



RECAPTURING THE ESSENCE OF SPIRITUALITY: A LETTER TO THE GUEST EDITOR

Stephen Neff M Div

To cite this article: Stephen Neff M Div (2006) RECAPTURING THE ESSENCE OF SPIRITUALITY: A LETTER TO THE GUEST EDITOR, *Issues in Mental Health Nursing*, 27:2, 117-123, DOI: [10.1080/01612840500436875](https://doi.org/10.1080/01612840500436875)

To link to this article: <http://dx.doi.org/10.1080/01612840500436875>



Published online: 09 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 12



View related articles [↗](#)

RECAPTURING THE ESSENCE OF SPIRITUALITY: A LETTER TO THE GUEST EDITOR

Stephen Neff, M Div

*The University of Pennsylvania, Philadelphia,
Pennsylvania, USA*

It is a great pleasure to see an increased interest in spirituality and mental health. In the shadow of 9/11, a devastating tsunami, and hurricanes, and with the continued uncertainty of world events, I cannot think of a more timely subject to discuss. Fortunately, it seems that we are not alone in our fascination; apart from the authors offering articles here, Weaver, Flannelly, Strock, Krause, and Flannelly (2005) have noted a general increase in both the quantity and quality of spirituality research in medical/nursing journals from 1985 to 2002 (Weaver, Flannelly, & Oppenheimer, 2003). In addition to researchers, clinicians also are becoming more interested in interventions that include spirituality (Baetz, Griffin, Bowen, & Marcoux, 2004; Miller, Korinek, & Ivey, 2004). Most importantly, patients are speaking up about wanting their spiritual needs and concerns addressed (Baetz et al., 2004). Although a great deal of research on spirituality continues to proliferate, there seems to be little order to the effort. To give a sense of where the research has evolved, I thought it would be useful to discuss where the research has been concentrated over the last three years. From this perspective, we can begin to see the inter-relatedness of past research efforts and thus where we are poised to advance this research. I believe that if we are to advance spirituality research significantly from this point on, it can only be done through collaboration.

There are currently five areas in which spirituality research has been flourishing within the last three years. The literature on spirituality and increased ability to cope is the most dramatic example (Berns, 2003; Bremer, 2004; Brennan, 2004; Burns, 2004; Katsuno, 2003; Lam, 2004; Laubmeier, Zakowski, & Bair, 2004; Poage, Ketzenberger, & Olson,

2004; Salsman, Brown, Brechting, & Carlson, 2005; Simmonds, 2004; Weber & Cummings, 2003). The second most researched area concerns itself with spirituality as a positive and protective factor, diminishing the symptoms as well as the occurrence of psychopathology and substance abuse while increasing a sense of well-being (Daugherty et al., 2005; Ervin-Cox, Hoffman, & Grimes, 2005; Falkenstein, 2004; Greene, Ball, Belcher, & McAlpine, 2003; Kanitsaki, 2002; Koenig, George, & Titus, 2004; Krejci et al., 2004; Ritt-Olson et al., 2004; Wink & Dillon, 2003). Researchers have also begun taking an interest in the cultural instances of spirituality and how spiritualities differ from culture to culture (Berns, 2003; Garrouette, Goldberg, Beals, Herrell, & Manson, 2003; Kim, Seidlitz, Ro, Evinger, & Duberstein, 2004; Möller & Reimann, 2003; Takahashi & Ide, 2003; Yoon & Othelia Lee, 2004). The fourth area looks at developmental stages: researchers are beginning to isolate features of spirituality specific to particular ages and points of maturation (Andrews, 2004; Fenneberg, 2004; Josephson & Dell, 2004; Maples, 2004; Patrick, 2004; Reinert, 2005; Sveidqvist, Joubert, Greene, & Manion, 2003). Finally, the most recent growth in the literature is in the field of spiritual models. As research methodologies have become more complex, researchers have developed hypotheses about how spirituality works within an environment to produce positive effects (Dillon, Wink, & Fay, 2003; Dowling et al., 2004; Gall et al., 2005; Greenwald & Harder, 2003).

With so much research available in such seemingly disparate topics, it is difficult to see at first how the field might fit together with any cohesion. I believe the answer to this cohesion question lies in spiritual modeling. According to Gall et al. (2005), previous studies in spirituality have been primarily descriptive, but due to the application of more sophisticated research methodologies, we are beginning to hypothesize about the mechanisms of spirituality. Research that has recently been performed regarding spirituality and various stages of human development (Patrick, 2004; Reinert, 2005; Sveidqvist, Joubert, Greene, & Manion, 2003) as well as cultural diversity (Berns, 2003; Garrouette et al., 2003; Kim et al., 2004; Möller & Reimann, 2003) serves to augment and strengthen this process. That is, understanding how spirituality is instantiated culturally and developmentally will help guide researchers attempting to build working models of spirituality. Cultural and developmental data will constitute another vantage point on the dynamic process of spirituality to enrich the conception of spiritual modeling. Research is now on the cusp of delineating very sophisticated models of spirituality.

Spiritual modeling is of utmost importance for the sake of building interventions; an increasing number of clinicians and patients are

concerned with spirituality (Baetz et al., 2004). Many clinicians are uncomfortable discussing spirituality in therapy (Josephson & Dell, 2004; Miller et al., 2004). Having a spiritual model to work with, a fixed point at which a clinician might feel comfortable inserting themselves into the process to help strengthen a person spiritually, will help address the problem. More targeted interventions based on new models will yield data that will allow us to learn about spirituality as a process and thus develop better tools to measure spirituality.

At the same time, it is important to continue the effort of delineating spirituality's role as a protective factor for mental health (Kanitsaki, 2002) as well as physical health (Ervin-Cox et al., 2005) because these data will add to the modeling effort. For example, it has been reported that spirituality is inversely related to anger in adolescent boys (Burns, 2004). Additionally, it is well documented that spirituality is inversely related to depression experienced by grieving individuals (Falkenstein, 2004). Spirituality also is reported to have a direct positive effect on hope (Muench, 2004). Salsman et al. (2005) reported that spirituality is related to increased satisfaction with life. Similarly, Daugherty et al. (2005) report that spirituality is related to increased quality of life. How spirituality can have these effects, however, is still essentially a mystery because models have not been able to encapsulate this kind of complexity until now. These studies act as data points, allowing us to begin to trace the outline of a phenomenon that is quite evolutionary in nature.

To better understand how spirituality interacts with and is part of a person's environment, these studies as well as those focused on the developmental and cultural aspects of spirituality must continue to be done. Developmental and cultural studies will help reveal what is idiosyncratic about spirituality as well as those aspects of spirituality that transcend the levels of maturation and culture. For instance, Reinert (2005) has just completed a study suggesting that attachment to one's mother predicted one's relationship with God among a cohort of Roman Catholic College seminarians. Patrick (2004) suggests that spiritual well-being is correlated with self-reported competence in children. Sveidquist et al. (2003) have noted that adolescents' conceptualizations of spirituality differ from adult versions. Josephson and Dell (2004), however, bemoan clinicians' difficulty in engaging children in spiritual discussion.

Taken together these studies present a compelling reason why developmental work needs to continue, particularly longitudinal work. The author posits that spirituality is present in children and adolescents but its extent is not well explicated. Further, we do not know

if early spiritual life or lack thereof has any bearing on later life. As spirituality has protective factors for health and mental health, a more comprehensive understanding of spirituality's growth and development in the maturational process is needed.

This same research also must be conducted across cultures. Current research already suggests that spirituality differs across cultures. For instance, Takahashi and Ide (2003) suggest that the core clusters of attributes that Japanese and Americans use to describe spirituality differ. "For the Americans, 'spirituality,' 'having faith,' and 'religious' formed a core cluster, whereas the Japanese groups yielded four distinctive paired clusters—'spirituality/religious'; 'wise/intelligence'; 'having meaning in life/having faith'; and 'caring/suffered hardship'" (p. 15). The results of Garrouette et al. (2003) study on American Indians and attempted suicide are of equal interest. Garrouette et al. found that the individual beliefs a particular subject held had no predictive value as to whether they attempted suicide. "Conversely, commitment to cultural spirituality, as measured by an index of spiritual orientations, was significantly associated with a reduction in attempted suicide" (Garrouette et al., p. 1571). Here, spirituality seems to hold some value regarding how connected an individual is to their culture and this connection seems to have the protective value. The larger point portrayed by these two studies is that spirituality functions in myriad ways and many of these functions differ across cultures.

If we are to avail ourselves of the richness that spirituality can bring to our lives and the lives of our patients and clients, we must come to understand it better. In reviewing the literature, I have suggested how current efforts can work together in an all-inclusive, multidisciplinary method. Through conducting research on the culture and developmental vicissitudes of spirituality and to further understand how spirituality aids in coping, we can build models that encapsulate how spirituality seems to be functioning in a given situation. Increasingly more sophisticated models will help us devise interventions. These interventions, due to their empirical grounding, should comfort clinicians who would engage clients but are concerned with the ephemeral nature of spirituality. The use of research-based interventions would give us yet another source of data to expand our use of spirituality as we assess whether a client is responding within the clinical context. Our ultimate objective should seek to elucidate the psychological, social, and spiritual domains of mental health. Mental health nurses are in a pivotal role to move the science investigating spirituality and mental health forward.

REFERENCES

- Andrews, C. R. (2004). The role of spirituality in grieving children. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 65(3-A), 838.
- Baetz, M., Griffin, R., Bowen, R., & Marcoux, G. (2004). Spirituality and psychiatry in Canada: Psychiatric practice compared with patient expectations. *Canadian Journal of Psychiatry*, 49(4), 265–271.
- Berns, A. R. (2003). Nondogmatic spirituality as a mediating variable on coping self-efficacy, anxiety, and depression: A look at college undergraduates experiencing major life transitions. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 63(8-A), 2788.
- Bremer, L. A. (2004). Spirituality as a moderating variable in facilitating the association between coping and social functioning among the severely mentally ill. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(9-B), 4604.
- Brennan, M. (2004). Spirituality and religiousness predict adaptation to vision loss in middle-aged and older adults. *International Journal for the Psychology of Religion*, 14(3), 193–214.
- Burns, J. P. (2004). The relationship of spirituality to adolescent male anger and aggression. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(10-B), 5209.
- Daugherty, C. K., Fitchett, G., Murphy, P. E., Peterman, A. H., Banik, D. M., Hlubocky, F., & Mitchell, J. E. (2005). Trusting God and medicine: Spirituality in advanced cancer patients volunteering for clinical trials of experimental agents. *Psycho-Oncology*, 14(2), 135–146.
- Dillon, M., Wink, P., & Fay, K. (2003). Is spirituality detrimental to generativity? *Journal for the Scientific Study of Religion*, 42(3), 427–442.
- Dowling, E. M., Gestsdottir, S., Anderson, P. M., von Eye, A., Almerigi, J., & Lerner, R. M. (2004). Structural relations among spirituality, religiosity, and thriving in adolescence. *Applied Developmental Science*, 8(1), 7–16.
- Ervin-Cox, B., Hoffman, L., & Grimes, C. S. M. (2005). Selected literature on spirituality and health/mental health. Colorado Springs, CO: Colorado School of Psychology Press.
- Falkenstein, C. A. (2004). The relationships between spirituality, coping skills, depression, and social support among acutely bereaved individuals. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(7-B), 3520.
- Fenneberg, L. M. (2004). The nature of the development of students' spirituality at a private, Jesuit university. *Dissertation Abstracts International Section A: Humanities & Social Sciences*, 64(8-A), 2801.
- Gall, T. L., Charbonneau, C., Clarke, N. H., Grant, K., Joseph, A., & Shouldice, L. (2005). Understanding the nature and role of spirituality in relation to coping and health: A conceptual framework. *Canadian Psychology*, 46(2), 88–104.
- Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., & Manson, S. M. (2003). Spirituality and attempted suicide among American Indians. *Social Science & Medicine*, 56(7), 1571–1579.

- Greene, J. A., Ball, K., Belcher, J. R., & McAlpine, C. (2003). Substance abuse, homelessness, developmental decision-making and spirituality: A women's health issue. *Journal of Social Work Practice in the Addictions*, 3(1), 39–56.
- Greenwald, D. F., & Harder, D. W. (2003). The dimensions of spirituality. *Psychological Reports*, 92(3), 975–980.
- Josephson, A. M., & Dell, M. L. (2004). Religion and spirituality in child and adolescent psychiatry: A new frontier. *Child & Adolescent Psychiatric Clinics of North America*, 13(1), 1–15.
- Kanitsaki, O. (2002). Mental health, culture and spirituality: Implications for the effective psychotherapeutic care of Australia's aging migrant population. *Journal of Religious Gerontology*, 13(3–4), 17–37.
- Katsuno, T. (2003). Personal spirituality of persons with early-stage dementia. *Dementia: The International Journal of Social Research & Practice Special Spirituality and Dementia*, 2(3), 315–335.
- Kim, Y., Seidlitz, L., Ro, Y., Evinger, J. S., & Duberstein, P. R. (2004). Spirituality and affect: A function of changes in religious affiliation. *Personality & Individual Differences*, 37(4), 861–870.
- Koenig, H. G., George, L. K., & Titus, P. (2004). Religion, spirituality, and health in medically ill hospitalized older patients. *Journal of the American Geriatrics Society*, 52(4), 554–562.
- Krejci, M. J., Thompson, K. M., Simonich, H., Crosby, R. D., Donaldson, M. A., Wonderlich, S. A., & Mitchell, J. E. (2004). Sexual trauma, spirituality, and psychopathology. *Journal of Child Sexual Abuse*, 13(2), 85–103.
- Lam, P. B. (2004). The relationships among spirituality, coping strategies, and life satisfaction in Vietnamese refugees in the United States. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(9-B), 4622.
- Laubmeier, K. K., Zakowski, S. G., & Bair, J. P. (2004). The role of spirituality in the psychological adjustment to cancer: A test of the transactional model of stress and coping. *International Journal of Behavioral Medicine*, 11(1), 48–55.
- Maples, M. R. (2004). Mental health and spirituality in later life. *Activities, Adaptation & Aging*, 28(3), 75–76.
- Miller, M. M., Korinek, A., & Ivey, D. C. (2004). Spirituality in MFT training: Development of the spiritual issues in supervision scale. *Contemporary Family Therapy: An International Journal*, 26(1), 71–81.
- Möller, A., & Reimann, S. (2003). Spirituality and existential well-being as topics of research in medical psychology and psychiatry. (Spiritualität und Befindlichkeit—subjektive Kontingenz als medizinspsychologischer und psychiatrischer Forschungsgegenstand.) *Fortschritte der Neurologie, Psychiatrie*, 71(11), 609–616.
- Muench, P. A. (2004). Spirituality, hope, and psychological well-being among individuals diagnosed with fibromyalgia and/or chronic fatigue immune dysfunction syndrome. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(10-B), 4860.
- Patrick, S. K. (2004). Children and spirituality: Exploring the relationships among spiritual well-being, religious participation, competence and behavior in 11- and 12-year-olds. *Dissertation Abstracts International: Section B: The Sciences & Engineering*, 64(11-B), 5818.

- Poage, E. D., Ketzenberger, K. E., & Olson, J. (2004). Spirituality, contentment, and stress in recovering alcoholics. *Addictive Behaviors, 29*(9), 1857–1862.
- Reinert, D. F. (2005). Spirituality, self-representations, and attachment to parents: A longitudinal study of Roman Catholic college seminarians. *Counseling & Values, 49*(3), 226–238.
- Ritt-Olson, A., Milam, J., Unger, J. B., Trinidad, D., Teran, L., Dent, C. W., & Sussman, S. (2004). The protective influence of spirituality and “health-as-a-value” against monthly substance use among adolescents varying in risk. *Journal of Adolescent Health, 34*(3), 192–199.
- Salsman, J. M., Brown, T. L., Brechting, E. H., & Carlson, C. R. (2005). The link between religion and spirituality and psychological adjustment: The mediating role of optimism and social support. *Personality & Social Psychology Bulletin, 31*(4), 522–535.
- Simmonds, J. G. (2004). Heart and spirit: Research with psychoanalysts and psychoanalytic psychotherapists about spirituality. *International Journal of Psychoanalysis, 85*(4), 951–971.
- Sveidqvist, V., Joubert, N., Greene, J., & Manion, I. (2003). Who am I, and why am I here? Young people’s perspectives on the role of spirituality in the promotion of their mental health. *International Journal of Mental Health Promotion, 5*(3), 36–44.
- Takahashi, M., & Ide, S. (2003). Implicit theories of spirituality across three generations: A cross-cultural comparison in the U.S. and Japan. *Journal of Religious Gerontology, 15*(4), 15–38.
- Weaver, A. J., Flannelly, K. J., & Oppenheimer, J. E. (2003). Religion, spirituality and chaplains in the biomedical literature: 1965–2000. *International Journal of Psychiatry in Medicine, 33*(2), 155–161.
- Weaver, A. J., Flannelly, L. T., Strock, A. L., Krause, N., & Flannelly, K. J. (2005). The quantity and quality of research on religion and spirituality in four major gerontology journals between 1985 and 2002. *Research on Aging, 27*(2), 119–135.
- Weber, L. J., & Cummings, A. L. (2003). Relationships among spirituality, social support, and childhood maltreatment in university students. *Counseling & Values, 47*(2), 82–95.
- Wink, P., & Dillon, M. (2003). Religiousness, spirituality, and psychosocial functioning in late adulthood: Findings from a longitudinal study. *Psychology & Aging, 18*(4), 916–924.
- Yoon, D. P., & Othelia Lee, E.-K. (2004). Religiousness/spirituality and subjective well-being among rural elderly Whites, African Americans, and Native Americans. *Journal of Human Behavior in the Social Environment, 10*(1), 191–211.