Personality and Lifestyle Change: Lessons learned from Type 2 Diabetes Patients

Kevin Roberts, Thomas Edgington, Kristin Farwell, and Joe Graham

Do certain personality traits inhibit our ability to make healthy lifestyle changes, even when diagnosed with a significant illness? New research by several Grace professors has gleaned evidence that may confirm such a connection. The following synopsis of their study is part of a two year study on Type 2 Diabetes treatment led by Roberts.

In the United States, approximately 25.8 million people, or 8.3 percent of the population, have diabetes (CDC, 2011). The American Diabetes Association (ADA) estimates that 4,110 people are diagnosed daily with diabetes, while 1.6 million new diabetic cases were diagnosed in 2007. A direct relationship has been found between diabetes and obesity and a major study completed in 2002 found that for every 20% increase above the ideal body weight the chance of diabetes doubles (Greenway, Greenway & Klein, 2002). These startling statistics are drawing national attention due to the rising problem with obesity and the number of individuals diagnosed with diabetes each year. If present trends continue, one in three Americans, as well as one in two minorities, born after 2000 will develop diabetes over the course of their lifetime (American Diabetes Association, 2008).

In light of these alarming statistics, it would seem that a significant piece of the puzzle is determining how healthcare professionals can encourage consistent lifestyle change among Americans, especially since it would seem that an epidemic of obesity, diabetes, and other chronic diseases may loom ahead.

While no one would argue with the effectiveness of lifestyle change for decreasing the adverse health effects of diabetes and other long-term diseases, the relationship between inherent personality traits and lifestyle change is difficult to measure. We all know someone, for example, who is the picture of health: he or she exercises regularly, chooses only healthy food to eat, maintains a fit weight, and seemingly has a great outlook on life. We marvel at their self-discipline, and wonder why we can’t do the same in our own life.
The rest of us struggle to find time to exercise, cannot seem to get motivated to do even ten push-ups, and drive around looking for the closest parking spot to avoid walking in the cold. Is there something that medical providers, psychologists and social workers can do to intervene, and if so, where do we begin? How do we learn to harness the tools that these seemingly perfect people do well?

Perhaps, however, we can learn more from those who do not demonstrate healthy lifestyles, even when faced with medical consequences. These questions are at the heart of a new analysis that seeks to document a link between certain personality characteristics and health outcomes for patients with long term health conditions such as diabetes. These results were part of a research project that took place within the School of Behavioral Sciences at Grace College—research that sought to develop improved treatment for patients with Type 2 Diabetes by utilizing psychological interventions and more integrated care (Responsive Integrated Treatment Matching, or RITM), instead of traditional approaches alone. Previous findings have shown that integrating a psychological element into patient care can in fact achieve measurable improvement in lifestyle changes (diet, exercise, staying on medication, etc.) and in turn, control of the disease.

Interestingly, previous research also seemed to indicate that lifestyle changes may have been linked to personality, and this prompted further research focused on this question. Now, with data in hand, we can determine which personality traits are likely to appear in patients with poorly-controlled diabetes as well as those personality traits that appear to be evident in patients resistant to change even after the successful RITM interventions were provided.

**Study Design**

Participants for this study were recruited from an outpatient internal medicine clinic and several family medicine clinics in Indiana. It should be noted that over 90 percent of the patients were from the internal medicine practice where the study was being conducted. These participants were utilized as they typically have multiple coexisting problems, which make behavioral and lifestyle change very challenging. Patients were referred by their physicians for inclusion in the study. The experimental group consisted of 124 patients aged 26 to 86. There were 79 females and 45 males. The control group consisted of 60 patients. For inclusion in the study, patients had to be diagnosed with Type 2 Diabetes and have an HbA1c greater than 7 percent. HbA1c is an average of blood glucose over several months, and is used by doctors to monitor how well a patient’s diabetes is being controlled. An HbA1c greater than 7 signifies poorly controlled diabetes.

For the control group, HbA1c levels were collected at the beginning and end of the study, but no intervention was performed. For the experimental group, however, the Responsive Integrated Treatment Matching (RITM) approach was implemented. This included an initial visit, during which one of three psychologists evaluated the patient’s readiness for change, and administered the Millon Behavioral Medicine Diagnostic (MBMD) along with a biopsychosocial assessment. Next, the patient and psychologist collaboratively created a treatment plan, working to determine the frequency of face-to-face visits and follow-up phone calls. In most cases, the patient was seen quarterly and contacted monthly via phone. A number of patients needed additional face-to-face interactions for short periods of time to encourage adherence to the RITM program, while other patients required less. Additionally, an education component was provided by a pharmacist, and frequency and timing was again determined collaboratively by the patient and psychologist. Some of the other interventions utilized in the RITM program included motivational interviewing, support via the phone, active/responsive education on an as-needed basis, relapse prevention, coping skills training and cognitive interventions when deemed necessary by the psychologists. (It should be noted that many patients had been diagnosed with diabetes years earlier, and therefore did not opt for or need additional educational services.)

Open enrollment allowed physicians to refer patients over the 2 year course of the study. Therefore, some patients were involved the full 2 years, while other patients joined within the last 4 months. At the end of the two-year period, HbA1c levels were again collected for the experimental and control group patients.

**Personality and Coping with Diabetes: Initial Assessment**

As mentioned above, the first question raised was, “What personality traits were common among the experimental group at the beginning of the study?”

Remember, all of these patients had poor control of their diabetes. Determining common personality characteristics linked with poor compliance could be a key to helping patients change. Personality features were categorized using a diagnostic test that focused on coping styles (Millon Behavior Medicine Diagnostic, or MBMD). According to the creators of the tool, “The MBMD Coping Styles scales are designed to assess characteristics that reflect the cognitive, behavioral, and interpersonal strategies patients use to acquire rewards and to avoid discomfort not only in medical settings, but in other spheres of their lives as well” (Millon, et al, 2006, p. 15).
Information gathered at the initial assessment indicated that patients who struggled to maintain control of their diabetes exhibited the coping styles listed in the MBMD scale as Nonconformity, Oppositional, Forceful, and Cooperative. (Table 1) These are described below.

**Nonconformity**

Those who score high in nonconformity “tend to be somewhat unconventional if not arbitrary and occasionally inconsiderate in their manner.” Additionally, “they are somewhat skeptical about the motives of others, and they tend to act insensitively and impulsively at times” (Millon, et al, 2006, p. 17). For example, people who score high on this scale would tend to believe that bending the law is acceptable, as long as it’s not broken.

Diabetic patients who scored high in Nonconformity were likely prone to sometimes “cheat” on their diet, thinking that they are not really “breaking the law.” They do not like too many parameters from the healthcare professional, and will most likely react against them.

**Oppositional**

According to the MBMD manual, individuals who cope with an Oppositional style are often “unpredictable and difficult.” These persons “may be erratic in following a treatment plan - overmedicating or undermedicating without consulting their attending physician or nurse... Typical items endorsed include ‘When people are bossy, I usually do the opposite of what they want’ and ‘I often resent doing things that others expect of me.’” (2006, p. 18). Typically these patients have difficulty following a treatment plan and may complain about the treatment they receive, thus making progress difficult.

**Forceful**

Patients who score high in the Forceful category “tend to be rather domineering and tough-minded. Given their tendency to be distrustful, they may not follow treatment regimens well” (Millon, et al, 2006, p. 17). Thus, these patients tend to be distrustful of healthcare professionals and therefore often do not follow their treatment plans.

**Cooperative**

The final personality trait correlating with high pretest glucose levels is Cooperative. According to the MBMD manual, “High scorers on the Cooperative scale tend to be eager to attach themselves to a supportive healthcare professional and will follow medical advice closely. However, these patients usually do not take the initiative to seek treatment and will need to be told exactly what to do. They may also be inclined to overlook or deny the existence of real problems” (Millon, et al, 2006, p. 16).

Unfortunately, these patients tend to deny problems and resist suggestions from caretakers, yet they come to their appointments, act in a pleasant manner, and agree with what is being said.

While they appear to be compliant, they actually do not follow their treatment plan.

**Personality and Coping with Diabetes: Posttest Results**

Overall, the experimental group showed a statistically significant improvement in HbA1c levels, therefore supporting the use of RITM in diabetes treatment. However, not every patient improved. The second question we sought to answer was, “What personality traits were common among those patients who did not improve, even when RITM was utilized?” The following five personality characteristics were common in patients who did not improve, even after the RITM approach was utilized (Table 2).

**Cooperative**

As stated above, these patients tend to deny problems and resist suggestions from healthcare providers, yet they come to their appointments, agree with what is being said, and admit to liking their caretakers. Thus, the high glucose levels seen in the pretest scores continued through to the posttest scores.

**Emotional Lability (a Psychiatric Indicator as opposed to a Coping Style)**

Patients who score high for Emotional Lability exhibit “intense endogenous moods” as well as “recurring periods of dejection and apathy, often interspersed with spells of anger, anxiety, or euphoria. Overall, they are typified by dys-regulation of their affect and instability in their moods” (Millon, et al, 2006, p. 15). These patients have erratic feelings, and often engage in behaviors that are self-destructive. Thus, they may ignore the treatment plan that they know will help them and engage in behaviors that they know will hurt them.

**Inhibited**

According to the MBMD Manual, individuals who are in this category “tend to be hesitant with others and are often shy and ill-at-ease. They must be approached carefully because they are quite sensitive and are often concerned that others may do them harm...Items on the Inhibited scale include ‘I’ve felt all alone for a very long time now’ and ‘I guess I’ve always been a fearful and inhibited person’” (2006, p. 16). These are shy patients, hesitant and fearful of others. Therefore, they will often not tell healthcare professionals about their discomfort or difficulties, making treatment more challenging.
Social Isolation (vs. Social Support)

Patients who indicated strong feelings of Social Isolation (a Stress Moderator rather than a Coping Style) were, according to the MBMD manual, “likely to respond True to items like the following: ‘Most people wouldn’t care much if I were sick’ and ‘There’s little emotional support within my family”’ (Millon, et al, 2006, p. 20). As may be expected, patients who perceived less support from family and friends had a greater inability to keep their diabetes under control.

Depression (a Psychiatric Indicator rather than a Coping Style)

Depression “focuses on the patient’s vegetative or mood state, such as poor appetite, social withdrawal, discouragement, guilt, behavioral apathy, self-deprecation, and loss of interest in pleasurable activities” (Millon, et al, 2006, p. 15). Patients who suffer from depression have a very negative outlook in regard to their present state and future outcomes. They tend to engage in thinking and behavior that actually exacerbates the discomfort they feel, thus leading to higher HbA1c scores.

Discussion

The data comparing personality traits with high pretest HbA1c showed that Non-conforming, Oppositional & Forceful all had significant correlations. This would indicate that patients who demonstrate forceful, non-conforming and oppositional tendencies will have more resistance to lifestyle changes initially (Table 1). However, and this is especially interesting, the characteristics of being forceful, non-conforming and oppositional did not relate to high HbA1c scores in the posttest sample (Table 2). One possible explanation is that the RITM interventions offered considerable choice and collaboration between the patient and provider. By allowing these patients to direct their own treatment, patients’ treatment adherence increased, and consequently they experienced better scores.

In light of these findings, many patients who come into treatment as non-compliant, angry and difficult to work with may actually have a good prognosis when RITM is utilized.

A second interesting finding was that the personality trait Cooperative (from MBMD data) was positively correlated with higher HbA1c scores for both the pretest and posttest groups. In fact, the cooperative personality trait was the most strongly correlated variable with higher HbA1c levels in the posttest group (Table 2). In other words, the more “cooperative” the patient was, the higher his/her blood sugar numbers. This data suggests that some patients are highly “cooperative” on the outside, wanting to please others (including those in the medical community) by being friendly, seemingly “open” to new treatment strategies, saying things that others want to hear, etc. But in reality, they do not have the internal motivation to change. As the patient continues on the non-adherence path, they appear to use their cooperative disposition to distract people from their lack of internal motivation. The cooperative patient may be doing this consciously or unconsciously—it is difficult to say. If unconscious, it may simply be a patterned strategy for looking good to others and minimizing conflict and confrontation.

While the Cooperative personality trait had the strongest correlation with higher HbA1c levels in the posttest, the second strongest predictor of higher scores was Emotional Lability. This personality trait is marked by emotional fluctuations that include apathy, anger, anxiety and feelings of dejection (MBMD, 2006). One possible explanation is that patients may attempt to manage negative emotions, frustrations, and disappointments through emotional eating or through non-adherence to medical recommendations. Ulmer (1997) found that emotional fluctuations from positive to negative emotions played a significant role in non-adherence among pain management patients. These fluctuations in mood may be a stronger predictor in non-adherence than previously noted in the literature and thus may warrant further examination.

Following Cooperative and Emotional Lability Inhibited and Social Isolation personality traits are also associated with higher posttest HbA1c levels (Table 2). These individuals may have a tendency to avoid or feel hesitant to engage in social relationships (MBMD, 2006). This could make them less likely to have the necessary social support to maintain medical adherence. DiMatteo (2004) reviewed nearly 50 years of research and found that social support is very important for adherence.

The final personality trait which correlated with higher posttest levels is Depression. Many depressed patients feel disheartened and have difficulty enjoying life due to pessimistic thinking or a glum perspective (MBMD, 2006). DiMatteo, Lepper & Corghan (2000) found that depression is a significant factor in patient non-compliance. This research appears to support this notion and illustrates that the RITM clinical trial did not significantly address this adherence issue.

Conclusion

The future of healthcare will likely have a behavioral health component, as the compelling evidence mounts showing benefits related to both the cost-effectiveness and efficacy in the treatment of chronic disease (Cummings, O’Donohue, Ferguson, 2002; Lorig & Holman, 1993). This integrated approach with psychologists will require an evidence-based practice to address the non-adherence issues surrounding lifestyle change. The information gleaned from this study adds to the growing body of literature and provides useful insights into certain personality traits which may interfere with adherence.
The data collected in this study contribute helpful analyses related to the relationship between personality traits and treatment response in patients with diabetes. Further research is needed to look at long-term outcomes when a comprehensive integrated assessment and the appropriate combinations of psychological interventions, such as RITM, are utilized to treat Type 2 Diabetes. Also, a thorough evaluation is needed to determine if longer-term intervention and support is needed or if short-term interventions are sufficient. Finally, more research utilizing the MBMD patient personality profiles could lead us towards more effective and individualized treatment plans, hopefully improving patients' health and quality of life.

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### Table 1
Correlation of Pretest HbA1C vs. Personality Traits

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<th>Personality Trait</th>
<th>Correlation</th>
<th>P-value</th>
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</thead>
<tbody>
<tr>
<td>Non Conforming</td>
<td>0.3324</td>
<td>0.000437</td>
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<tr>
<td>Oppositional</td>
<td>0.2272</td>
<td>0.0180</td>
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<tr>
<td>Forceful</td>
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<td>0.0271</td>
</tr>
<tr>
<td>Cooperative</td>
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<td>0.0404</td>
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Note: n=108

### Table 2
Correlation of Posttest HbA1C vs. Personality Traits

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<th>Personality Trait</th>
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</thead>
<tbody>
<tr>
<td>Cooperative</td>
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<tr>
<td>Emotional Lability</td>
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<td>Inhibited</td>
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<td>Depression</td>
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<td>0.0314</td>
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Note: n=108

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**Bibliography**


One of the challenges we are up against in framing an Anabaptist and evangelical response to global Islam is that since September 11, 2001, the subject of Islam has become largely politicized. In other words, instead of something that we consider with the Bible’s teaching in mind, Islam has become a matter of taking sides. If you begin to speak about the problems of Islam, you are immediately judged to be on one side. If you speak the language of peaceful coexistence you are put on the other side. And if I do not like your side, I switch you off—you have nothing meaningful to say to me. In this atmosphere, is it possible for us to put these contentious debates on hold and consider the subject of global Islam without prejudice? Can we both acknowledge the realities of Islam as well as pursue peace?

At the heart of this short address is the notion that a Christian response to global Islam, especially one that is informed by Anabaptist and evangelical convictions, must combine a desire to live peaceably with Muslims with a desire that Muslims know the peace of the gospel. On the one hand, a commitment to love and to deal peaceably with Muslims does not mean that we should not be realistic about Islam. On the other hand, knowledge about the realities of Islam does not mean we should live with fear or hate.

Peace ...

Of the various approaches that Christians have taken to Islam during the past decade, one approach understands Islam to be violent and proposes that we meet violence with violence, or at least adopt a militant attitude toward Muslims. This may seem to have the appeal of common sense, and many intelligent, committed Christians have counseled that their fellow Christians take this approach.

But we must respectfully disagree and say clearly that this approach contradicts the teaching of Jesus as well as the teachings of the New Testament as a whole.

Consider Jesus’ teaching in the Sermon on the Mount: “Blessed are the peacemakers....Do not resist an evil person....If someone strikes you on the right cheek, turn to him the other also....Love your enemies and pray for those who persecute you” (Matthew 5). Likewise, the Gospel accounts go on to tell us about Jesus’ response to the violence that he himself faced. When a large crowd armed with swords and clubs came to take him to his death, he let them take him.
“Put your sword back in its place,” Jesus said to one of his companions who wanted to defend him. “Do you think I cannot call on my Father, and he will at once put at my disposal more than twelve legions of angels?” (Matthew 26:52-3).

It is true of course that Jesus submitted to the crowd in order to secure our salvation. However, the apostles saw Jesus’ behavior in the face of violence as applicable to the behavior of those who follow Jesus. Peter, for example, wrote later: “To this you were called, because Christ suffered for you, leaving you an example that you should follow in his steps.” (1 Peter 2:20-24) This is one of only a few explicit biblical commands to imitate the behavior of Jesus—that we follow him in the way he suffered and died. Paul also taught that Jesus’ peaceful example of suffering was to be the model of Christ-followers. “Live a life of love just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God.” (Ephesians 5:2)

Admittedly, Jesus’ teachings on peace and the example of the New Testament raise questions about Old Testament violence. Although Christians do not agree about the solutions to all of these questions, I note that Jesus says in Matthew 5:17: “Do not think that I have come to abolish the Law or the Prophets. I have not come to abolish them but to fulfill them.” How does Jesus fulfill them? He gives the Sermon on the Mount. He says, “You have heard that it was said, but I tell you....” And three of his next five sayings are about violence!

It is also striking that Christians in the West seldom seem to ask how the early church worked out these questions during the first three centuries of Christianity. This question is relevant because we may forget that the first Christians lived among a very cruel empire with no particular human rights. We’ve no reason to believe that Christians were under any illusions about the brutality of their Romans rulers, and yet what is the counsel of the apostles? Did they see Old Testament violence as their pattern? Not at all—rather, we find Paul teaching, “If it is possible, as far as it depends on you, live at peace with everyone” (Romans 12:18).

Thus, Biblical teachings on peace require that our first responsibility is to pursue peace with Muslims, not violence, hatred, or militant attitudes. This kind of Christian response to global Islam is well presented in the books of David W. Shenk, an evangelical Anabaptist, especially in his book Journeys of the Muslim Nation and the Christian Church. ¹ I have also written a book describing this approach titled Peaceable Witness among Muslims. ² Also very valuable is a book by Kenneth Cragg, an Anglican bishop, called Jesus and the Muslim. ³ We need the help of scholars who understand Islam and Muslims well, and who are alive to New Testament emphases like peacemaking, gospel witness, and making disciples. Like the early Christians in relation to the Roman Empire, our commitment to living at peace with Muslims is not based on whether or not Muslims are also committed to living at peace with us, but because the New Testament directs us this way.

A commitment to pursuing a New Testament peace ethic, however, does not mean that we do not acknowledge the fact that the Muslim tradition has nothing akin to the nonresistance that Jesus taught. From an historical point of view in fact, Islam has often been intertwined with violence—in its sourcebooks, in its history of conquest and political domination, and in the actions of Islamists today. Appreciating Muslims as people and seeking to live peaceably with them does not mean that we close our eyes to these realities. For example, when we read the Muslim scripture, the Qur’an, we find five open commands to kill and twelve commands to fight and try to kill. Muslim biographies of Muhammad routinely tell of raids, battles, assassinations and massacres. Whole books in the collections of sayings that Muslims attribute to Muhammad (al-hadith) give the rules of war.⁴ All of this was subsequently encoded in the sections of Islamic Law that deal with how to treat non-Muslims.⁵

We are realistic about the aims and actions of Islamic da’wa, that is the impulse to take over the world for the establishment of Islamic Law.⁶ When Christians describe Islam in this way, we may be tempted to think they are trying to say something negative about Muslims. This is because “taking over the world” is not a positive thing to most of us. But if we look at it for a moment from the perspective of Islamic Law, which Muslims believe is a perfect system of divine law that applies to every aspect of both religious worship and daily life in society, why wouldn’t we want everyone in the world to live under that law? From this perspective there is nothing negative, nothing insulting. In fact, it is from this perspective that the concept of the geography of conquest developed within Islamic Law. All areas where Muslims rule and Islamic Law is established are called the abode of Islam (Dar al-Islam). All areas not under the sway of Islamic Law are called the abode of War (Dar al-Harb) because they are potential areas of Muslim conquest.⁷

This does not mean that all Muslims agree with this concept or even know about it, but it is certainly part of the legacy of Islam. Many Muslims are aware of this legacy today, and want to continue it, including in the West. So a commitment to honesty requires us to acknowledge these elements of Islam, even when it may sound negative.

We also need to be realistic about what Islam says about Jesus. A superficial understanding might recognize that Jesus appears as a prophet in the Qur’an and that Muslims say they respect and even love Jesus. Based on this, one might conclude that Islam is therefore compatible with the gospel. This would be a false impression, however. The Jesus of Islam, who is called ‘Isa, is in fact a figure severely diminished from that found in the New Testament and on whom Christians base their lives.
Israeli scholar Hawa Lazarus-Yafeh writes: “The major themes of the Muslim-Christian debate include the Trinity, incarnation, sonship of Jesus, crucifixion and redemption.” The Qur’an denies the deity of Jesus, his divine Sonship, and the doctrine of the Trinity. And most Muslims understand the Qur’an to deny that Jesus died—never mind that his death was redemptive for humankind. For Muslims, Jesus is a bit-player in the larger drama of Muhammad—merely one of many prophets in the Muslim prophetic line from Adam to Muhammad. Muslims even give Jesus the role of one who prophesied the coming of Muhammad. In light of this, it is important to understand that the ‘Isa of Islam and the Jesus of the Gospel are two different persons.

Thus there is definitely a battle for truth to be waged in proclaiming the divine glory of Jesus. Christian peacemakers take truth questions seriously, because they serve a Lord through whom grace and truth came to the world (John 1:17). Because they want peace to reach Muslims, they are concerned to see that the peace they advocate is firmly based on the truth of the gospel. We miss something crucial if we do not see that the spiritual and political dimensions of Islam inform each other. If you remove the spotlight from the Prince of Peace and instead train it on one who Muslims believe participated in raids and battles and when you promote the teachings and actions of a warrior as the source of Law for humankind, you encourage behavior that destroys and terrorizes rather than blesses and builds up.

... and Proclamation

Therefore, although it is essential to work for peaceful coexistence with Muslims, it is not enough. True peace comes from the gospel of peace. So in addition to a commitment to live peaceably with Muslims, we need proclamation of the gospel. “How beautiful on the mountains are the feet of those who bring good news, who proclaim peace, who bring good tidings, who proclaim salvation....” That’s how it is stated in Isaiah 52:7. In biblical terms, the message of peace is the message of salvation. Note how Paul then quotes this verse in Romans 10 and how he applies it. The Lord of all, he writes, wants to bless and to save everyone who calls on the name of the Lord. But in order for that to happen, Paul says in a series of questions, a messenger needs to be sent. The messenger needs to proclaim the message so that people can hear and believe and call on the Lord (Romans 10:12-15). Consider Ephesians 2:14: “For he himself is our peace.” In biblical terms, it is not possible to speak about peace without putting Jesus at the center. “Peace I leave with you; my peace I give you. I do not give to you as the world gives” (John 14:27). Jesus himself distinguished among the various things people may call “peace,” to highlight the special, unique peace he offers.

Why should we call Muslims to the Lord Jesus Christ, and how will this solve the tensions created by global Islam? We call Muslims to Jesus because what is needed is a change of relationship—reconciliation with God (Romans 5:1, 2 Corinthians 5:18, 20). Orthodox Islam has no concept of a loving relationship between people and God, and therefore does not offer this. We seek to invite Muslims to Jesus because ultimately what is needed for peace is a change of heart. We need to deal with the root of violence and establish the roots of people rather in Christ. Ezekiel gives us the picture of a heart of stone being exchanged for a heart of flesh and Jesus gives us the language of being born again. Islam does not talk about regeneration. Instead it urges a greater effort at obedience to law. Similarly, we call Muslims to Jesus because it is the Holy Spirit that grows the fruit of peace in our lives. Islam has no concept of the Holy Spirit, and when the term appears in the Qur’an, Muslims interpret it to mean the angel Gabriel.

Lastly we beckon Muslims to Jesus because there needs to be a change of loyalty from leaders who model and teach violence to a Lord who teaches and models peace. We need to call Muslims into discipleship to Jesus. Their present devotion to their messenger is a problem because of what they believe their messenger did and said. When an individual such as this is venerated as the “perfect human”, you have to look closely at the behavior that is being recommended.

Beyond proclaiming the good news of Jesus, is there anything else that the Church may be called to do in response to global Islam? What should the Church do when a religion like Islam recommends itself to the world—it’s scripture, its concept of God, its political system, its law, and above all its messenger? Many Muslims have a vigorous concept of mission. How far are Christians willing to go in the interests of gospel peace? When a religious system holds people in bondage, what is the duty of gospel messengers and disciples of Jesus? Is it not within the scope of our witness to probe the false foundations of that religious system? The commitment to love and respect Muslims is firm. However, what can it mean to respect a religion that teaches people that Jesus did not die, that cuts them off from enjoying the benefits of that redemptive death?

A famous peace text, 2 Corinthians 10, suggests an integration of peaceable method and gospel defense that is not well known in our time. “By the meekness and gentleness of Christ,” it starts. “We do not wage war as the world does,” it continues. Rather, the followers of Jesus fight with weapons that have divine power to demolish spiritual strongholds. “We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ” (2 Cor. 10:5). This passage suggests a dimension to the Christian response to global Islam that engages its false claims.
Conclusion

A Christian response to Muslims starts with a commitment to love Muslims and live at peace with them, as taught by Jesus. It also requires that we respect historical study and the Muslim tradition enough to take seriously what Muslims themselves have written in their sourcebooks in the past and what they say about their faith and life today, including the violence therein. By “global Islam” we do not mean that all Muslims have gathered together to conspire about how to take over the world. But at the same time, we must acknowledge that Islamist groups at work in the world today freely tell of their intention to establish the global sway of Islamic Law, and to their minds this is a sign of faithfulness. The solution is clear: The biblical answer for a heart of stone is a heart of flesh; for a heart rooted in violence, the solution is a heart rooted in the Messiah and his love. That is why we proclaim a message that is God’s power for the salvation of everyone who believes and there is no other way for Muslims, or even ourselves, to truly find peace.


Notes

9 Samuel M. Zwemer, The Moslem Christ: An essay on the life, character, and teachings of Jesus Christ according to the Koran and Orthodox Tradition (London: Oliphant, Anderson & Ferrier, 1912).

Dispatches from the Office of Faith, Learning, and Scholarship

Report on Scholarship

OFLS continued to organize and support initiatives for faculty and student scholarship at Grace College and Seminary. This past March, Gordon Nickel, a scholar of Muslim Studies, gave the annual Lyceum Lecture on Faith and the Academy and over 25 students presented their work at Communitas, the annual student research day for the student body. Various students from history, English, languages, and Math also presented papers at undergraduate conferences throughout the region under the direction of Benjamin Navarro (Spanish), Jared Burkholder (History), Mark Norris (History), Paulette Sauders (English) and Kris Farwell (Math) respectively. Brooke Kovac (Criminal Justice) provided leadership as well for Alpha Chi members who also traveled to regional gatherings.
Since the fall, a number of faculty members shared their ongoing research at monthly faculty scholarship forums. Among these was a presentation by Cheryl Bremer (Special Education), whose dissertation on student motivations for pursuing a degree in Special Education won Regent University’s best dissertation in education prize. Several Grace faculty members, in fact, finished up doctoral programs this year. In addition to Bremer, Jeff Gill (Seminary), Roger Stichter (Accounting), Deb Musser (Counseling) and Terry White (Communications, part-time) wrapped up terminal degrees.

Scholarship continued on other fronts as well. Tammy Schultz (Graduate Counseling) co-authored *Beyond Desolate: Hope versus Hate in the Rubble of Sexual Abuse*. Don DeYoung (Science) and Nate Bosch (Environmental Studies) carry on their research and steady publishing on issues related to faith and science, and Seminary and Biblical Studies professors Tiberius Rata as well as Matt Harmon, who earned a research sabbatical this spring, have new books in progress. Additionally, Kevin Roberts (Behavioral Science) continues to spearhead new research on diabetes and healthcare. John Teevan, (Weber School) has a forthcoming book on economics and social justice to be published by the Acton Institute and Terry White’s volume on Winona Lake history is forthcoming with BMH books. In addition, various Art Department faculty members participated in juried shows as well as produced an integrated textbook on creative arts and culture under the direction of Kim Reiff (Art) and J.D. Woods (Art). Mark Pohl (Admissions), Jared Burkholder, Kristin Farwell, and Rick Roberts (Science) presented papers, posters, or invited addresses at academic conferences this past year.

### 75 Years of Christian Higher Education

This year marked the 75th anniversary of the founding of Grace Theological Seminary, which would later bring about the undergraduate college. As a means of celebration, Mark Norris, Dean of the School of Arts and Sciences, spearheaded a series of “Heritage Forums” on various topics from the Brethren backgrounds of the college and seminary to current developments in the liberal arts. The forum topics coincided with chapters that will be brought together in a book-length volume, edited by Norris along with Jared Burkholder, which will chronicle the 75 years since the seminary’s founding. Contributors to the book will include various Grace “insiders” as well as outside readers who have offered formal comments as the project has developed. The book promises to be an interesting resource as well as a solid piece of scholarship.
Archives and Library Initiatives

The 75th anniversary has brought a greater awareness of the importance of archival preservation and appreciation for the historical resources and institutional records that are housed on campus. These issues also became more pressing as Grace College and Seminary recently inherited the safekeeping of a large trove of denominational and mission-related archival materials. In addition to these important materials, the Morgan Library has made improving their archives a priority for the coming summer months. A partnership has been established, in fact, between the college and seminary, the Reneker Museum of Winona History, and the Brethren and Missionary Herald Company in order to centralize efforts to better maintain these respective archival collections and position Grace College and Seminary as a significant resource for historical research in Brethren history, evangelicalism in America, and missions history. These initiatives, which have been partially funded by a grant from the Brethren Investment Foundation, have dovetailed nicely with efforts to digitize, catalogue, and improve storage of documents and artifacts related to the local history of Winona Lake, which is important for its involvement with the Chautauqua movement as well as personalities such as Billy Sunday and Homer Rodeheaver. Under the direction of Jared Burkholder, a small army of history students have been completing internships at the Reneker Museum, learning techniques of historical preservation and helping to conserve Winona History.

Book Reviews


Reviewed by A. Paul Kubricht, LeTourneau University

Richard Wuthnow traces the impact of religion on politics and society in the state of Kansas from the controversy over slavery beginning in the 1850s to the rise and impact of the Religious Right in the late 20th and early 21st centuries. Beginning with Lincoln’s election campaign, he explores the role of churches and how they served in the community to develop a Christian civic order. After the Civil War he focuses on how churches promoted prohibition and faced the populism of the late 19th century. Republicans dominated as Protestant churches tended to vote for the party’s candidates, but Democrats were able to win elections. The labeling of Kansas Protestants as rock-ribbed Republican is a bit inaccurate, because Populists and Democrats could win elections depending on reform movements and economic conditions.
Until the mid-20th century numerically Methodists were the major religious group followed by Roman Catholics, but Presbyterians were also influential. Smaller denominations existed, but Methodists dominated the political landscape throughout much of the history of Kansas. The 19th century found the Methodists engaged in moral crusades: first against slavery and then against strong drink and demon rum; however, the issue of the right to vote for women was also growing in its impact. Following the Civil War and into the mid-20th century church-going Kansans, apart from ethnic Roman Catholics and Lutherans, fixated their attention on the campaign for prohibition. Methodists took the lead on this issue.

By the 1920s, economic times were good for Kansans as the price of wheat was rising, but churches faced growing national anti-prohibition attitudes along with the rise of fundamentalism, battles over biblical interpretation, and the role of evolution in creation. The Protestant establishment was facing challenges to its irenic leadership. The Great Depression of 1929 introduced FDR and federal programs; Republican Kansas had to face a changed philosophy of government in Washington. Kansans had to reconcile frontier individualism with the need for help beyond what local communities could do. The Great Depression eventually led to Kansans flirting periodically with the Democrats and FDR. The red state farmers needed Washington’s help, yet there were concerns about Washington being too intrusive.

World War II not only witnessed a large percentage of Kansans serving in the military, but military bases brought new sources of income for the state. At war’s end one would expect life to begin where it had left off and indeed during the 1950s religious life seemed to be unchanged except for new cold war scares. Wuthnow argues that a “centrist conservatism” marked the political religious activity of Kansas from the civil war to the 1950s. Kansas was engaged in a “quiet conservatism” until the rise of the 1960s counter-culture which spawned new values many Christians disagreed with.

Numerically, noteworthy changes occurred within faith communities in the decades following World War II. From the 1850s to the 1960s Methodism dominated the religious environment of Kansas followed by other mainline denominations. Roman Catholics may have been the second largest Christian belief system, but Catholics were largely passive in the political battles throughout these decades. Smaller denominations are only mentioned in passing. By the 1960s Methodists and other mainline Protestant denominations were losing numbers while independent evangelical churches and groups like the Southern Baptists and Assembly of God were growing. Methodists failed to engage a growing urban population while other more conservative Protestant churches were eagerly building churches in these new communities.

The decline of the less confrontational Methodists would also change how the religious implications of controversial political issues would be faced.

By the late sixties not only the impact of Vietnam and the rise of counter-culture values, but also demographic changes began to alter the religious landscape of Kansas. Mainline churches developed a comfort-level with the new values and the new ways at looking at life, politics, and morality while more conservative churches began to engage in political activism to preserve the biblical and cultural standards of past generations. As cities began to grow Methodists did not grow with them; instead new fundamentalist and evangelical churches began to start churches in the urban areas. These churches faced the challenges of changing cultural and social values much more aggressively and, in the case of right-to-life issues, were joined by Roman Catholics to create activist movements similar to the anti-slavery and prohibition crusades. With the rise of the Religious Right a new alliance developed where Roman Catholics and fundamentalists and evangelicals could now work together in a way that they could not have when issues like prohibition separated them. By the 1970s the so-called Religious Right was working to influence state policy on not only abortion, but also on the teaching of evolution, gay marriage, and other social issues. Churches were mobilized under the leadership of strong preachers. Wuthnow centers on Wichita for many of his examples of church activism. While he focuses on the Religious Right, he also deals with the more liberal mainline and Unitarian churches’ role in promoting abortion rights, fighting creationism, and supporting gay marriage. Religious activism impacted Republicans and Democrats and Wuthnow uses a number of politicians and elections to demonstrate the role and effects of religious activism. The Protestant unity in fighting moral issues had disappeared.

Partly because of Thomas Frank’s book, “What’s the Matter with Kansas?”, certain biases exist about the state, its people, and the role of churches. While Wuthnow makes the case for religious activism in Kansas, he also shows that a moderate pragmatism existed when dealing with issues that created strong personal beliefs throughout its history as a state. The interplay of faiths, politics, and moral issues is tangled and often has more nuances than people think or the media reports. He notes that the Eastern establishment found it easy to label Kansas and its people, but he makes the case that this stereotyping fails to see the complexities of how churches interacted with political and community issues. Kansas may not be typical of many states, yet it does have much in common with other states, especially in the Midwest.

One might well raise the issue of why look at the interplay of religion and politics in Kansas, after all “everyone” knows it is a conservative, Republican state.
Since its inception in the late seventeenth century, the pietist movement has had more than its share of challenges. From its critics, the movement is labeled as subjective, legalist and separatist. Yet its adherents have not always helped the cause, continually struggling in defining the movement and its parameters. As a student of the Brethren story and my upbringing and education in varied Brethren contexts pietism at its best has been the bedrock for the spiritual life and at its worst the catch-all excuse for otherwise unexplainable practices. It was thus refreshing to see that representatives from the Swedish-American and Baptist pietist traditions recently initiated conversations on the pietist movement and its challenges with two research gatherings, The Pietist Impulse in Christianity conference in 2009 and The Inaugural Bethel Colloquium on Pietism Studies in 2012, both held at Bethel University in St. Paul, MN. From the 2009 conference comes this compilation of essays of the same title published by Pickwick in their Princeton Theological Monograph Series. Divided somewhat chronically in eight varied sections or parts, each paper attempts to answer how the “Pietist Impulse” has influenced the church and world through areas such as mission, politics, music and higher education.

The work begins with two essays providing an apologetic and definition of the movement, addressing common criticisms of Pietists and seeking to define the movement’s fluid boundaries using contemporary methods. Following this introduction, the book starts with pietist origins in Germany.


Reviewed by Eric Bradley, Cornerstone University

But Wuthnow shows that stereotypes often miss the intricacies of how Christians and their churches react to social, political, moral, civic, and cultural issues. The case can also be made that churches contributed much more to communities than just supporting candidates or issue-oriented movements. In many cases it was churches which promoted education and provided people a place to come together in broader communities. Wuthnow’s work also raises issues of how churches grow (and decline). But ultimately one wrestles with how little some things have changed in 150 years—moral crusades are not new to today’s Religious Right and while these crusades are occurring people still have the everyday challenges to face which are sometimes exacerbated by political, economic, and social issues. Ultimately Wuthnow’s greatest contribution is to provide the perspective that history is able to give.

While acknowledging Pietist leaders Philipp Jakob Spener and August Hermann Francke, the essays focus on other key individuals and movements of this time, including radical pietist Gottfried Arnold, apologist Joachim Lange, and the 1708 Silesian Praying Children’s Revival. Of particular note is a translation of the introduction to Gottfried Arnold’s A Non-Partisan Church- and Heretic-History, a first of its kind into English. Next, three essays touch on pietism in the early Enlightenment period, loosely embraced by Friedrich Schleiermacher in his classic work “On Religion”, and an critical influence to Søren Kierkegaard and his Danish contemporary Nicolai Grundtvig.

Traveling across the Atlantic, the following three sections are largely devoted to pietist development in North America, beginning naturally with John Wesley. While Wesley’s pietistic conversion is well known, some of his pietist influences are not.
This includes his relationship with Lutheran Pietist clergy in Georgia, his use and partial translation of the Moravian hymnbook, and the pietistic historiographical conventions in his view of the Constantian fall. A section on Scandinavian Pietists contains essays on the impact of pietism in Sweden and their brethren who migrated to the United States. For these Pietists, America was a place of uniting pietism with the revivalism of D.L. Moody, and to define Christian higher education not just in the terms of integrating faith and learning but in terms of community, receptivity to the will of God, and ongoing conversion.

Other essays of pietist influence in North America focus on individuals and groups very different from one another except their connection to pietism. French Canada missionary Madame Henriette Feller helped form what today is the Union of French Baptist Churches of Canada. Martin Luther King, Jr. made use of the pietistic idea of the inner church developed by Philipp Jakob Spener which can be seen in King’s famous “Letter from Birmingham City Jail.” The Harmony Society intentional communities made use of radical pietistic hymns from the Ephrata Cloister in their worship. The General Conference of German Baptists were deeply influenced by their seminary professor August Rauschenbusch who stressed personal piety to his students. The book concludes with chapters on the impact on global missions by Pietists followed by a benediction from a Roman Catholic stating how pietism’s emphasis on practice over doctrine can assist in the challenges of the ecumenical movement.

While this volume covered a wide breath of groups and individuals following the “Pietist Impulse” it was surprising to see what was missing. As stated in the introduction, there were no essays on the Anabaptist groups like the Mennonite Brethren, Brethren in Christ and Schwarzenau Brethren groups. This was especially surprising since Church of the Brethren theologian Dale Brown’s work *Understanding Pietism* is quoted frequently by the various authors, and of the impact these groups have had in defining pietism today. Other groups, such as the Moravians or the Ephrata Cloister, could have received more extensive treatment. Another weakness of the book, and perhaps an ongoing task of defining pietism among scholarship, was the tension between classical pietism and radical pietism.

Throughout the book, at least ten various clarifiers were used to define pietism, i.e. Lutheran Pietism, Continental Pietism, evangelical Pietism and so forth. This was at its worst when the term “real pietism” was used in place of classical pietism by Roger Olson to address a criticism of radical pietism. Yet, overall this work was well compiled and a welcome addition to pietist studies.