did not consider themselves to be spiritual or Christians. At the age of 12, I began to attend the local nonglossolate Baptist church that was located down the street from my home. My adolescent years were typical, but featured a desire and longing to know more about God and to have a personal relationship with Him.

After high school, I enrolled in a secular university located in northern Michigan. At the age of 21, I graduated with a bachelor's degree in public relations/advertising. While on campus, during my freshman and sophomore years of study, I began visiting and investigating several student-centered campus groups that were organized by Protestant denominations.

I eventually settled on having regular bible studies and social activities with a student group named Youth Ambassadors for Christ. The group's affiliation was the Pentecostal/Charismatic movement. They practiced traditional forms of prayer and glossolalia. Their level of enthusiasm, biblical teaching and outreach efforts were attractive to me. The weekly bible studies and Sunday afternoon worship services were my first exposure to glossolalia.

In 1985, I joined a Pentecostal/Charismatic church. I eventually developed an interest in the psychological perspectives of prayer and glossolalia. In 2002, I enrolled in

doctorial studies in psychology to further investigate my interest. The orientation and presentation of religious experiences such as prayer and glossolalia from a psychological perspective has prompted wonderment on my part that has led to questions regarding what effect prayer and glossolalia might have on the personality.

Research Questions

There are several research questions that frame this study. Chapter 3 discusses each research question in more detail.

Research Question #1: What effect do religious experiences such as traditional prayer and glossolating have on mental health status?

Research Question #2: What effect do religious experiences such as traditional prayer and glossolating have on coping skills?

Research Question #3: What religious experiences are associated with traditional prayer and glossolalia?

Research Question #4: What do participants attribute to the cause of traditional prayer and glossolalia?

Research Question #5: What effect do participants perceive traditional prayer and glossolating has on their mental health participation?

Research Question #6: What are nonglossolates' and glossolates' perception of their mental health providers' comfort level during clinical treatment?

Theoretical Framework

There are several theories that underpin the relationship between psychology and religion. Robbins et al (2001) and Robins, Hair and Francis (1999) studies within the psychology of religion have employed Eysenck's dimensions of personality theory to demonstrate individual differences in religiosity. Eysenck's dimensions of personality theory and the subsequent inventory are based on more than 20 comprehensive factorial studies and are supported by extensive research on the dimensional analysis of personality (Eysenck, 1998). Eysenck reasoned that dimensions of personality and differences in religiosity are most adequately summarized in terms of three higher order factors: Extraversion, Neuroticism, and Psychoticism.

According to Strack (1999), Millon's personality theory documents the relationship between psychology and religion. The theory classifies personality into prototypes that can be described, assessed, and measured. Strack suggested that the theoretical approach is based on bio-social-learning and biopsychosocial assumptions. Millon's theory of personality is used in clinical intervention and rigid treatment models for personality disorders that targets maladaptive features of individuals. Millon's theory offers insight regarding an individual's interaction with others and their internal tendencies (Craig, 1999).

To explore the psychology of religion and individual differences in religiosity, a qualitative research approach can be used. Maggs-Rapport (2001) assessed that qualitative research explores human behavior and the search for understanding through people's actions. In a similar manner, Creswell (1997) stated that the theoretical

framework of a phenomenological study centers on the human experience, efforts to make sense of the experiences, and the presentation of objective and subjective experiences.

Creswell (1997) reported that the theoretical approach of phenomenological studies from a psychological perspective (transcendental phenomenology) seeks to inform and explain what will be studied and how it will be studied. Transcendental phenomenology is founded upon the research and writings of Polkinghorne (1989) and Moustakas (1994). This psychological approach to phenomenology examines what an experience means to a person who has had the experience and the person being able to describe their experience. Creswell argued that from the individual descriptions, additional general meanings could be developed that in essence provides structures of an experience or phenomenon.

In addition, Creswell (1997) offered that when utilizing a phenomenological study in psychology, it is critical that the researcher understands philosophical perspectives, understands how individuals experience a phenomenon, develops research questions that explore the meaning of the experience, and asks for a description of everyday living. It also was reported by Creswell that data collection from 10 to 15 in-depth interviews with individuals who have experienced the phenomenon is sufficient and that the data is collected from the researcher's self-reflection. He also argued that the data analysis should employ a series of steps and that, at the conclusion of the study, readers gain an understanding of the essentials, the essence, and the single unifying meaning of the experience.

According to Creswell (1997), there are challenges associated with performing a phenomenological study. A successful phenomenological study requires that the researcher be well-acquainted with the philosophical percepts of phenomenology, have a good understanding of the concept, carefully select individuals who have experienced the phenomenon, have the ability to bracket their personal experiences, and place them into the study.

Creswell (1997) stated that phenomenological studies are well-suited to explore and describe the experiences of multiple individuals who have experienced the same phenomenon. By exploring and describing the central underlying meaning of a phenomenon, an understanding can be gained of the individual's outward appearance and inward consciousness based on memory, image, and meaning. Polkinghomre (1998) reported that an inward consciousness could be explored by focusing on the consciousness in human experiences.

Significance of Study

This study generates additional information regarding the effect religious experiences such as prayer and glossolalia have on coping skills, mental health status, and mental health services participation.

The data obtained from this study provides educators, religious leaders, mental health practitioners, social scientists, and medical professionals with rich qualitative data related to nonglossolates and glossolates. The information can be used to formulate mental health treatment plans and religious-based programs.

The findings of this study could possibly impact the relationship that currently exists between nonglossolates and glossolate churches. The findings could also impact health professionals such as mental providers, social workers, and hospital chaplains. An improved working relationship between clergy and medical professionals could significantly impact treatment and misdiagnosis. In addition, the findings of this study can possibly address the socialization process of those who glossolate as a result of normalizing the phenomena and creating a supportive environment for them.

This phenomenological study is of importance for several reasons. There are a growing number of religious persons within the general population who pray and who glossolate. There are an increased number of persons within the general population who have been diagnosed with a mental illness. There is the possibility that nonglossolates and glossolates are likely to be misdiagnosed. In order to determine the likelihood of glossolalia being a contributor to occurrences of mental illness, this study and the subsequent recommendations are necessary.

As a society and as mental health providers, we must explore and address the mental health status of nonglossolates and glossolates. The intention and social change implications of this study reports as fully as possible on the mental health services experiences, religiosity, and mental health status of nonglossolates and glossolates. As a religious experience and within the body of knowledge, the attributes and function of religious experiences associated with prayer and glossolalia has not been fully explored.

Our current frame of reference for religious persons, especially glossolates is not founded upon adequate research and fails to understand the phenomenon. The reports and

beliefs that glossolates are mentally ill can cause glossolates to experience emotional hardship such as isolation and depression. The literature is not clear and contradicts itself on the socioemotional functioning, coping skills, and religiosity of glossolators. The lack of clarity possibly can affect the service delivery of mental health providers. When servicing nonglossolates and glossolates, mental health providers of various skill levels may be prone to misdiagnosis and prescribe a plan of treatment that is inappropriate.

The communicated findings of a quality research project can move the general public, body of knowledge, and mental health providers towards better program services. In addition, a better understanding of religious experiences such as prayer and glossolalia can be gained.

Definitions of Terms

The following terms are included to define some of the terminology associated with the phenomenon of glossolalia and its effect on socioemotional functioning.

1. Anxiety: “The apprehensive anticipation of future danger or misfortune accompanied by a feeling of dysphoria or somatic symptoms of tension.”
(American Psychological Association, 2002, p. 820).
2. Catholic: “Individuals who accept the responsibility and life of Jesus and observe the various holy days, sacraments and traditions set forth by the early Roman church” (Burgess, McGee, & Alexander, 1998. p. 84).
3. Charismatics: Individuals or groups of persons who glossolate and remain affiliated with historic mainlined denominational churches.

4. Clinical Symptoms: The presence of cognitive, affective or behavioral experiences that affect well-being.
5. Disorder: Enduring patterns of inner experiences and behaviors that deviate markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment.
6. Extrinsic Religion: The extent to which individuals externalize and express commitment to religious beliefs that are motivated by self and means-to-an-end desires.
7. Glossolalia: "A religious experience that features the divinely inspired ability of an individual to express linguistic behavior totally unknown to that person"
(McArthur, 1992, p. 25)
8. Intrinsic Religion: The extent to which individuals internalize and express commitment to religious beliefs that floods their life with motivation and meaning.
9. Neurosis: "Behavior which is associated with strong emotion which is maladaptive and that gives rise to wide variety of psychological problems"
(Frances & Jackson, 2003, p. 2).
10. Pentecostal: "Individuals or groups of persons who glossolate and maintain spiritual affiliation with a historical or classical Pentecostals church/organization"
(Burgess, McGee & Alexander, 1998. p. 17)

11. Personality Disorder: “Pattern of inner experiences and behaviors that leads to distress or impairment” (American Psychiatric Association, 2002, p. 826).
12. Personality Trait: “Prominent aspects of personality that are exhibited in a wide range of important social and personal contents” (American Psychiatric Association, 2002, p. 826)
13. Protestant: Individuals who are members of main line denominations that accept the responsibility and life of Jesus as interpreted by reformationist Martin Luther.
14. Psychopathology: The witnessing or identification of emotional states that result from anti-social personality traits.
15. Psychoticism: “The presence of delusion and hallucination impairment in reality testing” (American Psychiatric Association, 2002, p. 827).
16. Religiosity: The sum total of activities and duties that an individual takes part in that increases their relationship with an object of worship.
17. Socioemotional Functioning Level: Well-being that indicates emotional healthiness.

Assumptions

The assumption is held that individuals who took part in this study answered honestly and practice glossolating. The assumption is held that those who took part in this study are adherents of Protestant Christian beliefs.

Scope and Limitations

Prayer and glossolalia as a religious experience and phenomena can be looked at from many perspectives. The results of this study will be narrow. This study discusses current clinical views towards prayer and glossolalia. It reports on the coping skills, clinical treatment experience, religious experience, and mental health status of nonglossolates and glossolates. The following topics are discussed in Chapter two: Neuroticism, Extraversion, Psychoticism, Anxiety, Intrinsic/Extrinsic Religion, Glossolalia, Hysteria, Psychopathology, Religiosity, and Religious Experiences.

There are several limitations in this study. This study used a small sample size of 10 from a large urban area in the Midwest, thus the findings cannot be generalized to other areas of the country. This study's findings are limited by its ability to assess the validity and honesty of participants' answers. This study is also limited by the measures selected.

There are anticipated problems with the interview participants. The participants may have pre-conceived ideas regarding in-depth interviews. In addition, they may not be able to articulate their personal experience with prayer and the phenomenon of glossolalia. To address the potential of pre-conceived ideas regarding in-depth interviews, each participant was provided information about the intent and process of the interviews and qualitative research. To address the potential of poor articulation of their experiences, interview questions were reframed and the participants were encouraged to use every-day vocabulary.

Delimitations of the Study

This study approached a narrow group of individuals and their views toward prayer and glossolalia. The study allowed them to discuss and document their coping skills, traits, and other behaviors in a nonthreatening manner.

Summary

In chapter 1, religious experiences such as prayer and glossolalia are reported as being a religious phenomenon and growth pattern. The chapter reported the literature's inconsistencies regarding mental health status and differences found between glossolates and nonglossolates. The chapter also reported on mental health service experiences of glossolates.

Chapter 1 reported that glossolalia is understudied in the literature. The purpose of this study is to identify mental health status, coping skills, and mental health experiences of glossolates and nonglossolates. The purpose of this study is also to perceive the value and effects of prayer and glossolalia.

In chapter 2, religion, mental health, life satisfaction, and psychological perspectives were discussed as they relate to glossolalia and nonglossolalia. Chapter 2 provides an extensive review of the theoretical frameworks associated with psychology, offered a review of religion. The chapter discussed the correlations found between psychological functioning levels and religiosity (e.g., church attendance, private worship). The chapter also discussed social desirability, the historical perspective, and correlations between personality and mental health. The chapter reported on glossolates and nonglossolates in terms of psychological well-being, personality dimensions, social orientation, self-empowerment, need for communal, personality integration, and ritual function.

In chapter 3, the literature's inconsistencies and instruments were reviewed. The chapter provides an overview of how the data is analyzed. The chapter also discussed clusters of themes and meanings associated with glossolalia.

In chapter 3, the research design was discussed. The chapter offered an extensive report on how the data was collected, the research questions, and the interview questions. In addition, the chapter reviewed how the data was analyzed and coded.

Chapter 4 documented how the data was obtained from the pre-screening tool and in-depth individual interviews. The chapter also discussed the computerized system, filing codes used to track data, and emerging understandings.

Chapter 5 discussed how the study was performed and a summary of the findings. In addition, the chapter provided conclusions regarding each research question, a report on the outcome of the research, and how the findings of the study relate to the larger body of literature. Chapter 5 also documented implications for social change, recommendations for action, the need for further studies, and includes a reflection on the researcher's experiences.

CHAPTER 2:

LITERATURE REVIEW

Introduction

This study explores the essence and experiences associated with religious activities such as prayer and glossolalia. This chapter begins with a brief history of glossolalia and its growth (Burgess, McGee, & Alexander, 1998; Robbins, 2004; Synan, 2004). The chapter begins with glossolalia as the subject because the general population is less familiar with the topic. There will be discussion on the various theories of personality and religion that govern dimensions of personality and religiosity (Eysenck, 1998; Fehr & Heintzelman, 1997; Maltby, 1999).

Efforts will be made to describe the coping skills, socioemotional functioning, and life satisfaction of glossolates and nonglossolates (Pfeiffer & Waetly, 1999). In addition, a report will be made on the role that clinicians' values play in the treatment of religious persons (Pargament 2002; Bergin 1991). There will be reports on religiousness and emotional disturbance (Pargament 2002; Bergin 1991), religion and mental health status (Exline, 2002; Pargament, 2002; Ellison, 1998), glossolates and nonglossolates personality traits, and altered conscious states (Louden & Francis, 2001; Lovekin & Malony, 1977).

There is discussion on qualitative research studies that explore and describe the personality, life coping skills, physical, and emotional symptoms associated with prayer and glossolating (Gowins, 1990; Mumford, 1995; Phipps, 1993). A discussion regarding each subtopic and how this study will expand current knowledge will also be presented.

The literature and contents found in this study were secured from various search data-base programs. The following search data base tools were utilized: Academic Search Premier, Educational Resources Information Center, PsyARTICLES, PsycINFO, Dissertations Abstract International, and Sociological Abstracts. The key words used to find the articles were: Glossolalia, Speaking in Tongues, Psychology of Religion, Dimensions of Personality, Religiosity, Religion and Mental Health and Culture and Religion, Depression, Anxiety, and Stress.

History of Glossolalia

Glossolalia has been a subject matter within western Christianity for nearly 100 years. According to Burgess, McGee, and Alexander (1988) and Synan (2004), since the beginning of this century, Christianity has witnessed the emergence of two great renewal movements of the Spirit: the Pentecostal movement, beginning in 1906 (Kavan, 2004), and the Charismatic movement, which developed several decades later. There is no distinct difference between Pentecostals and Charismatics. Both groups adhere to biblical teachings regarding glossolating and the importance of spiritual gifts in the life of a Christian. Robbins (2004) and Robbins, et al. (1998) observed that both the Pentecostal and Charismatic movements emphasize the gifts of the spirit. The two movements have more extravagant signs of religious experience and religious expression than that generally characterized by Anglicanism or Roman Catholicism.

In order to distinguish the difference between these two movements, Burgess and McGee (1998) and Robbins (2004) defined Pentecostals as individuals or groups of

persons who glossolate and maintain spiritual affiliation with a historical or classical Pentecostal church/organization such as the Assemblies of God, Church of God in Christ, or Four Square, and Oneness Pentecostal. Kavan (2004) argued that classical Pentecostal denominations are no longer considered to be different or unorthodox. Robbins et al. (1998) defined Charismatics as individuals or groups of persons who glossolate and who remain affiliated with historic mainline denominational churches. It is held that Baptist, Methodist, Catholic, Presbyterian, and Lutheran are considered to be historical mainline denominational churches.

The movement features spiritual experiences such as baptism in the spirit. Spirit baptism or baptism in the Holy Spirit is a Pentecostal and Charismatic biblical doctrinal teaching regarding the reception of a vital post-salvation, second blessing experience. McArthur (1992) theorized that spirit baptism is thought to be evidenced by the ability to glossolate. Glossolalia is a theological doctrinal teaching. It is thought to be a by-product of spirit baptism.

On observation, the religious experience of glossolalia features what is believed by adherents to be the divinely inspired ability to express linguistic behavior totally unknown to that person. The divine inspiring is believed by adherents to come from the Holy Spirit. As mentioned previously in chapter 1, the experience of glossolalia is thought to provide adherents with access to additional sensory abilities and a closer relationship with God. According to McArthur (1992), it is believed by some, that these additional abilities and the relationship with God promote emotional instability, regressive behaviors, and mental illness. In contrast, glossolalia is reported by adherents

to be a language that allows improved communication with God during times of prayer and singing. The act of glossolating is thought to affect dimensions of the personality.

The upsurge of the Pentecostal and Charismatic movement began in the 1960s throughout New Zealand, Latin America, South Africa, and Italy and eventually spread to mainstream churches (Kavan, 2004). The movement covers the majority of the present century; with the first decade featuring a spread over five continents. According to Burgess and McGee (1998), world wide, the so-called First Wave Pentecostals numbers about 193 million persons who can be found in the following denominations/church affiliations: Classical Pentecostals, Denominational Pentecostals, Non-white Indigenous Quasi-Pentecostals, Black and White Indigenous Pentecostals, Baptist Pentecostals, Indigenous Radical Pentecostals, Catholic Apostolic, Pentecostal Apostolics, Oneness Pentecostals, and House Church Pentecostals. Kavan reported that the Pentecostal/Charismatic movement was the fastest growing religious group between 1986 and 1996. Robbins (2004) and Burgess and McGee (1998) stated that this group is the second largest Christian group after Catholics.

The Second Wave Pentecostals are the 33 million world-wide Charismatics while the Third Wave consists of the Independent Non-denominational Pentecostals who are distinct from the classical Pentecostals, but share with them some common evangelical concerns such as conversion, evangelism, the spiritual gifts, and glossolalia (Burgess & McGee, 1998). This major new movement, which gathered momentum in the early part of the 1980's, is growing at a faster rate than the First Wave Pentecostals. Burgess and McGee stated that, worldwide, the Third Wave numbers 3,000 denominations and by

1990 included about 26 million members. In total, the three waves of Pentecostals and Charismatics number 372 million and exceeded half a billion by the year 2000 (Synan, 2004).

Theory of Psychology & Religion

To determine the essentials of religious experiences such as prayer and glossolalia, it is necessary to have an understanding of the theories associated with psychology and religion. Eysenck (1998) theorized that dimensions of personality and differences in religiosity are most adequately summarized in terms of three higher order factors: extraversion, neuroticism, and psychoticism. He claimed that extraversion has a focus on sociability and impulsivity. It was also reported that neuroticism concerns itself with emotional instability as witnessed by anxiety, depression, and low esteem levels. Lastly, it was argued that psychoticism concerns itself with impulse control that plays out as aggression, impulsivity, coldness, and egocentricity.

According to Strack (1999) and Craig (1999), Millon's framework proposes bio-social-learning and biopsychosocial frameworks of personality development. Millon and Davis (1997) argued that the framework lays the foundation for reporting on personality and clinical syndromes that characterize clients.

To gain an understanding of religiosity and personality, several studies have taken place. Research efforts have been made to develop a personality and attitude profile of "religious" individuals. The results have been contradictory. Fehr and Heintzelman (1977) argued that religiosity is a unidimensional trait that can accurately be related via a

single score, but in actuality, it is a multidimensional trait. The study performed by these persons sought to report on the different personality and attitude profiles of the religious individual. This study involved 120 undergraduate psychology students (60 males, 60 females), with a mean age of 19.8. Participants were administered the Allport-Vernon-Lindsey Study of Values, Brown Modification of the Thoules Test of Religious Orthodoxy, Manifest Anxiety Scale, Lovibond Humanitarian Scale, and a variation of the Coopersmith Self-Esteem Inventory.

Fehr and Heintzleman (1977) observed that a minimum negative relationship exists between religiosity and self-esteem. They reported that a significant positive correlation exists between religious orthodoxy and authoritarianism. They also reported that there is a significant correlation between humanitarianism and values. Besides, they reported that measures of religiosity should not be used interchangeably in that religiosity scores differ based on variables such as religious orthodox, religious values, and church-going behavior. The study adequately reports on the positive relationship between religiosity, individual values, and religious activities. The presence of the indicated positive relationship affects the socioemotional status of individuals. However, it remains to be seen whether or not the indicated positive relationships exist when the individual glossolates. Further exploration is necessary in regards to this relationship.

There have been studies that sought to identify the relationship between personality and religiosity. Eysenck (1998) found that there is no convincing evidence that either extraversion or neuroticism is related to religiosity. He noted that psychoticism is negatively related to some aspects of religiosity but not to others. He also reported that

psychoticism is related to private or personal orientation towards religion (prayer) but unrelated to public religion (church attendance).

Francis (1997) performed a personality and religion study on 1,100 undergraduate students ages 20 to 40. The instruments utilized were the Eysenck Personality Questionnaire-Revised, church attendance index, and personal prayer index.

In the study it was reported that personality consistently predicts individual differences in both public and private religiosity among undergraduate students as demonstrated by the practice of church attendance and personal prayer. Individual differences in religiosity are independent of extraversion and neuroticism, whereas psychoticism remains fundamental to religiosity. These findings are of theoretical and practical significance because they help to understand individual differences in religiosity and the role that social and contextual influences play in religious development during college years. The findings help to explain the continuing role of religion in shaping fundamental values and behaviors during adolescence and young adulthood.

To discuss religiosity and personality, Eysenck (1998) studied the religiously committed. It was reported that psychoticism amongst male and female clergy was inversely related to religious attitudes as measured by the Francis Scale of Attitude towards Christianity. In their study of male Pentecostal ministry candidates, Francis and Katz (1992) utilized the Eysenck Personality Questionnaire-Revised to examine the personality characteristics of 1,339 Methodist ministers (237 females, 1,102 males) who lived in Great Britain. The participants were ages 21 to over 55. The study reported that

male participants were below population norms on psychoticism, but this was not the case for females.

In a similar study, Maltby (1999) suggested that psychoticism was either low or negatively associated with religiosity. Maltby examined 1,040 adult participants (436 men, 604 women) from the United Kingdom and the Republic of Ireland (England 353, Northern Ireland 386, Republic of Ireland 301). The participants' ages were 17 to 72, with the mean being 40.2. The Eysenck Personality Questionnaire-Revised (EPQ-R) was used to measure an index of personality, the Age-Universal I-E Scale was used to discuss religious orientation, and the Sandler-Hazari Obsessionality Inventory was used to discuss obsessional personalities.

Maltby (1999) reported that there was a significant positive relationship between all the measures of religiosity. Additionally, it was stated that when psychoticism increased, attitudes towards religiosity decreased. A significant negative association was also found between intrinsic orientation and an individual's frequency of prayer. Concerning obsessional personality traits, it was reported that a significant, positive association was found between having a positive attitude toward Christianity, having an intrinsic orientation toward religion and an individual's frequency of personal prayer and obsessional symptoms and neuroticism scores, and lie scores. Obsessional personality traits shared a significant, negative relationship with psychoticism and a positive relationship was found between a measure of extrinsic orientation toward religion, neuroticism, and obsessional symptoms.

Maltby's study found that as a limitation, research on religiosity and personality has failed to discover underlying processes that mediate the observed relationships. This weakness is due in part to the reliance on correlational evidence, which by its very nature can demonstrate neither causal relationships nor the nature of mediating processes. Maltby argued that future studies should investigate relationship between psychoticism and religiosity that mediates process such as positive and negative mood states. Maltby also cited the need to understand situational, environmental, and educational factors which when combined with personality, determine individual's religious attitudes and behavior.

In summary, the theoretical framework associated with psychology and religion indicates that the dimensions of personality and religiosity are best understood in terms of extraversion, neuroticism, and psychoticism. The literature suggests that individual difference in terms of extraversion and neuroticism is independent of individual differences in religiosity.

As a weakness, the literature is not clear in regards to the personality and attitude profile of a religious individual and whether or not it is an unidimensional or multidimensional trait. Also, as another weakness, it appears that studies on personality and religiosity lack investigation into the underlying processes that mediate the relationship between religiosity and personality in terms of areas such as mood states, values, and behaviors.

The literature adequately reports on religiosity and personality. However further understanding of the underlying processes of nonglossolates' and glossolates' religiosity and personality need to be explored.

Psychological Well-Being and Religion

Religion's positive effect on various mental health outcomes is well documented in the literature. El-nimr, Green, and Salib (2004) assessed that religion has a psychological and social foundation that when practiced, may affect both mental and physical health. Jang and Johnson (2004) proposed that in the literature there is a positive relationship between religious involvement and psychological well-being (e.g., depression, coping, stress). Sherkat and Ellison (1999) and Regnerus (2003) stated that individuals involved in religion or those who consider themselves to be religious, are less distressed than those who are nominally religious or not religious at all. Smith, McCollough, and Poll (2003) found that regardless of gender, ethnicity and age, at the bivariate level there is evidence that religiosity is modestly but reliably associated with depressive symptoms.

Maton and Pargament (1987) and Pargament (1990) theorized that religion and spirituality have the ability to assist individuals in avoiding depression and facilitate in helping them to cope with lifes' challenges and problems. Abraido-Lanza, Vasquez and Echeverria (2004) reported that spiritual or religion-based (religious) coping features cognitive or behavioral strategies that are based on prayer, seeking comfort, and other religious beliefs or practices. Pargament (1990) found that the relationship between psychological well-being and religion is founded upon religious beliefs and practices that

are learned and supported through participation in religious services, spiritual help-seeking, the salience of religion (religiosity) in lifestyle, and daily activities.

In a study of 200 New York City Latino patients with a rheumatic disease, Abraido-Lanza, Vasquez and Echeverria (2004) suggested that religious coping was modestly associated with greater psychological well-being. In their study, they found religion to be an important form of coping and they found high levels of religious coping. The finding was similar to that of a qualitative study performed by Padillas and Perez (1995), which reported that Latinos with arthritis viewed spiritual well-being as a component of quality of life. In their study, Abraido-Lanza, Vasquez, and Echeverria also reported that religious coping is not a passive form of coping as previously reported by Ellison (1993) and others and they challenged the notion that religious strategies for coping are passive in nature when compared to active coping. The study reported no relationship between religious coping and pain or depression and no association between religious coping and self-efficacy.

Boardman, Williams, and Jackson (2001) argued that religiosity's benefits could be observed best when viewing those confronted with a high degree of stress. They reported that religious involvement factors could reduce the effect of high stress levels, improve general well-being, and serve as a buffer to life's adversities. The findings, similar to Schnittker (2001) and Smith, McCollough, and Poll (2003), proposed that religiosity has the ability to serve as a stress buffer, depending on the amount of stress experienced.

In a meta-analysis, Bergin (1983) proposed that 23% of the studies found a negative relationship, 45% found a positive relationship, and 30% found no relationship between well-being and religion. James and Wells (2003) found that the mixed results can be attributed to the multidimensional nature of religiosity and the complex construct of religiosity that may have multiple effects on mental health. Harrison et al. (2001) suggested that the variation also could be attributed to samples and contexts in the size and strength of relationships that are found.

There is literature that reports certain aspects of religiousness such as intrinsic religion and public involvement, being inversely related to depressive symptoms (Braam et al., 2001; Koenig, George & Peterson, 1998; Murphy et al., 2000). Pargament et al., (1998) stated that although sometimes religion is helpful during times of stress, certain religious expressions appear be part of the problem in coping rather than part of the solution.

Pargament (2002) stated that individuals who are given to commitment to religious activities could experience emotional harm because it may encourage failure to take responsibility for one's action, in that the deity and its command in part control their actions. When at the point of making a choice, these individuals also are stymied due to few alternatives. The lack of alternatives centers on a compelling feeling to choose paths that their supreme being views as correct.

Pargament (2002) found that committed religiousness promotes ineffective means of coping with stress and promotes a general disregard of nonreligious stress relievers. Religiousness encourages the resorting to prayer and religious rituals as relievers.

Devoutness also encourages failure to be sensitive to others' feelings and encourages poor fulfillment and satisfaction in the work place due to viewing secular duties as means of experiencing pleasure.

Bergin (1991) assessed that the pursuit of God and religious various themes has the ability to decrease or restrict devout religious persons' ability to give and receive attention. In addition, devoutness tends to promote a need to regulate others' behaviors, thus becoming inflexible and hostile when others fail to follow our suggestions.

Loewenthal, Cinnirella, Evdoka, and Murphy (2001) found that within their study of 282 religious persons, religious coping activities were relatively ineffective when compared to other coping activities such as medication and therapy. They also reported that religious coping activities cannot be considered an alternative to other forms of coping with psychological distress and illness.

In a study of 115 students to determine relations between religion, spirituality, and the ability to cope with stress, Graham et al. (2001) did not find a significant relationship between religion, spirituality, and coping with stress. In their survey of Presbyterian Church leaders and clergy, Krause et al. (2001) stated that more information is needed before the combined effects of religious support and religious coping can be determined. Nooney and Woodrum (2002) reported no bivariate relationship between measures of religiousness, attendance, prayer frequency, and depression. They also reported the usage of positive coping is not particularly beneficial.

In summary, the literature is not clear as to the relationship between religion and psychological well-being. It has yet to be settled as to the effect religion and religiosity

has on mental health concepts such as coping skills, psychological stress, and depressive symptoms. There are some trends and evidence that religiosity has a positive effect on a number of areas, including depression. There are also trends and evidence that degrees of religiosity are emotionally damaging and promote ineffective coping.

The literature is not clear. There needs to be further clarification of relationship between religion and mental health status and coping skills for nonglossolates and glossolates.

Clinical Values and Treatment

Pargament (2002) theorized that, from a distance, psychologists have tended to view religion as a global, undifferentiated, stable process that has both positive and negative benefits. The positive benefits of religion are thought to be the ability to promote balance, harmony, wholesomeness, relationship healing, and maturity. The negatives associated with religion include its ability to be irrational, illusory, punitive, and exploitative. The negative associations found with religion can encourage mental health practitioners to not be value-free. The relationship between religion and counseling has frequently featured antagonism and conflict due to practitioners' failure to perform value-free therapy.

Zinnbauer and Pargament (2000) indicated that counselors do not remain value-free during sessions in that values can determine a counselor's choice of therapeutic techniques, determine goals, measurement of treatment's success, and the structure of therapeutic sessions. Myers and Truluck (1998) stated that values are an important part of

the therapeutic process, especially when problems arise for clients. Bergin (1991) offered that the presence of values in the therapeutic relationship requires balance, honesty, and fairness on the part of the therapist to the client.

Bergin (1991) found that the religious values of mental health practitioners not only affects their own lives, but their religious values also affect their definition of mental health and the role of values in the therapeutic process. In addition, counselors are often less involved in traditional religious practices than their clients and they tend to view the inclusion of religious material in counseling as less important than do clients. These differences can cause counselors to attempt to knowingly and unknowingly convert clients to a more secular value system. Grabovac and Ganesan (2003) and Coyle (2001) reported that to adequately service the mental health needs of religious persons and in response to the highly significant beneficial effects of religiosity/spirituality, clinicians should begin to incorporate a patient's religious and spiritual beliefs into mental health assessments and treatment plans.

Myers and Truluck (1998) found that many mental health practitioners pathologize religious beliefs and practices when they arise during treatment sessions. In a similar fashion, O'Connor and Vandenberg (2005) studied 110 mental health professionals. The participants completed the Pathological Beliefs Questionnaire. The results indicated that the mental health professionals made differential assessments of pathology for religious persons. In addition, many mental health professionals do not view religion and religious beliefs as an appropriate and necessary aspect of their clients' lives to address in therapy (Myers & Truluck, 1998). In essence, for many mental health professionals, religious

beliefs are not believed to be appropriate within the treatment setting because of a lack of rationale and an overall view that religious beliefs are not important (Myers & Truluck, 1998). There are arguments that support religious beliefs being appropriate within the treatment setting. O'Connor and Vandenberg reported that an accurate assessment of clients' beliefs is of utmost importance for diagnosis, treatment planning, research investigation, and professional responsibility. In addition, Hintikka (2001) stated that clients' beliefs are important to the treatment plan for a number of reasons such as their beliefs are practiced as part of a social group that provides individuals with emotional support that in turn enhances psychological wellness.

According to Zinnbauer and Pargament (2000), it is imperative that psychologists and counselors do not pathologize or elevate a clients' religious and spiritual beliefs without clear empirical or clinical justification. Ellis (1992) observed that religiousness is not irrational nor does it create disturbance in emotions; however, devout religiousness tends to be emotionally harmful. Devout religiousness is defined as pietistic, rigid, dogmatic beliefs, and fanatical worship of a hypothesized power.

According to Bergin et al. (1988), to avoid pathologizing religious clients, psychologist and counselors must respect the client's beliefs, learn to be tolerant, and refrain from automatically interpreting religiosity as negative. This supports the need for mental health practitioners to be trained on how to respond to unique spiritual and religious needs of clients. Zinnbauer and Pargament (2000) suggested that most counselors have not been trained to recognize and manage value differences in counseling and they fail to recognize the potential impact of their own religious beliefs on the process of counseling.

Failure to recognize and manage value differences can lead to counselors acting unethical and as subversive moral agents.

Bergin (1991) stated that there is substantial literature on values and psychotherapy but no consensus of how values should be or how they are implemented in treatment. This is thought to be true as a result of psychotherapy not being a technical procedure, but rather being a value filled necessity that helps to enhance the clients' functioning and understanding of the underlying treatment issues. Religious values in mental health services are also difficult to determine due to moral frame of reference.

In summary, the literature suggests that mental health practitioners fail to embrace religion within the treatment plan due to value-laden bias. Inherently, failure to embrace religion within the treatment setting can lead to religious persons such as nonglossolators and glossolators being pathologized. As a weakness, the literature does not suggest the ramification of religious clients being pathologized and possibly misdiagnosed. This study will report on the degree to which nonglossolates and glossolates are pathologized by clinicians.

Religion & Mental Health Status

Within the literature, the link between religion and mental health is becoming a fascinating topic. The fascination involves arguments regarding religion and well-being resulting from positive mediators and the associated mental health responses, rather than from mental health symptoms that have become coping skills (Exline, 2002). According to Pargament (1999), the study of religion and mental health status has focused on God,

beliefs, practices, feelings, relationships with a higher being, spirituality, meaning, and human potential. Pargament suggested that adequate discussion should take place regarding the relationship between religion and well-being, in which complex sets of factors such as culture, self-continuity, positive emotions, emotional intelligence, and attachment must be examined for their mediation and moderation.

Religion serves positive psychological and social purposes because it offers coping, emotional comfort, meaning, intimacy, and self-development (Pargament, 2002). Religious activities also serve negative psychological and social purposes because they offer feelings of abandonment, rejection from God, and religious guilt.

Religion and the mental health field have remained separate compartments due to religiosity being associated with a variety of mental disorders (Bergin, 1991). They have also remained separate compartments due to theorists such as Sigmund Freud, reporting that emotional disturbances are associated with religiousness. However, others have argued the positive aspects of religiousness and mental health status (Bergin, 1991). At the core of arguments by Pargament (2002), Bergin (1991), and Ellison (1998), is the belief that religion is more helpful to some than others. They argued that intrinsic religion is believed to be positively linked to positive well-being and negatively linked to extrinsic religion.

An individual's extrinsic or intrinsic approach to religion determines if their act of religiosity produces healthy or unhealthy mental health (Bergin, 1991). Bergin also argued that when religion is subdivided and viewed from locus of control, motivational

trait, dogmatism, and authoritarianism, conflicting results arise regarding religion and its affect on mental health status.

Ellison (1998) found that various aspects of religious involvement are linked with desirable mental health outcomes. Ellison argued that the long tradition of research and theory regarding the relationship between religious involvement and mental health is assessed via identified personality variables, psychological well-being, distress, symptom counts, and psychiatric disorders. Bergin, Masters & Richards (1987), and Ellison (1998), observed that significant religious involvement can be a positive correlate of normal personal functioning as a result of religious involvement having the ability to facilitate mental, regulate moral guidance, promote moderation, provide social contact, and serve as a means of expressing emotions.

In addition, religious involvement is believed to be associated with aspects of positive self-esteem, personal efficacy, and is a valuable coping resource (Ellison, 1998). In a three year longitudinal study on the relationship between religious involvement and mental health, Masters and Bergin (1991) stated that religious life-style over a period of time promotes greater psychological stability. They also reported that religious orthodoxy is compatible with positive mental health and that religious experience may have compensating effects on personal deficiencies, thus there is no relationship between religiosity and pathology.

Koenig (2001) performed a systematic review of 101 studies concerning the relationship between religion and depression. The results indicate that approximately 66 percent of the studies reported that religious persons had lower rates of depressive

disorder. Koenig also reported that 83% of Americans believe that they receive comfort or support from religion.

Pfeiffer and Waetly (1999) performed a controlled clinical study on anxiety, depression, and religiosity. The goal of the study was to explore the interrelation of neuroticism and religiosity in clinically diagnosed patients and to explore differential aspects of positive or negative perceptions of religion in the individuals. The study utilized 44 patients, with a mean age of 34, who were diagnosed with affective, anxiety, and personality disorders and 45 healthy controls. The Allport-Ross Religious Orientation Scale was utilized to explore religious attitudes, beliefs, and practices. The level of religiosity was computed from items that were weighted for their significance in expressing religiosity. The results suggest that there is no relationship between neuroticism and religiosity, neither in the patient nor in the control group. Clinical observations were made that show the primary factor in explaining neurotic functioning in religious patients is not their personal religious commitment, but in their underlying psychopathology.

Marked differences in causal attributions and religious experiences between patients and healthy controls were discovered. The study reported that those who experienced affect and anxiety-related disorders did so as a result of sexuality, super-ego conflicts, and childhood fears of God. They reported that their religiosity assisted and supported them in dealing with their disorders. They did not report their religiosity as being a burden or cause of their disorder. The participants did; however, express their illness-related problems as an obstacle to express their faith. Pfeiffer and Waetly (1999)

also reported that the growing data and clinical experience do not allow for the assumption that neurotic disorders are more common in any subculture group, including religious subgroups, but that these disorders seem to be evenly distributed in the population.

Pfeiffer and Waetly (1999) discovered that religion is neither a negligible part of one's private life nor a source of mental health problems. They attributed the origin of such findings to Freud's critique of religion as a psychopathological phenomenon, which has produced subsequent studies that describe religion as a major factor contributing to psychopathology. Their findings led to the investigation of the causal relationship between religious upbringing/religious commitment and the development of neurotic disorders. Within the investigations of this relationship there arises many questions regarding religious factors of health/functioning versus measures of pathological dysfunctional religion. The investigations also raise questions regarding the negative effects of religion on neurotic patients, life tension caused by personality, and religious issues.

Pfeiffer and Waetly suggested that further studies should address the relationship between religious orientations and personality functioning in order to provide greater insight into the benefits and liabilities of various religious orientations. This argument is supported by reports of beneficial associations between religion and mental health status as opposed to the occurrence of an adverse effect of religion on mental health.

In contrast, Richards (1991) stated that committed religious persons tended to be more emotionally disturbed than less religious and nonreligious persons. The study

utilized 268 undergraduate students with a mean age of 20 years. Participants were administered the Religious Orientation Scale to explore intrinsic and extrinsic orientations to religion. They were also administered the Center for Epidemiological Studies Depression Scale (CES-D) to assess the frequency and duration of symptoms associated with depression. Participants also were administered the Spiritual Well-Being Scale to assess life purpose, satisfaction and identify formation. In addition, participants were administered the Beall Shame Guilt Test to assess proneness to guilt and shame. Lastly, participants were administered the Psychological Separation Inventory to assess the dimensions of being separated from parents.

Richards' (1991) argued that religiously devout and orthodox persons are more emotionally disturbed than less religious persons. Consistently within the literature, it is reported that devout religiousness is not associated with greater levels of psychological disturbances. The contradiction can be best explained by the usage of a faulty design and the fact that for some religious persons, religiosity may be correlated with emotional disturbance. The results are mixed because this is a complex, multifaceted area of study.

In summary, the literature suggests that psychological and theological debates highlight the need for sufficient definitions and adequate measurement tools when attempting to report on the significance of relationship between religiosity and emotional status. The focus of these studies is the significance religiosity has on emotional healthiness as determined by neurotic, religious commitment, and religious orientation scales, with the goal that individuals gain an understanding of the relationships shared between psychological states and religiosity.

The theoretical frameworks and theories proposed were relevant and were established from past research efforts. The studies identified variables and reported on significance levels. However, as a weakness the studies did not sufficiently report on the diagnosing of neurotic behavior. The studies did not adequately report on functional religion versus dysfunctional religion. The studies did not sufficiently report on the effect of religion on mental health.

As another weakness, the studies on religion and mental health did not address the clinical symptoms related to religiosity. Clarification of the relationship is of importance due to the growing number of religious persons such as glossolators who seek out mental health services. In addition, the current body of literature lacks in-depth investigation that assesses levels of significance between religious activities and mental health status. An in-depth investigation has the potential to report on the differences found between religious activities such as prayer and glossolalia and an individuals' mental health status.

Life Satisfaction, Religion & Extrinsic Religiosity

Central to this study is determining if glossolalia promotes life satisfaction and healthy socioemotional functioning. Life satisfaction refers to a personal assessment of one's condition in which there is an overall assessment of life, personal goals, and achievements. Life satisfaction is considered to be a dimension of subjective well-being that correlates with mental health status (Hintikka, 2001). In a life satisfaction study of 1,985 participants, Hintikka suggests that there is a positive association between religious attendance and life satisfaction. It was also reported that participation in religious

activities such as church attendance and the subsequent enhanced life satisfaction, benefits mental well-being and general well-being.

In a random sample of 989 adults, Francis and Kaldor (2002) studied the relationship between psychological well-being and Christian faith. The findings indicate that religious activities such as belief in God, church attendance, and personal prayer are significant predictors of positive psychological well-being. Dorahy et al. (1998) found that there is significant association between religiosity and life satisfaction for men, but not for women. They also documented that religion assists women in gaining control, increases esteem, aides their existential understanding, benefits their self-efficacy, and assists with life meaning; however, increased religiosity does not increase life satisfaction for women who have higher reports of religiosity than men. They suggested that cognitive aspects of religion such as beliefs and attitudes have the greatest effect on life satisfaction. The life satisfaction is believed to be a by-product of religious activities having the ability to offer a stable view of the world. They also reported that there is a relationship between extrinsic religious variables (e.g., prayer, participation in religious activities) and life satisfaction.

In a study on religious benefits and spiritual coping of 63 HIV/AIDS participants, Siegel and Schrimshaw (2002) found that religion and spirituality had a positive influence on psychological adjustment and coping with stressful life events.

According to Park, Meyers and Czar (1998), variables such as religious beliefs, religious affiliation, belief in God, and religiosity can serve as good predictors of behavior. The study found that measures of religiosity (e.g., commitment, intrinsic

orientation) were shown to have utility value and there were indications of a link between various components of religiosity/spirituality and personality as measured by the California Personality Index. It was reported that psychologically healthy individuals may possess more spiritual satisfaction associated with their religious experience and religious beliefs held by a person can change self-concepts and social behaviors. In addition, it was reported that a sense of purpose, self-realization, and spiritual well-being can be derived from religiosity. It was also reported that healthy psychological functioning can be achieved when religiosity/spirituality assist individuals to more easily recognize their unique potentials, gain personal fulfillment, experience self-worth, and experience higher levels of self-actualization.

It is reported that life satisfaction and religiosity are affected by concepts such as gender, life meaning, the role of cognitive belief in religiosity, and concepts of self (Dorahy et al. 1998).

In summary, the literature suggested that religious activities are significant predictors of positive psychological well-being, psychological adjustment, and coping with stressful life events. The positive association between religious attendance and life satisfaction benefits mental well-being and general well-being. In addition, cognitive aspects of religion assist in achieving life satisfaction as a result of perspectives held regarding the world. Additionally, it appears that the literature suggests the presence of self-actualization and overall feelings of empowerment assisting in the maintaining of healthy psychological functioning, which directly affect reports of life satisfaction.

Further investigation is needed to determine if these findings can be generalized to nonglossolates and glossolates.

Glossolalias' Methodological Assumptions

For those not familiar with the topic, this section provides a review of glossolalia as a subject. In order to discuss the socioemotional functioning level of glossolators, assumptions surrounding glossolalia must be discussed. Efforts have been put forth to conceptualize glossolalia and personality. In an effort to conceptualize the relationship between glossolalia and personality, Hutch (1980) documented that glossolalia and its methodological assumptions are placed in three categories or folds. The first category or methodological fold is aberrant behavior. Aberrant behavior is defined as understanding glossolalia as socially useless or anti-social behaviors that weaken an individuals' ego-control (Hutch). The second category or methodological fold is extraordinary behavior. Extraordinary behavior is defined as understanding glossolalia as a kind of altered state of consciousness (Hutch). The third category methodological fold is anomalous behavior. Anomalous behavior is defined as viewing glossolalia from a linguistic approach (Hutch). The distinguishing of glossolalia by category or methodology provides a framework for viewing the phenomena.

The aberrant behavior focus is based on recent theories of American ego-psychological theories of individualism, intra-psychic regression, and narcissism. The aberrant behavior methodology holds that temporary regression during glossolalia serves as a means for growth of the ego. During glossolalia, this view holds that the ego is somehow suspended and the speaker is led to assume he has been seized by an agency

totally other than himself. By assuming that a person is seized or loses all or part of the control of his speech to the unconscious in the process of glossolating, a correlation is likened to psychopathology abnormality.

The extraordinary behavior focus features whether or not glossolalia disintegrates or integrates the personality. The disintegration or integration of the personality is thought to take place as a result of a unique kind of release taking place during glossolalia. The unique kind of release is defined as pathological.

The anomalous behavior view has a focus on the language structure of glossolalia and assumes that the experience differs from typical speech. In essence, this view holds that glossolalia has a religious function that linguistically allows for distinguishing of the sacred from the profane. There is no mystery associated with the speaking and it is not necessary to lose consciousness or ego control in order to glossolate.

When addressing glossolalia as a sociocultural function, there are myriads of perspectives and views. Hutch (1980) suggested that the altered state of consciousness that takes place during glossolalia is viewed from a sociocultural functioning position. This view has a focus on society and broad cultural meanings associated with the practice of glossolalia. As a sociocultural function, glossolalia provides an avenue to experience social sharing, affirmation, and esteem.

Hutch (1980) also suggested that glossolalia can be viewed as a ritual. It also can be viewed as an experience that allows access to certain cultures and institutes of religion. By serving as a ritual and gateway to spiritual experiences, glossolalia defines the experience of a person. The focus is not upon the individual, but rather upon the

interaction between the glossolator, others, and the social and cultural forms according to how the group styles the practice. Hutch reported that for a person to gain acceptance or status within a stated glossolalia group, group members take it upon themselves to determine the level consciousness and realness of the glossolators' mental state during the phenomena.

This practice gives rise to views that full ego-control is maintained during glossolalia because the speaker intentionally chooses to place themselves in the consciousness state and the conscious state can be judged by others. Hutch (1980) reported that during times of glossolating and the resulting conscious stated, the speaker deliberately moves from one state of mental being to the next so as to experience measures of sub cortical arousal (e.g., pleasure, sense of spirituality). The sub cortical arousal is one of the desired goals of the act of glossolating that produces an arousal state that includes pleasure and a sense of spirituality.

According to Hutch (1980) from a biopsychological perspective, the levels of pleasure, spirituality, and peace experienced while glossolating is a result of glossolators reaching the point of tranquility or ecstasy that results from stimulating the nervous system and overall psychic state. While glossolating, the speaker is able to discern, consciously enjoy, and respond to the level of arousal that they experience. Cognitively, they are able to interpret what is transpiring. They are able to place their experience in a context that group members can understand while also making sure that the experience adds value to the group. The depth and intensity of arousal states experienced while

glossolating depends on how the speaker interprets this experience and the level of consciousness they are able to maintain.

In summary, the literature suggests multiple theories that explain glossolalia. There is not clear evidence as to if those who glossolate experience measures of psychopathology as a result of the phenomena. The literature is unclear whether the personality is integrated or if loss of consciousness or ego control takes place during glossolalia. The literature does not go into detail as to the religious function that glossolalia serves nor does it explain why the personality is not integrated during times of glossolalia. This study will report on the religious function of glossolalia and its ability to integrate the personality.

Glossolalia & Personality/Mental Health Status

Central to this study is the question as to whether or not individuals who glossolate have differing personality traits than nonglossolates. The current body of literature suggests there are differing personality traits between glossolates and nonglossolates. Louden and Francis (2001) studied glossolalia and the personality. Their efforts explored the personality characteristics of Catholic priests who are attracted to the charismatic movement and who glossolate. The study dispatched 3,581 questionnaires to parochial priests in England and Wales. A total of 1,468 questionnaires (42 percent) were returned and used for analysis.

The Eysenck Personality Questionnaire-Revised was used to assess personality. To assess “speaking or praying in tongues and receiving the baptism of the Holy Spirit” a

15-item scale developed by Francis and Thomas was used. The items were embedded in a battery of 66 items concerned with different aspects of religious experience. The study reported that for Catholic priests, the charismatic experience and glossolalia is unrelated to neuroticism, psychoticism, and lie scale scores. However, there was a positive relationship with extraversion scores.

This study reported that 60 percent of the priests subscribed to “feeling God’s spirit within me” being of importance and 6 percent of the priests subscribed to glossolalia being of importance to their faith. When reviewing Catholic priests involved in the study, the data suggested that there is a clear lack of relationship between the charismatic experience and psychopathology. The study suggested that there is a lack of relationship between the charismatic experience and neuroticism and psychoticism. It was also reported that there is a positive correlation between the charismatic experience and extraversion (Louden & Francis, 2001).

Lovekin and Maloney (1977) investigated the subject of glossolating and personality. They administered the Life in the Spirit questionnaire to 51 Catholic and Episcopal participants. The paper and pencil scale was administered during the seven week Life in the Spirit seminar. During the seminar, participants are encouraged to experience the Baptism in the Holy Spirit and to express the baptism by glossolating. Participants were administered the Life in the Spirit questionnaire test at the beginning of the seminar, one week after receiving the Baptism in the Holy Spirit, and three months later.

A Split Plot Factorial Design and two-way analyses of variance were used to compute the dependent variables. Each group was administered a pre, post, and follow up testing. Each group size was 12 persons. When analyzed, the data reported that out of all 51 participants, 12 glossolated for the first time. A total of 14 persons did not glossolate at any time and 13 persons were glossolate prior to the seminar. To determine if personality changes occurred in those persons who became glossolate during the seminar, those individuals who never glossolated, and those who were already glossolators served as the control group for comparison purposes.

The study suggested little support that glossolating significantly integrates the personality or that it resolves neurosis and re-establishes ego control. Specifically, the study suggested that when compared, individuals who glossolate did not differ from nonglossolates in anxiety, depression, hostility, guilt, and trait anxiety levels.

In a study, Smith and Fleck (1980) administered the MMPI to assess personality variables and the Siple Institute of Living Scale to assess the intelligence of 161 Protestant volunteers. A total of 42 of the participants were from middle-class nonglossolalic churches, 43 participants were middle-class nonglossolates who did not belong to an organized church and 46 participants came from a middle-class glossolalic church. The participants were ages 15 to 44, with a mean of 25. The discriminating feature between glossolalics and nonglossolalics was their view of glossolalias' benefits.

The results of the study suggest that glossolates are more anxious but less neurotic than nonglossolates. It was reported that the glossolates externalized their anxiety into

verbal and physical behavior. It was also reported that when compared to the glossolates, the nonglossolates experienced less personal tragedy and were more dependent.

The current literature appears to document that glossolalia has the ability to cause psychoticism, extraversion, and neuroticism. In addition, the phenomena appears to have the ability to influence personality though there are studies that indicate no theoretical link between phenomena and personality (Francis & Kay, 1999).

Also, central to this study is the question of whether glossolalia affects socioemotional functioning levels of individuals. Smith and Fleck (1981) found that there is no significance in degree of pathology among the glossolates and nonglossolates. They reported that the act of glossolalia can improve individuals' mental health status as a result of the ego being strengthened and speech/physical attributes of the phenomena having therapeutic value. They suggested that, in general, both glossolalics' and nonglossolalics' means of dealing with anxiety provided temporary relief from consciously felt stress. However, glossolalic verbal discharge over the long term was a more effective means of coping.

Smith and Fleck (1981) suggested that glossolalia has therapeutic value in that the verbal behavior discharges anxiety and excess stress. The immediate relief from anxiety and emotional conflict is thought to assist glossolates in facing life more easily and directly. Glossolalics' therapeutic value is also thought to be as a result of the ego-defense system being integrated. Smith and Fleck went on to state that the therapeutic value of glossolalia also includes the promoting of short and long-term comfort and intrapsychic relief. Because of the therapeutic value associated with glossolalia, glossolates

cannot be considered “sick” people who utilize their pathological symptoms in their religious practice.

The literature documents glossolalians’ ability to promote healthy mental status. Lovekin and Malony (1977) observed that group glossolalia experiences (as opposed to individual glossolalia experiences) leads to greater mental health. The group interaction is thought to foster greater ego-strength and to confirm an individuals’ membership in their faith in the Holy Spirit and in the charismatic movement. This fostering and confirmation improves mental health status.

In summary, the literature on this subject area suggests that glossolates do not have differing personality traits or mental health status than nonglossolates. The literature appears to suggest that there is not a negative association between glossolalia and the presence of psychopathology, neuroticism, or psychoticism. The literature appears to suggest that there is a positive relationship between glossolalia and positive mental health status. The findings of the studies are clear; however current data is needed due to the age of many of the studies.

A report on the association between glossolalia and mental health status is needed. This study will provide fresh data regarding the relationship between glossolalia and positive mental health status.

Glossolalia & Psychological Perspectives

Phipps' (1993) dissertation study explored glossolalia as a phenomenon that arises from the context of the church service and as folk performance. The experience-oriented

study (case study) of five individuals ages 29 to 56 detailed the life review and events leading up to and surrounding glossolalia. After three months of observation and participation in religious activities offered by a Pentecostal Church, the researcher selected the interviewees. The interview questions produced data regarding experiences associated with glossolalia, the experienced catharsis when speaking in tongues, and the physical and emotional feelings that arise when glossolating.

The transcripts of the text were analyzed and then synthesized for each participant. The results indicate that each participant experienced a life event that led them to a Pentecostal church, they reported being filled with the Holy Spirit, and they experienced physical symptoms such as detachment from the body and cleansing during the act of glossolalia. It was also reported that the participants changed to what they viewed as a more positive lifestyle and four of the five reported experiencing some sort of miraculous healing during the process of changing their lives.

The final analysis determined that, for the involved cases, glossolalia is a peak experience derived from life's experiences and belief in the doctrines of the Pentecostal church, thus finding culmination within the church service. There is evidence to conclude that the immune system function of glossolalates is enhanced by virtue of the folk performance of glossolalia.

In a case study of two clinical centers, Gowins' (1990) dissertation argued that theologically, glossolalia is best understood as a subjective manner in which to relate to a sense of transcendency. A total of six persons were interviewed. The participants were selected from a group of 100 clients who participated in clinical services. The study

examined glossolalia as an experience that is positive in nature, able to meet psychological needs and creates an environment of inclusiveness, communal purpose, and personal empowerment.

Gowins (1990) concluded that glossolalia fulfills an important spiritual need for self-acceptance and community. It was also concluded that glossolalia fulfills an important psychological need and drive that involves affiliation and meaning.

In a similar dissertation study, Mumford (1995) sought to discover how qualitative analysis of glossolalia amplifies psychological understanding of the phenomena, particularly with regard to revealing psychopathology and immaturity. Mumford interviewed eight volunteer women. The women were married, middle class Caucasian, and age 45-55. They were selected from a group of several hundred women who had been observed over a three-year period during worship services. The women were interviewed separately for approximately three hours. The transcripts of the interviews and the researcher's notes from all phases were coded, analyzed, and categorized.

Using Winnicott's theory of transitional experiencing to interpret the findings, the study reported that glossolalia as an experience produces transformative change. The study reported that glossolalia is experienced as establishing an unusually meaningful, dialogical, and sensate connection with the Divine. The study also reported that glossolalia is experienced as functioning in a variety of ways that soothe and protect.

In summary, the literature on this subject area suggests that there are life events as well as on-going physical and emotional symptoms associated with glossolating.

Glossolalia is believed to produce symptoms such as joy, detachment from the body, and cleansing. In addition, the literature appears to suggest that glossolalia is a peak experience that also serves as a physical and emotional health protective factor.

The studies appear to suggest that glossolalia promotes self-acceptance, community, fulfills the need for affiliation, and meets psychological needs. In addition, the studies suggest that glossolalia functions to assist in making positive life changes and enhances the relationship with the divine. The findings of the studies are clear; however, the literature fails to report on the specific coping skills that glossolalia produces. In addition, the literature fails to report on the experiences of glossolates within the larger society such as during mental health treatment.

Summary

Theoretical frameworks associated with religion and mental health suggests that the dimensions of personality and religiosity are best understood in terms of extraversion, neuroticism, and psychoticism. There is no evidence that supports arguments that religiosity is associated with neuroticism, extraversion, or psychoticism. The literature reported that individual difference in religiosity in terms of extraversion and neuroticism is independent of individual differences in religiosity.

The difference in personality found in religious individuals is attributed to society, situations, environment, education, and values factors that may or may not have been shaped by religious activities. The lack of evidence of religiosity having significance on

personality traits justifies this study and the decision to examine differences between glossolates' and nonglossolates' personality traits and religiosity.

To understand the relationships shared between psychological states and religiosity studies on religion and mental health, discussions must address mental health disorders beyond vague breakdowns of religiosity. The current body of literature lacks in-depth investigation, thus making it difficult to compare levels of significance between religious activities (e.g., prayer) and mental health status and the degree in which religious activities contribute to psychopathology.

When discussing the religious activity glossolalia, the literature suggests that there is no ego regression during acts of glossolalia. In addition, it is suggested that those who glossolate do not experience measures of psychopathology as a result of the phenomena. The literature suggests that during times of glossolalia, the personality is not integrated nor does loss of consciousness or loss of ego control take place.

The literature is mixed as whether glossolates have differing personality traits than nonglossolates. The literature is not definitive with regards to associations between glossolalia, the presence of psychopathology, and psychological healthiness. The literature suggests that there is an association between psychotic states and religiosity. The literature also suggests that there is not an association between psychotic episodes and glossolalia.

The religious phenomena of glossolating is believed to produce catharsis and physical and emotional feelings that promote self-empowerment and a sense of

belonging. There is an indication that glossolalia functions to assist in the changing of lifestyles, the experiencing of physical healing, and a closer relationship with the divine.

There is an abundance of literature on the topic of religion and psychology, mental health status and religious persons, and clinical treatment and religious persons. The literature suggests that religious persons and glossolalia studies have mixed results, thus there are still questions about the differences between glossolates and nonglossolates.

With the use of in-depth interviews, this study explored the relationship between religiosity and psychological well-being for glossolates and nonglossolates. The study reports on the relationship of the underlying psychological processes, clinical treatment experiences, level of religiosity, mental health status, life satisfaction, and cognitive aspects of religion of glossolates and nonglossolates. This study describes the act of praying and glossolating and captures the essence of the experiences as well as explores the characteristics and coping skills of glossolates and non-glossolates.

This study reports on the role of social contact on positive mental health status, levels of self-actualization, self-empowerment, and coping skills of glossolates and nonglossolates. The study documents the presence of themes, emotional states, the therapeutic value associated with prayer and glossolalia, and prayer and glossolalia as clinical interventions.

This study will possibly lead to future studies as to the question of whether glossolates have a differing world-view than nonglossolates that promotes healthy

psychological functioning. In addition, this study will possibly lead to future investigation on being nonglossolates and glossolate and psychological wellness.

CHAPTER 3: RESEARCH METHODS

Introduction

The importance and acceptance of prayer and the resurgence of the “spiritual experience” glossolalia, within mainline Protestant denominations in the United States of America, has stimulated widespread psychological and theological debate. Specifically within the literature, the spiritual phenomenon of glossolalia is suggested to negatively effect the personality and emotional functioning of individuals. In contrast, the literature also suggests that glossolalia has a positive effect on the personality and emotional functioning.

This is a qualitative methods study of nonglossolates and glossolates. With the assistance of in-depth individual interviews, this study reports on the religious experiences, coping skills, mental health status, and mental health services experiences of nonglossolates and glossolates.

This chapter discusses the literature and reasons to use in-depth individual interviews. It discusses how the qualitative sampling data was collected and analyzed. In addition, there is discussion on the nature of the study, the target population, the sample/sampling procedure, and the qualitative method research design.

Finally, this chapter describes the research method and data analysis that are presented in chapter 4. The information provided in this chapter is used in chapter 4 to report on prayer and glossolalia in terms of coping skills, religious experiences, and mental health services experiences of nonglossolates and glossolates.

Nature of Study

This study utilizes descriptive phenomenology to explore and report on the effect religious experiences associated with prayer and glossolalia have on coping skills, mental health status, and mental health treatment. Maggs-Rapport (2001) suggested that a phenomenological study should be used when the goal is to report on how individuals experience a phenomenon. This study describes the religious experiences of the participants and the meaning of their experiences. Kleiman (2004) reported that when the goal is to describe lived experiences and meaning of statements, a phenomenological study should be used.

Research Question

With the use of in-depth individual interviews, this study explores and describes prayer and glossolalia. This study reports on prayers' and glossolalias' effect on mental health status, coping skills, mental health treatment, associated experiences, attributed cause, and the perception of mental health providers' comfort level when servicing Protestant clients.

Giorgi (1997) stated that phenomenological studies utilize in-depth individual interviews as a means to describe and explore individual experiences. In-depth interviews were used as an instrument because of their ability to uncover the perceived value of experiences and single unifying meaning of experiences (Giorgi). In-depth interviews

also were used because of their ability to secure statements, provide meanings, and give a general description of an experience (Giorgi).

There is a justification for not utilizing biography, ethnography or other instruments that are found in qualitative research traditions. According to Creswell (2002), biography or ethnography designs use instruments such as documents, artifacts, and extended observation in order to report on individual life experiences and social group. While these qualitative research traditions both also utilize individual interviews, their emphasis is not on understanding the essence of experiences about a phenomenon but on producing a detailed picture of an individual's life or describing the cultural behavior of individuals or groups.

The emphasis of the phenomenological tradition and its usage of in-depth individual interviews better fit the goals of this study. This study describes and explores prayer and glossolalia as religious experiences that a multitude of persons have experienced. Creswell (2002) stated that a phenomenological study should be used when the goal is to describe and explore multiple persons' experiences so as to identify a single unifying meaning of the experience.

In this study, a total of five glossolates and five nonglossolates were interviewed. Giorgi (1997) and Creswell (2002) reported that this number of interviewees is considered to be sufficient for phenomenological studies. They stated that in-depth interviews with 10 participants can describe experiences and capture meaningful information.

Interview participants were informed of their interview time and location. The location and time of the interviews were determined after the identification of participants from the sample population. Participants were given a few moments of instructions and then took part in individual interviews that lasted up to 2 hours in length. Creswell (2002) stated that 2-hour interviews are typically long enough to capture the essence of individuals' experiences.

The Sample and Sampling Procedure

There were 10 participants (four males and six females) in this study. Male participant number one is Calvin. He is a single 35 year-old educator. He began glossolating approximately 12 years ago and has never participated in mental health services. Male participant number two is Sean. He is a single 33 year-old construction worker. He is a nonglossolate and has participated in mental health treatment for the last two years. Male participant number three is Greg. He is a married 60 year- old retired factory worker. He is a nonglossolate. He has never participated in mental health services. Male participant number four is Telly. He is a married 42 year-old pastor. He is a glossolates and has never participated in mental health services.

Female participant number one is Lola. She is a married 48 year-old leasing officer. She began glossolating approximately 20 years ago and has participated in mental health services for the last 18 months. Female participant number two is Sanda. She is a single 52 year-old child care provider. She began glossolating over 25 years ago. She has participated in mental health treatment for the last 12 months. Female participant number

three is Markena. She is a married 38 year- old marketing specialist. She began glossolating 15 years ago. She has never participated in mental health services. Female participant number four is Vedra. She is a single 32 year-old social worker. She is non glossolate and has never participated in mental health services. Female participant number five is Sherri. She is a single 26 year-old salesperson. She is nonglossolate and has participated in mental health services for the last 15 months. Female participant number six is Jana. She is a single 48 year-old business owner. She is nonglossolate and has participated in mental health services for the last 18 months.

The make up of the participant's genders is reflective of the trend of females participating in religious activities more than males (Koenig, 2001). Participants were selected based on observation of their religious experiences participation during worship services or prayer services held at several local churches. In order to be eligible to participate, participants must be Protestant, they may be of any race, and must take part in religious activities on a weekly or monthly basis. To encourage a good cross section of life experiences and themes, the criteria for selection was Protestant, take part in religious activities, and are able and willing to discuss their religious experiences. To be considered having glossolated, the participant must report that during a religious experience they spoke a language that is not their primary language. They were given a small financial stipend for their participation.

The participants were told that the purpose of the study and their participation in an in-depth interview was to report on their religious experiences and the effects associated with religious experiences such as prayer and glossolalia. The individuals were

willing to participate in this study. Phipps (1993), Mumford (1995), and Creswell (2002) reported that glossolalia and phenomenological studies have been successful in securing participants in the previously described manner and in securing data.

Informed consent was gained at the onset of the research project. Participants were informed verbally and in writing of the purpose, description, and procedures of the study. They were informed that the study was approved by the Institutional Review Board of Walden University. They also were informed that they were free to discontinue participation at any time. Participants signed and returned the form. Privacy, confidentiality, and participants' rights were ensured by blindly assigning each participant an identification code. The codes were used on all mailings and evaluation instruments. The official first or last names of participants were not asked nor utilized.

To examine the participants' experiences, individual interviews took place. Creswell (2002) and Polkinghorne (1998) stated that data from in-depth interviews can provide insight into personal experiences. Participants were asked the typical intake and pre-screening questions such as age, socioeconomic status, have they ever received mental health treatment, are they currently prescribed psychotropic medication, and their ethnicity. To explore the hypotheses, this study secured 10 participants. Giorgi (1997) and Creswell (2002) reported that 10 is a sufficient number of participants. A total of five of the participants were glossolates and five were nonglossolates. Giorgi reported that a sample size of five participants from each group is sufficient. A total of two of the glossolates currently participate in mental health services. A total of three of the nonglossolates currently participate in mental health services.

During the interview, the participants were asked the same open-ended questions regarding general prayer and their religious experiences. In addition, the glossolates were asked specific questions about the phenomena of speaking in tongues. The participants' responses generated qualitative data.

The participants were asked the following questions.

1. How were you introduced to prayer/glossolalia?
2. What is prayer/glossolalia and what is its purpose?
3. How do you describe prayer/glossolating to others?
4. How does prayer/glossolating help you cope with life?
5. What role does prayer/glossolalia play in your overall life scheme?
6. How do you feel before, during and after prayer/glossolating?
7. How long and how often do you pray/glossolate? Why?
8. What are some positive and negative effects of prayer/glossolating?
9. What event or emotional symptoms led you to seek mental health services?
10. What was your experience when seeking help from a professional counselor? What has been your experience since becoming glossolate?
11. How did your professional counselor address your religious experiences of prayer/glossolating?
12. To better service nonglossolates and glossolates, what should your professional counselor be aware of ?
13. Who do you discuss your religious experiences with and where?

Instrumentation

In-depth Individual Interviews

This study did not utilize an objective instrument. A standard in-depth interview guide was used with all participants. Creswell (1997, 2002) stated that phenomenological studies utilize in-depth individual interviews as a research instrument that uncovers a phenomenon. According to Polkinghomre (1998), as an instrument, in-depth individual interviews allow for the exploring and describing of an individual's experiences, ways of living and state of human consciousness.

Creswell (2002) reported that the goal of in-depth interviews is to gain an understanding of themes that are presented and how the experienced phenomenon shows itself. Interview questions should be open-ended and ask specific questions about the phenomenon that is experienced. Responses to specific questions give an indication of participants' perspectives, what participants deem as important, and how the experience affected them.

According to Creswell (2002), verification is key to in-depth interviews. The effectiveness of qualitative research and the appropriateness of in-depth interviews as a research instrument are preserved by verification. Verification is a term qualitative research uses in the place of the quantitative research term validity. Creswell argued that verification is a process that occurs throughout the data collection, analysis, and report writing of a study that ensures the believableness and accuracy of a qualitative study. In a similar manner, Moustakas (1994) argued that in phenomenological studies, the researchers' interpretation is central to verification and standards.

Polkinghorne (1989) reported that in-depth individual interviews with a maximum of 20 participants should last 2 hours or more and feature the asking of 3 to 10 questions regarding their experience. Polkinghorne offered that in order to gain a better understanding of individual experiences with a phenomenon, as a preparatory step it is appropriate for the researcher to add self-reflection.

There are critical components to ensuring that in-depth individual interviews yield meaningful information. Creswell (1997) stated that it is critical that the researcher is able to facilitate discussion, use appropriate questions, have good interview skills and learn to listen.

Verification

Verification of the data was ensured by accurately documenting participants' responses. This was accomplished by tracing the described experiences back to the original statement (Creswell, 2002; Polkinghorne, 1989). The next step to ensure verification was protection of participants' responses from the influence of others. Another step taken was member checking and clarification (Creswell, 2002). Next, verification was ensured by accurately conveying the meanings revealed. Next, several conclusions and alternatives were explored during the analysis of the transcription. The last step taken to ensure verification was utilization of peer reviews.

The peer review board consisted of two trained assistants and the primary researcher. The assistants have several years of employment experience in the field of human services. The assistants are Protestants and are pursuing graduate studies in psychology. As part of their internship and graduation requirement, they are assisting

with this study. During their 12 hours of training, the assistants were provided a thorough orientation to the field of human behavior research. They were trained to understand the basics of qualitative analysis and data collection. They were also trained to understand in-depth interviewing and self-reflecting.

Procedures/Measures

A total of 10 participants (four males and six females) took part in an in-depth individual interview. Giorgi (1997) reported that a sample size of five participants from each group is sufficient.

The raw data is available in the appendices and in tables. The in-depth individual interviews reported on religious experiences, coping skills, and mental health services experiences. Participants answered each question with minimum guidance or prompting (Creswell, 2002). Statements that were pertinent to the phenomenological experience of glossolalia were extracted. The extracted statements were placed together and analyzed so as to formulate meanings that are spelled out (Kleiman, 2004). The formulated meanings were used to identify a cluster of themes (Creswell).

Research Design

A phenomenological study was used. This approach was used because it has the ability to describe the meaning of an experience, identify statements of meanings, describe what happened, and discuss how individuals experienced the phenomena. The

approach also was selected because of its capacity to discuss the outward and inward consciousness of individuals.

Data Collection

The data collection was conducted utilizing standard qualitative tools. As recommended by Creswell (1997, 2002) the participants' recorded verbal responses to the interview questions became the raw data, with each response given equal weight, and transcribed verbatim. In addition, as recommended by Creswell, the researchers' self-reflection was collected in an attempt to identify the essence of prayer and glossolalia as an experience.

The collected data was used to explore and describe how individuals' experience the phenomena of prayer and glossolalia. The data identified single unifying meaning of the experience. The data was used to describe the meaning of prayer and glossolalia, identify statements of meanings, describe what happened, and discuss how prayer and glossolalia is experienced on an individual level. The collected qualitative data was used to report on the observed nature and experiences associated with prayer and glossolalia.

The data was organized, synthesized, and coded. The assistants coded the data. They are familiar with religious behaviors associated with Protestants. They were provided a thorough introduction to qualitative research findings and were trained to document religious experiences in a personal, familiar, and up-close style. In addition, they were trained to document details regarding an experience in such a way that draws the reader into the study.

The data from this research was stored in computer program files that were labeled as interview transcriptions, description and listings of meanings, group statements, textural descriptions, structural descriptions, and the essence of the experience. The results of each computer file were documented in summaries, charts and tables. To ensure confidentiality, the names of the participants were changed to another name. Within the computer files and tables, there is no identifying information. For confidentiality purposes, the data was kept in a locked file drawer.

Data Analysis

The researcher and two trained assistants analyzed the participants' responses and researchers' own experiences. To contain possible bias by the researchers, the two assistants checked and re-checked the researchers' submitted documentation. The following steps were utilized to analyze the data. The interview statements regarding glossolalia were reviewed and classified (horizontalized). Next, the data was placed into clusters of meaning, themes, and meaning groups that later became a written account of the experience. This account is known as textural description (Klienman, 2004). Next, the researcher reflected on the experience to determine meanings and perspectives (structural description). Next, the critical aspects of the phenomenon were described (constructed).

The data was summarized in paragraphs based on the uncovered themes, beliefs, and experiences. For continuity, the associated research question served as a transition statement for each paragraph. The findings and data for the study were presented in case study format and tables. For presentation purposes, the data was identified by headers, critical findings, and topic.

CHAPTER 4:

RESULTS

Introduction

The data used to address the research questions was obtained through in-depth individual interviews that explored and described religious experiences such as prayer and glossolalia. Participants completed an intake and prescreening questionnaire that reported on age, socioeconomic status, history of mental health treatment, and other non-identifying information.

A total of 10 persons (4 males and 6 females) were interviewed. Each of the interviews last two hours or more and the contents were captured by a traditional audio recording system. The participants and researcher spoke clearly into a microphone. The participants' names were changed in order to maintain anonymity.

To track the data and emerging understandings, a computerized system was utilized. The transcribed interviews were placed in a computer file. The first and last names of the interviewees were changed to a pseudonym (e.g., Vedra Greene's Interview Transcription).

A descriptions and meanings file was created for each participant (e.g., Vedra Green's Descriptions & Meanings). The interviews were then read again, analyzed, and reviewed. To capture the essence of glossolalia and in preparation to address the research questions, the participants' statements were extracted and placed into paragraphs and classified into categories based on their meaning. The research assistants played a critical role in reading, organizing, analyzing, extracting, and classifying the data. Their input

was used to develop paragraphs, tables, categories, and a general understanding of the participants' experiences.

After identifying each interview's descriptions and meanings, a horizontalization file was created. The horizontalization file documented the extracted statements for all 10 in-depth interviews. The statements were placed in the category of glossolates or nonglossolates. In preparation for textural description (discovering emerging understandings), the data was placed in sub-headings within the two categories (e.g., mental health, personage/family, religiosity/lifestyle).

A textural description computer file was created. The file documented and analyzed the data for clusters of meanings, themes, and a general account of the participants' experiences with the phenomenon of glossolalia. There were several perspectives and meanings discovered. The discoveries were documented as the structural description.

The structural description computer file documented the researchers' reflections of how the participants' experienced the phenomenon of glossolalia. The participants' expectations, emotional state, explanations, and views towards the phenomenon were discussed. The resulting data was used to report on critical aspects of the described phenomenon and to determine if a single unifying meaning of experiences existed.

A construct computer file was created. The file documented the essence and experiences associated with glossolalia. The researcher and research assistants reported on the various unifying meanings of the experience.

Research Questions

The first research question addressed the purpose of prayer and glossolalia and the effect prayer and glossolalia have on mental health status. The second research question examined the effect prayer and glossolalia and other religious activities have on coping skills. The third research question reported on the various religious experiences associated with prayer and glossolalia. The fourth research question examined what participants view as the cause of prayer and glossolalia. The fifth research question reflected on participants' perception of the effect prayer and glossolalia has on their participation in mental health services. Lastly, research question 6 investigated mental health providers' comfort level during clinical treatment.

First Research Question

The first research question concerned the purpose of prayer/glossolalia and the effect prayer/glossolalia has on mental health status. They were asked "What is prayer/glossolalia and what is its purpose?"

The nonglossolates experiences and beliefs regarding prayer are similar. They experience and view the phenomena as a means to get closer to God. The act of gaining a closer relationship with God is thought to enhance their level of confidence, personal success, and internal peace (see Table 1).

Table 1

What is Prayer/Glossalalia? (Non-Glossolates' Response)

COMMUNICATION	PURPOSE
Talk to God	Gain Relationship
Time Spent With God	Release Stress
	Quiet Myself
	Victory
	Have Needs Met
	Life Changes
	Learn Will of God
	Get Closer to God
	To Connect with God
	Way to Thank God

Sean reported the following when asked about prayer and the purpose of prayer:

“Well to me praying prayer, is uh how do I wanna put it talking to God you know. Um sharing how you feel with God, you know, asking God for what you need you know, asking God to something. It’s, it’s basically a relationship with God you know it’s it’s it’s our way of communicating with you know the higher power. Well the purpose of prayer is to get a stronger relationship with God. To have a stronger relationship with God means to basically win. You know when you pray and you wanna get closer to God that means to me you wanna do what he’s called you to do.”

When asked to define prayer and its purpose, in a casual manner and with little pre-thought, Greg offered the following thoughts and statements:

“Prayer is a way of communicating with God. It’s gaining a relationship with Him. And, ah, it helps, it help me as far as, lot of times when I want to release stress and to quiet my spirit down, I talk to God. And it has really helped me in my daily activities, when I wake up in the morning, it could be family differences, family misunderstandings, outside pressure, children problems, other family member problems, my job. It could be just everyday living. Prayer helps me deal with life, deal with work, deal with family. There are some positive benefits of praying. You are rewarded at the end with peace of mind. It builds your faith.”

When asked about the definition of prayer and the purpose of prayer, Sherrie made the statement below:

“Prayer, to me, is, um, my time spent with God and just talking to Him and asking Him for forgiveness and all the things that, um, would keep me grounded and help me to prosper in life. My alone time with God. The over-all purpose of prayer is to connect with God and have a relationship with God so that you are growing a spiritual relationship with Him. Prayer helps me grow spiritually and it builds my faith and to know that when I pray, that God will bring me through and He’ll answer my prayers.”

When asked about prayer and the purpose of prayer, Vedras’ response was similar to other interviewees. She stated the following:

“Prayer is a way, ah for me or whatever, to talk to God. Um, yah there’s different types of prayer. Prayer helps me because, always whenever you need somebody to talk to you don’t, sometimes you can’t call somebody on the phone or go over to somebody’s house. There is always somebody there. God is always there for you to talk to him. I can just feel the fact that He heard my prayer and that either He’s going to answer it then or He’s going to answer it soon. So I can just, just feel that’s He’s answering my prayers or He’s going to. Activities like prayer and church attendance builds my faith in God. It helps me keep the right perspective.”

When asked about the definition of prayer and the purpose of prayer, Jana reported her views and thoughts:

Prayer to me is a time when I speak with God. I speak with Him at stoplights. Knowing that God is listening and that He’s there is important to me. It gives me a feeling of calmness. It brings me a sense of peace. It makes me know that even though I may not believe that anybody else is there, that nobody else is listening to me or understanding me. I know that there’s always one person that listening or understanding me and that’s the man upstairs. In situations where my calmness and peace have not arrived after praying or knowing, I can get very discouraged or angry. My participation in prayer and activities gives me access to different levels of relationship with God.

The glossolates reported the following regarding the definition and purpose of prayer (see Table 2). Their responses regarding what is glossolalia is reported in research question number 4.

Table 2

What is prayer/glossolalia? (Glossolates' Response)

COMMUNICATION	PURPOSE
Talk To God	Ask For Something Touch God's Heart Remove Burdens Indicates Faith Have Needs Met Share Your Feelings Relate To God

When asked to define prayer and discuss the purpose of prayer, Lola reported:

Prayer to me is a direct communication to God. It's where you petition God's heart to move on your behalf. Uh something that's a burden, burdening your heart rather than you praying for someone else. It's asking God to move in a certain uh area give you favor cuz it's uh it's outside of your boundaries.

Markena was asked to define prayer and to discuss the purpose of prayer. With some pre-thought and consideration, she stated the following:

Prayer is communication with God. It's talking to God. It can be done anytime, anywhere, you can talk about anything. It's a very liberating experience when you have faith in God because you can also get help and answers that way. During times of prayer, the Holy Spirit is active.

In a similar fashion, when asked to describe prayer and to define its purpose, without much hesitation Telly reported the following:

Prayer is, um, just another term for communicating with God. Um, it's the way we talk to Him. It's the way we communicate with Him. It is our way of communicating with Him, a way of talking to Him. Talking to Him, letting Him know what the needs of our heart are, letting Him know what our desires are, letting Him know how we want other people helped, um, worshiping Him, um, it is the way that we communicate with Him, um, and that's the primary function of a prayer.

In summary when viewing the responses of the two groups, there are similarities themes. The similarity of group themes is the utilization of prayer as a means to get closer to God. Both groups reported that the act of praying or verbalizing specific needs is a means of getting closer to God, gaining confidence, living stress free, resolving problems, worrying less, and experiencing internal peace. There are no noticeable differences in the two groups' responses.

Second Research Question

The second research question concerned the effect general prayer and glossolating has on coping skills (see Tables 3). They were asked "How does prayer/glossolalia help you cope with life?"

Table 3

How Prayer/Glossolalia and Other Religious Activities Help Cope? (NonGlossolates' Responses)

MENTAL HEALTH	PERSONAGE/FAMILY	RELIGIOSITY/LIFESTYLE
Relieves Stress	Fellowship With Others	To Pray For Others
Gives Peace	Helpful To Me	Spiritual Growth
Helps With Life Pressures	Keep Out Of Trouble	Builds My Faith
I'm More Relaxed	Helps Family Problems	God Helps
I Worry Less	Helps Employment Issues	
I'm More Humble	Assist With Daily Living	
Avoid Depression	Highlight of My Life	
Avoid Poor Attitude	I Get Wisdom	
Avoid Negativity	Helps My Human Interactions	
Helps Feel At Ease	Helps Me Love Others	
Addresses My Doubts	I'm More Well Rounded	
Address My Loneliness	Helps Avoid Judging Others	
Avoid Fatigue	Better Self Care	
	Becoming A Strong Person	
	Gives Ability To Prosper	

Makes Me Stronger
Improves Decision Making
More Self Discipline

The non-glossolates reported that religious activities help them cope by helping them and their family. The activities help them by providing wisdom, strength (e.g., emotional, physical, spiritual), peaceful attitude, and stress relief.

They cope with life as a result of gaining a pure heart, remaining humble, not worrying, and staying focused. They also cope by learning how to interact with others better, treat each other right, avoid being judgmental, and to love people. The participation in religious activities helps them avoid depression, poor attitudes, negativity, poor focus, poor discipline, being defensive, frustration, depression, loneliness, doubt, trials, troubles, and worry.

The nonglossolates reported that their religious life helps them feel appreciated, encourages them to be nonjudgmental, and develops them as a person. The religious activities help by assisting adherents to understand their choices and by providing a sense of support. The activities also aid in avoiding anger and being pessimistic. Their worldviews are shaped by their religious activities, especially when attempting to understand good and evil (why things happen).

They reported that when dealing with life, their religious activities encourages them to help, accept, and love others. Central to their interactions with others is the belief that activities such as prayer can change a persons' mind and heart.

The nonglossolate adherents stated that before participating in religious activities, they sometimes are confused, angry, moody, fatigued, directionless, and become too

analytical in their thoughts. Others reported that their mood and disposition varies. After taking part in religious activities, they reported feeling relieved, calm, helped, good, more loving, and closer to God. They also experience comfort and gain strength from interacting with others. In addition, they experience a sense of purpose, identity, and peace. The positive experience encourages them to be themselves.

Greg reported the following regarding his coping skills and level of participation in religious activities:

At times I can say, I can, I get really be really confused, and this is why I always reach out and I ask God to, hey just show me. You show me the way. You show me, don't let it be my way, show me what your will is. And if this is the way it's supposed to be let me know. And after my prayer, maybe it might not be right then and there, but it do eventually come. And I'm there, I know it's there, and He answered. After taking part in a church service, I find myself reaching out to others more. I tend to extend myself outward and let the Christ in me come out.

Sherri was asked questions regarding her coping skills and participation in religious activities. She gave the following response:

I think it depends on what I have gone through on that day or that week. Um, regardless of what it is, I just, I feel up-lifted. I feel, um, I feel new, I feel like a brand new person after praying and after hearing a brand new message at church. I feel peaceful, joy, um, I just don't feel like, like the problems that I came into prayer or into the worship service. I don't feeling like they're there anymore. I just feel like it was just taken away. Um, the message and the prayer and just being in fellowship with, with believers around me, um, it really, it really brings something new to my soul. And it up-lifts and it, um, it just brings down all the problem that I came into. Even if I didn't come in with a problem, if it just like, dang, I'm tired, you know, I like, I'm not tired anymore, you know.

Vedra was clear and concise when she reported the following regarding her coping skills and level of participation in religious activities:

Sometimes, um, when I pray, especially when, um, like early in the morning or even late at night, I probably be kind of groggy, kind of tired, and then, ah, during my prayer I'm pretty much always pretty calm. Ah, I pray either, if I pray out

loud. It always is real low never real loud or I pray just to myself and then afterwards its almost like you feel kind of a refreshed feeling. Almost like an awakened feeling. Um, like a feeling of, um, almost like a, not a floating, but like lighter, relieved or like you just had, like a release or something like that.

When asked about her coping skills and level of religious participation, Jana offered the following:

My meditation, my, my walk when I get out of bed in the morning. That is my Christian activity. How am I going to present myself to, to life today. That is a Christian activity for me. I have to make a sound decision as to how I'm going to behave today, and is that going to be right with God, and before I put my feet on the floor, I ask him for that guidance, I ask Him for that assistance, because I can do it by myself.

It helps my overall it would be attitude. My religious activities helps make my day more relaxed, productive and positive. It makes everybody else that comes into contact with me in my life that day happier.

Table 4

How Prayer/Glossolalia and Other Religious Activities Help Cope? (Glossalates Responses)

MENTAL HEALTH	PERSONAGE/FAMILY	RELIGIOSITY/LIFESTYLE
Relieves Stress	Fellowship With Others	Helps Stay With God
Helps deal with life	Keep Occupied	Allows Integrate Ideas
Assist With Emotions	Make Good Decisions	Reminds I need God
Gives Peace	It Changes Lives	Inspiration Provided
Less Worry	Provides Help	Stay Sensitive To God
Less Anger	Helps Me Walk In Love	Allows Power Of God
Helps Manage Behaviors	Helps Stay Focused	Assurance of God
Avoid Crying/Depression	Makes Life Easier	Increase Faith
	Human Element Of Life	
	Reminds I Need People	

The glossolates reported that religious activities help them cope with life by staying busy. The activities help them manage life better. They view their participation as a way to obey God. Religious activities help change their behaviors such as loving others,

helps stay in God's presence, and helps to stay connected to their human nature.

Religious activities remind them that they need God and need others. The activities inspire them and renew them (gives a sense of being energized). The activities also give peace of mind, address their worries, and helps them make better decisions (see Tables 4).

Markena reported the following regarding how her religious activities affect her coping skill:

Normally I feel uplifted. Um, again, encouraged believing that I can go on and face the next day at work, or the evening with my children and family. Feel like I'm serving God, just at least trying to honor God because I feel like God has blessed me a great deal. When I come from church or prayer or bible study I feel enriched, like I have a bit more inspiration to use in my moving forward for the next week.

The participants reported that the actual act of speaking in tongues helps them deal with life and facilitates personal change. The experience encourages obedience to the spirit of God and allows God to manifest in their lives. During difficult times, speaking in tongues is believed to help them gain additional strength and courage to go on. The experience provides surety regarding God and gives confidence and faith.

It is also believed that speaking in tongues is a means to pray and communicate better with God. It allows for the experiencing of additional aspects of God such as Him being a true healer. The experience of speaking in tongues aids participants in their ability to settle down, focus, attain peace, improve their attitude, and manage their emotions/behaviors.

Overall, the glossolates believe that speaking in tongues improves their personage, assisting in gaining a positive outlook on life, and accepting disappointments.

They believe that speaking in tongues has the ability to increase their faith, fight temptation, avoid anger, and decreases occurrences of depression. The experience is also believed to assist in avoiding feeling isolated and confused.

The glossolates stated that their religious activities help develop their emotions, character, morals, values, and personality. In addition, their experiences aid them in dealing with life and family issues. For the most part, their activities provide perspective, encourages them to remain focused, positive, and at peace with themselves.

Before engaging in religious activities, the glossolates reported they expect to get strength and to experience personal change. After the activities, they reported feeling stronger, helped, uplifted, and experienced a sense of serving God. There also were reports of feeling the same after taking part in religious activities and that their emotional state can depend on what is taking place in their lives. Lola reported the following regarding her coping skills and participation in religious activities:

Um there used to be times when I used to go to uh fellowship and it was you go in and you come out the same way. That wasn't good enough. And then I began to pray and ask God to show me more. I was like it's more to you than just coming up in here or going into the sanctuary and coming out the same way. It's more. You want us to do more. And um I began to pray in the spirit and I began to ask God whatever you want me to do, you give that to me. You put it in my heart. Now I pray in the spirit and God began to put things in my heart and as I began to pray in the spirit and God began to put things in my heart and as I began to pray in the spirit I began to receive things.

In a similar fashion, Telly reported the that religious activities affect his coping skills in the following manner:

It just depends, you know, it really depends, you know. I can feel bad, um, you know, emotionally, or what have you, before a religious experience and afterwards I can still feel bad. You know, um, I can feel bad before a religious experience, feel better during a religious experience and then bad afterwards. I

can feel good before a religious experience, bad during a religious experience, bad after. So, it just, it just depends, it's not, in my opinion, it's not so much the religious experience, it's the knowledge that I have of God that gets me through how my body feels.

When asked how they feel after speaking in tongues, the glossolates reported feeling stronger, relieved, focused, and joyful. The glossolates also reported that after speaking in tongues, they feel wonderful, capable, a desire to serve God more, and productive in their Christian walk. A total of two of the glossolates reported that sometimes after speaking in tongues, there is no change in their emotions or desires.

The glossolates reported that as a positive, prayer spoken in English helps them stay focused and builds their esteem. The act of prayer is believed to strengthen their relationship with God and enhances their personage. The positives of prayer also include the ability to gain knowledge and to experience emotional healing. As a negative, prayer is believed to be an isolator and a means to promote beliefs. In addition, it can promote selfishness and competitiveness.

The glossolates reported that when praying in tongues, they have the ability to talk directly to God and are able to hear His voice better. The act of praying in tongues is believed to give the ability to discern situations (exercise good decision making) and see into the spirit realm (see the cause and effect of things). In addition, speaking in tongues helps them to be more obedient, humble, and at peace.

In summary, there are similarities of themes between the two groups. Both groups report that prayer/glossolalia helps them cope with life. The activities provide an emotional outlet, a positive perspective, and a sense of appreciation. There are no noticeable differences between the two groups' responses.

Third Research Question

The third research question concerned the participants' religious experiences that are associated with their religious lifestyles. They were asked "How do you describe your religious life?"

The nonglossolates describe their religious life as featuring prayer as being essential. They report to others that their experiences are positive, energizing, frees them from guilt, aids their character, and provides fellowship. They also share that religious activities serve as a means to enter into a place with God. They report to others that religious activities serve as a road that helps deal with difficult situations, people, and employment issues (see Table 5).

Table 5

How Do You Describe Your Religious Life (Nonglossolates' Responses)

MENTAL HEALTH	PERSONAGE/FAMILY	RELIGIOSITY/LIFESTYLE
Uplifting	Assist With Relationships	Part Of My Life
Builds Character	Promotes Personal Change	Relate To God
	Helps With Family Problems	Spiritual Maturity
	Helps With Job Issues	
	Opportunities For Fellowship	

When asked how he describes his religious experiences, Greg reported the following:

I have had a lot of my friends, they have tried to get me to go off to different events with them and say, like on Wednesday and I tell them no I have bible study and going to church. I let them know that it energizes me when I attend church or bible study, it prepares me for what's going to come at me in the week. Ah, it's

just something that I feel that in order for you to continue to let this relationship mature with God; you just have to do it. It's like you need gas in your car to run, you don't put gas in the car it won't run. I described it as my way of preparing myself for what I may face, ah, tomorrow or the next day; it is my, my link to God.

The nonglossolates describe to their religious life as fulfilling biblical commandments and as a life of faith. They utilize religious activities as a means to meet others, a way to stay connected to the community, and a means to address life problems.

Vedra described her religious experiences in the following manner:

Um, I tell people I go to church regularly, but its not just about going to church, its about actually fellowship and worshiping with your fellow church members and living, like a daily life of prayer. Like, usually one thing I have to do is pray at night before I go to sleep, but I also find myself, now, the older I get, praying in the morning, praying mid-day sometime when I'm at work. And the other times when something, like, difficult is going on, especially at my job where if you see when I'm done doing something difficult, maybe, with the job, I pray for that child and their family.

The nonglossolates reported that, they credit prayer as helping them avoid trouble. Prayer is believed to also help them deal with problems, gives them faith, promotes a peaceful attitude, and helps them manage stress. There also is the belief that prayer provides daily guidance and helps them be in the right place at the right time. In addition, prayer provides an avenue to help others.

They reported that another positive aspect of prayer is the act of relating to God, knowing that He cares, and knowing that He is listening. They reported that prayer has the ability to promote change in their lives as a result of God speaking to them and responding to them.

They identified and regularly share with others several negatives associated with prayer. It was reported that prayer could be used in an unhealthy way to fill personal

voids and as a means to self-medicate. In addition, there is the tendency and potential for prayers to become pointless and fueled by jealousy, fear, and assumptions. They also reported that praying could become routine and lose its private nature.

The glossolates describe their religious life as fulfilling biblical commandments as a lifestyle and as a life of faith. Telly reported that he describes his religious experiences to others in the following manner:

I, um, I just let them know that's just who I am now. You know, God is someone who can just change you, you know, transform you. Um, and you know I'm still Telly. I always will be, but my religious experience now is my life, it's who I am. I, um, don't really differentiate the two, you know, Telly's not separate from his relationship with God. Telly is his relationship with God. Um, so in explaining that to people, I just say, you know, my lifestyle and the way I live is based on my relationship with this person, which is God.

The lifestyle, which I have now that is based upon my relationship with God. I prefer it over the life I had before. Um, you know, it's extremely better. Um, you know, would I have had more or less? Who knows? That's neither here nor there, but spiritually, emotionally, I've got, the sky's the limit.

Glossolates utilize religious activities as a means to meet others, a way to stay connected to the community, and a means to address life problems (see Table 6). When asked by others, among other ideas, they describe speaking in tongues as a gift from God (see Table 7).

Table 6

How Do You Describe Your Religious Life (Glossalates' Responses)

MENTAL HEALTH	PERSONAGE/FAMILY	RELIGIOSITY/LIFESTYLE
Burdens Lifted	Assist With Relationships	Relate To God
Don't Worry As Much	How Makes Me Feel	Helping Others
Liberated & Free	Helping Others	Gift Of God
	My Personal Success	Role Of God/Bible
	Fellowship Opportunity	

Table 7

How Do You Describe Speaking in Tongues

MENTAL HEALTH	PERSONAGE/FAMILY	RELIGIOSITY/LIFESTYLE
		It's A Gift Of God
		It Is For Everyone
		Talking To God
		Hard To Discuss

When asked how she describes her religious experiences and speaking in tongues,

Lola reported the following:

I would pretty much describe speaking in tongues as a heavenly uh language uh It is a direct communication to God. Um it's a language that uh the enemy or Satan or the devil does not understand. When describing it to them I tell them how good of a feeling it is when you talk in a um in your heavenly language. Uh because you are, it is like you laying on Gods' chest. You know and just talking to Him. And you know you feel his spirit and sometimes you could see a vision of Him.

Speaking in tongues was also reported to be an opportunity for God to speak back through His scriptures. It was reported that everyone is eligible for this unique gift of God. Telly reported that the following regarding the uniqueness of speaking in tongues:

It is a language that is untrained and unlearned. It's purpose scripturally is to edify you and strengthen you. And sometimes speaking in tongues is also to edify the body, the whole church, um, to show that God is a spiritual God and to show His power and to show His gifts. Speaking in tongues, as far as the scripture is concerned, is a gift; it's something from God. And it's initiated, um, and it's an ability and it's a gift that's given to you by God.

I do not usually describe speaking in tongues to others. Um, it's really kind of difficult, you know, for the most part. I only do it because I have to because I'm a preacher, and I have to talk about it. And, you know, to anyone else, um, who, you know, if I'm witnessing to someone or talking to somebody about God, I do not even discuss it because it is too difficult. It is too comprehensive for people to try to understand at a particular stage in their Christianity. Um, but teaching on it,

you know, I have to go into detail and explain it. And, um, but I always kind of qualify it by saying it is for the ones who want to do it.

Sanda reported the following when asked how she describes her religious experiences and speaking in tongues to others:

I describe speaking in tongues to other people as a beautiful prayer language that comes from God and if they trust God that he would also give that to them. And it's something that they should desire to have when they um give their lives to the Lord. I share with others that speaking in tongues helps me stay encouraged, builds me up, and it also is a witness to nonbelievers about some aspect of God. I describe speaking in tongues to other by saying it's a gift of God that comes, that God give to anyone who wants to receive it.

The benefits uh of speaking in tongues would be you'll be able to discern and you'll be able to see into the spirit world. You'll be able to hear the voice of God more keenly. You'll be able to be sensitive to the voice of Him and to move and obey Him. Um you'll, you'll see miracles. Um you'll begin to um obey and you'll stay humble. Then you will stay very humble. Um you won't be as offensive you know um you'll just be (pause) you'll have that Christ-like attitude.

Your demeanor would be totally different where somebody would come up to ya and just ya know just you'd do just like Jesus. You wouldn't you wouldn't you just wouldn't you you'd hold your peace where in as if you didn't have the Holy Spirit you know you'd have something to say. You, you would definitely ya know put a grip on them and say I hey but if the Holy Spirit is in there it will put a check in your spirit and tell you to hold your hold your peace. The battle belongs to me and I'll and I will deal with this situation.

To me, speaking in tongues um allows you to hear God's voice, to be more sensitive, which then allows you to keep things in perspective; to um maintain your composure, to stay in line with Christian values and beliefs.

In a similar and consistent fashion with the other interviewees, Markena reported the following regarding speaking in tongues:

It gives peace, it builds me up, it gives me a humble state of mind. It also helps me focus on God and get close to God. It promotes intimacy with God and can be a time of healing and clarity. It's an act of faith for me too. Praying in English gives me a sense of direction, um, it offers guidance. It also helps with my humility and level of hope.

In summary, there are similarities of themes between the two groups. Both groups report that they describe their religious experiences as uplifting and a way to serve and relate to God. As a difference, the glossolates make a distinct difference when describing their times of praying in English and praying in tongues (see Table 8).

Table 8

What is the Difference Between Praying in English and Praying in Tongues?

ENGLISH	SPEAKING IN TONGUES
Can Understand What Saying	Can't Understand What Saying
Spirit Prays Through You	Spirit Prays Through You More
The Holy Spirit Is Present	Holy Spirit Takes Over
Power To Get Results	Power To Get More Results
God Gives What To Pray	Holy Spirit Takes Over Prayers
Pray As Feel Led	God Inspires/Leads The Prayer
There Is Power	Extra Power
Praying In The Spirit	Praying In The Spirit
We Pray For Others & Self	Spirit Prays For Us
Pray About Things We Are Aware Of	Pray About Things Unaware Of
Prayers Available To Everyone	A Prayer Gift From God
Prayers To God	The Deepest Prayer To God

Fourth Research Question

The fourth research question concerned what participants attributed to be the cause of prayer/glossolalia. They were asked “What causes prayer/glossolalia?”

The nonglossolates were not asked questions about speaking in tongues. As reported in research question number 1, they defined prayer and reported the purpose of prayer in a similar fashion. They defined prayer as communicating and talking with God. They also defined prayer as a way to thank God for everything

They reported that the purpose of prayer is to get closer to God so as to change their lives and release stress. The purpose is to gain a more meaningful and stronger

relationship with God. In addition, they reported that the purpose of prayer is to improve the likelihood of success in life issues and to request that their basic needs are met. They reported that prayer is a stabilizer of their emotions. Lastly, prayer was reported to be a way to learn the purpose of their life and that they pray at various times of the day in various locations such as their car or home.

Among other ideas, the glossolates defined glossolalia as a language that features speaking in tongues (see Table 9). The language is not taught to them. The language is believed to be experienced and not learned. It is considered vain and ungodly to be taught how to speak in tongues. It is believed to be a prayer to God that only He understands. They believe that neither devil nor humans can interfere with this type of prayer. They reported that glossolalia is similar to meditation that helps stay focused on God during prayer. Glossolates highly esteem the need and desire to have a close and vibrant relationship with God.

Table 9

What is Speaking in Tongues?

COMMUNICATION	PURPOSE
A Heavenly Language	Directly Talk to God
Speaking To God	Unknown Speech
A Type Of Prayer	Only God Understands
God Praying Through Me	Satan Can't Interfere
Praying In Language Not Learned	It Opens Doors Form Of
Meditation	Helps To Pray
	Brings Breakthrough
	Strengthens Level Of Faith
	Helps Endure & Focus
	Makes Things Possible
	God Intercedes/Pray Thru Me
	Helps Remain Humble

Builds Up Grounds A Person

When asked, Markena reported the following regarding what causes speaking in tongues:

Speaking in tongues is speaking in a language that you have not learned or have been trained for. And, um, some people I do it, I have done it. We learned in church that speaking in tongues was a way of being built up; your faith being increased when you speak in tongues, so sometimes I believe that that happens. I also believe that it's a form, it's sort of like a Buddhist who meditates. They believe that mediating and chanting these, um, these different words, sometimes they are not even words, they are just sounds. They believe that helps them to ground themselves. You know, bring, usher peace into their lives. You know, in my mind, speaking in tongues is very much like that. It's a way to ground yourself. It's a way to build up your faith, um, there's even been times where people have spoken in tongues and it truly was another language.

They reported that the purpose of glossolalia is to have direct communication to God. Because of the uniqueness of glossolalia, it has the ability to open spiritual doors (make things happen) and it is believed to prompt breakthroughs (important help). The unique aspects of glossolalia are that it encourages God to become involved and allows God to take over your prayer time. It also allows God to pray through them. In general the purpose of speaking in tongues is to break chains (experience relief) and address sickness. Sanda reported the following regarding what causes speaking in tongues:

To me that's um uh speaking in tongues is a prayer language that you speak unto God. Um it opens up many doors. Um speaking in tongues is a prayer language that when I don't know what to pray then that language takes over and prays for me and it speaks to God and it brings breakthroughs. It brings um results. It breaks chains. It uh builds me up. Um it makes me stronger in my faith. It helps me to endure um when it looks like it's impossible. When I get through praying in tongues there is the there is the impossible.

There is a difference between regular prayer and speaking in tongues. Um regular

prayer we can speak our language and we know what we're saying but when we're praying in the spirit, which is tongues, there is a difference. You pray in tongues God knows exactly what to do when you're praying in tongues but when we pray our language that's us praying, but it's better if we let the Holy Spirit pray, then we get more results if we pray in tongues.

When I'm praying in the spirit or praying in tongues that is the Holy Spirit praying, through me. When I'm praying in English, that's based on something that I feel I to ask God for. I'd rather pray in tongues because when I pray in English I sometimes don't know what to pray um. It it's like a blank. You just kinda, your mind just kinda goes blank. When this happens, I just say God you know I really don't know what to pray about this situation. Teach me or show me what to pray. And sometimes when you do that automatically the Holy Spirit will take over and that prayer language will kick in and begin to pray and it's just a there's a difference there. I, I've tried to pray the natural way but there is always a difference. God always just take over. That prayer language always just come forth and it just goes into um effect and more effect and then more things happen and I get more results when I pray in tongues.

When praying in tongues, the Holy Spirit comes in and gives a prayer language. Um it takes control because we allow it. If you don't allow God to take complete control of your prayer lifetime, your time of prayer, and let Him pray through you that way. He wants to pray through you then you won't get that prayer language to flow like you really like He really wants it to and to manifest itself and to do what it really wants to do through you.

Glossolalia also is believed to help adherents stay grounded (humble and encouraged). As a unique experience, glossolalia is believed to allow them to be obedient to God, gain access to angelic intervention (help), and operate in the supernatural (unseen world).

For glossolates, the emphasis appears to be gaining a closer relationship with God through speaking in tongues. The act of speaking in tongues on some levels indicates or promotes closeness to God. As a result of securing additional closeness with God, the glossolates believe that God is more likely to respond to their prayer request and needs in

a favorable way. They appear to have a need to be assured that God is listening to their prayers.

It is believed that speaking in tongues promotes a means to pray and communicate better with God. It allows the experiencing of additional aspects of God such as Him being able to remove sickness and pain. The experience of speaking in tongues aids participants in their ability to settle down, focus, attain peace, improve their attitude, and manage their emotions and behaviors.

In summary, for glossolates there appears to be a difference between regular prayer and speaking in tongues. It is believed by adherents that glossolalia provides more personal ability as a result of allowing God to pray through the speaker as a yielded vessel (individual). God is believed to inspire (take control of) the speaker during times of speaking in tongues. The taking control by God is believed to produce positive emotional results. The differences also include gaining a sense of humility and dependency on God as a result of not knowing what they are praying about. The act of speaking in tongues is thought to be a gift given by God. The gift gives the ability to encourage yourself and experience additional aspects of God.

Fifth Research Question

The fifth research question concerned the effect participants' perceived prayer/glossolating to have on their mental health participation. They were asked "What event led or would lead you to seek mental health services?"

There were three nonglossolates who have participated in individual counseling. They reported that legal, family, relationship, and personal problems are reasons why

they sought out mental health treatment. They also reported that treatment was sought so as to experience peace, to resolve their hurts, and to deal with their anger. They reported a sense of deep loss and realizing the need to move would serve as motivators to seek help. Sean reported the following regarding what led him to participate in mental health treatment:

Well I was for me um counseling was kinda forced you know so uh I kinda had to go because of my criminal activities. I mean to answer your question but ya know after having to go. I kinda took it like I probably should be there you know what I'm saying. Well you know what (laugh) for me group counseling was basically a look in the mirror. You know because you were forced not to lie cause I was in group counseling for um for the crime I committed you know. Um I don't know what I can say but um I had a uh sexual offense and you know I had to go to sex offender group therapy and you were forced to discuss the issues leading up to what you did.

Sherrie reported the following regarding what lead her to participate in mental health services:

Um, I have been receiving counseling, individual counseling for three months. I've only actually, um, gone to maybe, four or five sessions due to a work schedule. I sought counseling because my fiancé called off the engagement and because he later got married. I now realize that I need to move on and I need to be able to get these feelings and this, um, this whole situation under grips and talk about it.

Since attending counseling, I realize I can make it because I'm not the only one that's been through this. I can become a stronger person, um, and continue to do the things that I want to do and that there is somebody out there for me. I also learned that um, that I'm strong. Um, that I'm motivated, that I tend to allow, um, my emotions to take over and not listen to my heart. Like, I put a lot into something, but at the same time, when I'm putting something in, and my heart is telling me to do something else, and I tend to go with my emotions. So, I am working on that.

Jana reported the following regarding what led her to participate in counseling activities:

I was working with the mentally and physically challenged and I was hurt on the job. And I was having difficulty sleeping. And I was traumatized because of the injury and the events that took place during the injury. So therefore, I sought individual counseling, ah at that time. And we would discuss, ah, my emotional state, my family situation, um, my childhood, um, actually culture. We discussed culture, we discussed, um, different thing involving society and, and the different cultures that I was, um, have been a part of.

The nonglossolates reported that their counseling sessions were beneficial. They reported having learned new coping skills and the ability to set limits. They also learned proper ways to express their feelings.

There were a total of three glossolates who have participated in mental health services. The glossolates reported that they sought mental health treatment when having trouble making a decision and when their plans did not work. The need for understanding and a professional opinion also prompted them to seek help. They also reported that the need to talk to someone about their marital, employment, and personal problems led them to seek treatment.

Sanda reported the following as the reason why she sought out mental health counseling at a critical time in her life:

I sought out counseling when I was going through some hard times and um I needed to naturally talk to someone. I needed to, even though I'm a Christian, but I needed to talk someone naturally so I sought out this counselor.

Markena reported the following regarding her decision to participate in mental health counseling when she was experiencing marital problems:

I attended counseling several years ago due to marital issues. And to be quite honest, I don't know exactly what drove us in there. My husband and I wanted to communicate better. We went to a couple sessions and, and learned that there weren't real huge problems going on.

When asked, Lola with out much effort reported the following regarding what led

her to seek out a professional counselor:

I sought counseling because of marital problems. Um I was taught through my Christianity that uh marriage is supposed to be a certain way. The wife have uh certain duties and the husband have certain duties and you're a family. You're supposed to represent you know your faith but I married someone who was totally opposite. I have a lack of understanding. I could not believe the things he used to do, the things he used to say so I found myself saying, Lord, if it's me Lord, help me. I used to stand asking God to correct me cause I thought it was me but what I found out through counseling it was not me. I was not the one with the problem so therefore, through counseling, I mean two years of counseling, I have overcome the problems that I was experiencing uh because of a marriage that was not uh effective.

The glossolates reported that as a result of attending counseling, they learned about their emotional state and the impact that their childhood experiences have on them. They also learned why they were experiencing various hardships. They described their counseling experiences as positive in that they were able to be themselves and discuss their problems.

In summary, the groups had similar responses. Both groups preferred a Christian counselor. They chose a Christian counselor because of their lack of comfort with a non-Christian counselor. They both reported that family problems, legal problems, and loss issues led to them seeking professional counseling. There were no noticeable differences in their responses.

Sixth Research Question

The sixth research question concerned perception of their mental health providers' comfort level during clinical treatment. They were asked, "What has been your experience when seeking mental health services from a professional counselor?"

The nonglossolates were pleased with their mental health services. They reported that their counselor was well-prepared academically.

The nonglossolates reported that their non-Christian counselor rarely brought up the subject of God and when the subject was brought up, it was a short-lived topic. Sean reported the following experiences regarding religious topics during his mental health services:

The subject of religion came up during my treatment. Well um usually when the subject of uh religion came up it was usually from another member of the group. You know it wasn't usually from the therapist. He usually wanted to talk about sex and sexual issues. You know um but when it did come up it was usually short-lived. For the most part because it's only like one or two guys that really even cared to talk about how God played a part in you know them changing or you know them not changing whatever you know what I'm saying. Religion as a topic wouldn't too much be long drawn. I guess it just depends on who the therapist is you know all therapists just don't care about us seeing the Lord. You know they just care about the surface problem and that's it.

When Christianity or religion would be on the floor of discussion, my counselor wouldn't react in a negative manner. I mean and he wouldn't say he wouldn't wanna talk about it I mean he knows you know about God. He just chooses basically to keep it you know on the subject.

With the presence of some emotions and tears in her eyes, Sherri reported the following regarding her counseling experience with a Christian counselor:

I sought out a Christian counselor because it's important that the counselor understands where I'm coming from. She knows where I'm trying to go and how I'm trying to live my life. And she can redirect me in the direction where I can continue to be on that straight and narrow. Whereas if I went to a non-Christian counselor, I don't know if they would completely understand where I'm trying to go and how I'm trying to live of, you know, in the word of God.

For example sex. Um, a Christian, my Christian counselor, she is able to redirect me and bring me back to the bible and were it says that having sex before marriage is a sin. It's like one of the biggest sins that you can commit. It is important to save yourself. Where as if I went to a non-Christian counselor, they would probably say that I have needs, you're human. You know, um, you need to

just have sex. You're going to find some other way to satisfy your needs and your wants and your desires. So, you know, there's nothing wrong with having sex before marriage, as long as you're protecting yourself.

For non-Christian counselors who desire to service Christians, the nonglossolates suggested that the counselor make sure the client is comfortable and feels understood.

The counselor should make efforts to be versed in religion and schoolwork.

In addition, it was reported that efforts should be made by the counselor to get a full understanding of Christian beliefs. It was also reported that non-Christian counselors should gain biblical expertise on specific topics such as sex and money. Of importance to nonglossolates is for non-Christian counselors to respect their views, to establish rapport, and to keep their personal views to self. Sean reported the following regarding non-Christian counselors making an effort to understand the client and to build rapport:

To better serve Protestants or Christians, counselors should be aware that some people really need to know that somebody understands. I believe that they really should understand that it's really important to know that (pause) people wanna feel comfortable, you know um opening up and sharing. They should really understand that people want to feel comfortable because you're not really going to be able to open nobody's eyes or you know begin to help them to grow and uh and heal from what problems they're going through if you don't have any type of trust with them.

When people feel like they can relate to you or you can relate to them, I believe that they're more you know willing to share, more willing to listen. You know and if you got a word from uh the books, you know the therapy books as well as a word from God I just think I think that's like double trouble. You know double power. So I believe that people therapists today should really uh take that into consideration. I don't know if they do or if this is in the handbook somewhere that they should but they really should.

When asked, Jana reported the following regarding her mental health services experiences with a non-Christian counselor:

I did not have a Christian counselor, actually I think he was Jewish. This caused some problems. We didn't have a full understanding, I do not believe, he understood the Christian religion to a certain degree. He was a Jewish man and he had different things to say about the different cultures. He often tried to make choices for me that I don't feel I should have made. His level of concern was due to his background. He was an Indian doctor. The differences in our culture and differences in religion was obvious.

My counseling experience was positive. At the time, I guess, it gave me an opportunity to talk to somebody on the outside in regards to some of the issues I was dealing with. But I was so guarded with, with myself, at that time. I was very guarded with my personal feelings. I never, at that time, spoke to any one about my true feelings or what I was feeling on the inside.

I was guarded because I had never spoke to anybody regarding my personal feelings. And I felt a sense of betrayal to myself if I let those feelings out. And so therefore, I kept those things quiet.

To better serve Christians, professional counselors should be aware of the individual person. I think so often time's people forget who they are. They forget what their purpose is on this, on this, in this world, and often times I think counselors, themselves, are human beings, and they forget that to. And if you are speaking with an individual, then you need to, you need to be cognizant of that. You need to realize that they are individuals and just because one individual may look, or, you know, portray themselves like, maybe somebody else, um, they're still individual people. And everybody has individual personalities and, well, you can't put us all in a box and treat us like we're all the same because we definitely are not.

The interviewees shared critical information about their counseling experience.

They reported that they learned the power of images. They also learned how to admit being wrong and how to face their mistakes. Their mental health treatment services changed their views regarding the opposite sex and they learned the importance of having empathy for people. At the core of their learning was gaining confidence in themselves and realizing that they are not the only one. They reported that at times, they were embarrassed during counseling sessions and on occasion did not disclose everything due to self-betrayal issues.

To better serve Christians, the glossolates suggested that non-Christian counselors go beyond book knowledge and gain an awareness of religious beliefs. In addition, non-Christian counselors should make special efforts to be sensitive, open minded, good listeners, and encourage their client to speak in tongues.

The glossolates reported that their Christian counselors felt comfortable discussing God. They reported that during the counseling sessions, reference to the bible were often made. There also was discussion regarding scriptures. The Christian counselors encouraged the glossolates to view life from a religious perspective, academic perspective, and a theoretical perspective. Lola reported the following regarding her mental health services experiences:

My counseling experience was a great experience. It was a learning experience cause the Christian counselor that I went to was a pastor of a church. So therefore, he was in relationship. He was in good to me. He was in relationship with God. Uh he would tell me what the bible say and then you know also give me uh just information from studies he had done over the years. Um I think I was very blessed and um that he could relate to me. My counselor could relate to me from a Christian like way and in Christian talk.

One of the glossolates participated in treatment with a non-Christian. Sanda reported the following regarding her participation:

I attended sessions with a non-Christian counselor. I assume she didn't go to church uh a whole lot you know but she respected the fact that I love God. She respected that. And she admired it. Overall she was supportive of my religion and my speaking in tongues. Every-time she sees me she's like compliments my calmness. My counselor was comfortable with my tongue speaking. Yes. She she's okay with that. She supported whatever made me free.

To better service Protestants and glossolates, counselors should be sensitive. If their uh patients say that they speak in tongues, they should be um sensitive to them. Some uh patients are afraid to tell their counselors that they speak in tongues. You know but I wasn't. I told mine I'm a tongue talker. She was very supportive.

In summary, there are similarities of themes between the two groups. Both groups report that non-Christian counselors were not comfortable discussing religious topics. They also reported that non-Christian counselors should make special efforts to understand the religious life of their clients by reading and taking classes. There were no noticeable differences in their responses.

Discrepant Cases/Non-Confirming Data

There were discrepant cases and nonconforming data findings. The discrepant data was secured from interviewees who currently are employed in the health and human services field or the helping field. Telly (a glossolator) reported that in his ministerial capacity, he doesn't view himself as providing counseling. He views his individual consultations with adherents as edification (encouragement) sessions where the goal is to address their problems through the scriptures. When his efforts through scriptural support are not effective, he refers the adherent to a mental health professional. Likewise, he reported that professional counselors should refer adherent back to their minister when a scripture based rationale is desired or when the typical counseling approaches are not working.

Telly reported the following regarding his experience with parishioners and their mental health needs:

In my ministerial capacity, I would not say that I perform counseling to parishioners or other Christians or non-Christians. Um, it's not so much counseling in my mind, it's more or less edifying them or trying to build them up in areas where they're weak at, as far as the faith. Um, in my mind, a counselor is somebody who's trained to be a counselor to deal with psychological issues. My, um, training is dealing with biblical issues as they relate to an individuals' life.

My helping parishioners goes only as far as edifying and biblical direction. I know to refer them to a professional counselor when I can't help them with God's word. I reach this point most of the time because they usually are not listening to what I'm saying. I have to remember that members of my church come to me because they want help. If I'm not helping them, I must refer them on. On the other hand a professional counselor should refer a person back to their minister when the person wants a scriptural rationale for that issue that they are confronted with.

Kalvin is a glossolite and a college instructor. He stated that as a professional he provides students with opportunities to develop their minds. He reported the following regarding his students and their mental health status:

I never initiate discussions regarding religion or God. However, if the client or students initiate the topic, I will follow their lead. I call this process as meeting the client in their space. As a psychologist who evaluates clients and as a professor at the university, I would encourage other Christian professors or evaluators to be mindful of several things. First, I would encourage them to be aware that we are developing people and that we have to respect their beliefs. Our goal is to develop individual minds and for them to develop their own belief.

Vedra is a nonglossolite and is a licensed mental health counselor. She reported that she does discuss religion with her clients. When asked about her counseling sessions, she stated:

I enjoy the counseling process because it is fulfilling and an avenue to help others. I discuss religion and God with my clients only when they desire to discuss it. When the conversation moves towards Christian themes, most of my clients are comfortable even if they may not be Christians. I find that individuals are looking for Christian guidance and that once the subject comes up, the client appears to relax and open up more.

The Christians that I counsel often are hesitant to take psychotropic medication. They report that they don't think they need medication. When looking back from a Christian counseling perspective, I wish my graduate school training had prepared me for counseling Christians.

My professional experiences have been positive. Um, you would never imagine how, uh, much you can change somebody's life being able to just be able to let them have somebody to talk to about the things that be going through there mind. As I provide help to families in individual counseling or family counseling, I experience the same gratification as found when I perform my Christian duties. Both duties are so fulfilling. I'm almost like addicted to it. I just absolutely love it and, um, it's great in, um, helping people, it's like, um, one of those natural highs for me.

When providing counseling, I bring religion up as a topic if they desire to discuss it. Sometimes clients will ask me what kinds of things I do or what helps me. I explain to them the role that prayer and the scriptures play in my life. I haven't had a client yet, to report that the discussions regarding religion have not helped them.

When the conversation moves towards Christian topics, most of the clients are very comfortable. I'm becoming more comfortable with it myself because once I state that I'm a Christian to a client, they can begin looking to me for Christian guidance.

When I'm counseling non-Christians clients, I find that they don't avoid the subject of religion. Usually once they find out that I'm a Christian we may talk about pray. They usually are still pretty much open to it.

In summary, the responses of the minister and mental health counselors confounds the study. As mental health providers, their perspective has a focus on helping clients to work through their symptoms. They are very mindful of boundaries and ethical issues.

Unifying Meaning For NonGlossolates

There are several unifying meanings associated with nonglossolates' religious experiences.

#1 Prayer Life Unifying Meaning

There is a unifying theme regarding non-glossolates' religious activities. The nonglossolates' experiences and beliefs regarding prayer are similar. They experience

and view the phenomenon as a means to get closer to God. The act of gaining a closer relationship with God is thought to enhance their level of confidence, decrease occurrences of stress, resolve issues of worry, and promote internal peace.

The nonglossolates describe their religious life as featuring prayer being essential. They report that their experiences are positive, energizing, frees them from guilt, aids their character, and provides fellowship. Their religious activities serve as a means to enter into a place with God and a road that helps deal with difficult situations, and employment issues.

#2 Religious Activities Unifying Meaning

The nonglossolates describe their religious life as fulfilling biblical commandments and as a life of faith. They utilize religious activities as a means to meet others, a way to stay connected to the community, and a means to address life problems.

The nonglossolates reported that religious activities help them cope by helping them and their family. The activities help them by providing wisdom, strength (emotional, physical, spiritual), peaceful attitude, and stress relief. They reported that religious activities help them cope with life by providing resolution, help with family, and help with work problems. The activities help them keep a pure heart and the proper motives when dealing with others. Religious activities help them to avoid depression, sadness, and feeling overwhelmed. Religious activities provide a sense of appreciation and connection to others. It was also reported that religious activities help build their character.

#3 Personal Views Unifying Meaning

As an unifying theme, the nonglossolates reported that their religious life helps them feel appreciated, encourages them to avoid being judgmental (harsh towards others), and develops them as a person. The religious activities facilitate this by assisting adherents to understand their choices and by providing a sense of support. The activities also aid in avoiding anger and being pessimistic. Their worldviews are shaped by their religious activities, especially when attempting to understand good versus evil.

They reported that when dealing with life, their religious activities encourages them to help and accept the love of others. Central to their interactions with others is the belief that activities such as prayer can change a persons' mind and heart.

#4 Emotional Relief Unifying Meaning

As a unifying theme, nonglossolate adherents stated that before participating in religious activities, they sometimes are confused, angry, moody, fatigued, directionless, and become philosophical in their thoughts. Others reported that their mood and disposition varies. After taking part in religious activities, they reported feeling relieved, calm, helped, settled, good, more loving, and closer to God. They also experience comfort and gain strength from interacting with others. They also experience a sense of purpose, identity, and peace. The positive experience encourages them to be themselves outward and to let the Christ in them come out.

#5 Coping With Life Unifying Meaning

As a unifying theme, the nonglossolates cope with life as a result of gaining a pure heart, remaining humble, not worrying, and staying focused. They also cope by learning how to interact with others better, treat others right, and to love people. The

participation in religious activities help avoid depression, poor attitude, negativity, poor focus, poor discipline, being defensive, frustration, loneliness, doubt, and worldly things.

#6 Mental Health Participation

There were unifying themes regarding nonglossolates and mental health participation. They reported that legal, family, relationship, and personal problems are reasons why they sought out mental health treatment. They also reported that treatment was sought out so as to experience peace and to resolve their hurts and anger. They reported a sense of deep loss and realizing the need to move would serve as motivators to seek help.

The nonglossolates who have participated in mental health treatment, preferred a Christian counselor. They chose a Christian counselor because of similar values and spiritual insight in subject areas such as sexual needs and the sin nature (tendencies towards counter-productive actions). They reported that during counseling sessions, they learned the power of images. They also learned how to admit being wrong and how to face their mistakes. Their mental health treatment changed their views regarding the opposite sex and they learned the importance of having empathy for people. At the core of their learning was gaining confidence in themselves and realizing that they are not the only one.

They reported that their non-Christian counselor rarely brought up the subject of God. When group members brought the subject up, it was a short-lived topic. They reported that their Christian counselors felt comfortable discussing God. During the sessions, reference to the bible was often made. There also was discussion regarding

scriptures. The Christian counselors encouraged viewing life from a religious perspective, an academic perspective, and a theoretical perspective.

For non-Christian counselors who desire to service Christians, the nonglossolates suggested that the counselor make sure that the client is comfortable and feels understood. The counselor should make efforts to be versed in religion and schoolwork. As well, efforts should be made by the counselor to get a full understanding of Christian beliefs and biblical perspective regarding topics such as sex and money.

Of importance to nonglossolates is for non-Christian counselors to respect their views and to keep their personal views to themselves. For Christian counselors who provide treatment to other Christians, it was suggested that they remember that humans make mistakes and that Christians often stumble. It was reported that Christian counselors should keep in mind that everyone eventually needs help regardless of their spirituality and love for God.

It was also suggested that Christian counselors should provide direction and guidance, not judgment and their personal opinion.

Unifying Meaning For Glossolates

There are several unifying meanings associated with glossolates' religious experiences.

#1 Speaking In Tongues Unifying Meaning

There is a unifying meaning regarding speaking in tongues. Glossolates appear to cherish and have great anticipation regarding the ability to speak in tongues during their time of prayer. On some levels, they feel fortunate and special to be a benefactor of the

phenomena. As a result, they appear to approach life and religious activities with implied privileges that are believed to promote more successful living. This fact along with instances of interpreting various biblical scriptures literally, provides glossolates with hope and what is believed to be more significant Godly intervention into their lives.

The belief that speaking in tongues encourages Godly intervention is unique and is critical to the religious experiences of glossolates. They believe that Godly intervention by angels and the ability to overcome problems is a benefit of speaking in tongues.

#2 Additional Power Unifying Meaning

As a unifying theme, speaking in tongues is believed to increase adherents' level of personal power. The phenomenon is believed to provide additional access to God. Speaking in tongues appears to provide glossolates with access to additional resources and abilities. The act of speaking in an unknown language during times of prayer has more abilities than prayers that are prayed in English. Glossolalia is believed to allow God to pray through the speaker and to take control (inspire). The taking control by God is believed to produce more personal power and positive life results.

#3 The Gift of Speaking In Tongues Unifying Meaning

As a unifying theme, the act of speaking in tongues is thought to be a gift given by God. The gift gives the ability to encourage yourself and experience additional aspects of God. The experience of speaking in tongues was described as an awesome feeling. It was also described as a difficult experience to discuss.

#4 Access To God Unifying Meaning

As a unifying theme, it also is believed that speaking in tongues promote a means to pray and communicate better with God. The glossolates reported that when praying in tongues, they have the ability to talk directly to God and are able to hear His voice better. The act of praying in tongues is believed to give the ability to discern situations (make good decisions) and see into the unseen world (spirit world).

#5 Personal Views Unifying Meaning

As a unifying theme, overall speaking in tongues is believed to improve the speaker's personage, assist in gaining a positive outlook on life, and acceptance of disappointment. It is believed that speaking in tongues has the ability to increase an adherents' faith, fight temptation (self management skills), avoid crying spells, and decreases occurrences of depression. The experience also is believed to assist in avoiding feeling isolated and confused.

It was reported that the actual act of speaking in tongues helps deal with life and facilitates personal change. The experience encourages sensitivity to the spirit of God and allows the power of God to manifest in their lives. During difficult times, speaking in tongues is believed to protect, encourage, strengthen, and builds up. The experience provides surety regarding God and gives the speaker confidence and faith.

#6 Religious Activities Unifying Meaning

The data reports a unifying meaning regarding the role religious activities play in glossolates' overall life scheme. The glossolates stated that their religious activities help develop their emotions, character, morals, values, and personality. In addition, their experiences aid them in dealing with life and family issues. For the most part, their

activities provide perspective and grounds them when efforts are made to remain focused, positive, and at peace with themselves.

#7 Emotional Relief Unifying Meaning

As a unifying theme, before engaging in religious activities, the glossolates reported they expect to get strength, help, and to experience personal change. After the activities, they reported feeling stronger, helped, enriched, and inspired. A sense of serving God is experienced. There also were reports of feeling the same after taking part in religious activities.

When asked how they feel after speaking in tongues, the glossolates reported feeling uplifted, relieved, focused, drunk in the spirit, and built up. There also was reference to the feeling being beautiful and powerful. The act of speaking in tongues prompts them to want to serve God more and to be more productive in their Christian walk. It also was reported that after speaking in tongues, adherents could feel the same.

#8 Coping With Life Unifying Meaning

There is a unifying theme regarding glossolalia and coping with life. The glossolates reported that religious activities help them cope with life by staying busy. The activities help them deal with life. They view glossolalia as a way to surrender to God. Their religious activities are believed to help change their behaviors toward others. The glossolates reported that religious activities remind them that they need God and need others. The activities inspire them. The activities are believed to give peace of mind, addresses their worries, and help them make better decisions.

It was reported that the actual act of speaking in tongues helps deal with life and facilitates personal change. The experience encourages sensitivity to the spirit of God and allows the power of God to manifest in their lives.

It is also believed that speaking in tongues promotes a means to pray and communicate better with God. It allows adherents to experience additional aspects of God such as Him being a true healer (able to heal their physical being and emotions). The experience of speaking in tongues aids participants in their ability to settle down, focus, attain peace, improve their attitude and manage their emotions/behaviors. In addition, it is believed that glossolalia helps them to be more obedient, humble, and at peace.

#9 Mental Health Services Unifying Meaning

There were unifying themes associated with glossolates and mental health services. The glossolates who have participated in mental health treatment preferred a Christian counselor. Their preference is based a lack of comfort with a non-Christian counselor.

The glossolates reported that they sought mental health treatment when having trouble making a decision and when their plans did not work. The need for understanding and a professional opinion also prompted them to seek help. They also reported that the need to talk to someone about their marital, employment, and personal problems led them to seek treatment.

They reported that as a result of attending counseling, they learned about their emotional state and the current impact of their childhood experiences. They also learned

why they were experiencing various hardships. They described their counseling experience as positive in that they were able to be themselves and discuss their problems.

To better serve Christians and glossolates, it was suggested that non-Christian counselors go beyond book knowledge and gain an awareness of religious beliefs. In addition, they should make special efforts to be sensitive, open minded, good listeners, and encourage their client to speak in tongues.

#10 Mental Health Participation Unifying Meaning

There were unifying themes associated with glossolates and mental health participation. The glossolates who have participated in mental health treatment preferred a Christian counselor. The glossolates reported that their Christian counselors felt comfortable discussing God. They reported that during the sessions, reference to the bible was often made. There also was discussion regarding scriptures. The Christian counselors encouraged viewing life from a religious perspective, an academic perspective, and a theoretical perspective.

In summary, this chapter reported on how the data was obtained, reviewed, and tracked. In addition, this chapter reported on the data's emerging understandings and unifying meanings. The identified emerging understandings and unifying meanings will be summarized in chapter 5. In addition, chapter 5 will provide conclusions regarding each research question and report on the outcome of the research. In addition, chapter 5 will report on how the findings of the study relates to the larger body of literature and the implications for social change. Chapter 5 also will discuss recommendations for action, the need for further studies, and a reflection on the researcher's experiences.

CHAPTER 5:

Findings

Introduction

This study examined religious experiences such as prayer and glossolalia. The existing body of literature is not clear as to how each experience affects coping skills and whether or not the religious phenomena promotes mental instability.

A qualitative method research design was utilized to report on the mental health services experiences, religious experiences, coping skills, and mental health status of nonglossolates and glossolates. A phenomenological study was used to describe the meaning of the individuals' experiences and statements of meanings. A total of 10, standard in-depth interviews took place. There were four males and six females interviewed. The participants were asked a series of open-ended questions that generated qualitative data. The data collection was conducted utilizing standard qualitative tools and was stored in a series of well-labeled computer program files. Once collected, the data was classified and placed into clusters of meaning that later became the written account.

This study documents the effect that prayer/glossolalia and various religious activities have on how religious persons cope with life and their mental health status. The data appears to report several themes associated with nonglossolates' religious experiences. The themes include religious activities such as prayer and worship promoting closeness to God, personal development, and emotional relief. The themes

also include nonglossolates preferring Christian counselors and a need for non-Christian counselors to respect the religious values of Christians.

The data reports themes associated with glossolates' religious experiences. The themes include glossolalia being a better means to communicate with God during prayer and glossolalia providing adherents with additional access to God. The themes also include glossolalia being a gift given by God, improving personal emotions, and promoting empowered life experiences. In addition, there appears to be themes associated with glossolates participation in mental health services. They preferred a Christian counselor and reported that non-Christian counselors need to become more open-minded and gain an awareness of religious beliefs.

Interpretation of Findings

The first research question explored the purpose of prayer/glossolalia and the effect glossolalia has on mental health status. The data appears to suggest that there is not a basic difference between nonglossolates and glossolates views regarding prayer. The data also appears to report that there are positive attributes of prayer/glossolalia as it relates to mental health status. The nonglossolates' views appear to focus on prayer being a means to resolve interpersonal conflicts. In a similar fashion, the glossolates' views appear to focus on prayer as a means to resolve interpersonal conflicts. Based on the participants' responses, one of the outcomes of the data appears to be a unifying theme regarding nonglossolates' and glossolates' prayer life. When observed, the two groups defined prayer as a formula of words, thoughts or gestures spoken to God or the sacred with the intent of having their needs or the needs of others addressed (Ameling, 2000;

LaTorre, 2004). For both groups, the goal of prayer appears to be the gaining of confidence, living stress free, resolving problems, worrying less, experiencing internal peace, getting closer to God, being uplifted, and receiving help.

For nonglossolates and glossolates, prayer/glossolalia may have a positive effect on mental health status. This finding is consistent with previous studies. It is documented in the current body of knowledge and in chapter 2 of this study that various aspects of religious involvement are linked with desirable mental health outcomes, normal personal functioning, positive self-esteem, and personal efficacy (Bergin, Masters & Richards, 1987; Bergin, 1991; Ellison; 1998; Pargament, 2002).

The second research question examined the effect prayer/glossolalia and other religious activities have on coping skills. The nonglossolates reported that religious activities help them in critical areas of their lives such as family living, emotional healthiness, and managing their stress. In a similar fashion, the glossolates reported that religious activities help them cope with life by staying occupied, remaining conscious of God, receiving inspiration, and providing assistance when dealing with others.

Based on the data, there appears to be similar outcomes regarding themes associated with nonglossolates' and glossolates religious activities and coping skills. When viewed more closely, for both groups religious activities appear to promote a sense of community, inner cleansing, family support, personal development, and resolution to life problems.

This study appears to report that for nonglossolates and glossolates, participation in religious activities can lead to enhanced coping skills. This finding is similar to related

current research and theories found in chapter 2 of this study which documents that religiosity can have a positive effect on depression, stress, and other mental health outcomes (Sherkat & Ellison, 1999; Regnerus, 2003; El-nimr, Green, & Salib, 2004; Abraido-Lanza, Vasquez & Echeverria 2004; Jang & Johnson, 2004).

The third research question focused on the various religious experiences associated with prayer and glossolalia. The nonglossolates appear to report that their religious life featured prayer being essential, positive, and a source of joy. The glossolates appear to report that their religious experience of glossolalia is inspirational and promotes a positive life outlook. When analyzed, the data appears to document similar outcomes regarding themes associated with nonglossolates' and glossolates' religious experiences. When viewed on a personal level, the experiences promote a sense of appreciation, personal change, an understanding of evil versus good, and acceptance of others. When approached from an emotional level, for both groups the experiences provide answers to their daily emotional needs, promote hope, and provide inspiration.

This study documents that religious experiences may have a positive impact on nonglossolates and glossolates. This finding is similar to current studies and the associated theories reported in chapter 2 of this study. Theories documented in Chapter 2 of this study reports that there is a positive association between religious attendance and life satisfaction, psychological well-being and Christian faith, and psychological adjustment and coping with stressful life events (Hintikka, 2001; Francis & Kaldor, 2002; Siegel & Schrimshaw, 2002).

The fourth research question examined what participants view as the cause of prayer and glossolalia. The nonglossolates reported that prayer is initiated by their desire to experience a different outcome in their lives. The glossolates appear to define prayer in two ways. They reported having a general prayer life that features praying in English. This type of prayer is similar to that of nonglossolates' prayers and is believed to help glossolates deal with life.

The glossolates also reported having a prayer life that features speaking in tongues. For glossolates, speaking in tongues seem to be a unique experience that promotes positive well-being.

This study reports that the religious experience of speaking in tongues may benefit glossolates. This finding is consistent with previous current studies and theories reported in chapter 2 of this study. It is documented that glossolalia is a peak experience that fulfills psychological needs, promotes affiliation, encourages social sharing, provides comfort, soothes and facilitates healthy mental status (Gowins, 1990; Mumford, 1995; Phipps', 1993; Lovekin & Maloney, 1977; Smith & Fleck, 1981).

The fifth research question reflected on participants' perception of the effect prayer and glossolalia has on their participation in mental health services. The nonglossolates and glossolates stated that life issues, the need to make a decision, and problems moved them towards seeking mental health services.

It appears that the nonglossolates and glossolates prefer a Christian counselor due to perceived similar values and beliefs. Both nonglossolates and glossolates addressed the importance of mental health providers as value-free and embracing of religion within the

treatment plan. This finding is inconsistent with the current literature and theories found in chapter 2 of this study. It is documented that mental health providers sometimes pathologize religion and/or fail to embrace religion in the treatment plan (Bergin, 1991; Myers & Truluck, 1998; Hintikka, 2001; Pargament, 2002; O'Connor & Vandenberg, 2005). Mental health provider's failure to remain balanced, fair, and value-free during sessions can undermine therapeutic techniques, goals, measurement of treatment's success, and the structure of therapeutic sessions (Zinnbauer & Pargament, 2002; Bergin, 1991; O'Connor & Vandenberg, 2005).

The sixth research question investigated mental health providers' comfort level during clinical treatment. Both groups appear to report that non-Christian counselors typically avoid religious discussions during treatment sessions due to being uncomfortable. They also noted, however, that some non-Christian counselors were effective in treating Christian clients. In addition, both groups reported the importance of Christian counselors not being judgmental and opinionated. They appear to believe that their Christian counselor was more comfortable discussing religious topics.

The findings of this study appear to document that non-Christian counselors are not comfortable discussing religious topics. This finding is similar to reports found in the current body of knowledge and chapter 2 of this study. The current literature reports that mental health providers are often less involved in traditional religious practices than their clients, tend to view the inclusion of religious material in counseling as less important than do clients and fail to resolve their own level antagonism and conflict due to failure to provide value-free treatment (Bergin, 1991; Pargament, 2002).

The findings of this study documents discrepant cases and nonconforming data information. The data offers perspectives held by mental health providers and a minister. As reported in the data, there appears to be an outcome regarding themes associated with the discrepant cases. It appears that the mental health providers and the minister seek to empower individuals in their daily living. Their goal is for clients to discover their way for themselves as opposed to being told how to move on emotionally.

In summary, this study reports on the relationship found between religiosity and mental health status. The findings relate to theories of personality espoused by Millon. He reported on religious and psychological maladaptive features and an individual's resulting interactions and internal tendencies. As argued by Millon, the findings of this study document that psychology and religion have a positive effect on personal well-being, mental health status and life satisfaction. Specifically, this study explored research questions that documented the processes that mediate a positive relationship between religiosity and mental health topics such as psychological states, personal hope, coping skills, and emotional support.

Implication for Social Change

This study generates specific information regarding the religious experiences of glossolates and nonglossolates in terms of their coping skills, mental health status, and mental health services participation. The resulting themes can provide educators, religious leaders, mental health practitioners, social scientists, and medical professionals

with useful information that serves as a resource when servicing the mental health needs of clients.

This study can be used to initiate discussions regarding the positive effects of glossolalia and the several similarities between nonglossolates and glossolates. The discussions can possibly lead to less stereotyping of nonglossolates and glossolates by mental health providers, an increase in the number of mental health service workers who seek out religion related continuing education units, and an increase in the comfort level of mental health specialist when discussing religious experiences such as prayer and glossolalia with their clients.

Recommendation for Action

To better service the expressed mental health needs of glossolates and non glossolates, there are several underlying thoughts and action steps that could be explored. Firstly, there must be an understanding within the current body of knowledge of the relationship between prayer and faith as it relates to mental health functioning. An understanding in this area is necessary because of the positive effect religious activities such as prayer can have on mental health status.

To better understand the relationship between prayer, faith, and their mental health status, it appears that glossolates would benefit from taking part in personal studies on religion and mental health. As well, they possibly would benefit from capturing the essence of their prayer life and life of faith via journaling and various forms of storytelling. These measures would aid nonglossolates and glossolates in moving forward in their religious activities and overall mental health status.

To aid nonglossolates and glossolates in better understanding the relationship between prayer, faith, and mental health functioning, religious organizations and clergy could develop and instruct faith-based courses, videos, and curriculum. The establishment of formal and informal channels for nonglossolates and glossolates to explore and discuss their faith and prayer with others also would also be beneficial.

To aid mental health providers in their understanding of the relationship between prayer, faith, and mental health functioning, institutions of higher education/educators could make a conscious effort to address religiosity in their curriculum. Graduate school required course work on religiosity and servicing religious persons would provide mental health practitioners with the necessary tools, resources, and confidence. This measure would improve the quality and effectiveness of mental health treatment provided to nonglossolates and glossolates.

Secondly, the religious experiences and religious beliefs of nonglossolates and glossolates should be viewed as important and mainstreamed. The ability of religious experiences to promote positive mental outlook should be recognized and focused on as a viable religious activity.

On an individual level, religious persons could view the their religious experiences as a critical aspect of their religious beliefs and lifestyle. They could make a conscious effort to remain attached to others and their community. They also could share their experiences and the resulting emotional benefit with others. These measures would highlight the importance of prayer and glossolalia as a religious activity.

To establish the importance and religious beliefs of nonglossolates and glossolates, religious organizations, institutions of higher education, mental health providers, parishioners and clergy could encourage interdenominational fellowships, co-sponsor a conference and promote scholarly research. These measures would facilitate additional research, highlight similarities between nonglossolates and glossolates, normalize the phenomena of prayer and glossolalia, develop theoretical and conceptual frameworks and enhance clinical treatment services.

To enhance mental health services provided to nonglossolates and glossolates, in general institutions of higher education/educators could offer focus groups, coursework, and training sessions that highlight the similarities between nonglossolates and glossolates. To specifically address the comfort level of nonglossolates and glossolates, institutions of higher education/educators could forge partnerships with Pentecostal/Charismatic churches and encourage field research that explores prayer and glossolalia. These measures would improve nonglossolates' and glossolates' mental health services outcomes.

Recommendations for Further Study

The results of this study provide a good foundation for understanding and servicing the mental health needs of nonglossolates and glossolates. From the findings and implications of this study, recommendations can be made to institutions of higher education/educators, clergy, mental health providers, and others.

It is recommended that graduate school programs make a conscious effort to prepare students to address religiosity within the treatment plan. Further study is needed

on this subject so as to determine the effectiveness of mental health services that are provided to glossolates and nonglossolates.

It is also recommended that further study take place regarding nonglossolates and glossolates and psychopathology. The data from this study does not adequately investigate the presence of psychopathology. Additional study is needed to determine if mental health providers misdiagnose nonglossolates and glossolates.

Researchers' Reflection

At the onset of this study, I was not sure if glossolalia negatively affected the emotional functioning level of individuals. On a personal and professional level, I needed this question answered. As I reviewed the current body of literature, I was somewhat disturbed by the lack of recent studies and lack of quality investigation into the underlying processes associated with prayer and glossolalia. At the root of my concern is what appeared to be a decision to lump glossolators into a mental illness category that was not founded upon quality research.

During the interviews with nonglossolators and glossolators who have taken part in individual counseling sessions, it became somewhat clear to me that they desire to discuss their religious experiences and the associated phenomena within the treatment setting. I initially anticipated that there would be reluctance on their part to discuss prayer and glossolalia with a mental health services provider.

There was an instance during the interview process with the glossolators that I decided to not pursue a critical theme. I did not fully take advantage of the opportunity to

explore the reported extra power and ability of glossolating to aid in overcoming self-defeating behaviors (defeating evil). Nor did I take advantage of the opportunity to explore in detail glossolalias' ability to provide access to more spiritual abilities (power). I was content with knowing that the interviewees recognized the emotional relief experienced from glossolating. In hindsight, it probably would have been advantageous for me to encourage them to explore why the presumed additional power over evil and spiritual power failed to resolve their marital issues and on-going mental health struggles. I now recognize that because I am a Christian, I believe I had shared knowledge. Thus, I was content and failed to pursue additional exploration.

As I ponder this study, I have come to believe that the interviewees' level of comfort and rapport was aided by me being a Christian. My being a Christian helped because I understood their various religious experiences, terms and expectations. It is very possible that had I not been a Christian, the various processes, descriptions, and experiences may not have been captured adequately.

The utilization of a qualitative study and a phenomenological research design for this project was a good decision. The selected study and design allowed for the capturing of themes, clusters, and proper investigation into the research questions. However, there is a part of me that wishes a mixed-methods study had taken place. This type of study would have provided qualitative data as well as quantitative data. The quantitative data would have allowed for the assessing of glossolates' psychological and pathological functioning level as measured by various personality inventories and assessment tools.

This study produced no observed changes in my personal, professional, or religious views. However, I found myself being very pleased with the interviewees' responses and level of dedication to Christianity. It was refreshing on a personal level to hear lay members discuss their faith with compassion and conviction. They appear to have a good grasp of the central tenants and themes espoused by Christianity.

Concluding Statement

This study explored the emotional functioning level of glossolates and nonglossolates. The data appears to report that religious experiences such as prayer and glossolalia have a positive effect on mental health status, coping skills, and life views. The data also appears to report that glossolalia and the associated religious themes are not addressed during mental health services treatment.

The findings of this study provide an excellent exploration of critical aspects of nonglossolates' and glossolates' religious life. The findings can be used to underpin and move forward in understanding various psychological and religious outcomes as it relates to emotional functioning.

REFERENCES

- Abraido-Lanza, A., Vasquez, E. & Echeverria, S. (2004). In God's hands: Religious and other forms of coping among Latinos with arthritis. *Journal of Consulting and Clinical Psychology, 72*, 91-102.
- American Psychiatric Association. (2002). *Diagnostic and statistical manual of mental disorders*. (4th ed.). Washington, D.C. Author.
- Ameling, A. (2000). Prayer: An ancient healing practice becomes new again. *Holistic Nurse Practice, 41-48*.
- Barrett, D., & Johnson, T. (2002). *The new international dictionary of Pentecostal and Charismatic movements* (pp. 283-302). Grand Rapids, MI: Zondervan
- Bergin, A. (1983). Religiosity and mental health: A critical re-evaluation and meta-analysis. *Professional Psychology, 14*, 170-184.
- Bergin, A. (1991). Values and religious issues in psychotherapy and mental health. *American Psychologist, 46*, 394-403.
- Bergin, A., Masters, K. & Richards, P. (1987). Religiousness and mental health reconsidered: A study of an intrinsically religious sample. *Journal of Counseling Psychology, 34*, 197-204.
- Bergin, A., Stinchfield, R., Gaskin, T., Master, K., & Sullivan, C. (1988). Religious lifestyles and mental health: An exploratory study. *Journal of Counseling Psychology, 35*, 91-98.
- Braam, A., Vanden Eeden, P., Prince, M. J., Beekman, A., Kivelae, S., & Lawlor, B. (2001). Religion as a cross-cultural determinant of depression in elderly Europeans: Results from the EURODEP collaboration. *Psychological Medicine, 31*, 803-814.
- Burgess, S., McGee., G., & Alexander, P. (1998). *Dictionary of Pentecostal and Charismatic Movements* (pp. 135-150). Grand Rapids, MI: Zondervan.
- Coyle, B. (2001). Twelve myths of religion and psychiatry: Lessons for training psychiatrists in spiritually sensitive treatments. *Mental Health, Religion & Culture, 4*, 150-174.
- Craig, R. (1999). Testimony based on the Millon Clinical Multiaxial Inventory: Review, commentary and guidelines. *Journal of Personality Assessment, 73*, 290-305.

- Creswell, J. (1997). *Qualitative inquiry and research design*. Thousand Oaks, CA: Sage Publishing
- Creswell, J. (2002). *Quantitative, qualitative and mixed methods research designs*. Thousand Oaks, CA: Sage Publishing
- Dadillia, G., & Perez, E. (1995). Minorities and arthritis. *Arthritis Care and Research*, 8, 251-256.
- Dorahy, M., Lewis, C., Schumaker, J., Akumoah-Boateng, R., Duze, M., & Sibya, T. (1998). A cross-cultural analysis of religion and life satisfaction. *Mental Health, Religion & Culture*, 1, 37-43.
- Ellis, A. (1992). Do I really hold that religiousness is irrational and equivalent to emotional disturbance? *American Psychologist*, 47, 428.
- Ellisons, C. (1993). Religious involvement and self-perception among black Americans. *Social Forces*, 71, 1027-1055.
- Ellison, C., & George, L. (1994). Religious involvement, social ties and social support in a southeastern community. *Journal for the Scientific Study of Religion*, 33, 46-61.
- Ellison, C. (1998). Introduction to symposium: Religion, health and well-being. *Journal of the Scientific Study of Religion*, 37, 692-695.
- El-nimr, G., Green, L., & Salib, E. (2004). Spiritual care in psychiatry: Professional's views. *Mental Health, Religion & Culture*, 7, 165-170.
- Eysenck, M. (1998). Personality and the psychology of religion. *Mental Health, Religion & Culture*, 1, 11-19.
- Exline, J. (2002). The picture is getting clearer, but is the scope too limited: Three overlooked questions in the psychology of religion. *Psychological Inquiry*, 13, 245-248.
- Fehr, L. & Heintzeman, M. (1977). Personality and attitude correlates of religiosity: A source of controversy. *The Journal of Psychology*, 95, 63-66.
- Francis, L. (1997). Personality, prayer, and church attendance among undergraduate students. *The International Journal for the Psychology of Religion*, 7, 127-132.
- Francis, L., & Jackson, C. (2003). Eysenk's dimensional model of personality and religion: Are religious persons more neurotic. *Mental Health, Religion & Culture*,

- 6, 22-37.
- Francis, L., & Kay, W. (1995). The personality characteristics of Pentecostal ministry candidates. *Personality and Individual Differences, 18*, 581-594.
- Francis, L., & Kaldor, P. (2002). The relationship between psychological well-being and Christian faith and practice in an Australian population sample. *Journal for the Scientific Study of Religion, 41*, 179-185.
- Francis, L. & Thomas, R. (1997). Are charismatic ministers less stable. *Review of Religious Research, 39*, 61-69.
- Giorgi, A. (1997). The theory, practice and evaluation of phenomenological method as a qualitative research procedure. *Journal of Phenomenological Psychology, 28*, 235-251.
- Gowins, J. (1990). A pastoral psychological study of glossolalia. *Dissertations Abstract International 52/03*, 966.
- Grabbaovac, A., & Ganesan, S. (2003). Spirituality and religion in Canadian psychiatric residency training. *Canadian Journal of Psychiatry, 48*, 171-176.
- Graham, S., Furr, S., Flowers, C. & Burke, M. (2001). Religion and spirituality in coping with stress. *Counseling and Values, 46*, 2-13.
- Harrison, M., Koenig, Harold., Hays, J., Eme-Akwari, A., & Pargament, K. (2001). The epidemiology of religious coping: A review of recent literature. *International Review of Psychiatry 13*, 86-93.
- Heiman, G. (2002). *Research methods in psychology* (3rd ed.). Boston, MA: Houghton Mifflin Company.
- Hintikka, J. (2001). Religious attendance and life satisfaction in the Finnish general population. *Journal of Psychology & Theology, 29*, 158-165.
- Hutch, R. (1980). The personal ritual of glossolalia. *Journal for the Scientific Study of Religion, 19*, 255-266.
- Issacowitz, D., Smith, T., & Carstensen, L. (2003). Socioemotional selectivity and mental health among trauma survivors in old age. *Ageing International, 28*, 181-199.
- Jackson, D. (2003). Revisiting sample size and number of parameter estimates: Some support for the N:q hypothesis. *Structural Equation Modeling, 10*, 128-141.

- James, A., & Wells, A. (2003). Religion and mental health. Towards a cognitive-behavioral framework. *British Journal of Health Psychology*, 8, 359-376.
- Jang, S., & Johnson, B. (2004). Explaining religious effects on distress among African Americans. *Journal for the Scientific Study of Religion*, 43, 239-260.
- Jankowski, D. (2002). *A beginner's guide to the MCMI-III*: Washington, DC: American Psychological Association.
- Kavan, H. (2004). Glossolalia and altered states of consciousness in two New Zealand religious movements. *Journal of Contemporary Religion*, 19, 171-184.
- Keating, A., & Fretz, B. (1990). Christian's anticipation about counselors in response to counselor descriptions. *Journal of Counseling Psychology*, 37, 293-296.
- Kleiman, S. (2004), Phenomenology: to wonder and search for meaning. *Nurse Researcher*, 11, 7-13.
- Koenig, H. (2001). Religion and mental health: Evidence for an association. *International Review of Psychiatry*, 13, 67-79.
- Koenig, H., George, L. & Peterson, B. (1998). Religiosity and remission of depression in medically ill older patients. *American Journal of Psychiatry*, 155, 536-542.
- Krause, N., Ellison, C., Shaw, B., Marcum, J., & Boardman, J. (2001). Church-based social support and religious coping. *Journal for the Scientific Study of Religion*, 40, 112-123.
- Kruger, R., Caspi, A., Moffitt, T., Silva, P., & McGee, R. (1996). Personality traits are differentially linked to mental disorders: A multitrait- multidagnosis study of an adolescent birth cohort. *Journal of Abnormal Psychology*, 105, 299-312.
- Lawler, J. (1998). Phenomenologies as research methodologies for nursing: From philosophy to approaches. *Nurse Researcher* 6, 20-34.
- LaTorre, M. (2004). Prayer in psychotherapy: An important consideration. *Perspectives in Psychiatric Care*, 40, 38-40.
- Loewenthal, K., Cinnirella, M., Evdoka, G., & Murphy, P. (2001). Faith conquers all? Belief about the role of religious factors in coping with depression among different cultural-religious groups in the United Kingdom. *British Journal of Medical Psychology*, 74, 293-303.
- Louden, S., & Francis, L. (2001). Are Catholic priest in England and Wales attracted

- to the charismatic movement emotionally less stable. *British Journal of Theological Education*, 11, 65-77.
- Lovekin, A., & Malony, H. (1977). Religious glossolalia: A longitudinal study of personality change. *Journal for the Scientific Study of Religion*, 16, 383-394.
- McArthur, J. (1992). *Charismatic Chaos*. Grand Rapids, MI. Zondervan Publishing.
- Maggs-Rapport, F. (2001). Best research practice: In pursuit of. *Journal of Advanced Nursing*, 35, 45-61.
- Martin, D. (2002). *Pentecostalism: The World Their Parish*. Oxford: Blackwell.
- Master, K., & Bergin, A. (1991). Religious life-styles and mental health: A follow-up study. *Counseling & Values*, 35, 211-235.
- Maton, K., & Pargament, K. (1987). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. *Journal for the Scientific Study of Religion*, 28, 310-323.
- Millon, T. & Davis, R. (1997). The MCMI-III: Present and future directions. *Journal of Personality Assessment*, 68, 69-85.
- Millon, T. (1994). *Manual for the Millon Clinical Multiaxial Inventory (MCMI-III)*. Minneapolis: National Computer Systems.
- Millon, T. (1987). *Manual for the Millon Clinical Multiaxial Inventory (MCMI-II)*. Minneapolis: National Computer Systems.
- Millon, T. (1977). *Manual for the Millon Clinical Multiaxial Inventory (MCMI-I)*. Minneapolis: National Computer Systems.
- Morgan, D., Schoenber, M., Dorr, D., & Burke, M. (2002). Overreport on the MCMI-III: Concurrent validation with the MMPI-2 using a psychiatric inpatient sample. *Journal of Personality Assessment*, 78, 119-123.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mumford, L. (1995). An expanded psychological understanding of religious glossolalia among women. *Dissertations Abstract International: Section B: The Sciences & Engineering*, 52, 2386.
- Murphy, P., Ciarrocchi, J., Piedmont, R., Cheston, S., Peyrot, M., & Fitchett, G. (2000). The relation of religious belief and practices, depression, and hopelessness in

- persons with clinical depression. *Journal of Consulting and Clinical Psychology*, 68, 1102-1106.
- Myers, J., & Truluck, M. (1998). Health beliefs, religious values, and the counseling process: A comparison of counselors. *Counseling & Values*, 42, 106-124.
- Nooney, J., & Woodrom, E. (2002). Religious coping and church-based social support as predictors of mental health outcomes: Testing a conceptual model. *Journal for the Scientific Study of Religion*, 41, 359-369.
- O'Conner, S., & Vandenberg, B. (2005). Psychosis or faith? Clinician's assessment of religious beliefs. *Journal of Consulting and Clinical Psychology*, 73, 610-616.
- Pargament, K. (1990). God help me. Toward a theoretical framework of coping for the psychology of religion. *Research in the Social Scientific Study of Religion*, 2, 195-224.
- Pargament, K., Zinnbauer, B., Scott, A., Butter, E., Zerowin, J., & Stanik, P. (1998). Red flags and religious coping: Identifying some religiouswarning signs among people in crisis. *Journal of Clinical Psychology*, 59, 1335-1348.
- Pargament, K. (1999). The psychology of religion and spirituality: Yes and No. *International Journal for the Psychology of Religion*, 9, 3-17.
- Pargament, K. (2002). Is religion nothing but: Explaining religion versus explaining religion away. *Psychological Inquiry*, 13, 239-245.
- Pargament, K. (2002). The bitter and the sweet: An evaluation of the costs and benefits of religiousness. *Psychological Inquiry*, 13, 168-182.
- Park, J., Meyers, L., & Czar, G. (1998). Religiosity and spirituality: An exploratory analysis using the CPI-03 vector model. *Journal of Social Behavior & Personality*, 13, 541-553.
- Pfeifer, S., & Waetly, U. (1999). Anxiety, depression and religiosity- A controlled clinical study. *Mental Health, Religion & Culture*, 2, 35-45.
- Phipps, K. (1993). Glossolalia and health: The perceived effect in health promotion. *Dissertations Abstract International*, 54/04,1497.
- Polkinghorne, D. (1989). *Phenomenological research methods*. In R.Valle & S. Halling (Eds.). *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York: Plenum.

- Regnerus, M.(2003). Religion and positive adolescent outcomes: A review of research and theory. *Review of Religious Research, 44*, 394-413.
- Robbins, J. (2004). The globalization of Pentecostal and Charismatic Christianity. *Annual Review of Anthropology, 33*, 117-143.
- Robbins, M., Francis, L., Haley, J., & Kay, W. (2001). The personality Characteristics of Methodist ministers: Feminine men and masculine women? *Journal For The Scientific Study of Religion, 40*, 123-129.
- Robbins, M., Hair, J., & Francis, L. (1998). Personality and attraction to the charismatic movement: A study among Anglican clergy. *Journal of Beliefs & Values, 20*, 239-245.
- Schnittker, J. (2001). When is faith enough? The effects of religious involvement on depression. *Journal for the Scientific Study of Religion, 40*, 393-402.
- Sherkat, D. & Ellison, C. (1999). Recent developments and current controversies in the sociology of religion. *Annual Review of Sociology, 25*, 363-394.
- Siegel, K., & Schrimshaw, E. (2002). The perceived benefits of religious and spiritual coping among older adults living with HIV/AIDS. *Journal for the Scientific Study of Religion, 41*, 91-103.
- Smith, D., & Fleck, R. (1981). Personality correlates of conventional and unconventional glossolalia. *The Journal of Social Psychology, 114*, 209-217.
- Smith, T., McCollough, M., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin 129*, 660- 615.
- Spiegel, H. (1982). *The phenomenological movement (3rd ed.)* The Hague, Netherlands: Martinus Nijhoff.
- Strack, S. (2002). *Essentials of Millon inventories of assessment (2nd edition)*. New York, NY: John Wiley & Sons.
- Strack, S. (1999). Special series: Millon's evolving personality theory and measures. *Journal of Personality Assessment, 72*, 323-330.
- Syan, V. (2004). The Pentecostal movement in North America and beyond. *Journal of Beliefs & Values, 25*, 154-165.
- Zachar, P. (1998). [Review of the Millon Clinical Multiaxial Inventory-III]. In J.C. Conoley & J.C. Impara (Eds.), *The thirteenth mental measurements yearbook* (pp.

668-670). Lincoln, NE: Buros Institute of Mental Measurements.

Zinnbauer, B., & Pargament, K. (2000). Working with the sacred: Four approaches to religious and spiritual issues in counseling. *Journal of Counseling & Development, 78*, 162-172.

CURRICULUM VITAE

Biographical Data

Name: Recco S. Richardson

Address: 1301 Riverforest Dr.
Flint, MI 48532

Phone: 810-732-1226

Email: reccorenerich@sbcglobal.net

Education

Degree	Institution	Date	Subject
PhD.	Walden University	2008	Psychology
M.A.	Central Michigan University	1990	Counseling
B.S.	Ferris State University	1987	Advertising

Employment

Organization	Title	Dates
Recco S. Richardson Inc.	President	2005-Present
Catholic Charities	Program Manager	2001-2005
Catholic Charities	Prevention Worker	2000-2001
Whaley Children Center	Clinical Therapist	1997-1999
Teen Ranch Services	Foster Care Supervisor	1995-1997
Family Worship Center	Staff Pastor	1992-1995
Mott Community College	Coordinator, Upward Bound	1992-1992
Ferris State University	Coordinator, Multicultural Programs	1987-1991

Professional Teaching Experience

Institution	Title	Dates
Kettering University	Adjunct Part-Time Faculty	2000-2001
Detroit College of Business	Part-time Instructor	1995-1998
Central Michigan University	Temporary Faculty	1990-1992

Professional Licensure/Professional Membership

State of Michigan Licensed Professional Counselor

Student Affiliate American Psychological Association

Honors & Awards

Institution	Honor/Award	Dates
Ferris State University	King/Chavez/Parks Fellow	1994-1998
Teen Ranch Services	Employee of the Year	1997
Ferris State University	King/Chavez/Parks Scholar	1988-1990

Contribution to Community

Institution	Title	Dates
Carman-Ainsworth Schools	Board Member	2008-Present
Carman-Ainsworth Schools	Mentor	2008-Present
Richfield Charter Academy	Board Member	2006-2008
Dye Elementary School	Parent Volunteer	2005-Present
Flint Community Schools	Volunteer	2005-2007
Angel's Educational Center	Board Member	2000-2007

Professional Presentations/Interviews

Institution	Topic	Dates
WJRT Television Station	Fear of Bridges	2007
Strong Families/Safe Children	Parenting	2007
Corporate Black Network	Male/Female Relationships	2007
Strong Families/Safe Children	Adoption	2006
WJRT Television Station	Suicide	2005

