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3. SPIRITUALITY

The Cornerstone of Wellbeing?

ABSTRACT

Recent years have seen an interest in the spiritual dimension of persons’ identity, health and experiences with many claiming that this is essential since we are spiritual beings. In fact, the spiritual dimension of care is being studied in disciplines such as psychology, education, health and social work. Moreover, interest has grown in understanding what contributes to one’s wellbeing. In this chapter, I explore the relationship between spirituality and wellbeing. I begin by understanding the concepts of ‘spirituality’ and ‘religion’ and the relationship between the two. This is followed by a discussion of the concept of ‘wellbeing’. Both spirituality and wellbeing are multidimensional constructs that are difficult to define. However, this chapter explores parallel meanings between spirituality and wellbeing and the potential link between the two. I would argue that one’s wellbeing rests upon one’s spiritual wellbeing such that it is fundamental to one’s overall mental, physical and emotional health.

Keywords: spirituality, religion, flourishing, meaning, wellbeing

INTRODUCTION

Many are in agreement that we are spiritual beings and as such, the spiritual dimension is a fundamental aspect of our identity. In the same way as we develop physically, cognitively, emotionally, socially and psychologically, we also develop spiritually (Rowan, 2005). These different dimensions make us who we are and contribute to our wellbeing. However, what do we understand by the concept of ‘wellbeing’ and how is this related to one’s spirituality? In this chapter, I discuss the relationship between spirituality and wellbeing. I begin by examining the concepts of ‘spirituality’, ‘religion’, and ‘wellbeing’.

SPIRITUALITY AND RELIGION

There are no universal definitions of ‘spirituality’ and ‘religion’ although many agree that both are multidimensional constructs (Oman, 2013). Some of the difficulty in understanding spirituality is its relationship to religion.
Spirituality and Religion as Distinct and Opposite

While some might see spirituality and religion as inextricably linked and complementary (Miller & Thoresen, 2003) such that persons consider themselves to be both spiritual and religious, this is not the case for others who may consider themselves as spiritual but not religious. In fact, persons may label themselves as ‘atheist’ or ‘agnostic’ while still considering themselves to be spiritual (secular spirituality). Their spirituality is not linked to their religion. At times, such understanding of religion and spirituality is based on an oppositional differentiation where religion is perceived as having to do with the institutional, public, norms and dogma while spirituality is understood as having to do with transcendence, meaning-making, personal beliefs and connection (Sperry & Shafranske, 2005). Furthermore, such oppositional differentiation may lead to a negative evaluation of religion and a positive appraisal of spirituality (Zinnbauer & Pargament, 2005). This disenchantment with the institutional aspects of religion was also evident in a study of Maltese youth who are active members of Catholic religious organizations (Psaila, 2014a). The study shows that 14% of the respondents who attend their religious group on a regular basis reported that they do not attend Sunday Mass. Decline in church attendance is often seen as a measure of disenchantment with formal religion and the rise of a more secular form of spirituality. This is also evident in other countries (Sperry & Shafranske, 2005; West, 2001; Zinnbauer et al., 1997).

Spirituality and Religion as Overlapping

Others, however, have noted an overlap between the constructs, which may further add to the difficulty in arriving at a common definition of both spirituality and religion. For some, spirituality is subsumed within religion while for others religion is one element or expression of spirituality. When creating an oppositional differentiation between religion and spirituality such that religion is only perceived as dogma, norms, the institutional, ritual and practices, the public (as opposed to it being a personal endeavour), we are devoicing religion of the sacred or the spiritual (Pargament, 2007; Psaila, 2012). Some believe that both religion and spirituality have an existential dimension since both deal with meaning-making and purpose. Furthermore, both deal with the nature of human beings and their destiny together with the meaning of universal experiences such as life and death (Swinton, 2001; Nolan & Holloway, 2014). According to Pargament (2007), both spirituality and religion are involved with the sacred. He explains:

… the most critical function of religion is spiritual in nature. Although religion serves a host of purposes – providing a sense of meaning and purpose to life, comfort, intimacy, health and self-development – the most essential of all religious functions is the desire to form a relationship with something we consider sacred. (p. 31)
With regards to spirituality, Pargament (2007) clarifies that:

The sacred is the heart and soul of spirituality. For many people, the sacred is equivalent to higher powers or divine beings. Others think of the sacred in a broader sense, one that encompasses any variety of objects, from mountains, music, and marriage to vegetarianism, virtues, and visions. Both perspectives are accurate. (p. 32)

The road to the sacred may or may not be through religion. So, for example, a person might make sense of their suffering (Why is this happening to me? What did I do to deserve this?) by referring to their Christian belief and feel strengthened by their faith (religious meaning-making). The person might feel accompanied by and find solace in the image of the suffering Christ on the Cross. Another person may view their suffering as meaningful because they are experiencing support and compassion from others and because they view suffering as an inevitable part of life that leads to growth (non-religious/secular spirituality). Zinnbauer and Pargament (2005) explain that while with religion, the sacred takes place in an institutional context, with spirituality, the context is not restricted. Swinton (2001) agrees, explaining that a distinguishing factor of religion is that it has to do with a system of beliefs and that this system usually centres on a form of perception of God which is shared in a community. He distinguishes between ‘religious spirituality’ and ‘nonreligious spirituality’ claiming that they are intimately linked and ‘reflect genuine attempts to express the experiences of the spirit’ (p. 38).

We Are Spiritual Beings

‘Spirit’, from which the word ‘spirituality’ is derived, comes from the Latin ‘spiritus’ which means ‘breath’. Swinton (2001) explains how this refers to the ‘enlivening force of a person’ such that ‘the very being of the person is permeated by’ (p. 14) the spirit which ‘motivates and vitalizes human existence’ (ibid: 14). It is for this reason that many consider human beings to be spiritual beings. Another reason is the fact that the construct of ‘spirituality’ is often linked to meaning-making and the search for meaning. Zohar and Marshall (2001) explain that ‘we are driven by a need to ask ‘fundamental’ or ‘ultimate’ questions’ (p. 4). Thus, for many, our striving to find meaning and purpose (Frankl, 1964) is what makes us spiritual beings.

Spirituality as a Multidimensional Construct

As discussed, although there is no universal definition of ‘spirituality’, many agree that it is a multidimensional construct. Some of the dimensions have already been highlighted. Dyson, Cobb, and Forman (1997) elucidate the importance of ‘relationship’ in understanding spirituality: relationship to self, other persons and God or a higher value. Furthermore, the main themes that they associated with spirituality were meaning, hope, relatedness/connectedness, beliefs and expressions.
of spirituality. Elkins, Hedstrom, Hughes, Leaf, and Saunders (1988) identified the following nine dimensions to their understanding of spirituality: transcendent, meaning and purpose in life, mission in life, sacredness of life, material values, altruism, idealism, awareness of the tragic and fruits of spirituality.

Moreover, as discussed, for some, spirituality is considered a fundamental dimension of one’s identity and development (Rowan, 2005). Furthermore, one’s understanding of ‘religion’ and ‘spirituality’ is often greatly influenced by one’s personal experience that includes one’s life journey and familial, cultural and societal contexts. Our spirituality is influenced by the dominant religion of our cultural context (familial, communal or societal) whether one moves away from that religion or not and whether this is done consciously or unconsciously (Psaila, 2014b).

**Summary Points: ‘Spirituality’**

Spirituality is a way of being and experiencing that comes through an awareness of a transcendent dimension (whichever way that is defined by the individual: God or Higher Value)

- It involves meaning-making, in particular, searching for meaning in our journey of life
- It is not necessarily linked to religion: non-religious spirituality
- It may be religiously inspired: religious spirituality
- It has an effect on, and may be experienced through, one’s relationships to self, others, and God or a higher value
- Spirituality is a multidimensional construct
- It is a fundamental human dimension
- It is very personal and individual
- It is reflected in one’s values and behaviour
- It reveals itself in a number of ways based on personality factors, experience and culture

**WELLBEING**

‘Wellbeing’ is also a multidimensional construct and one that is difficult to define (Henderson & Knight, 2012). Both theoretical and empirical understandings of wellbeing are often influenced by whether a hedonic or eudaimonic perspective is taken.

**Hedonic and Eudaimonic Perspectives of Wellbeing**

From a hedonic perspective, wellbeing is focused on maximizing happiness or pleasure and avoiding pain. Ryan and Deci (2001) explain that from this perspective, wellbeing is made up of ‘subjective happiness and concerns the experience of
pleasure versus displeasure broadly construed to include all judgments about the good/bad elements of life” (p. 144). Consequently, wellbeing is equated to “the positive emotional states that accompany satisfaction of desire; therefore experiences of pleasure, carefreeness, and enjoyment” (Henderson & Knight, 2012, p. 197). Since such desires and their subsequent emotions are subjective, hedonic wellbeing is measured from a subjective intrapersonal perspective that is, it is the person who evaluates his/her wellbeing. This is referred to as ‘subjective wellbeing’ (SWB). It is measured in terms of high levels of positive (pleasant) affect (emotions and mood), low negative (unpleasant) affect and life satisfaction (Ryan & Deci, 2001; Henderson & Knight, 2012; Dodge, Daly, Huyton, & Sanders, 2012). Subjective wellbeing is composed of cognitive and affective components. The cognitive component refers to a person’s evaluation of his/her life (or elements of one’s life, for example, work) and the extent to which he/she is satisfied with it (e.g. What is my perception of my work and how satisfied do I feel about it?) The affective component refers to the dominance of the presence of positive affect over negative affect (Do I experience mainly positive moods and emotions?) (Dodge et al., 2012; Henderson & Knight, 2012). From a hedonic perspective, wellbeing involves persons pursuing their desires so as to experience positive emotional states.

An eudaimonic perspective of wellbeing emphasizes the experience of personal growth, meaning in life and engaging in behavior and experiences that are congruent with one’s values and inherent potentials (Suh, Gnilka, & Rice, 2017). With eudaimonic wellbeing, the processes of self-actualisation and authentic living are important. Ryan and Deci (2001) explain that wellbeing ‘lies in the actualization of human potentials … well-being consists of fulfilling or realizing one’s daimon or true nature’ (p. 143). Persons experiencing eudaimonic wellbeing would be engaging in activities and/or experiences that are congruent with their values (value congruence), are true to who they really are (authenticity) and enable them to reach their unique potential (self-actualisation). Eudaimonic wellbeing is measured in terms of ‘psychological wellbeing’ (PWB). PWB is made up of the following elements: ‘self-acceptance, purpose in life, environmental mastery, positive relationships, personal growth and autonomy’ (Dodge et al., 2012, p. 225).

Hedonic wellbeing is not necessarily linked to one’s eudaimonic wellbeing. As Henderson and Knight (2012) explain, ‘not enough people are functioning well in a life about which they feel good’ (p. 200). So, a person may be engaging in activities that may be pleasurable (hedonia) but which do not necessarily promote ‘wellness’ and healthy personal functioning. Such experiences or desires might therefore not be congruent to a person’s values, and do not help in his/her process of self-actualisation and growth, even though they may be pleasurable. Alternatively, a person experiencing pain, such as pain due to loss, and who is engaging with such painful experiences, would be promoting their wellbeing. Such an experience would be important for his/her healthy functioning and personal growth. It would therefore promote a person’s eudaimonic wellbeing even though the experience is not pleasurable (hedonic). On the other hand, avoiding such pain would lead to dysfunction and potential illhealth.
More recently, researchers and theorists of wellbeing have acknowledged that both hedonic and eudaimonic perspectives of wellbeing may be important in understanding wellbeing. The concept of ‘flourishing’ combines both elements of hedonia and eudaimonia in the conceptualization of wellbeing (Henderson & Knight, 2012).

‘Flourishing’: Integrating Hedonic and Eudaimonic Perspectives of Wellbeing

Martin Seligman, who is the founder of positive psychology, wanted to move away from a paradigm that focuses on the absence of dysfunction and ill health to one that stresses positive, optimal functioning. He explains:

I used to think that the topic of positive psychology was happiness, that the gold standard for measuring happiness was life satisfaction, and that the goal of positive psychology was to increase life satisfaction. I now think that the topic of positive psychology is well-being, that the gold standard for measuring well-being is flourishing, and that the goal of positive psychology is to increase flourishing. (Seligman, 2011, p. 13)

In explaining the concept of wellbeing, Seligman (2011) identifies five elements which he believes would lead to a flourishing life: positive emotion, engagement, meaning, positive relationships and accomplishment (PERMA). He clarifies that these elements are made up of what a person would freely choose. Furthermore, these components of wellbeing include both hedonic and eudaimonic wellbeing.

Predictors of Wellbeing

Ryan and Deci (2001) discuss research that deals with the following predictors of wellbeing: (a) social class and wealth (e.g. socio-economic status is linked to self-acceptance, mastery and growth; the more people focus on their financial and materialistic goals, the lower their wellbeing); (b) attachment and relatedness (many findings link relatedness to SWB; quality of relatedness fosters wellbeing; positive relationships and increased physical health); (c) goal congruence and goal progress (perceived competence and self-efficacy; autonomy and integration of goals).

Assessing One’s Wellbeing

One model that can be used in assessing wellbeing is the Well-Being Model that was developed by the University of Minnesota Center for Spirituality and Healing (Kreitzer, 2012). This model incorporates both hedonic and eudaimonic wellbeing:

Well-being is a state of being in balance and alignment in body, mind, and spirit. It is a state in which people describe themselves as feeling healthy,
content, purposeful, peaceful, energized, in harmony, happy, prosperous, and safe. (Kreitzer, 2012, p. 707)

Their concept of wellbeing focuses on how content one feels about different aspects of one’s life while also encouraging a person to find answers within themselves. The Model emphasizes six dimensions which are central to their conception of wellbeing. These dimensions are interrelated.

- Health: physical, emotional, mental, and spiritual health.
- Purpose: an aim and direction, a direct expression of spirituality that gives life and work meaning.
- Relationships: social connections, networks, and the quality of relationships.
- Community: resources and infrastructure and the extent to which people are engaged and empowered.
- Environment: access to nature as well as clean air, water, and toxin free.

SPOIRITUALITY AND WELLBEING

There seem to be parallels between ‘spirituality’ and ‘wellbeing’. If spirituality is concerned with the search for meaning, purpose, relationships (self, nature, others, God or Higher Power) and values, then one’s spiritual wellbeing may greatly impact one’s wellbeing. We have also seen how wellbeing and healthy functioning include being true to ourselves, engaging in experiences which might not necessarily be pleasant but which may contribute to our functioning, growth and the development of our unique potential, being satisfied with our lives, having good relationships with ourselves, being connected to others and the environment. I would argue that one’s wellbeing rests upon one’s spiritual wellbeing such that spirituality is fundamental to one’s overall mental, physical and emotional health. Thus, for example, when experiencing emotional or psychological distress, such as suffering, finding meaning in suffering may help one to cope and flourish. Furthermore, such an experience of suffering may lead one to discover oneself, one’s inner resources and potentials. It may also help to make one feel connected to others either because of sharing the experience of suffering or as a result of support and compassion received from others. However, one must note that a person who is alone, for example, who does not have such resources (intrapersonal and/or social) or whose support network is dysfunctional, may have a harder time to achieve wellbeing.

Spiritual Wellbeing

Fisher (2011) believes that spiritual wellbeing arises out of spiritual health which he defined as: “A, if not the, fundamental dimension of people’s overall health and wellbeing, permeating and integrating all the other dimensions of health (i.e., physical,
mental, emotional, social and vocational)” (p. 21). He explains that our ‘spiritual health is a dynamic state of being, shown by the extent to which people live in harmony within relationships in the following domains of spiritual well-being’ (p. 21): personal, communal, environmental and transcendental.

The personal domain focuses on the relationship with self which requires self-awareness and understanding one’s meaning, purpose and values. On the other hand, the communal domain is centred on the relationship one has with others, particularly in relation to culture, religion and morality. Fisher (2011) describes the environmental domain as ‘beyond care and nurture for the physical and biological, to a sense of awe and wonder; for some, the notion of unity with the environment’ (p. 22). Finally, he describes the transcendental domain as the relationship of a person with ‘something or some-One beyond the human level (i.e., the ultimate concern, cosmic force, transcendent reality or God)’ (p. 22).

Paloutzian, Bufford and Wildman (2014) explain that ‘the degree to which a person perceives or derives a sense of well-being’ (p. 353) from his/her spirituality is important in dealing with and facing his/her health issues. They clarify that spiritual wellbeing (SWB) is related to both physical and mental health but is not synonymous with it. Furthermore, they explain how studies show that once persons’ basic needs are met, they do not necessarily experience more wellbeing or contentment. They clarify that ‘higher-order spiritual’ values and motives take priority as human strivings. Such values, motives, and strivings are sometimes couched in ‘spiritual’ terms’ (p. 354).

**Spirituality and Health**

Spirituality is a lens through which we view our world while it may also be a resource in helping us to cope. Paloutzian, Bufford, and Wildman (2014) reviewed a number of studies regarding the use of the Spiritual Well-Being Scale (SWBS) and mental and physical health in relation to spiritual wellbeing (SWB). They reviewed studies that focused on physical health such as stress, heart rate, blood pressure and irritable bowel syndrome. Studies involving mental health issues included: anxiety, depression and suicide. They explain that the way a person makes sense of, understands and handles life may impact a person’s physical and mental health and means of coping. They clarify that ‘there is no evidence that higher SWB has any causally curative effect on a purely organic disease, but there seems to be ample evidence that SWBS scores predict greater comfort and peace in the face of them’ (p. 357). This seems to tally with Koenig’s earlier findings. Koenig (2004) analysed over 500 studies that took place over a twenty year span ranging from 1980 to the year 2000 and found that ‘religious beliefs and practices are associated with lower suicide rates, less anxiety, less substance abuse, less depression and faster recovery from depression, greater well-being, hope and optimism, more purpose and meaning in life, higher social support, greater marital satisfaction and stability’ (p. 1195).
Spirituality and/or religion may be positively correlated to coping and pain. Wachholtz, Pearce, and Koenig (2007) reviewed a number of studies and found that patients used spiritual/religious ways of coping with pain such as prayer, looking for spiritual support, engaging in hope and adopting spiritual beliefs and practices. They found that spiritual/religious coping correlates with spiritual support, spiritual connection, peace, calmness, decreased anxiety and improvement of mood.

A local study that was carried out with patients at Hospice Malta (Baldacchino, Shah, Gauci, & Bonello, 2010) found that persons used religious (prayer, relationship with God) and non-religious (relationships with family and friends) ways of coping with their terminal illness. Such spiritual strategies were found to be used by the majority of clients. Furthermore, a negative significant correlation was found between such spiritual coping strategies and levels of depression.

In other studies, spiritual communities were found to have a positive impact in relation to providing support, approval, nurturance and acceptance (Aten & Leach, 2009; Psaila, 2012).

The Other Face of the Coin

So far, we have discussed the positive impact of spirituality and religion on mental and physical health. However, other studies show that spiritual and/or religious issues and concerns may underlie certain psychological problems including psychopathologies (Exline, 2002; Exline, Yali, & Sanderson, 2000; Exline & Rose, 2005; Lines, 2006; Pargament, 2007; Psaila, 2014b). For example, Exline (2002) found that persons undergoing ‘religious strain’ experienced greater depression and suicidality. She described religious strain as ‘interpersonal strain, negative attitudes toward God, inner struggles to believe and problems associated with virtuous striving’ (p. 185). Suicidality was also related to religious guilt and fear.

In another paper (Psaila, 2014b), I discuss how certain religious/spiritual beliefs may lead to increased anxiety, guilt, intrapersonal, interpersonal and organizational conflict. For example, a lesbian woman experiencing anxiety due to a clash between her identity and Catholic religious dogma, her faith, and potential disapproving and judgmental familial and/or social religious discourse. For some others, moving away from their religion in a context (familial, communal, societal) which is highly religious, might also cause confusion, anxiety and conflict within themselves and possibly with others. Lastly, although one’s community and/or religious/spiritual leader/director may be nurturant and supportive, they might also negatively affect the person’s wellbeing. For example, a woman living in a situation of interpersonal violence being encouraged to stay home and ‘bear her cross’.

CONCLUSION

Up until some years ago, practitioners and researchers have only been taking a bio-psycho-social perspective to understanding health and wellbeing. The reason for
this is the strong influence of each of these dimensions on our health and wellbeing. Physical illness such as cancer may determine and be determined by psychological ill-health such as anxiety; by social situations such as loneliness; and by economic issues such as financial problems. All these dimensions interact to shape one’s perception and experience of wellbeing. Furthermore, as we have seen, wellbeing involves the developmental process of flourishing such that a person’s wellbeing includes not only positive emotion but meaning and purpose, value congruence, self-actualisation, engagement and positive relationships. Moreover, it is now being recognised that we are spiritual beings and that this dimension has not being given enough attention in understanding and promoting wellbeing. Our spirituality, whether it is religiously inspired or not, provides a lens through which to view and shape our lives and experiences. Our spiritual wellbeing also strongly impacts how well we feel and function and must therefore be included in the equation. It is for this reason that I, together with others, suggest that it may be time to emphasise more strongly a biopsychosocial-spiritual model of health and wellbeing (Nolan & Holloway, 2014; Unterrainer, Lewis, & Fink, 2012). Such a perspective would have policy and practice implications for our understanding and promotion of wellbeing.

REFERENCES


