From Vice to Virtue: Evaluating a Manualized Intervention for Moral Spiritual Struggles

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Abstract

The purpose of the current study was to develop and evaluate a brief manualized psychospiritual treatment program, entitled *From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth,* that addresses spiritual struggles of a moral nature. The intervention had two main goals: (1) to resolve moral spiritual struggles and cultivate greater virtue in participants’ lives, thereby reducing distress related to such struggles, and (2) to promote spiritual growth by assisting individuals to draw upon religious and spiritual resources for motivation and strength. Participants were 50 volunteers from a modestly sized nondenominational Christian church in Southern California who were assigned to a treatment or wait-list control condition. They completed measures at pretest, posttest, and 4-week follow-up. Results from a mixed-model ANOVA with repeated measures indicated that participants in the experimental condition showed greater improvements in their ability to cultivate virtue and resist vice from pretest to posttest compared to those in the wait-list control condition. After all participants completed the intervention, results from a repeated measures ANOVA indicated that, on average, they showed improvements on all four of the outcome variables of virtue, vice, stress, and spiritual development. These gains were maintained at 4-week follow-up. These findings support the efficacy of the current psychospiritual intervention for treating moral spiritual struggles. We discuss the limitations of the study and its implications for research on spiritual struggles, psychospiritual interventions, and virtue, vice, and character education.

*Keywords*: spiritual struggles; moral spiritual struggles; psychospiritual treatment; brief manualized treatment; religious coping

The religious mandate to live virtuously can be taxing, particularly in modern Western societies that tend to promote hedonic pursuits and indulgence of personal desires. Increases in pornography use (Price, Patterson, Regnerus, & Walley, 2016) and sexually permissive attitudes and behaviors have been documented across several generations of American adults (Twenge, Sherman, & Wells, 2015). Furthermore, longitudinal analyses of American and British literature over two centuries reveal increased word use reflecting values of individualism and self-interest, in contrast with a decline in religious words (Greenfield, 2013). Due to human limitations in self-control, almost everyone struggles at one time or another with things they believe they should do more, but do not (virtues) and things they believe they should do less or not at all, but do (vices). The struggles that arise when people fall short of their goals to cultivate virtue and resist vice can be accompanied by psychological distress (Abu-Raiya, Pargament, Krause, & Ironson, 2015; Exline, Pargament, Grubbs, & Yali, 2014). Within the context of religion, this distress may be exacerbated as people’s shortcomings are placed in stark contrast with the models and teachings of highly moral religious leaders, such as Buddha, Muhammad, Moses, and Jesus. Exline (2013; 2002) has conceptualized this particular type of intrapsychic tension or conflict as moral spiritual struggle. In other words, moral spiritual struggles refer to the tensions and conflicts that arise from the discrepancy between one's higher spiritual values and actual behaviors (Pargament, Murray-Swank, Magyar, & Ano, 2005; Exline et al., 2014).

More broadly, spiritual struggles are “expressions of tension and conflict over sacred matters" (Pargament, 2006, p. 6). Although a few psychospiritual interventions have been developed to address spiritual struggles (Murray-Swank & Pargament, 2005; Oemig-Dworsky et al., 2013), no treatment has yet been developed to address the specific moral spiritual struggle between vice and virtue. Furthermore, few psychospiritual interventions have been subjected to empirical evaluation. In response to the ubiquity of spiritual struggles between vice and virtue and the growing need to demonstrate treatment effectiveness, we developed and evaluated a psychospiritual intervention for moral spiritual struggles.

## Moral Spiritual Struggles

Religion can play an important role in fostering health and wholeness, in part, by guiding behavior through the prescription of various virtues (Pargament, Wong, & Exline, 2016) and the prohibition of various vices. Virtues such as hope (Snyder, 2002), love (Levin, 2000), forgiveness (McCullough, 2000), gratitude (Emmons & Mishra, 2011), humility (Tangney, 2002), wisdom (Ardelt & Oh, 2016), and self-control (McCullough & Willoughby, 2009) have been associated with numerous indices of health and well-being. In contrast, risky behaviors such as smoking, alcohol and substance abuse, premarital and extramarital sex, and engaging in crime and delinquency are associated with negative consequences, and religious teachings may promote health and wholeness by prohibiting such vices (see Koenig, King, & Carson, 2012 for a review).

Moral spiritual struggles are reflections of the tension that arises as a result of efforts to cultivate virtue and resist vices while being persistently confronted with one’s imperfections (Exline, 2002). The struggle between vice and virtue is particularly salient for those who identify as religious (Exline et al., 2014). Moral spiritual struggles have been correlated with greater religiousness as well as psychological distress in college students (Exline et al., 2014) and American adults (Abu-Raiya et al., 2015). At the same time, religious individuals stand to grow more spiritually as a result of spiritual struggles (Wilt, Grubbs, Exline, & Pargment, 2016). As such, religious teachings may challenge people’s beliefs and lifestyles in ways that are not always comfortable, offering potential for growth or decline. Research using Gallup national survey data has shown that many Christians have disaffiliated from religious organizations as a result of “life-style incompatibility” (Perry, Davis, Doyle, & Dyble, 1980). More recently, in several in-depth interviews with 87 apostates, Zuckerman (2015) describes individuals who disaffiliated from religion due to its perceived dogmatic and restrictive nature. Thus, although religion is a powerful force for many people in shaping individual values, providing a general sense of purpose and meaning, and creating a sense of belonging (Lee, 2002), religion may place demands upon people that might seem excessive or even unrealistic.

As a result, many individuals may feel particularly unmotivated or helpless to cultivate virtuous lifestyles and resist vice. Furthermore, some religious traditions teach that failure to live by their moral codes of conduct will result in eternal damnation. Though the reality of an afterlife and eternal damnation are beyond the scope of scientific study, empirical research has shown that negative concepts of God as punitive or cruel have been associated with anxiety and distress symptoms (Trenholm, Trent, & Compton, 1998) and concerns about God’s disapproval (Exline, Grubbs, & Homolka, 2015). Furthermore, religious fear and guilt have been associated with suicidality among college student and clinical samples (Exline, Yali, & Sanderson, 2000). Thus, while religion may serve as a powerful mechanism for coping with distress (see Pargament, 1997 for a review), it may also serve as a considerable source of strain and struggle.

## Self-Discrepancy Theory as a Paradigm for the Struggle

Self-discrepancy theory offers a relevant paradigm for conceptualizing moral spiritual struggles (Higgins, 1987). Self-discrepancy occurs when there is inconsistency between one’s self-concept (who they perceive themselves to actually be) and their self-guide (who they ideally aspire to be or believe they ought to be). According to Higgins (1987), discrepancies between who a person actually is and who they ideally aspire to be represent a negative psychological situation characterized by an absence of positive outcomes. Empirical research has shown that inconsistencies among self-concepts and self-guides have been associated with various types of emotional distress (Stevens, Lovejoy, & Pittman, 2014; Strauman, 1989).

The struggle between vice and virtue represents a conflict between one’s ideals, attitudes, and actions, and ultimately, a fundamental conflict within one’s own identity or self-representation. In effect, inconsistencies between actual selves (fallible human beings full of vice) and ideal or ought selves (people of virtuous character) make people vulnerable to distress. This distress may be exacerbated by the fact that these contrasting views of self are often embedded in deeper systems of religious and spiritual meaning, resulting in a sort of *spiritual self-discrepancy*. When occurring in these sacred contexts, moral spiritual struggles threaten to shake or shatter an individual’s orienting system (Pargament, 2007). Moral stress, failure, and injury may give rise to religious guilt, shame, and self-condemnation (Peteet, 2004; Worthington & Langberg, 2012). As a result, the conflict within the self is no ordinary conflict; it reflects a deep-seated spiritual struggle between vice and virtue, a struggle that may have unique implications for psychological and spiritual functioning. It follows that people may need to address and integrate moral and spiritual issues if they are to navigate successfully through their moral spiritual struggles.

## Psychospiritual Interventions

Very few standardized treatments have been developed to specifically address religious or spiritual problems, including moral spiritual struggles, though several mental health professionals have written about the moral dimension of treatment (e.g., Doherty, 1995; Peteet, 2004). Furthermore, when religious or spiritual problems have been addressed, they have typically been treated with secular techniques as an adjunct to treating other presenting problems or psychological disorders. Given that some people, particularly conservative Christian clients, may prefer religion-accommodative counseling (Eriksen, Marston, & Korte, 2002), the development of religiously and spiritually-oriented treatments is needed.

Moreover, empirical studies have provided some support for the efficacy of psychospiritual therapies (see Worthington, Johnson, Hook, & Aten, 2013). In two meta-analytic reviews of spiritually integrated interventions for various mental health problems, researchers found such treatments to be efficacious, with the majority of treatment gains maintained at follow-up (Worthington, Hook, Davis, and McDaniel, 2011; Hook et al., 2009). Furthermore, using a dismantling design, Hook et al. (2009) noted that psychospiritual interventions were tied to significantly greater improvements on spiritual outcomes than secular matched interventions. However, no differences emerged between psychospiritual and secular interventions for psychological outcomes. As a result, the researchers concluded that the decision to use spiritually integrated psychotherapy is a matter of client preference when addressing psychological symptoms. When spiritual outcomes are concerned, however, clients benefit more from spiritually integrated interventions.

Two interventions particularly relevant to moral spiritual struggles have been conducted (for a more extensive review of psychospiritual interventions, see Bonelli & Koenig, 2013). Firstly, Evangelical Renewal Therapy (Saucer, 1991) was designed to help people understand and alleviate self-defeating behaviors and irrational beliefs from an Evangelical Christian perspective. The program utilizes cognitive techniques and its proposed mechanism of change is repentance in five stages. Evangelical Renewal Therapy incorporates various religious resources, such as rituals and scripture reading, to help Christian clients repent from vice and live virtuous lifestyles consistent with Evangelical Christian principles and moral values. However, evidence for the effectiveness of this intervention was based solely upon case studies and anecdotal evidence (Saucer, 1991).

The second psychospiritual intervention relevant to the current study involves a psychospiritual group intervention for self-defeating perfectionism among devout Mormon college students (Richards, Owen, & Stein, 1993). This treatment consists of eight sessions that incorporate religious imagery, religious bibliotherapy assignments, and reflections on perfection. In addition, participants engage in relaxation exercises, homework activities, discussion about personal rights, self-exploration, providing support, and testing of cognitive distortions. Thus, this intervention attempts to help clients develop realistic expectations of themselves by challenging perfectionistic attitudes (either religious or secular in nature) with more balanced religious and spiritual teachings. Participants reported significant improvements in depression, perfectionism, self-esteem, and existential well-being at post-test.

Although both of these interventions represent innovative psychospiritual treatments, neither of them was evaluated using sufficient experimental methods (e.g., lack of a control group; confounding effects of participants receiving supplementary individual therapy). Worthington et al. (2013) have more recently reviewed efficacious spiritually-integrated interventions that are related to the moral domain, such as the processes of forgiveness and prayer for partners. To date then, important questions remain about the effectiveness of treatments that address the spiritual struggle of cultivating virtue and resisting vice in light (and in spite) of one’s natural human limitations.

# The Present Study

The purpose of the present study was to develop and evaluate a manualized brief psychospiritual intervention (*From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth*) for moral spiritual struggles. While resisting vice and cultivating virtue are salubrious and positive, insofar as they prevent psychological problems and promote self-improvement and growth, failure during such endeavors is likely because of natural human limitations in self-control. When people fall short of their goals and fail to live by their ideal moral standards, they experience a form of *spiritual self-discrepancy*, which can result in various negative psychological and spiritual consequences. Within a religious context, such consequences may be particularly detrimental because they carry the weight of authority behind them and may threaten those things that the individual holds most sacred. Therefore, development of an empirically validated treatment for this moral spiritual struggle is warranted.

In the present study, it was hypothesized that, on average, participants who completed the treatment would show greater improvements in their ability to (a) cultivate virtue (b) resist vice, and experience (c) greater reductions in stress and (d) increased spiritual development, compared to participants who were waiting to receive treatment. It was also hypothesized that, on average, all participants who completed the program would demonstrate improvements on all four outcome variables. Finally, it was hypothesized that, on average, all immediate treatment gains would be maintained at 4-week follow-up.

# Method

## Participants

Participants (*N* = 50) consisted of people from a modestly sized (roughly 150 members) nondenominational Christian church in Southern California who volunteered to participate in the study; 42% of the participants were male and 58% were female. Participants were either married (68%) or single (32%). The average age of participants was 31 years with a range of 21-43 years. In terms of ethnicity, 8% of the participants were Caucasian/European American, 16% were Asian/Asian American, 58% were Pacific Islander/Filipino, 8% were Hispanic/ Latino American, 8% were Bi-racial, and 2% were Native American/American Indian. The majority of participants had completed a bachelor’s degree (54%) and the average household income of the sample was approximately $60,000. Regarding the religiosity of the sample, all participants identified their religious affiliation as Christian, with 8% specifying their denomination as Southern Baptist. Overall, participants seemed relatively similar in terms of their religious and spiritual demographics. On average, participants indicated that they attend religious services once a week on a scale ranging from 0 “never” to 4 “more than once a week” (*M* =3.14, *SD* = .50), pray privately once a day on a scale ranging from 0 “never” to 8 “more than once a day” (*M* = 7.29, *SD* = 1.21), and described themselves as somewhat religious (*M* = 2.06, *SD* = .91) and somewhat spiritual (M = 2.42, SD = .67) on a scale ranging from 0 “not at all” to 3 “very”.

## Procedures

Participants were recruited for this study in one of two ways. First, announcements were made during church services and a flyer describing the intervention was inserted into church bulletins. Any volunteers interested in participating in the study contacted the principal investigator. Second, with the permission of the church’s senior pastor, several leaders of pre-existing Bible study groups were contacted and asked if they would be interested in taking a break from their current curriculum in order to participate in the study along with their groups. As an incentive for participating in the study, $10 was donated to the church’s general fund for each person who completed the intervention.

Upon expressing their interest to participate, volunteers were assigned to one of three large groups based upon scheduling and availability. The first group contained 16 participants, the second group contained 20 participants, and the third group contained 14 participants. After the three large groups were formed, each group was divided evenly so that half of the participants from each group were randomly assigned to an experimental treatment condition and the other half were assigned to a wait-list control condition. Thus, three separate groups (*n* = 8; *n* = 10; *n* = 7) participated in the experimental treatment condition and three separate groups (*n* = 8; *n* = 10; *n* = 7) participated in the wait-list control condition. All groups were facilitated by the principle investigator of this study. To minimize potential confounds, participants in the experimental condition were instructed not to discuss the treatment with participants in the wait-list control condition, at least not until participants in all groups had completed the treatment. Furthermore, to minimize attrition rates, all absences were made up so that all participants completed every session of the intervention. Make-up sessions were offered to absentees on an individual basis.

Participants in the experimental treatment condition filled out questionnaires three times: at pretest immediately before beginning the intervention, at posttest immediately after completing the intervention, and at 4-week follow-up. Participants in the wait-list control condition began the intervention immediately during the week after participants in the experimental condition had completed the treatment. Thus, they filled out measures four times: at the beginning of the waiting period (first pretest), four weeks later immediately before they began the intervention themselves (second pretest), at posttest immediately after completing the intervention, and at 4-week follow-up.

## Description of the Intervention

*From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth* is a brief, manualized psychospiritual intervention that addresses the spiritual struggle of attempting to cultivate virtue and resist vice within the context of religion, falling short as a result of natural human limitations, and persistently being faced with one’s imperfections (Ano, 2005). The purpose of the intervention was to alleviate some of the potential distress associated with this struggle by challenging perfectionistic attitudes toward these ends and helping people develop realistic expectations for such endeavors. Furthermore, this psychospiritual treatment program attempted to promote personal, characterological, and spiritual growth among individuals by encouraging them to draw upon religious and spiritual resources (e.g., God’s grace) for motivation, strength, and sustenance during the spiritual struggle between vice and virtue. The intervention consisted of four weekly 90 minute sessions organized around various themes relevant to the aforementioned goals of the program: (1) The Value of Virtue, (2) The Problem with Perfection, (3) Growth and God’s Grace, and (4) Relapse, Reconciliation, and Repentance. Each session began and ended with a brief standardized prayer. Groups were facilitated in a moderately structured format by conducting a variety of standard procedures that were specified in the leader’s manual. Participants also progressed through the program by completing various exercises in a workbook that corresponds to the leader’s manual during the weekly sessions. For a more detailed description of sessions, see Figure 1, or see Ano (2005) for the complete group leader’s manual and participant workbook.

## Measures

**Demographic information.** Participants completed hard copies of all measures used in this study. Basic demographic information, including gender, age, race/ethnicity, highest level of education completed, household income, and marital status, was collected. In addition, global religious variables, such as frequency of church attendance, frequency of prayer, and degree of religiousness and spirituality were assessed.

**Virtue and vice goal attainment.** Participants chose their own virtues to cultivate and vices to work on resisting in the group program. To clarify the nature of this task, virtues were defined as “moral or righteous behaviors that [participants] wish they could do or do more, but do not, such as being more kind, being more patient, reading the Bible more, etc.” Vices were defined as “immoral or unrighteous behaviors that [participants] wish they did less or not at all, but do, such as losing their temper, giving into temptation, etc.” To measure the extent to which the current intervention helped individuals successfully cultivate a specific virtue and resist a particular vice, a brief measure modeled after Goal Attainment Scaling (GAS; Kiresuk & Sherman, 1968) was created for this study (see Ano, 2005 for the actual measure). Goal Attainment Scaling is a standardized method for measuring treatment outcomes that are individually determined for each client. In Goal Attainment Scaling, a realistic treatment goal is identified and five levels of possible outcomes related to the goal are specified. The outcomes range from the least favorable outcome at the first level to a much better than anticipated outcome at the fifth level. In the current study, during pretest, participants were asked to identify a specific virtue and vice that they would like to work on in the group and rate the extent to which they currently cultivate each virtue and resist each vice on five levels ranging from 1 “very much less than I think I am able to” to 5 “very much more than I thought I was able to.” At posttest and at 4-week follow-up, participants were asked to identify the specific virtue and vice that they worked on throughout the group and rated the extent to which they currently cultivated each virtue and resisted each vice using the same five-level scale. Goal Attainment Scaling has been used in numerous contexts (see Kiresuk, Smith, & Cardillo, 1994 for a review) and has proven itself to be a reliable and valid method of measurement, as evidenced by interrater reliability coefficients ranging from .71 to .92 and significant correlations with expected treatment outcome measures (Shefler, Canetti, & Wiseman, 2001).

**Stress.** Stress was measured with the stress subscale of the Depression Anxiety Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995). The DASS-21 is a 21-item instrument that measures various features of depression, anxiety, and stress. The stress subscale consists of seven features of stress and asks participants to rate the extent to which each item pertained to their experience throughout the past week on a 4-point Likert scale ranging from 0 “did not apply to me at all” to 3 “applied to me very much, or most of the time.” Examples of items include: “I found it hard to wind down” and “I felt that I was using a lot of nervous energy.” The total score for stress was calculated by summing the seven item scores, with higher scores representing higher levels of stress. The DASS-21 has exhibited excellent psychometric characteristics in both clinical and non-clinical samples (Antony, Beiling, Cox, Enns, & Swinson, 1998).

**Spiritual development.** Spiritual development was measured with the Christian Experience Inventory (CEI), a 24-item instrument designed to measure the extent to which an individual’s dynamic relationship with God impacts their inner experiences, attitudes, and values (Alter, 1986; 1989). The CEI is based upon a multidimensional theory of spiritual development and consists of five subscales that are believed to be important contributors to Christian spiritual maturity. Because two of the subscales did not seem relevant for the current intervention, only items from three subscales, Growth in Faith (e.g., “The goodness and mercy of God have begun to come alive for me.”), Trust in God (e.g., “Even amidst confusion and turmoil I find comfortable peacefulness in God’s love.”), and Justification by Faith (e.g., “The Christian understanding that I’ll never be perfect is a relief.”) were used in this study in order to minimize the time required for filling out measures. Participants rated the extent to which they agreed with various statements on a 4-point Likert scale ranging from 0 “definitely not like me and my experience” to 3 “very much like me and my experience.” A total score for spiritual development was calculated by summing the scores from all three subscales. Higher scores on this measure represent more mature levels of Christian spiritual development, which was validated by administering it to several people identified as “beginning,” “intermediate,” or “advanced” in their religious maturity by religious professionals who knew them, and then comparing their response patterns to those obtained from a group of seminary students and two church samples. Higher scores on the CEI have also been associated with greater mental health (Alter, 1989). The CEI has demonstrated moderate internal consistency, with Cronbach’s alphas ranging from .60 to .78, and temporal consistency, with test-retest reliability coefficients ranging from .66 to .91 in samples of church members and seminary students (Alter, 1989).

**Program evaluation and compliance.** To measure participants’ attitudes toward the program and compliance, a brief measure containing face-valid items was created for this study. At posttest, participants rated the extent to which they agreed with statements describing their attitudes about the program and the extent to which they complied (e.g. completed homework) on a 5-point Likert scale ranging from 0 “strongly disagree” to 4 “strongly agree.” In addition, three open-ended questions were included to give participants an opportunity to elaborate on their feedback about the program.

# Results

The results of this intervention, *From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth*, will be presented in the following manner. First, the virtues and vices that participants chose to work on in the group will be described. Second, descriptive statistics for all study variables will be presented. Third, correlations among outcome variables will be described. Then, analyses examining potential differences between group members at pretest will be discussed. Next, a description of program effects comparing the treatment and wait-list control groups in a mixed model ANOVA with repeated measures at pretest and posttest will be provided by examining Time X Condition interaction effects. Then, results from a repeated measures ANOVA at pretest, posttest, and 4-week follow-up will be presented to demonstrate program effects for all participants who completed the program over time. Follow-up simple contrasts examining within-group differences across three points in time will be included. Finally, a description of participants’ ratings of the program will be presented.

## Descriptions of Participants’ Moral Spiritual Struggles

Participants chose a wide variety of virtues to cultivate. Their responses were coded by the principal investigator and an independent rater into 18 different virtues, with a 97% agreement rate. The most common virtues that participants chose to work on in the group were patience (16%), self-discipline (16%), prayer (14%), and reading the Bible (14%). Participants generated a wide variety of vices as well. Responses were coded into 20 different vices by the principal investigator and an independent rater, which yielded a 95% agreement rate. The most common vices that participants chose to work on resisting or overcoming in the group were anger (20%), giving in to temptation (20%), laziness (8%), and lust (8%).

## Preliminary Analyses

**Descriptive statistics.** Descriptive statistics, including means, standard deviations, possible and actual ranges, and Cronbach’s alphas for all of the outcome variables measured in this study at pretest are presented in Table 1. On average, participants reported that they cultivate virtue (*M* = 1.90, *SD* = .86 ) and resist vice (*M* = 2.12, *SD* = .72) only “somewhat less” than they think they are able to (possible range = 1-5). They also endorsed relatively low levels of stress at pretest. The average score was 7.44 (*SD* = 3.96) for stress, with a possible range of 0-21. Furthermore, participants appeared to be fairly mature spiritually, as evidenced by reasonably high scores on spiritual development (*M* = 32.40, *SD* = 7.71, possible range = 0-42). Taken together, these results suggest that participants were experiencing fairly low levels of moral spiritual struggle at pretest.

**Correlations among outcome variables.** Pearson bivariate correlations were calculated to develop a general understanding of the relationships among the study outcome variables at pre-test. The outcome variables were not significantly intercorrelated, with one exception; as would be expected, people’s perceptions of their ability to resist their vices were significantly positively correlated with perceptions of their ability to cultivate their virtues (*r* = .51, *p* < .001).

**Analyses of pretest differences.** A one-way analysis of variance (ANOVA) was conducted to examine potential differences among the three subgroups of the experimental condition and the three subgroups of the wait-list control condition. There were no significant differences between the subgroups of the experimental condition (Group 1, *n* = 8; Group 2, *n* = 10; Group 3, *n* = 7) and the subgroups of the wait-list control condition (Group 4, *n* = 8; Group 5, *n* = 10; Group 6, *n* = 7) on any of the outcome variables. Therefore, for subsequent analyses, the three subgroups within each condition were aggregated to form the experimental condition (*n* = 25) and the wait-list control condition (*n* = 25). Furthermore, an independent samples *t*-test revealed no significant pretest differences between the aggregated experimental and wait-list control conditions on any of the outcome variables. In addition, chi-square tests revealed no significant differences between aggregated experimental and wait-list control groups for the demographic variables of gender, race, and marital status. Similarly, t-tests showed no significant differences between groups in terms of age, race, education level, and household income.

## Outcome Evaluation

**Mixed model ANOVA with repeated measures interaction effect.** A separate mixed model ANOVA with repeated measures was computed for each of the outcome variables to compare participants across conditions and time. Time (i.e., pretest, posttest) was analyzed as the within-subjects effect, and Condition (i.e., experimental, wait-list control) was analyzed as the between-subjects effect. Of primary interest in these analyses are the Time (i.e., pretest, posttest) X Condition (i.e., experimental, wait-list control) interaction results. It was hypothesized that, on average, participants in the experimental treatment condition (*n* = 25) would improve more than participants in the wait-list control condition (*n* = 25) on all measures. As shown in Table 2, two of the four outcome variables (i.e., virtue and vice) demonstrated significant effects, indicating that participants in the experimental treatment condition reported that they became significantly more able to cultivate their virtues, *F* (1, 49) = 17.40, *p* < .001, partial η2 = .27, and resist their vices, *F* (1, 49) = 22.55, *p* < .001, partial η2 = .32, from pretest to posttest compared to participants in the wait-list control condition.

There was not a significant difference between participants in the experimental treatment condition and the wait-list control condition on stress or spiritual development. However, it should be noted that results were in the expected directions, with participants in the experimental treatment condition reporting less stress (pretest *M* = 8.00 vs. posttest *M* = 6.32, *p* = .14) and greater spiritual development (pretest *M* = 33.16 vs. posttest *M* = 34.68, *p* = .08) compared to those in the wait-list control condition, though such differences were not statistically significant.

**Repeated measures ANOVA main effect of time.** To evaluate program effects for all participants who completed the program over time (e.g., pretest, posttest, 4-week follow-up), a separate repeated measures ANOVA including all participants (*N* = 50) was computed for each of the outcome variables (see Table 3). It was hypothesized that, on average, participants would demonstrate improvements on all measures from pretest to posttest, and that improvements would be maintained at 4-week follow-up. When violations of sphericity were detected, the Greenhouse-Geisser correction was applied. All uncorrected significant effects remained significant with this correction. Therefore, for purposes of clarity and consistency, degrees of freedom from uncorrected analyses are reported. Linear trend results were also examined for main effects of Time, with follow-up simple contrasts conducted.

**Virtue goal attainment.** A significant main effect of time was found for participants’ perceptions of their ability to cultivate a virtue that they chose to work on during the program, *F* (2, 98) = 44.47, *p* < .001, partial η2 = .48. Follow-up simple contrasts revealed a significant difference between goal attainment virtue scores at pretest (*M* = 1.90) and posttest (*M* = 3.06), *F* (1, 49) = 47.97, *p* < .001, partial η2 = .50, and at pretest (*M =* 1.90) and 4-week follow-up (*M* = 3.26), *F* (1, 49) = 73.66, *p* < .001, partial η2 = .60. Thus, as a result of the intervention, participants felt more able to cultivate their virtue from pretest to posttest and from pretest to 4-week follow-up. There was no significant difference in goal attainment virtue scores from posttest (*M =* 3.06) to 4-week follow-up (*M =* 3.26), *F* (1, 49) = 2.04, *p* = .16, partial η2 = .04, indicating that participants’ improvements of their ability to cultivate their virtue were maintained four weeks after they completed the intervention. Analyses of the linear trend for virtue goal attainment scores revealed a significant effect, *F* (1, 49) = 73.66, *p* < .001, partial η2 = .60, indicating that virtue goal attainment scores increased over time as a result of the intervention.

**Vice goal attainment.** A significant main effect of Time was found for participants’ perceptions of their ability to resist a vice that they chose to work on during the program, *F* (2, 98) = 38.72, *p* < .001, partial η2 = .44. Follow-up simple contrasts indicated a significant difference between vice goal attainment scores from pretest (*M* = 2.12) to posttest (*M* = 3.06), *F* (1, 49) = 42.60, *p* < .001, partial η2 = .47, and from pretest (*M =* 2.12) to 4-week follow-up (*M* = 3.28), *F* (1, 49) = 60.25, *p* < .001, partial η2 = .55. Thus, as a result of the intervention, participants felt more able to resist their vice from pretest to posttest and from pretest to 4-week follow-up. There was no significant difference between vice goal attainment scores from posttest (*M =* 3.06) to 4-week follow-up (*M =* 3.28), *F* (1, 49) = 3.07, *p* = .09, partial η2 = .06, indicating that participants’ improvements in their ability to resist their vices were maintained four weeks after they completed the intervention. Analyses of the linear trend for vice goal attainment scores revealed a significant effect, *F* (1, 49) = 60.25, *p* < .001, partial η2 = .55, indicating that vice goal attainment scores increased over time as a result of the intervention.

**Stress.** A significant main effect of Time was found for stress, *F* (2, 98) = 8.51, *p* < .001, partial η2 = .15. Follow-up simple contrasts indicated a significant difference between stress scores at pretest (*M* = 7.44) and posttest (*M* = 5.94), *F* (1, 49) = 8.53, *p* < .001, partial η2 = .15, and at pretest (*M =* 7.44) and 4-week follow-up (*M* = 5.50), *F* (1, 49) = 14.66, *p* < .001, partial η2 = .23. Thus, as a result of the intervention, participants experienced significantly less stress from pretest to posttest, and from pretest to 4-week follow-up. There was no significant difference between stress scores at posttest (*M =* 5.94) and 4-week follow-up (*M =* 5.50), *F* (1, 49) = .93, *p* = .35, partial η2 = .02, indicating that improvements in stress at posttest immediately after completing the program were maintained at 4-week follow-up. Analyses of the linear trend for stress scores revealed a significant effect, indicating that participants continuously became less stressed over time as a result of the intervention, *F* (1, 48) = 14.66, *p* < .001, partial η2 = .23.

**Spiritual development.** A significant main effect of Time was found for spiritual development, *F* (2, 98) = 7.85, *p* < .001, partial η2 = .14. Follow-up simple contrasts indicated a significant difference between spiritual development scores at pretest (*M* = 32.40) and posttest (*M* = 34.38), *F* (1, 49) = 9.45, *p* < .001, partial η2 = .16, and at pretest (*M =* 7.44) and 4-week follow-up (*M* = 34.52), *F* (1, 49) = 11.20, *p* < .001, partial η2 = .19. Thus, as a result of the intervention, participants’ spiritual development was enhanced significantly from pretest to posttest and from pretest to 4-week follow-up. There was no significant difference between spiritual development scores at posttest (*M =* 34.38) and 4-week follow-up (*M =* 34.52), *F* (1, 49) = .08, *p* = .78, partial η2 = .00, indicating that improvements in spiritual development at posttest immediately after completing the treatment were maintained at 4-week follow-up. Analyses of the linear trend for spiritual development scores revealed a significant effect, *F* (1, 49) = 11.20, *p* < .001, partial η2 = .19, indicating that spiritual development scores increased steadily over time.

**Description of participants’ program ratings.** The majority of participants expressed favorable attitudes toward the group program: 92% of the participants “strongly agreed” or “agreed” that they “enjoyed this program”, 92% of the participants “strongly agreed” or “agreed” that they “would recommend this program to a friend”, and 76% of the participants “strongly agreed” or “agreed” that this program helped them “grow spiritually.” In terms of the participants’ compliance with completing the program’s homework assignments, 54% “strongly agreed” or “agreed” that they completed all of the homework assignments in the program, 26% “strongly disagreed” or “disagreed”, and 20% were “neutral”. Post hoc analyses revealed that participants who completed the homework assignments improved more than participants who did not complete the homework assignments in their ability to cultivate virtue, *F* (2, 94) = 3.95, *p* = .02, partial η2 = .08. Regarding their investment in the program, 82% “strongly agreed” or “agreed” that they were “committed to following through with the program’s suggestions”, whereas 4% “disagreed”, and 14% were “neutral.”

The most frequently cited aspects of the program that participants found most helpful were the group discussions (38%), identifying the benefits of different virtues and the dangers of different vices (22%), the practical approach of the program, (16%), and the visualization exercise to help people experience God’s grace (16%). The most frequently cited aspects of the program that participants found least helpful were its brief duration (12%), the lack of active participation by some people in group discussions (4%), the video clip illustrating limitations in self-control (4%), and the program’s emphasis on behavior (4%). The most common suggestions for improving the program were to have more sessions (24%), have more individual follow-up with members (8%), make sure everyone actively participates in group discussions (4%), include more information on God’s role in spiritual growth (4%), have smaller groups (4%), and have more unstructured discussion time (4%).

# Discussion

The purpose of the current study was to develop and evaluate a brief manualized psychospiritual treatment program, *From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth*. This program had two goals: (1) to resolve moral spiritual struggles and cultivate greater virtue in participant’s lives, and thereby reduce distress related to such struggles, and (2) to promote spiritual growth by assisting individuals to draw upon religious and spiritual resources for motivation and strength during this inevitable struggle in spiritual living. Thus, it was hypothesized that as a result of this program, participants would be more able to cultivate virtue and resist vice in their lives and show improvements in psychosocial and spiritual functioning through lower stress and greater spiritual development, and that these outcomes would be maintained at 4-week follow-up. In general, the results of this study supported the majority of the hypotheses, suggesting that the current intervention is an effective treatment for moral spiritual struggles.

## Outcome Evaluation between Groups

It was hypothesized that, on average, participants in the experimental treatment condition would show greater improvements than participants in the wait-list control condition on all outcome variables after completing the intervention. We found that, in comparison to the wait-list control condition, participants in the experimental treatment condition reported that they became significantly more able to cultivate their virtues and resist their vices as a result of completing the program. As discussed earlier, spiritual endeavors to cultivate virtue and resist vice can be especially taxing and difficult, particularly in modern Western society, with its emphasis on hedonic well-being and endorsement of values that often conflict with the ethical prescriptions of many religious and spiritual traditions. However, these initial findings suggest that *From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth* is a promising treatment for promoting characterological growth through the pursuit of virtue and resistance of vice. This program adopted a practical approach to promote such spiritual endeavors. For example, by specifying particular virtues and vices that they wanted to work on improving, narrowing their choices down to one virtue and one vice, conceptualizing their virtues and vices in behavioral terms, and developing a specific plan for change, participants were able to develop realistic, measurable goals by which they could evaluate their progress. In fact, participants cited “identifying virtues and vices” and the “practical approach of the program” as two of the most helpful aspects of the intervention. Thus, the current program enhanced participants’ abilities to cultivate virtue and resist vice by encouraging them to approach this aspect of their spiritual lives in a thoughtful and systematic manner.

Contrary to hypotheses, participants in the experimental treatment condition did not show significantly greater improvements from pretest to posttest on stress and spiritual development than those in the wait-list control condition. However, for the variables that were nonsignificant, it should be noted that the results were in the expected directions and approached statistical significance. Furthermore, preliminary analyses revealed that participants endorsed fairly low levels of moral spiritual struggle to begin with, as evidenced by low distress and high spiritual maturity, which may have limited the results. In light of these trends, it is possible that limitations in statistical power restricted the program’s capacity to produce more significant effects. In fact, increasing the sample size by including all of the participants (*N* = 50) in a within groups analysis using repeated measures ANOVA yielded more significant results. Notably, a power analysis revealed that we would have required 140 participants per condition to have adequate power. Despite our study being significantly underpowered, the significant results found are promising and indicate that with a larger sample experiencing greater moral spiritual struggles, more of our hypotheses may have been supported.

## Outcome Evaluation within Participants over Time

It was hypothesized that, on average, participants who completed this program would demonstrate improvements on all outcome variables from pretest to posttest, and that all immediate gains from treatment would be maintained at 4-week follow-up. According to the results of these analyses, participants demonstrated improvement on all outcome variables. They were significantly more able to cultivate virtue and resist vice, less stressed, and reported greater levels of spiritual development from pretest to posttest, and these improvements were maintained at 4-week follow-up.

Taken together, these findings suggest that the current program is an effective treatment for moral spiritual struggles, as participants who completed the intervention not only enhanced their ability to cultivate virtue and resist vice, but also demonstrated significant improvements in other psychological and spiritual areas of functioning, such as stress and spiritual development. One possible explanation for these wide-ranging effects may be the multi-modal approach of the treatment. For example, although brief, the current intervention included a wide variety of treatment goals, techniques, and activities. By normalizing moral spiritual struggles, participants may have felt less stressed about such struggles. The practical approach of developing a specific plan for change and informing participants about the role of self-control in their moral spiritual struggles may have enhanced their capacity to monitor and regulate their own internal responses or undesired behaviors. Finally, encouraging participants to practice certain spiritual disciplines (e.g., confession, reconciliation, and repentance) and helping them to rely on and reconnect with spiritual resources, such as God’s grace, may have enhanced their spiritual development.

Furthermore, the group format of the program may have enhanced treatment effects, as participants were able to learn from one another, cultivate friendships, and hold one another accountable. They were also able to experience some of the other therapeutic factors that are inherent in group treatments, such as universality, the instillation of hope, imparting of information, and cohesion (Yalom, 1995). In fact, participants identified “group discussions” as the most helpful aspect of the program.

In general, the majority of participants expressed favorable attitudes toward this program. For example, 92% of the participants reported that they enjoyed this program and would recommend it to a friend. Consistent with other treatment outcome measures, 76% of the participants reported that this program helped them grow spiritually. In fact, one participant stated, “The group was a great way to check and recheck my motives in life as they pertain to my spiritual growth. There was not a boring moment in the group. I recommend the group to anyone who is struggling or in doubt about their relationship with God and others.”

**Limitations and Future Directions**

Although this brief, manualized psychospiritual intervention demonstrated some significant effects and participants generally held favorable attitudes toward the program, several limitations should be noted. First, participants did not appear to be experiencing high levels of moral spiritual struggle prior to study, with the majority of participants reporting that they cultivate virtue and resist vice only “somewhat” less than they think they are able to. They also reported relatively low levels of distress and fairly high levels of spiritual maturity, which may have limited the results of this study. Because participants were recruited from ongoing Bible study groups, they attended church on a regular basis and were more involved in their religious community. As a result, their access to more spiritual resources may have reduced their vulnerability to moral spiritual struggles. Future research might consider using participants who are more vulnerable to moral spiritual struggles, such as church members referred by pastors or lay counselors, and should measure moral spiritual struggles more precisely, with instruments such as the Religious and Spiritual Struggles Scale (Exline et al., 2014), which had not yet been developed during the time of this intervention.

College students are another group that may be suitable for future study because they face a number of challenges that might make them more vulnerable to spiritual struggles (Ano & Pargament, 2012), such as increasing independence and exposure to various vices and temptations, potential disconnections from their religious communities, exposure to alternative religious viewpoints, and even stigma and criticism against their religious beliefs from peers and professors (Johnson & Hayes, 2003). Initial efforts at implementing psychospiritual interventions with college students have shown promising results (Oemig-Dworsky et al., 2013). Other groups potentially vulnerable to moral spiritual struggles include military veterans, individuals in correctional institutions, and people dealing with addictive disorders.

Another limitation of this study is the generalizability of the research findings. Although the sample was relatively diverse ethnically, the majority of participants (58%) were Pacific Islander/Filipino. Furthermore, the participants in this nondenominational Christian sample were relatively similar in terms of their religious and spiritual demographics. In the future, it will be important to obtain a more ethnically and religiously diverse sample (either denominationally or in terms of people’s degrees of religiosity and spirituality). Or future research might consider examining the unique implications of moral spiritual struggles among particular ethnic groups.

**Implications**

Though this study was conducted with an exclusively Christian sample, the concepts of vice and virtue are embedded within all religious and spiritual traditions. Consider a few of the ethical mandates from some of the other major world religions. In Judaism, the basis of an ethical life is formed by adherence to *mitzvot*, 613 commandments that were derived from the Pentateuch by the ancient rabbis, who “added further regulations around the injunctions of the Pentateuch in order to safeguard the central teachings of the Torah” (Coogan, 1998, p. 39). According to the Islamic tradition, the basis of ethical conduct is formed by a collective body of teachings known as the *Sharia*, or “Islamic Way.” In Hinduism, morality is defined by three paths to liberation: the way of action, the way of knowledge, and the way of devotion (Coogan, 1998, p. 145). Finally, in Buddhism, morality is defined by the “Noble Eightfold Path,” a discipline of eight components that can be summarized by three principles: *shila*, or abstention from harmful actions (e.g., no killing, no stealing, no abusive sex, no lying, and no intoxicating beverages), *samadhi*, a disciplined mind, and *prajna*, a proper understanding of the self and the world (Coogan, 1998). Thus, given the universal theme of vice and virtue within all religious and spiritual traditions, this intervention could effectively be adapted for use with individuals from diverse religious backgrounds.

The results of the present study suggest that virtues can be “imparted effectively,” as participants who completed this psychospiritual treatment program enhanced their ability to cultivate virtue and resist vice from pretest to posttest and maintained such improvements at 4- week follow-up. Thus, the current study has significant implications for research on virtues, vices, and character education as it ushers in a promising new direction of research from measurement to intervention. Since the development of *From Vice to Virtue: A Guide to Personal Transformation and Spiritual Growth*, two related studies have examined the cultivation of specific virtues, such as patience and humility, through psychospiritual interventions (Schnitker, 2012) and religiously affiliated youth camps (Schnitker, Felke, Barrett, & Emmons, 2014). Both studies yielded promising results, further demonstrating the importance and relevance of developing virtue-oriented interventions.

This study makes some important contributions to the literature on moral spiritual struggles and spiritually integrated interventions. However, some interesting questions still remain. How might the current intervention be modified to treat specific problems with particular vices, such as sexual addictions, anger management, etc.? Would it be possible to implement such a program among populations that could particularly benefit from character education about virtues and vices, such as children, adolescents, or prisoners? Because the group discussions were such an integral part of this intervention, would an individually administered protocol demonstrate similar effects? What is the relevance of this program for religious education? In conclusion, numerous questions have yet to be explored, but the findings of the current study demonstrate that psychology, religion, and spirituality can be powerful resources for people dealing with one of the most fundamental and universal challenges in the search for the sacred—moral spiritual struggles.

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Tables

Table 1

*Descriptive Statistics for Outcome Variables at Pretest*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scale | *M* | *SD* | Possible Range | Actual Range | Cronbach’s α |
| Virtue Goal Attainment Scale | 1.90 | .86 | 1-5 | 1-4 | - |
| Vice Goal Attainment Scale | 2.12 | .72 | 1-5 | 1-4 | - |
| Stress (DASS-21 Stress Subscale) | 7.44 | 3.96 | 0-21 | 1-18 | .80 |
| Spiritual Development  (Christian Experience Inventory) | 32.40 | 7.71 | 0-42 | 2-42 | .92 |

Table 2

*Pretest and Posttest Means with Mixed Model ANOVA Results for Time X Condition Interaction Effect*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Experimental Group | |  | | Control Group | |  | Time X Condition |  | Time X Condition |
| Variable | | Pretest *M* | Posttest *M* | | Pretest *M* | | Posttest *M* | | *F* Value | *p* | Partial η2 |
| Virtue | | 1.80 | 3.04 | | 1.92 | | 2.00 | | 17.40\*\*\* | <.001 | .27 |
| Vice | | 2.12 | 3.28 | | 2.16 | | 2.12 | | 22.55\*\*\* | <.001 | .32 |
| Stress | | 8.00 | 6.32 | | 7.28 | | 6.88 | | 2.19 | .14 | .04 |
| Spiritual Development | | 33.16 | 34.68 | | 32.24 | | 31.64 | | 3.13 | .08 | .06 |

*Note. \*\*\*p* < .001.

Table 3

*Repeated Measures ANOVA Results Main Effect of Time for all Participants* (*N =* 50)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mauchly’s | Time | Time | Time |
| Variable | *W* | *F* value | *p* value | Partial η2 |
| Virtue | .96 | 44.47\*\*\* | <.001 | .48 |
| Vice | .96 | 38.72\*\*\* | <.001 | .44 |
| Stress | .98 | 8.51\*\*\* | <.001 | .15 |
| Spiritual Development | .92 | 7.85\*\*\* | <.001 | .14 |

*Note.* \*\*\**p* < .001.

Figure 1

*Description of Intervention by Session*

|  |  |  |  |
| --- | --- | --- | --- |
| Session | Goals | Interventions | Homework |
| 1: The Value of Virtue | * Orient people to the group * Clarify definitions of virtue and vice * Enhance motivation to cultivate virtue and resist vice | * Identify virtues and vices * Group discussion | * Choose one virtue to cultivate and one vice to resist in group |
| 2: The Problem with Perfection | * Understand nature and consequences of perfectionism * Normalize failure * Identify healthy alternatives to perfectionism | * Case example * Group discussion * Challenging cognitive distortions * Video clip about the limits of self-control | * Self-monitor how perfectionism impacts their vice and virtue goals |
| 3: Growth and God’s Grace | * Normalize spiritual struggles between vice and virtue * Promote group cohesion * Develop specific plan to cultivate virtue and resist vice * Promote spiritual growth | * Art therapy exercise * Psychoeducation about goal-setting, self-monitoring, and social modeling * Visualization exercise | * Develop and carry out specific plan for change and monitor progress throughout week |
| 4: Relapse, Reconciliation, and Repentance | * Relapse prevention * Identify barriers * Brainstorm coping strategies * Understand role of reconciliation and repentance | * Group discussion about relapse prevention * Examining scripture passages * Listening to song about forgiveness | * Write a letter describing relationship with God and their spiritual journey |