

Some thoughts on spirituality and eudaimonic well-being

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Abstract

This article describes the relation between spirituality and well-being. First, we differentiate spirituality from religion by focusing on the inner attitude of living life directly related to the sacred that is not restricted to a membership of a religion. Next, a review is provided of empirical studies on the beneficial effects of spirituality on well-being. Then, spirituality is proposed as an element of eudaimonic well-being.

Spirituality as an element of eudaimonic well-being

Spirituality, despite its significance for individuals and institutions, has mostly been neglected by psychologists and other mental health professionals in this century. It has been argued that it cannot, or even should not, be studied scientifically (Miller & Thoresen, 2003). In more recent years, however, there have been signs of renewed interest in the study of spirituality and religion. Recent years have witnessed encouraging developments in research interest in the interaction of spirituality and mental health, and this interest is currently growing (Adams, 1995; Hall & Hall, 1997; Wulff, 1996). The special issue in *American Psychologist* on spirituality and health (Miller & Thoresen, 2003) is a testimony for this growing interest.

Since time immemorial, it is believed that spiritual experiences and practices are significant in life and play an important part in establishing an integrated personality. Several studies (Allman, Dela, Elins, & Weathers, 1992; Elkins, 1995; Shafranske & Malony, 1990) have shown that the majority of practising psychologists, though not involved in organized religion, consider spirituality important not only to their personal lives but also to their clinical work.

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Sullivan (1993) reported findings from a larger qualitative study in which spiritual beliefs and practices were identified as essential to the successful recovery of 48% of the participants, all former and current consumers of mental health services. Vaughan (1991) explored the relevance of spiritual issues for individual psychotherapy among those motivated by spiritual aspiration and concluded that spirituality underlies both personal impulses to growth and healing, and many creative cultural and social enterprises.

Spirituality and religion

In this article, we would like to differentiate spirituality from religion. Both have the search for the sacred in common (Zinnbauer, Pargament, & Scott, 1999). In definitions on religion, quite often it is viewed as a covenant faith community institution with beliefs and concepts to give the sacred a specific place in life and that encourages morality (e.g. Dollahite, 1998). Spirituality is usually associated with living by one's inner truth to produce positive attitudes and relationships in your life (Hawley, 1993). Definitions of spirituality deal with the ultimate goal in life, the experience of a transcendent dimension that gives meaning to existence, and the capacity to experience the sacred (Giacalone & Jurkiewicz, 2003). When asked to differentiate religion from spirituality, people associate religiousness usually with authoritarianism, religious orthodoxy, dogma, a closed community, and church attendance. Spirituality, in contrast, is associated with a focus on the essence of life, creativeness, spirit, mystical experiences, new age beliefs, and an aversion against clergy (Mitroff & Denton, 1999; Zinnbauer et al., 1997). In this view, religion has a strong institutionalized, community focus, whereas spirituality has a more individually, experiential focus. It should not be forgotten, however, that in essence, religion signifies a bond between man and a greater-than-human power (Hill, Pargament, Wood, McCullough, Swyers, Larson et al., 2000; Wulff, 1997). The rituals that are part of every religion are essentially meant to help the individual feel the presence of such a power and to give them a place in day-to-day living. One can see a similarity between the current distinction between spirituality and religion, and the intrinsic and extrinsic orientation on religiousness (Allport & Ross, 1967). An extrinsic orientation focuses on using religion to provide security, comfort, status, or social support. Religion is used for utilitarian and external motives. In contrast, to people with an intrinsic orientation, religion is not a mode of conformity, a crutch, a tranquilizer, or a way to achieve status. It is an internal attitude focused on the unification with the sacred and living an unselfish and compassionate life. "The extrinsically motivated person uses his religion, whereas the intrinsically oriented lives his religion" (Allport & Ross, 1967).

In the remainder of this article, we will use the term spirituality to indicate a way of living that is not restricted to a once-a-week worship service or that is directly related to membership of a religion, although it can be. Spirituality signifies the inner attitude of living life directly related to the sacred. This definition is directly related to what Pargament (2002, p. 169) calls the essence

of spirituality, that is “the process through which people discover, conserve and rediscover the sacred.”

Research studies on spirituality and well-being

There is a growing stream of empirical evidence that confirms the link between spirituality and well-being. For example, in a two-year exploratory group study of participants in spiritual healing practices, Glik (1986) found that the healing which occurred was related to various measures of psychological wellness, defined as the construct of subjective health. Fehring, Brennan and Keller (1987), correlating studies investigating the relationship between spirituality and psychological mood states in response to life change, found that spiritual well-being, existential well-being, and a spiritual outlook showed a strong inverse relationship with negative moods, suggesting that spiritual variables may influence well-being.

Over the years, numerous claims have been made about the nature of spiritual or mystical and Maslow’s “peak experiences,” and their consequences. Savage, Fadiman, Mogar and Allen (1995) study provided clinical evidence to suggest that frequently experiencing peaks produces greater feelings of self-confidence and a deeper sense of meaning and purpose. Some researchers in the recent past have found that life satisfaction correlated positively with mystical/spiritual experiences, and these experiences were further found to relate positively to one’s life purpose (Kass, Friedman, Lescrman, Zuttermeister, & Benson 1991). In fact, researchers are of the view that a positive relation between positive affect and mystical experiences may not be surprising, given that intense positive affect is often considered to be one of the defining characteristics of these experiences (Noble, 1987; Spilka, Hood, & Gorsuch, 1985). The few studies that investigated well-being measures, spirituality, and spiritual experience have found that people who have had spiritual experiences are in the normal range of well-being and have a tendency to report more extreme positive feelings than others (Kennedy & Kanthamani, 1995; Kennedy, Kanthamani, & Palmer, 1994).

Spiritual experiences are also considered to be exceptional human experiences at the upper end of the normal range, such as creative inspiration and exceptional human performance, and can be life-changing. Fahlberg, Wolfer and Fahlberg (1992) interpreted personal crises from a developmental perspective that includes the possibility of self-transcendence through spiritual experience or emergency. Carroll (1993) found that 100 members of Alcoholics Anonymous (AA) benefited from spirituality, which was found to correlate positively with having a purpose in life and the length of sobriety. Frame and Williams (1996), in their study of religions and spiritual dimensions of the African-American culture, address the role of spirituality in shaping identity, and conclude that reconnecting AA clients to their powerful spiritual tradition may be a crucial catalyst for personal empowerment and spiritual liberation. Another study reported by Green, Fulliove and Fullilove (1998) described the process of spiritual awakening experienced by some persons in recovery during the quest for sobriety. The data

suggested that persons in recovery often undergo life-altering transformations as a result of embracing a power higher than one's self, i.e., a "higher power." The result is often the beginning of an intense spiritual journey that leads to sustained abstinence. In the last few years investigators in the rapidly growing field of mind-body medicine are coming across findings that suggest that an attitude of openness to unusual experiences (spiritual, transcendental, peak, mystical) may be conducive to health and well-being. For example, Ornish, a heart-disease researcher, believes that "opening your heart" to "experience a higher force" is an important component of his programme for reversing heart disease (Ornish, 1990, chapter 9). There are also studies that relate illness with spirituality: Reese (1997) found, in her study of terminally ill adults aged 20–85 years, that (1) they had a greater spiritual perspective than non-terminally ill hospitalized adults and healthy adults, (2) their spiritual perspective was positively related to well-being, and (3) a significant larger number of terminally ill adults indicated a change toward increased spirituality than did non-terminally ill or healthy adults.

It is important not to forget that a spiritual attitude of life plays an important role in the religious way of life. Numerous studies have found positive relationships between religious beliefs and practices, and physical or mental health measures. Studies have also shown a significant positive effects of religion on well-being (George, Ellison, & Larson, 2002; Mohan, 2001). Although it appears that religious belief and participation may possibly influence one's subjective well-being, many questions need to be answered such as when and why religion is related to psychological well-being. A review by Worthington, Kuru, McCullough and Sandage (1996) offers some tentative answers as to why religion may sometimes have positive effects on individuals. Religion may (1) produce a sense of meaning, something worth living and dying for (Spilka, Shaver, & Kirkpatrick, 1985); (2) stimulate hope (Scheier & Carver, 1987) and optimism (Seligman, 1991); (3) give religious people a sense of control by a beneficent God, which compensates for reduced personal control (Pargament et al., 1987); (4) prescribe a healthier lifestyle that yields positive health and mental health outcomes; (5) set positive social norms that elicit approval, nurturance, and acceptance from others; (6) provide a social support network; or (7) give the person a sense of the supernatural that is certainly a psychological boost, but may also be a spiritual boost that cannot be measured phenomenologically (Bergin & Payne, 1993). It is also reported by Myers and Diener (1995) that people who experience a sustained level of happiness are more likely to say that they have a meaningful religious faith than people who are not happy over a long period of time. A study by Handway (1978) on religiosity concluded that religion is one potential resource in people's lives. More recently, Myers and Diener (1995), in their survey of related studies, observe that links between religion and mental health are impressive and that culture and religiosity may provide better clues to understanding the nature of well-being.

Research relating stress to religion indicated that religious and non-religious people tend to experience equal amounts of stress, but religion may help people

deal better with negative life events and their attendant stress (Schafer & King, 1990). A study by Maton (1989) supports the view that individuals with a high level of stress are likely to benefit from perceived spiritual support and is consistent with the stress and coping model based on religion proposed by Pargament (1997). Anson, Antonovskay and Sagy (1990) found that belonging to a religious community reduced stress, whereas personal religious beliefs did not among 230 members of a kibbutz. Similar findings were obtained by Williams, Larson, Buckler and Hackman (1991) in which, for 720 adults, religious attendance buffered the deleterious effects of stress on mental health. Courtenary, Poon, Martin and Clayton (1992) found a significant relationship between religiosity and physical health, and that religion and coping were strongly related, especially among older individuals. With regard to coping, Pargament (1996) cites five studies that show that religious forms of coping are especially helpful to people in uncontrollable, unmanageable, or otherwise difficult situations. Along the same lines, Moran also believes that survivors of crisis or disaster may benefit by experiencing God as a refuge and as a reason to have hope (Moran, 1990). Patricia (1998) in her review, shows how religion and spirituality help adult survivors of childhood violence. Individuals with strong religious faith have been found to report higher levels of life satisfaction, greater personal happiness, and fewer negative psychological consequences of traumatic life events (Ellison, Gey, & Glass, 1991). In a more recent article, Myers (2000) found a significant relation between religious faith and happiness. Anson et al. (1990) examined among 639 Jewish retirees over 60 years the relationship between self-rated religiosity, physical and psychological well-being, and life satisfaction using data from a longitudinal study. Findings revealed that religiosity was only weakly and inversely related to health and psychological distress, poor well-being at time 1, and that a decline in well-being during the follow-up year led to an increase in religiosity. Ellis and Smith (1991) administered to 100 undergraduate students the Reasons for Living Inventory (RFL) and a spiritual well-being scale, and found a positive correlation between religious well-being and the total RFL score. Ellison's (1993) data from a national survey of Black Americans supported the hypothesis that participation in Church communities fosters positive self-perception.

The results with regard to religion can partly be explained by the fact that many religions promote health practices and provide a social network (George et al., 2002). Relevant for the link between spirituality and well-being is therefore the finding that intrinsically religious people derive a substantial positive mental health benefit from their religion (Donahue, 1985). Intrinsic religiosity has been related to the following qualities characterizing positive mental health: internal locus of control, intrinsic motivational traits, sociability, sense of well-being, responsibility, self-control, tolerance, and so on (Bergin, 1991). A long-standing misconception is that religion is a crutch for the weak. However, researchers in the psychology of religion have found that many religious individuals were competent. Payne, Bergin, Biclema and Jenkins (1991) in their review on religion and mental health found that there was a positive influence of intrinsic religiosity

on mental health in regard to well-being. In one study, Ventis (1995) found that individuals with intrinsic religious motivation reported a greater sense of competence and control, as well as less worry and guilt than did individuals with extrinsic religious motivation. In another study by Genia (1998), it was found that intrinsically religious and pro-religious students reported a greater existential well-being than extrinsic or non-religious subjects.

Eudaimonic well-being: The other side of the coin

Until now, we have used well-being in a generic way. However, in defining well-being, two schools can be distinguished, that is hedonic well-being and eudaimonic well-being (Ryan & Deci, 2001). The hedonic view, advocated by the Greek philosopher Aristippus (fourth century BC), states that life is about achieving pleasure. Hedonism states that well-being comes from experiencing as much joy as possible and avoiding pain and discomfort (Kahneman, Diener, & Schwarz, 1999).

The eudaimonic view, in contrast, states that the essence of well-being is more than striving for as many pleasurable experiences as possible. Ryff (1989a, 1989b) argued that the Greek term *eudaimonia* encompasses more than happiness in the hedonic sense. Aristotle made a clear distinction between positive feelings that come out of activities we do just because they give us pleasure and activities that are an expression of the best within ourself. Eudaimonic well-being comes from doing things in life that ask us to be the best in life we can be. It means to live in accordance with one's 'True Self,' or *daimon* (Waterman, 1993). Defined in this way, well-being refers to optimal psychological functioning. Aristotle stated that every man has unique, individual talents, and it is in realizing these talents that true happiness can be found. In modern times, similar ideas were formulated by Maslow's concept of self-actualization, Jung's individuation, and Allport's concept of Maturity (Ryff & Singer, 1998). Waterman (1993) showed that the eudaimonic view on well-being is an important addition to the hedonic view. Hedonic well-being was more related to feeling relaxed, happy, and without problems, whereas eudaimonic well-being was related to feeling challenged and to activities that offer the opportunity for personal growth and development.

Ryff's (1989a, 1989b) pioneering work on eudaimonic well-being showed that many theorists described similar features. She distinguished six core dimensions and also developed an instrument that is now widely used by researchers interested in well-being. She argued that these theorists incorporated similar and complementary criteria of positive psychological health. All signify an optimistic outlook on life, emphasizing personal growth and development. The theoretically derived dimensions of positive psychological health included Self-acceptance, Positive relations with others, Autonomy, Environmental mastery, Purpose in life, and Personal growth (Ryff, 1989a). Self-acceptance refers to a positive attitude towards oneself; it is related to having self-respect. Positive Relations to Others signifies having warm, satisfying, and trusting relationships. Baumeister and Leary's (1995) review gives abundant evidence of the central place that

belongingness has as a fundamental human need. Central for Autonomous people is a feeling of independence and taking one's own decisions. Autonomy refers to being able to choose whether or not to conform to social norms. Environmental Mastery is suggested by Ryff and Singer (1998) as a secondary dimension of positive psychological health. It points towards a sense of mastery, competence, and trust in handling the environment. Purpose in Life is a central element in many philosophical writings. It is also frequently mentioned in relation to spirituality. Purpose in Life gives a sense of directedness and meaningfulness. Personal Growth as defined by Ryff and Singer (1998) has a key dimension of the good life. It refers to a feeling of continuing personal development and realizing one's potential. In order to study these dimensions, Ryff developed an instrument called Scales of Psychological Well-Being (SPWB). Although several problems exist with its factorial validity and internal consistency (van Dierendonck, 2004), it has become a popular instrument. Because of its strong theoretical base, it can contribute to the assessment of a person's level of positive functioning and well-being.

Spiritual well-being

Spirituality was already recognized as an important element of well-being in the 1970s. Particularly, Moberg's (1971) theorizing was instrumental in this respect. Spiritual well-being was interpreted as a lifelong pursuit and an affirmation of living life in direct connection to God, Self, the community and the environment. In recent years, spirituality has been considered by the World Health Organization an important aspect of health, in addition to physical, psychological, and social health (Yogesh et al., 2004). Spiritual well-being has also been discussed as an element in a wellness model approach to work-adjustment and rehabilitation counselling (e.g., Spitznagel, 1992; Sweeney & Witmer, 1992). These authors emphasized that the holistic concept of working with clients is generally centered on faith, belief, and values. We can see similar elements reappearing in Westgate's (1996) review on spiritual wellness and depression. Westgate stressed elements as meaning in life, intrinsic value, transcendence, and spiritual communality. A slightly different view was provided by Hungelmann, Kenkel-Rossi, Klassen and Stollenwerk (1985), who identified what they called harmonious interconnectedness as an indicator for spiritual well-being in a sample of persons 65 years of age and over.

Based on Moberg's concept, Ellison (1983) developed probably the best known spiritual well-being scale. According to Ellison (1983), spiritual well-being can be viewed as an expression of spiritual maturity, but also as the integral experience of a person who is functioning as God intended (Ellison & Smith, 1991). This measure is composed of two subscales, that is religious well-being and existential well-being. Despite its frequent use, there are several reasons why this scale might not be the most suitable scale with which to measure spiritual well-being. The first reason is that the factorial validity of the measure has been questioned (Ledbetter, Smith, Vosler-Huter, & Chew, 1991). Second, although the scale

is not based on a specific religious or ideological orientation, most items in the religious well-being scale explicitly refer to God. However, in so-called new-age traditions, but also in Buddhism, the sacred is not addressed in terms of God. So, this explicit reference to God limits its general use.

We propose viewing spiritual well-being as an element of eudaimonic well-being by focusing on spirituality as an inner resource (van Dierendonck, 2004). As previously discussed, this view on spirituality is emphasized in many aspects and definitions of spirituality. Spiritual engagement, for example, as in praying and meditating, is concerned with the process of receiving strength, support, and guidance. Inner resources are the inner aspects of a person that produce an individualized awareness of one's inner self and a sense of being part of a deeper spiritual dimension (Richardson Gibson & Parker, 2003). More than any other resilience factor, spiritual resources are likely to be helpful in finding significance, since it is one of the central functions of spirituality (Pargament, 1997). Spiritual inner resources give a feeling of strength in times of crisis, when dealing with the uncertainties of life. It has also been speculated that spirituality can help people to relate better to others by becoming aware of their projections as a source of interpersonal conflicts (King & Nicol, 1999). Inner spiritual resources can be instrumental in experiencing a sense of secondary control over the situation, and therewith giving a greater trust that everything will turn out for the best. Pargament (1997) argued that part of the power of spirituality as a resource lies in its ability to appraise events from a different vantage point. Searching for spiritual support in difficult situations has been related to viewing such situations more positively (e.g., Wright, Pratt, & Schmall, 1985).

Conclusion

Incorporating inner resources as the spiritual well-being component of eudaimonic well-being strengthens the self-actualization aspect of this view on the positive psychological health. Two important advantages of focusing on spirituality as inner resources is that it can be measured independent of religious or spiritual denomination and that we bring spirituality out of the vague and mysterious into an acceptable format for scientific study (van Dierendonck, 2004). If a broader view of spirituality is needed, other scales should of course be added, e.g., Piedmont's (1999) Spiritual Transcendence Scale.

Further, to augment our discussion on the role of spirituality in eudaimonic well-being, we would like to refer to two recent books on human strengths and the life well lived: Aspinwall and Staudinger (2003) and Keyes and Haidt (2003) provided a broad overview on the good life. In these books, spirituality was referred to only once and only within a broader framework (Emmons, 2003). It seems that despite compelling empirical and theoretical reasons, more attention to spirituality within the context of a life well lived is warranted. Given its importance, it should be considered as an essential element in programmes aimed at enhancing optimal psychological health (van Dierendonck, Garsen, & Visser, 2005a, 2005b). With the addition of spiritual or inner resources, we are able

to pay more explicit attention to the role of the Daimon—or “true self” as described by Waterman (1993)—within eudaimonic well-being.

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