The Spiritual Dimension of Health Care: Bridging Research and Practice

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Three Waves

- Demonstrating the connectedness of religion, spirituality, and health
- Identifying what it is about religion and spirituality that affect health
Signs of a Third Wave

- Health professionals who use spiritual self-management tools experience significant improvements in mental health and stress levels (Oman, Hedberg, & Thoresen, 2006)
Signs of a Third Wave

- A group of oncologists is trained to integrate questions about religion and spirituality as part of the initial patient interview; the program is tied to greater satisfaction with physician’s care (Kristeller et al., 2005)
Signs of a Third Wave

- Pastors from African American churches are involved in a program to encourage their members to engage in healthier eating, with positive results (Resnicow et al., 2004)
Three Waves

- Demonstrating the connectedness of religion, spirituality, and health
- Identifying what it is about religion and spirituality that affect health
- Extending research to practice
The Goals of Science

- Description
- Explanation
- Prediction
- Application
Overview

- The challenges in moving from research to practice
- A rationale for an applied science of spirituality and health
- A vision for an applied science of spirituality and health
- Future directions and future challenges
APA Handbook of Psychology, Religion, and Spirituality

Kenneth I. Pargament, Editor-in-Chief
Tensions between Research and Practice in Spirituality and Health

- Scientific avoidance of religion and spirituality
Tensions between Research and Practice in Spirituality and Health

- Scientific avoidance of religion and spirituality
- Scientific skepticism about religion and spirituality
Psychiatrists vs. General Population of U. S. (Shafranske, 2000)

- Religion is very important or fairly important
  - 90% of general population
  - 56% of psychiatrists

- I believe in God
  - 96% of general population
  - 73% of psychiatrists

- I believe in life after death
  - 71% of general population
  - 48% of psychiatrists
Tensions between Research and Practice in Spirituality and Health

- Scientific avoidance of religion and spirituality
- Scientific skepticism about religion and spirituality
- Scientific antagonism toward religion and spirituality
A History of Tension between Religion and Health Care

Religion works “by distorting the picture of the real world in delusional manner... by forcibly fixing [adherents] in a state of psychical infantilism and by drawing them into a mass delusion” (Freud, 1930, pp. 31-32, Civilization and Its Discontents).
A History of Tension between Religion and Mental Health

“Obviously the sane and effective psychotherapist should not go along with the patient’s religious orientation and try to help these patients live successfully with their religions, for this is equivalent to trying to help them live successfully with their emotional illness”

(Ellis, 1986, p. 15; The Case against Religion).
Tensions between Research and Practice in Spirituality and Health

- Scientific avoidance of religion and spirituality
- Scientific skepticism about religion and spirituality
- Scientific antagonism toward religion and spirituality

- Spiritual illiteracy
  - 65% psychiatrists report religious/spiritual issues never or rarely discussed in training
  - Only 25% of graduate programs in clinical psychology in the U. S. and Canada offer a course in religion or spirituality (Schafer et al., 2011)
Tensions between Research and Practice in Spirituality and Health

- Scientific avoidance of religion and spirituality
- Scientific skepticism about religion and spirituality
- Scientific antagonism toward religion and spirituality
- Spiritual illiteracy
- Spiritual ineffability
HEY EVERYBODY, LOOK OUT! IT'S ONE OF THOSE... UM... YOU KNOW... UHH, WITH THE FIRE AND STUFF...

Despite its name, the thesaurus was quite often at a loss for words.
The Most Frequently Used Items to Assess Religious Life

- Self-rated religiousness/spirituality
- Frequency of church attendance
- Frequency of prayer/meditation
- Religious affiliation
Sources of Knowledge: Science vs. Spirituality

- Skepticism
- Observation
- Empiricism
- Pragmatism
- Replication

- Faith
- Revelation
- Intuition
- Religious authority
- Mystery
A Rationale for an Applied Science of Spirituality and Health

- Religion and spirituality are embedded in American culture
  - Over 147 million people belong to religious congregations
  - Over 335,000 congregations in the U. S. (Lindner, 2010)
Religious Landscape Survey - 2008

- 68% believe in angels and demons
- 59% believe in hell
- 58% pray daily
- 57% agree that it is necessary to believe in God to be moral and have good values
- 40% report attending religious services in past week
Religion and Spirituality are Cultural Facts

- Many people see the world through a sacred lens
- Many people speak the language of religion and spirituality
- Many people pursue religious goals in life
- Many people traverse religious pathways
A Rationale for an Applied Science of Spirituality and Health

- Religion and spirituality are embedded in American culture
- Spirituality is a resource to many people
Coping with 9/11

- Schuster et al. (2001)
- 90% of national sample of Americans sought solace and support from religion
God Help Me

- Under stress, many people seek and find help from religion in coping (Pargament, 1997)
  - Soldiers
  - Divorcees
  - Physically abused spouses
  - Parents of children with disabilities
  - Medically ill
  - Victims of natural disasters
Correlates of Religious Involvement
Koenig, King, & Carson (2012)

- Well-being, happiness and life satisfaction
- Lower rates of depression and faster recovery
- Lower rates of suicide
- Less anxiety
- Less psychosis
- Lower rates of alcohol and drug use
- Less delinquency and criminal activity
- Greater marital stability and satisfaction
Positive Spiritual Coping: Benevolent Spiritual Appraisals

“I was told by the swamis early in my study of Vedanta that disability was present in my life so that I could grow in new ways and progress along the path to God consciousness. . . This life is riddled with physical frustrations but wealthy with opportunities for spiritual growth” (Nosek, 1995, Hindu woman disabled with neuromuscular disorder)
Positive Spiritual Coping: Spiritual Support

“I’m speaking to my higher power, my God. And I give thanks to that power. It has been a source of strength. You know, it’s like tapping in to some sort of power source that I can recharge my batteries” (Siegel & Scrimshaw, 2002).
Positive Spiritual Coping: Active Spiritual Surrender

“I pray a lot. I gave it to God because I couldn’t deal with it, it was too stressful for me. It was like a load had been lifted off of me. I didn’t have to worry about that because I knew it was in God’s hands. . . Before I thought I was running everything, but I realized that it’s God that’s in charge of everything about me (Siegel & Scrimshaw, 2002).
Positive Spiritual Coping: Seeking Support from Religion

“The pastor there, he doesn’t look down on a person because of HIV. . . And when the congregation prays, they pray for all different kinds of things without saying anyone in particular and they also pray for people what are HIV positive and who have AIDS. So that’s my support group really, is my church” (55-year old Puerto Rican Baptist woman, Siegel & Scrimshaw, 2002).
“In the beginning when I was first diagnosed and everything, I was angry at myself. . . Through the spiritual part of my life, I’ve gotten to be understanding that I have to forgive myself and I have to forgive him (the man that infected her), and God forgives both of us.” (Siegel & Scrimshaw, 2002).
Ano and Vasconcelles Meta-Analysis  

<table>
<thead>
<tr>
<th>Positive Religious</th>
<th>Number of Studies</th>
<th>Cumulative Effect Size</th>
<th>Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping with Positive Health Outcomes</td>
<td>29</td>
<td>.33*</td>
<td>.30 to .35</td>
</tr>
<tr>
<td>Positive Religious</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping with Negative Health Outcomes</td>
<td>38</td>
<td>-.12*</td>
<td>-.14 to -.10</td>
</tr>
</tbody>
</table>
“So you go to church and I belong to the Kiwani’s. What’s the difference?”
Religion and Spirituality as Distinctive Resources

- Empirical studies have not been able to “explain away” the effects of religion and spirituality
- Religious congregations have distinctive access to minority, marginalized, and disenfranchised groups
What Makes Religion and Spirituality Special?

- An ultimate, overarching, organization vision for life
- Tools for coming to terms with human limitations and finitude
  - “The events through which we live are forever outrunning the power of ordinary, everyday moral, emotional and intellectual concepts to construct them, leaving us, as a Javanese image has it, like a water buffalo listening to an orchestra” (Geertz, 1968, p. 101).
- The language of spirituality: suffering, surrender, transcendence, transformation, love, compassion, forgiveness, gratitude, and humility.
Religion, Spirituality, and Human Limitedness

- Religious and spiritual resources are particularly helpful to people:
  - With limited resources – minorities, elderly, impoverished
  - In situations that point to the limits of human control – major illness, death, accidents, natural disasters
A Rationale for an Applied Science of Spirituality and Health

- Religion and spirituality are embedded in American culture
- Spirituality is a resource to many people
- Religion and spirituality can be a source of problems
The “Seamy Side” of Religion

- Extremism
- Prejudice
- Hypocrisy
- Crippling guilt
- Passivity
- Denial
Spiritual Struggles
(Exline, Pargament)

- Divine struggles
- Intrapersonal spiritual struggles
- Interpersonal spiritual struggles
Divine Struggles

“‘I’m suffering, really suffering. My illness is tearing me down, and I’m angry at God for not rescuing me, I mean really setting me free from my mental bondage. I have been dealing with these issues for ten years now and I am only 24 years old. I don’t understand why he keeps lifting me up, just to let me come crashing down again’” (undergraduate dealing with bipolar illness).
Intrapersonal R/S Struggles
Ultimate Meaning

“Imagine a happy group of morons who are engaged in work. They are carrying bricks in an open field. As soon as they have stacked all the bricks at one end of the field, they proceed to transport them to the opposite end. This continues without stop and everyday of every year. One day one of the morons stops long enough to ask himself what he is doing. He wonders what purpose there is in carrying the bricks. And from that instance on he is not quite as content with his occupation as he had been before. I am the moron who wonders why he is carrying the bricks” (in Yalom, 1980, p. 419, suicide note).
Interpersonal Spiritual Struggles

- Negative interactions among congregation members:
  - Gossiping
  - Cliquishness
  - Hypocrisy
  - Disagreements with doctrine
- “They get off in a corner and talk about you and you’re the one that’s there on Saturday working with their children and washing the dishes on Sunday afternoon. They don’t have the Christian spirit” (Krause et al., 2000).
Interpersonal Spiritual Struggles

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Spiritual Struggles are Not Uncommon (Balboni et al., 2013)

- 69 advanced cancer patients
  - 58% endorsed a spiritual struggle
  - 30% wondering why God allowed this to happen
  - 29% wondering whether abandoned by God
  - 25% angry at God
  - 25% questioning God’s love for them
  - 22% feeling cancer is punishment from God
Correlates of Spiritual Struggles (Exline, 2013)

- Anxiety
- Depression
- PTSD
- Poorer physical health
- Declines in immune status
- Risk of mortality
Spiritual Struggles among Patients with Multiple Myeloma (Sherman et al., 2005)

- 213 multiple myeloma patients
- Negative religious coping associated with greater fatigue, pain, clinician and self-rated depression, and distress
- Other measures of religiousness were unrelated to indices of health
Measures
(Pargament, Koenig et al. 2004)

- Number of Active Diagnoses
- Subjective Health
- Severity of Illness Scale (ASA)
- Activities of Daily Living (ADL)
- Mini-Mental State Exam (MSE)
- Depressed Mood
- Quality of Life
- Positive Religious Coping and Religious Struggle
- Global Religious Measures (Church Attendance, Private Religiousness, Religious Importance)
- Demographics
Consequences of Spiritual Struggles

- Study of medically ill elderly patients over two years (Pargament, Koenig, Tarakeshwar, & Hahn, 2004)
- Struggles with the divine predicted increases in depressed mood, declines in physical functional status, declines in quality of life after controls
- Struggles with the divine predicted 22-33% greater risk of mortality after controls
- Struggles also predict stress-related growth
Specific Spiritual Struggle
Predictors of Mortality

- “Wondered whether God had abandoned me” (RR = 1.28)
- “Questioned God’s love for me” (R = 1.22)
- “Decided the devil made this happen” (R = 1.19)
Ano and Vasconcelles Meta-Analysis

<table>
<thead>
<tr>
<th>Number of Studies</th>
<th>Cumulative Effect Size</th>
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<tbody>
<tr>
<td>Spiritual Struggles with Negative Health Outcomes</td>
<td>22</td>
<td>.22*</td>
</tr>
</tbody>
</table>
Correlates of Spiritual Struggles among Muslims

( Abu-Raiya and Pargament, 2006)

- Depression  \( r = 0.35 \)
- Purpose in Life  \( r = -0.41 \)
- Angry Feelings  \( r = 0.32 \)
- Positive Relationships  \( r = -0.44 \)
- Alcohol Use  \( r = 0.62 \)
- Poorer Physical Health  \( r = 0.35 \)
Correlates of Spiritual Struggles among Hindus
(Tarakeshwar et al., 2003)

- Depression \( r = .40 \)
- Life Satisfaction \( r = -.40 \)
- Marital Satisfaction \( r = -.27 \)
Correlates of Spiritual Struggles among Jews
(Rosmarin, 2008)

- Depression $r = 0.34$
- Anxiety $r = 0.27$
- Worry $r = 0.15$
A Rationale for an Applied Science of Spirituality and Health

- Religion are embedded in American culture
- Spirituality is a resource to many people
- Religion and spirituality can be a source of problems
- Patients generally prefer spiritually integrated approaches to care
Rose et al (2001)
Journal of Counseling Psychology

- 74 patients surveyed from 9 diverse counseling centers
- Only 18% say they prefer not to discuss religious or spiritual issues in counseling
A Rationale for an Applied Science of Spirituality and Health

- Religion are embedded in American culture
- Spirituality is a resource to many people
- Religion and spirituality can be a source of problems
- People are interested in spiritually integrated approaches to change

- Spiritually integrated interventions have shown promising results
Spiritual Meditation among Patients with Vascular Headaches
(Wachholtz & Pargament, 2005)

- 83 college students with vascular headaches according to criteria of the International Headache Society (1988)
- Random assignment to four groups
  - Spiritual Meditation (e.g., “God is peace,” “God is joy”)
  - Internally Focused Secular Meditation (“I am content,” “I am joyful”)
  - Externally Focused Secular Meditation (“Grass is green,” “Sand is soft”)
  - Progressive Muscle Relaxation
- Practice technique 20 minutes per day for four weeks
- Assess changes in headache frequency, pain tolerance, affect, headache control efficacy
Headache Occurrence Prior to and during the Intervention

![Graph showing headache occurrence over time for different groups: Spiritual Meditation, Internal Secular, External Meditation, and Relaxation. The graph indicates a decrease in headaches over time for each group.]
Diary Analyses of Headache Occurrence by Group and Time

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Spiritual Meditation</th>
<th>Internal Secular</th>
<th>External Meditation</th>
<th>Relaxation</th>
</tr>
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<tr>
<td>Day 1-5</td>
<td>2.2</td>
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<td>Day 6-10</td>
<td>2.0</td>
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<td>Day 11-15</td>
<td>1.8</td>
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<td></td>
<td></td>
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<tr>
<td>Day 16-20</td>
<td>1.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 21-25</td>
<td>1.4</td>
<td></td>
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<td></td>
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<td>Day 26-30</td>
<td>1.2</td>
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<td>Day 6-10</td>
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<tr>
<td>Day 11-15</td>
<td>0.6</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

GROUP

- Spiritual Meditation
- Internal Secular
- External Meditation
- Relaxation

Time Period
Pain Tolerance by Group and Time

- Spiritual Meditation
- Internal Secular
- External Meditation
- Relaxation

Pain Tolerance (seconds)

120
110
100
90
80
70
60
50
40
30

TIME

1
2
Negative Affect by Group and Time

<table>
<thead>
<tr>
<th>Time</th>
<th>NPANAS</th>
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<tr>
<td>1</td>
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<td>2</td>
<td>18</td>
</tr>
<tr>
<td>1</td>
<td>16</td>
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</tbody>
</table>

**GROUP**
- Spiritual Meditation
- Internal Secular
- External Meditation
- Relaxation
A Rationale for an Applied Science of Spirituality and Health

- Religion are embedded in American culture
- Spirituality is a resource to many people
- Religion and spirituality can be a source of problems
- Patients generally prefer spiritually integrated approaches to care
- Spiritually integrated interventions have shown promising results
- **Spiritually sensitive care is ethically mandated**
Spiritually Sensitive Care: An Ethical Mandate

- American Psychological Association (2002)
- American Psychiatric Association (1989)
- American Association of Marital and Family Therapists (2012)
- American Counseling Association (2009)
- American Nursing Association (2001)
A Rationale for an Applied Science of Spirituality and Health

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- Religion and spirituality can be a source of problems
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- Spiritually integrated interventions have shown promising results
- Spiritually sensitive care is ethically mandated
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
  - Research informs practice
Frequency of Spiritual Care
(Balboni, 2013)

69 end-of-life patients in palliative care

Patient relationships with nurses/MDs at any point in cancer experience:

- 13% of nurses provided spiritual care at some point
- 6% of MDs
- Much higher percentage of nurses and MDs reported delivering spiritual care
### Nurse Predictors for Providing Spiritual Care (Balboni, 2013)

<table>
<thead>
<tr>
<th>Nurses</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>p</th>
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<td>Non-Christian Affiliation</td>
<td>2.70</td>
<td>0.93-7.69</td>
<td>.07</td>
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<td>Moderately to Very Religious</td>
<td>1.24</td>
<td>0.42-3.69</td>
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<td>.85</td>
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<td>Religious Service Attendance</td>
<td>.34</td>
<td>0.01-1.10</td>
<td>.07</td>
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<td>0.90-7.95</td>
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<td>Lack of Time</td>
<td>.79</td>
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<td>11.20</td>
<td>1.24-101</td>
<td>.03</td>
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<tr>
<td>Physicians</td>
<td>Odds Ratio</td>
<td>95% CI</td>
<td>p</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>-----</td>
</tr>
<tr>
<td>Female</td>
<td>2.23</td>
<td>1.09 to 4.55</td>
<td>.03</td>
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<tr>
<td>Non-Christian Affiliation</td>
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<td>.39 to 1.69</td>
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<td>Moderately to Very Religious</td>
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<td>.68</td>
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<tr>
<td>Intrinsic Religiosity</td>
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<tr>
<td>Religious Service Attendance</td>
<td>.90</td>
<td>.35 to 2.35</td>
<td>.83</td>
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<tr>
<td>Moderately to Very Spiritual</td>
<td>2.25</td>
<td>.95 to 5.33</td>
<td>.07</td>
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<tr>
<td>Lack of Time</td>
<td>1.56</td>
<td>.74 to 3.29</td>
<td>.25</td>
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<tr>
<td>Received Training</td>
<td>7.22</td>
<td>1.91 to 27.30</td>
<td>.004</td>
</tr>
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</table>
Session 1: Wholeness & Healing

Goals for the Session: Define healing; Encourage the view of healing as a process; Identify barriers and resources towards feeling healed

Session 2: Body & Spirit

Goals for the Session: Identify how body and Spirit interact with one another; Identify eternal things about the self that cannot be touched by the disease; Identify how to recognize when the Spirit is hungry and how to sustain it

Session 3: Isolation & Intimacy

Goals for the Session: Normalize the experiences of isolation and concerns with intimacy and explore the possible impact on coping; Identify definitions of isolation and intimacy; Discuss experiences with isolation and concerns about intimacy; Explore the disconnection from God and other people that can result from living with HIV/AIDS

Session 4: Letting Go of Anger

Goals for the Session: Discuss different ways of experiencing and expressing anger; Discuss the effects of anger; Identify objects of anger; Discuss and normalize anger at God; Introduce the possibility of letting go of destructive anger
Session 5: Shame & Guilt

Goals for the Session: Normalize the experience of shame and guilt and the potential impact of shame and guilt on healing; Identify messages, spiritual and otherwise, of shame that we hear from others, messages of guilt we tell ourselves and messages of God that counter these shame and guilt messages; Encourage self-love and self-forgiveness as healing alternatives to shame and guilt.

Session 6: Control vs. Active Surrender

Goals for the Session: Embrace the paradoxical nature of surrender; Identify things that are under personal control and things that are beyond personal control; Identify barriers that make letting go difficult; Learn how to surrender to God and begin the process of letting go.

Session 7: Hopes & Dreams

Goals for the Session: Identify dreams from before HIV; Discuss dreams that have been lost; Identify dreams that are still possible; Discuss the differences between False Dreams and Possible Dreams; Identify new dreams to pursue and how to redefine God’s Purpose in life.

Session 8: A Review of the Journey

Goals for the Session: Review the process of healing; Discuss the goals that group members have attained and those they feel they have yet to achieve; Review the main points of each session; Say goodbye.
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
- Attending to religion and spirituality as a source of problems and solutions
General Opening: “Religious or spiritual issues often influence how patients deal with or cope with cancer. Some people find their spiritual beliefs to be very helpful, while others do not find them helpful or never really think about these things at all. I would like to learn more about your feelings.”
If Positive/Non-specific Response (Haven’t thought about religion much; Might help but not sure)

“How might religious or spiritual practices be helpful to you? How might you draw on your faith or spiritual beliefs to help you?”
If Spiritual Conflict/Anger or Guilt Response
(Cancer is form of punishment; feel abandoned; anger at God)

“Tell me more about your beliefs. What if anything has helped you come to terms with these feelings?”
If Religious Rejection Response (I don’t believe in that stuff; None of your business; This isn’t a medical concern).

“I’m sorry if I offended you. But I would like to understand better what has been helping you to cope. What have you found helpful?”
OASIS: Key Results
Rhodes and Kristeller (2000)

- Greater improvements over 3 weeks in depression and overall quality of life than controls
- Greater improvements in satisfaction with interpersonal care and communication with physician than controls
- Oncologists report feeling comfortable and confident during intervention
- No patient reported being offended or disturbed by the intervention, even when they reported the intervention to be irrelevant or of no utility
Spiritual Screening Tool  
(Blanchard, Dunlap, & Fitchett, 2012)

- Do you have a belief, spiritual or otherwise, that is important to you?
- If yes, is that helping you now?
  - (1) yes
  - (2) no
- If no, was there ever a time when you did?
  - (3) yes
  - (4) no
- Spiritual struggle/distress = (2) + (3)
R/S Struggles Scale
(Exline et al., 2013)

- Supernatural
  - Divine
  - Demonic
- Interpersonal
- Intrapsychic
  - Moral
  - Ultimate Meaning
  - Doubt
<table>
<thead>
<tr>
<th>Divine Struggle Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt as though God had let me down</td>
</tr>
<tr>
<td>Felt angry at God</td>
</tr>
<tr>
<td>Felt as though God had abandoned me</td>
</tr>
<tr>
<td>Felt as though God was punishing me</td>
</tr>
<tr>
<td>Questioned God’s love for me</td>
</tr>
<tr>
<td>Demonic Items</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Felt tormented by the devil or evil spirits</td>
</tr>
<tr>
<td>Worried that the problems I was facing were the work of the devil or evil spirits</td>
</tr>
<tr>
<td>Felt attacked by the devil or by evil spirits</td>
</tr>
<tr>
<td>Felt as though the devil (or an evil spirit) was trying to turn me away from what was good</td>
</tr>
</tbody>
</table>
Moral Struggle Items

Wrestled with attempts to follow my moral principles

Worried that my actions were morally or spiritually wrong

Felt torn between what I wanted and what I knew was morally right

Felt guilt for not living up to my moral standards
Questioned whether life really matters

Felt as though my life had no deeper meaning

Questioned whether my life will really make any difference in the world

Had concerns about whether there is any ultimate purpose to life or existence
<table>
<thead>
<tr>
<th>Struggled to figure out what I really believe about religion/spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt confused about my religious/spiritual beliefs</td>
</tr>
<tr>
<td>Felt troubled by doubts or questions about religion or spirituality</td>
</tr>
<tr>
<td>Worried about whether my beliefs about religion/spirituality were correct</td>
</tr>
</tbody>
</table>
**Interpersonal Struggle Items**

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt hurt, mistreated, or offended by religious/spiritual people</td>
</tr>
<tr>
<td>Felt rejected or misunderstood by religious/spiritual people</td>
</tr>
<tr>
<td>Felt as though others were looking down on me because of my religious/spiritual beliefs</td>
</tr>
<tr>
<td>Had conflicts with other people about religious/spiritual matters</td>
</tr>
<tr>
<td>Felt angry at organized religion</td>
</tr>
<tr>
<td>R/S Struggle Scales</td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Mental Health Measures</td>
</tr>
<tr>
<td>Depressive symptoms</td>
</tr>
<tr>
<td>Generalized anxiety</td>
</tr>
<tr>
<td>State anger</td>
</tr>
<tr>
<td>Loneliness</td>
</tr>
<tr>
<td>Life satisfaction</td>
</tr>
<tr>
<td>Presence of life meaning</td>
</tr>
</tbody>
</table>
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
- Attending to religion and spirituality as a source of problems and solutions
- Attending to the timing of change
Spiritual Fitness Program

- Part of Comprehensive Soldier Fitness Program for the United States Army
- Designed to enhance spiritual resilience of soldiers before they encounter serious problems
- Cultivating the human spirit by:
  - Meaning-making
  - Spiritual support
  - Rituals
  - Contemplation/Meditation
Stress is a natural part of development. Without stress we would not grow. Stress can happen at any time. Stress can take many forms. Stress is part of life!
You might also experience *Spiritual Stress, or Struggles of the Human Spirit.*
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
- Attending to the varieties of religion and spirituality
- Attending to the timing of change
- Attending to the need for training
Identifying and Instilling Spiritual Competencies

(Vieten et al., in press)

- **Attitudes**
  - Is aware of how one’s own spiritual background and beliefs may influence one’s clinical practice

- **Knowledge**
  - Can identify legal and ethical issues related to spirituality and/or religion

- **Skills**
  - Can help clients explore and access their spiritual strengths and resources
Identifying and Discouraging Spiritual Incompetencies

- Spiritual illiteracy
- Spiritual intolerance, rejectionism, exclusivism
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
- Attending to the varieties of religion and spirituality
- Attending to the timing of change
- Attending to the need for training
- Attending to the spiritual dimension of caregiving
Defining Qualities of Sacred Moments

- Transcendence
- Ultimacy
- Boundlessness
- Connectedness
- Generative of spiritual emotions
- Transformational
The Sample

- 58 mental health providers
- 43% psychiatrists; 21% psychologists; 15% social workers; 21% other counselors
- 67% married
- 67% female
- Mn Age 47
- 65% Caucasian; 15% Asin-American; 10% African-American
- Religiously and spiritually diverse
Your Important Moment in Treatment

- Was it sacred to you?
- Did you attribute sacred qualities to the moment?
- What effect did the moment have on:
  - You as a provider
  - Your patient
  - Your relationship with the patient
What Percentage of Providers Saw Their Important Moment as Sacred

55% perceived their important moment as sacred
Providers Attributing Sacred Qualities to their Important Moment

- Transcendence – 46% “This moment felt set apart from everyday life.”
- Ultimacy – 65% “I felt that I was a part of something really real.”
- Boundlessness – 9% “I felt that time had stopped.”
- Interconnectedness – 61% “I felt a deep sense of connectedness with the patient.”
- Spiritual emotions – 57% “I felt deep gratitude.”
Providers Attributing Sacred Qualities to their Important Moment

- **Transcendence** – 46% “This moment felt set apart from everyday life.”
- **Ultimacy** – 65% “I felt that I was a part of something really real.”
- **Boundlessness** – 9% “I felt that time had stopped.”
- **Interconnectedness** – 61% “I felt a deep sense of connectedness with the patient.”
- **Spiritual emotions** – 57% “I felt deep gratitude.”
Consequences of Sacred Moments

- Gains perceived in patients (e.g., healing, growth, transformation, insight) $r = .63$
- Strengthened relationship with patients (e.g., trust, honesty, openness, cooperation) $r = .45$
- Reports of personal growth, transformation $r = .65$
- Greater sense of meaning in work $r = .40$
- Greater sense of spiritual well-being $r = .48$
- No relationship with Maslach burnout
Conclusions

- Sacred moments are not uncommon
- Sacred moments are part of healing relationships
- Sacred moments may be vital not only to patients but to ourselves as healers
How Not to Foster Sacred Moments

- Never look at your patient
- Treat your patient as an object
- At all costs, keep your distance from your patient
- Never disclose your vulnerability to your patient
- Create a Sacred Moments manual
How to Cultivate Sacred Moments in Treatment

- Be interested and humble
- Share some of your humanness in treatment
- Be open to the possibility that any moment may become a sacred moment
- Affirm your patient’s spiritual yearnings
Envisioning an Applied Science of Spirituality and Health

- Attending to the vital connections between research and practice
- Attending to religion and spirituality as a source of problems and solutions
- Attending to the timing of change
- Attending to the need for training
- Attending to the spiritual dimension of caregiving
Future Directions, Future Challenges

- The emotionality of religion and spirituality
- The complexities of religion and spirituality
- The need for pluralistic, multi-disciplinary teams
- The need for training in spiritually integrated change
Conclusion

“An applied science of spirituality and health has the potential to illuminate, broaden and deepen our approach to health care. Greater attention to the spiritual dimension can only enrich and vitalize our efforts to enhance the human condition. Without that both our science and practice will remain incomplete.”