Since the last Research Review (Lukoff, Turner & Lu, 1992), which focused on the psychoreligious dimensions of healing, there have been significant developments on several fronts. In the diagnostic nomenclature, the medical and psychiatric establishments, and the media, spirituality has been acknowledged as an important aspect of a person's well-being. Most encouraging for transpersonally-oriented clinicians is the acceptance by the American Psychiatric Association (APA) Task Force on DSM-IV of the proposed new Z Code (formerly V Code) category entitled "Religious or Spiritual Problem" (Lukoff, Lu & Turner, 1992). Although revision of the definition and official acceptance by the APA Board of Trustees is still pending, it seems likely that, for the first time, this important diagnostic classification manual used in the United States, Canada, and abroad will acknowledge religious and spiritual problems that are not attributable to a mental disorder.

Within the medical establishment, religious and spiritual forms of healing were also acknowledged in the prestigious New England Journal of Medicine. Eisenberg, Kessler, Foster, Norlock, Calkins and Delbanco (1993) documented that the frequency of use of

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unconventional therapies in the United States is far higher than previously reported. One in three respondents (34%) reported using at least one unconventional therapy in the past year. In addition, "Roughly 1 in 4 Americans who see their medical doctors for a serious health problem may be using unconventional therapy in addition to conventional medicine for that problem" (p. 251). Several of the unconventional therapies were psychospiritual in nature (e.g., spiritual healing, prayer, homeopathy, energy healing, and imagery).

Similarly, an increasing number of presentations addressing religious or spiritual issues in clinical practice are being made at the American Psychiatric Association Annual Meetings. In 1993, there were at least a dozen workshops, courses and symposia in the scientific program. Topics included: "Religious Issues in Residency Training," "Transperonal Psychiatry," "Existential and Spiritual Issues in PTSD Treatment," and a "Practicum on Spiritual Issues in Treatment."

In the scientific literature, there also seems to be increasing recognition of the relevance of religiosity and spirituality to mental health. Since the last Research Review on psychoreligious dimensions of healing, we became aware that Larson, Hohmann, Kessler, Meador, Boyd and McSherry (1988) published a study entitled "The Couch and the Cloth: The Need for Linkage" in a widely-distributed journal of the American Psychiatric Association. Larson, Sherrill, Lyons, Craigie, Thielman, Greenwold and Larson (1992) also published a report in the American Journal of Psychiatry showing the positive relationship between religious commitment and mental health. Mathews and Larson (1992) compiled an extensive bibliography of research on religious and spiritual subjects. In the clinical arena, there have also been publications addressing religious and spiritual issues in psychotherapy; for example, the hook Sacred Landscapes (Randour, 1993) contains case studies and essays on this subject, and Spiritual Dimensions of Healing is a comprehensive cross-cultural examination of this topic.

Finally, the media has extended awareness of these issues to the population at large. In addition to the extensive coverage given to the New England Journal of Medicine article discussed above, the media also targeted religious and spiritual aspects of healing in television shows, magazine articles and newspaper articles. Bill Moyers' five-part television series on "Healing and the Mind" brought these issues into the living rooms of millions. Newsweek (January 6, 1992) featured a cover article entitled "Talking to God: An intimate look at the way we pray." The New York Times published a report on changes in how "Therapists see religion as an aid, not illusion" (Goleman, 1991).
This review article, the second of a three-part series, addresses the psychospiritual dimensions of healing. While there is no consensus as to the boundaries between religiosity and spirituality, we continue to adhere in this review to the distinction most frequently drawn between them in the literature. Religiosity refers to "adherence to the beliefs and practices of an organized church or religious institution" (Shafranske & Malony, 1990, p. 72). Spirituality describes the transcendental relationship between the person and a Higher Being, a quality that goes beyond a specific religious affiliation (Peterson & Nelson, 1987).

Considering that we recently reviewed research on mystical experiences in a previous Research Review (Lukoff & Lu, 1988), and that studies on meditation have been comprehensively reviewed by Murphy and Donovan (1988), we have focused on the topics of mystical experience and meditation in this review. Although they are clearly related to psychospiritual dimensions of healing, we chose to focus on less well-known aspects, including the spirituality of the general public and mental health professionals, phenomenology of psychospiritual life, assessment of spirituality, social dimensions of psychospiritual health, and treatment of psychospiritual problems. To obtain journal references, we conducted a computerized search of the literature contained in Medline, PsychINFO, and the Religion Index. Books were located through a search of the reference lists in these articles, and through the authors' acquaintance with them.

SPIRITUALITY OF THE GENERAL PUBLIC AND MENTAL HEALTH PROFESSIONALS

In the previous Research Review (Lukoff et al., 1992), we abstracted research documenting the existence of a "religiosity gap" between the general public and mental health professionals. Mental health professionals place far less importance on religion than do the general public and patient populations. Psychiatrists and psychologists are relatively uninvolved in religion, and 50-60% describe themselves as atheists or agnostics in contrast to 1-5% of the population. However, the studies abstracted below indicate that there is not a comparable "spirituality gap" between the experiences, beliefs and practices of mental health professionals and those of the public.


Method: A survey was sent to 1400 members of the California State Psychological Association. The return rate was 29%. Findings: While only 23% of the sample reported themselves to be committed to a search of Medline, PsychINFO, Religion Index and authors' sources
traditional religious institution, 33% indicated that they were involved in an alternative spiritual path that was not part of a religious institution. The psychologists indicated a high level of agreement with the statement: "Spirituality has direct relevance to my personal life." The authors concluded that while these psychologists were less religious in terms of affiliation and participation in traditional religious institutions than the general population, most perceived spirituality as important in their lives. However, "the context in which this spirituality is experienced, i.e., the form of participation, and the belief orientation, is found primarily outside mainstream religion" (p. 237).


*Method:* A sample of 1000 randomly selected psychologists from the APA Division of Clinical Psychology were sent a 65-item questionnaire. 409 were returned. *Findings:* While only 18% agreed that organized religion was the primary source of their spirituality, 51% characterized themselves as following an "alternative spiritual path which is not a part of an organized religion." Spirituality was reported to be personally relevant by 65% of the psychologists. The authors concluded: "The findings ... and the limited training which clinicians report to receive, point to the need for the profession to reflect upon its fundamental attitudes towards religion and spirituality" (p. 78).

In the Allman, de la Roche, Elkins and Weathers (1992) study abstracted below, 64% of the psychologists surveyed responded "none" when asked how many religious services they attended per month, but 66% rated spirituality as "important" or "very important." This study also found that 50% of the psychologists reported personally having a mystical experience, which is significantly higher than the 30-40% incidence of mystical experiences in the general population (Lukoff & Lu, 1988).

Another survey (Bergin & Jensen, 1990) of psychiatrists, psychologists, social workers and marriage and family counselors found that 68% endorsed the item indicating that they: "Seek a spiritual understanding of the universe and one's place in it." The authors concluded: "There may be a reservoir of spiritual interests among therapists that is often unexpressed due to the secular framework of professional education and practice" (p. 3). They named this phenomenon "spiritual humanism" and indicated that it could provide the basis for bridging the cultural gap between clinicians and the more religious public.

**PHENOMENOLOGY OF PSYCHOSPiritual UFE**

The long tradition of phenomenological exploration of religious and spiritual experience includes such turn-of-the-century classic
studies as Buckes (1961) *Cosmic Consciousness* and James' (1961) *The Varieties of Religious Experience*. Otto's (1923) *The Idea of the Holy* is also a seminal study, and more recent works have been published by Jung, Maslow, Wilber, and Grof. Most of these were theoretical; only recently have empirical techniques been brought to bear on this subject. Below is one example of an empirical methodology applied to the phenomenology of psychospiritual life-in this case involving children.


Method: The author described his approach as "contextual; it aims to learn from children as they go about their lives: in the home, the playground, the classroom, the Hebrew school or Sunday school" (p. 342). He combined elements from several human science methodologies. For example, he engaged in participant-observation by conducting his study in both public and private places. For example, in his work with Hopi children, he began his study in a school, but even after 6 months, the children were taciturn, almost sullen in interactions with him. Finally a Hopi mother told him the children would always behave that way in the school; he needed to go to their homes: "When I went to Hopi homes, there was no sudden miracle. But …, within a month or two the children did seem altogether different. They smiled; they initiated conversations; they pointed out to me places that mattered to them … they gave me some memorable thoughts that crossed their minds" (p. 25). He also incorporated in-depth, unstructured phenomenological interviewing, but often let the interviewee take the initiative: "I let the children know as clearly as possible, and as often as necessary, what it is I am trying to learn, how they can help me" (p. 27). In addition, he utilized content analysis to uncover themes that recur in the interviews. Finally, he also collected and analyzed 293 samples of artwork drawn in response to his request for children to draw a "picture of God," His research is notably cross-cultural with Hopi, Chicano, Afro-American, Islamic, Jewish, and Christian (as well as other groups) represented. Findings: This book is rich with vignettes illustrating children's views and experiences of God and spirituality and their ways of understanding the ultimate meaning of their lives. Individual chapters addressed "the face of God," "the voice of God," psychological themes, visionary moments, Christian, Jewish, Islamic, and secular soul-searching (by which he means outside of an organized church-what we are calling spiritual in this review). Coles seemed able to get at the heart of these children's spiritual lives. A portion of a conversation with a 10-year-old Hopi girl he had known for almost two years nicely illustrates the nature of his approach:

"The sky watches us and listens to us. It talks to us, and it hopes we are ready to talk back. The sky is where the God of the Anglos lives, a teacher told us. She asked where our God lives. I said, 'I don't know.' I was telling the truth! Our God is the sky, and lives wherever the sky is...."

Did she explain the above to the teacher?
"No."

"Why?"

"Because she thinks God is a person. If I'd told her, she'd give us that smile... that says to us, 'You kids are cute, but you're dumb; you're different-and you're all wrong!" (p, 25).

Other phenomenological studies of the manner in which children think of, artistically represent, and in their minds address God are *Visions of Innocence* (Hoffman, 1993), *The Children's God* (Heller, 1986) and *Picturing God* (Belford, 1986).

**ASSESSMENT OF SPIRITUALITY**

Most of the instruments that purport to measure spirituality would be considered measures of religiosity by the definition used in this review. With the notable exception of the Spiritual Orientation Scale, the scales described below contain many items involving experiences with or beliefs about God. Scales were included in this review if they used the term God in a non-denominational way that is not oriented toward the beliefs of any particular sect. Of course, by virtue of the use of theistic terminology, the scales below would be most appropriate for members of Judaeo-Christian or Islamic faiths, but could also be used to assess the spirituality of nonmembers who had mono-theistic orientations. They would not be as sensitive to the spirituality of members of non-theistic paths (e.g., Buddhism) or of pagans who believe in multiple deities. Other scales were excluded from this review because they specifically address Christian religiosity (e.g., Moberg's [1984] Spiritual Well-being Questionnaire.) (See Butman [1990] for a review of instruments for assessing religious development.)

The first scale to be reviewed, the Spiritual Orientation Inventory (SOI), specifically attempted to be sensitive to the spirituality of those not affiliated with traditional religion.

**Method:** The authors began by interviewing five persons whom they considered to be "highly spiritual." The interviewees gave support to a nine-dimension model of spirituality including: Transcendence, Meaning and Purpose in Life, Mission in Life, Sacredness of Life, Material Values, Altruism, Idealism, Awareness of the Tragic, and Fruits of Spirituality. The interviewees' ratings of items led to a first draft of the scale that contained 157 Likert-like items evaluating the subject's relationship with a "transcendent, spiritual dimension" and about the experience of sacredness in their life. The term "God" was not used in
the items. A validity study in which the ratings of 24 adults nominated by a panel as "highly spiritual" were compared with scores of 96 graduate students in psychology led to the final version with 85 items. Reliability (alpha) was reported to range from .75-.94 on the nine scales. Findings: In the original study, the scores of the 24 "highly spiritual" persons were significantly higher than the scores of the 96 graduate students on 8 of the 9 scales (all but Idealism). (Copies of the SOI can be obtained by writing Sara Elkins, 33442 Cape Bay Place, Dana Point, CA 92629.)

This scale has also been used in some doctoral dissertations. Smith (1991) compared the scores of 172 polio survivors with 80 non-polio subjects. Her prediction that the polio survivors would have higher scores was confirmed. The full-scale score was significantly higher, as were scores on 8 of the 9 scales (again all but Idealism). Another study by Lee and Bainum (1991) compared 13 hospice workers with 23 hospital nurses. The prediction that the nurses dealing with death would score higher on the SOI was also confirmed.

The Mystical Experience Scale, which addresses a more specific aspect of psychospiritual life, was developed with considerable attention to psychometric principles. It has been used in numerous studies investigating both religiosity and spirituality (see Lukoff & Lu [1988] for a review).


Method: Utilizing the conceptual categories for mysticism postulated by Stace (1960), the author developed 108 items divided into eight categories: ego quality, unifying quality, inner subjective quality, temporal/spatial quality, noetic quality, ineffability, positive affect, and religious quality. This pilot version was administered to several groups to refine the scale. The scale was reduced to 32 core statements, four for each category, based on item-to-whole consistency coefficients and other considerations. The scale was then administered to 300 college students. Findings: The results were subjected to a factor analysis which suggested two factor scales. Scale 1 (20 items) measured "general mysticism"—namely, an experience of unity, temporal and spatial changes, inner subjectivity and ineffability. This scale was not restricted to religion and thus referred to a broad type of mysticism. Scale 2 (12 items) measured the subject's tendency to view intense experiences within a religious framework.

The next scale to be reviewed, the Spiritual Well-Being Scale (SWBS) appeared in Ellison (1983) and Paloutzian and Ellison (1982). It has become the most widely used instrument for assessing spiritual well-being, second only to Allport and Ross's (1967) Intrinsic-Extrinsic Religious Orientation Scale in the number of research articles that it has generated. The SWBS consists of 20 Likert items, 10 of which address the religious dimension of one's
relationship to God, and 10 of which deal with a social/existential
dimension of a person's adjustment to him/herself, their commu-
nity, and their surroundings. Ellison and Smith (1991) published a
review of research conducted with the SWBS from 1982-1990.
Studies have examined its relationship to physical well-being,
adjustment to physical illness, health care, psychological well-
being, relational well-being, and several religious variables. The
richness of these findings supported the validity of the SWBS as a
found high reliabilities of .95, .94, and .84 on the spiritual well-
being (overall score), existential well-being, and religious well-
being scales respectively. However, Ledbetter, Smith, Fischer,
Vosler-Hunter and Chew (1991) reviewed 17 SWBS studies and
found that with religious samples, the SWBS does have ceiling
effects, and thus cannot differentiate amongst spiritually active
individuals. In addition, Ledbeter et al. (1991) also questioned the
two-factor conceptualization of the SWBS. They administered the
scale to two religious samples and factor analyzed the results:

The fit was quite poor for both the one- and two-factor models.
Although the two-factor model was superior to the one-factor model,
neither model provided a good conceptualization of the factor structure
of the SWBS in these samples. These results suggest that contrary to
Ellison's two factor conceptualization, and a postulated general factor
model, the SWBS may be factorially complex. This complexity makes
interpretation of scores ambiguous (p. 94).

One noteworthy application of this scale focused on adults with
life-threatening illness.


Method: The author wanted to compare the level of anxiety in highly
spiritual persons and in less spiritual persons confronting life-threaten-
ing illness. In a correlational study, the SWBS and the State-Trait
Anxiety Inventory (which differentiates between transitory and char-
acteristic anxiety) were administered to 114 adults who had been
diagnosed with cancer. Findings: A correlation of -.44 was obtained
between the SWBS and the State-Trait Anxiety Inventory in the whole
sample (p<.001). This significant inverse association was found re-
gardless of the influences of gender, age, marital status, diagnosis, and
length of time since diagnosis. These results supported the theory that
persons with high levels of spiritual well-being have lower levels of
anxiety. The authors concluded: "The hospice community is chal-
lenged to undertake studies of the spiritual dimension and its healing
potential."

Significant within the spiritual assessment literature is the attention
given to this area by the nursing profession. In comparison with
physicians, nurses have traditionally adopted a more holistic per-
spective towards patients, viewing them as a balance of body,
mind, and spirit. Their awareness of the spiritual dimension in caring for patients was particularly apparent in the accepted nursing diagnostic classification system (Carpenito, 1983), which includes categories for spiritual concerns, spiritual distress, and spiritual despair. In addition to numerous articles addressing guidelines for spiritual assessment (Peterson & Nelson, 1987; Soeken & Carson, 1987; Stoll, 1979), there has even been research examining the extent to which nurses assess their patients' spiritual needs.


**Method:** To determine the extent to which nurses assessed patients' spiritual needs and the indicators of spirituality used in the assessment, the Boutell's Inventory for Identifying Nurses' Assessment of Patients' Spiritual Needs was developed. This is a 76-item survey divided into: (1) demographic data; and (2) five sections involving the methods of data gathering that nurses use to determine patients' spiritual needs, religious practices, and need for additional spiritual support. The Inventory was sent to 817 nurses eligible to practice nursing in Oklahoma, yielding 238 usable questionnaires. **Findings:** 34% of the nurses reported that they often or always assessed their patients' spiritual needs, and 38% did so occasionally. The remainder (28%) seldom or almost never did. These findings indicate that the majority of nurses assessed their patients' spiritual needs to a considerable extent. Two factors that were found to determine whether nurses carried out a spiritual assessment were patient acuity and setting. The components of spirituality most commonly assessed were fears of medical procedures, sources of inner strength, feelings of hope, and religious practices related to surgery and/or death. Least frequently assessed were integration (the unifying force in self) and transcendence (rising above worldly values). The authors concluded that in-service education and CE programs in the area of spirituality are needed, with older, more experienced nurses as well as psychiatric nurses playing a central role.

Below we describe five additional scales that have not received as extensive field testing as the ones above. Most have been developed for specific types of patients, including recovering alcoholics, hospitalized adolescents, terminally ill adults, and persons experiencing extraordinary events (e.g., near-death experiences and UFO encounters).


**Method:** The authors set out to design an instrument to assess spiritual practices associated with recovery and Alcoholics Anonymous (AA). Based on lengthy interviews with seven members of AA, they constructed a Likert scale questionnaire with 60 items covering behaviors, cognitions, attitudes, and chemical usage. It was administered to
36 AA members who rated the importance of each item to recovery and to 12-step spirituality. Based on these results, a final version of the B-PRPI with 53 items was created. **Findings:** The B-PRPI was administered to additional AA members, and scores were not found to be correlated with length of sobriety. However, it was significantly correlated with the Beck Depression Inventory, the Tennessee Self-Concept Scale, Scales K, D, Pt, Sc, A, and Es of the MMPI, and six scales of the Profile of Mood States. Pre/post scores of 15 patients in a treatment program showed significant change. In addition, the authors found a "remarkable consistency in our subjects' reported use of a broad range and large number of spiritual practices."


**Method:** This study explored the relationships between four variables: (1) time in AA; (2) level of spirituality; (3) level of contentment; and (4) stressors encountered in the past year. Three separate measurement instruments were administered to 30 volunteers from AA meetings in Columbia, Maryland. The Spirituality Self-Assessment Scale (SSAS), a 35-item questionnaire designed by Whitfield (1984, 1993), was used to measure an individual's level of spiritual experience and his/her level of spiritual awareness. Questions covered the physical, emotional, and mental aspects of spiritual experience, with an emphasis on the emotional. The Hudson Generalized Contentment Scale and the Life Events Scale were used to assess level of contentment and level of stressors encountered in the preceding year, respectively. **Findings:** Regression analysis revealed a direct relationship between the level of spirituality and the level of contentment with life, regardless of the amount of time in AA. This suggested that the amount of time in AA is not as important as what an individual does with that time in relation to spirituality during recovery. Additional findings suggested that continued attendance at AA meetings could provide an effective stress management program for recovering alcoholics. (The most current SSAS can be ordered by calling (800) 851-9100; ask for Whitfield, 1993.)


**Method:** The authors created a Spiritual and Religious Concerns Questionnaire (SRQ) with 17 items in order to study the concerns of medically hospitalized adolescents. It was not piloted or evaluated for reliability or validity. **Findings:** More seriously ill adolescents had higher scores than less ill subjects. Weekly administrations of the SRQ showed that almost 50% of the adolescents with severe, perhaps fatal, illness experienced marked intensification of their spiritual concerns.

Method: To explore the relationship between spiritual experiences, life purpose and satisfaction, and improvement in physical health, the Index of Spiritual Experience (INSPIRIT) was developed. This scale measured two characteristic elements of "core spiritual experiences" (i.e., reported spiritual experiences described in more concrete terms than a "belief in God"). Those two elements are (1) a distinct event and a cognitive appraisal of that event which resulted in a personal conviction of God's existence (or of some form of Higher Power as defined by the person), and (2) the perception of a highly internalized relationship between God and the person (i.e., that God dwells within combined with a feeling of closeness to God). The study sample consisted of 83 adult outpatients in a behavioral medicine program where patients were taught to elicit the relaxation response in a 1Q-week treatment program for the stress-related components of illness. In addition to the INSPIRIT scale, subjects were given the Medical Symptom Checklist, the Inventory of Positive Psychological Attitudes to Life, and the Religious Orientation Inventory. Findings: The INSPIRIT scale showed a strong degree of internal reliability and concurrent validity. Multiple regression analyses showed a relationship between core spiritual experiences and (1) an increase in life purpose and satisfaction, (2) an increase in a health-promoting attitude, and (3) a decrease in frequency of medical symptoms. In addition, data suggested that elicitation of the relaxation response may facilitate an increased occurrence of core spiritual experiences.


Method: Using three groups of 100 adults matched on age, gender, education and religious background, two hypotheses were examined: (1) terminally ill hospitalized adults indicate a greater spiritual awareness than nenterminally ill hospitalized adults and healthy non-hospitalized adults; and (2) spiritual perspective is positively related to well-being among terminally ill hospitalized adults. All 300 participants completed the Spiritual Perspective Scale (SPS), Index of Well-Being, and other questions. The SPS is a 10-item Likert questionnaire assessing the extent to which spirituality permeates an individual's life and he/she engages in spiritually-related interactions (e.g., talking with family or friends about spiritual matters). Findings: The results from planned comparisons supported the first hypothesis, and a low but significant correlation lent support to the second hypothesis. In addition, differences among groups on recent change in spiritual views were examined. A significantly larger number of terminally ill adults indicated a change toward increased spirituality than did nenterminally ill or healthy adults.


Methods: Having established himself as one of the world's foremost authorities on near-death experiences (Ring, 1984), Ring took his research a step further by exploring the surprising parallels between UFO encounters and near-death experiences (NDEs). He initially
focused on factors that predispose certain individuals to having extraordinary experiences like UFO encounters and NDEs. The first factor he examined, using his Psychophysical Change Inventory, was the psychophysical changes following an extraordinary encounter. Then he revised his Life Change Inventory (LCI) from *Heading Toward Omega* (1984) to explore belief and values shifts following extraordinary encounters. The LCI is a 50-item questionnaire that examines 9 principal value clusters: (1) appreciation for life; (2) self-acceptance; (3) concern for others; (4) concern for impressing others; (5) materialism; (6) concern with social/planetary issues; (7) quest for meaning; (8) spirituality; and (9) religiousness. *Findings:* Ring uncovered a similar psychological profile for individuals experiencing both UFO encounters and NDEs. He called this profile the “encounter-prone personality,” characterized by (1) a sensitivity to non-ordinary realities, (2) a history of childhood abuse and trauma, and (3) a dissociative tendency closely linked to psychological absorption. He then documented the startling similarities in the aftereffects produced by UFO encounters and NDEs: (1) a similar pattern of psychophysical transformation occurred in both UFO encounters and NDEs; (2) both UFO encounters and NDEs lead to a similar kind of spiritual transformation. The latter is characterized by greater altruism, social concern, appreciation for life, self-acceptance, concern for others, quest for meaning, and spirituality, and a decrease in materialism. Finally, he concluded his book with several chapters exploring the collective implications of extraordinary experiences, particularly with regard to global ecology and the evolution of consciousness.

**SOCIAL DIMENSIONS OF PSYCHOSPiritUAL HEALING**

Some research has targeted the social dimensions of healing, focusing on spiritual support, healing groups, and the role of spirituality in family crisis resolution.


*Method:* The relationship of spiritual support (perceived support from God) to well-being was examined in two high and low life-stress samples: (1) in recently bereaved (high stress) and less recently bereaved (low stress) parents attending Compassionate Friends mutual help groups; and (2) in college freshman who had experienced three or more uncontrolled, stressful life events (high stress) and those who had experienced two or fewer such events (low stress) during the previous six months. A three-item spiritual support measure assessing emotional, intimacy and faith aspects of spiritual support was used in both studies. Social support variables were also assessed, allowing a comparison of the relative predictive utility of the two different domains of perceived support. *Findings:* With demographic variables controlled, regression analyses indicated that: (1) spiritual support was inversely related to depression and positively related to self-esteem for high life-stress (recently bereaved) parents; and (2) in a prospective,
longitudinal analysis controlling for pre-college depression, spiritual support was positively related to personal-emotional adjustment for first-semester college freshman in the high life-stress group. Spiritual support was not significantly related to well-being for low life-stress subsamples.


**Method:** The investigator spent two years conducting participant-observation research among members of 30 healing groups in the Baltimore metropolitan area. She attended group meetings and healing rituals, administered a questionnaire to members, and also conducted in-depth interviews with 23 leaders of these groups. **Findings:** Groups were categorized into two types: 1) Christian, Pentecostal, or 'charismatic' healing groups (CHGs); and 2) "New Age" or "metaphysical" healing groups (MHGs). Both groups were small (6-15 members) and were informally rather than formally organized. Both had a family-like atmosphere. However, in the CHGs, the structure of the organization was more authoritarian and stratified, with the leader in control of events. In contrast, the MHGs were more democratic and spontaneous with members helping in the conduct of rituals and the healing of others. MRDs had more "matriarchal" leadership patterns (10 of 13 leaders were women), whereas all except one of the CI-IGs were led by men. The CRGs had ideologies based on Fundamentalist, Pentecostal or nco-Pentecostal movements. MHGs' ideologies were more syncretic, having their origins in Spiritualist, "New Age," New Thought, theosophical, occult or shamanistic traditions. Symbols and myths used in the healing rituals of the CRGs involved the death of Jesus and his subsequent resurrection, A variant of this myth appeared in the MHGs as the Soul's journey toward enlightenment, a belief derived from Eastern traditions. "Generally CHG rituals were noisy, dramatic, and expressive,... including Bible reading, group prayer, hymn singing, and sermons lead by the healer.... Members of MHGs attempt to 'tune in' to a transcendent reality, usually through meditation practice,... Other commonly used techniques in these groups were guided imagery or visualization, chanting, or 'therapeutic touch' " (pp. 1202-3).


**Method:** Longitudinal life history data from 200 crisis families and 200 non-crisis families were examined to specify the influence of crisis conditions on spiritual growth. Data were collected from in-depth interviews conducted over a several year period and covering three generations of family members. **Findings:** Results indicated that the most substantial impact of crisis intervention occurred in families where one or more family members reoriented their lives according to spiritual values. This reorientation process involved a shift in focus away from the family's previously-held perception that they were victims of social or emotional circumstances. A more universal view, which included transcendent realities, provided these people with a frame of reference that allowed them to cope with the objectively
difficult empirical conditions of their existence. This new-found emphasis on spiritual values appeared crucial in enabling these people to experience more productive and satisfying lives. These findings suggest that a crisis may produce constructive changes in life orientation and become an important catalyst in reordering personal values.

TREATMENT OF PSYCHOSPIRITUAL PROBLEMS

In this last area to be reviewed, we have chosen articles covering the treatment of mystical experiences, the similarities and differences between spiritual directors and psychotherapists, a psychotherapy case of spiritual emergency, the use of biofeedback with Navajo substance abusers, and the role of spirituality for professionals working with the terminally ill.


*Method:* Questionnaires were sent to 650 members of the American Psychological Association to assess therapists' attitudes toward clients who report mystical experiences. The return rate was 44%. In addition to demographic data, the survey included a Likert scale measuring attitudes toward mystical experience and a scale to assess the therapists' diagnostic judgments of mystical experience on a continuum from "possibly psychotic" to "probably not psychotic." *Findings:* The therapists reported that among the 20,670 clients seen in the preceding 12 months, 4.5% had reported a mystical experience during the previous year; 67% of the therapists had seen at least one such client during that period. On the diagnosis scale, humanistic/existential therapists were less likely than behavioral, cognitive and psychodynamic therapists to rate clients who had mystical experiences as psychotic. Furthermore, therapists who rated spirituality as important were less likely to view their clients' mystical experiences as pathological.


*Method:* One hundred psychotherapists from a state psychological organization and 100 spiritual directors from retreat centers were sent surveys. Fifty psychotherapists and 68 spiritual directors responded. *Findings:* There was considerable overlap in the techniques, topics of discussion, and outcome evaluation methods employed by both the psychotherapists and spiritual directors. The goals seemed to be the most distinct; that is, the purpose of psychotherapy is psychological growth, and the purpose of spiritual direction is spiritual growth. There was no significant difference between the two groups in their reported use of self-disclosure, open and closed questions, advice, confrontation and interpretation. However, the spiritual directors reported using more meditation, prayer, and silence. Both groups deal with psychological issues, but spiritual directors more often address spiritual is-
There was no difference between the groups in receiving psychotherapy, but the spiritual directors had received spiritual direction significantly more often. While all of the psychotherapists had received degrees in psychology, only 3% of the spiritual directors had. Conversely, none of the psychotherapists had received training or formal education in spirituality or theology.

**Method:** The author presents a case study including the history, symptoms, and treatment of a 32-year-old man in a spiritual emergency. Both severe depression and suicidality were present. **Findings:** The patient had been participating in a spiritual group that practiced intense meditation. His commitment to the group led to marital difficulties. Hendlin's treatment addressed the client's problem as a depressive disorder—within a spiritual framework. Treatment began with meetings 4 times a week and were gradually reduced to twice a week after 3 months. The therapy focused on aspects of his spiritual experiences, and his meditation practice was changed to one that was more grounding. Marital therapy was initiated after about 100 hours of individual therapy. The crisis was resolved without any acting out of the suicidal ideation and the patient reported less depression. He was able to resume his business and reconnect with family.

Other case studies illustrating the treatment of spiritual issues in clinical work include Grof and Grof (1989), Lukoff (1991), Lukoff and Everest (1986), Podvoll (1990), and Nelson (1990).


**Method:** Twenty Navajo patients on an in-patient substance abuse unit were given biofeedback training involving two 45-minute sessions per day, averaging a total of 35 training sessions. Theta and alpha brainwaves were monitored and the patients were given feedback tones through headphones. Previous research had shown that many alcoholic patients have low alpha and theta frequency brainwaves. **Findings:** The author reported that the Navajo patients found the biofeedback training to be compatible with their beliefs and practices, especially since "techniques such as breath patterning and meditation were, or still are, important components of some Navajo 'medicine way' techniques" (p. 13). In addition, to increase the acceptance and effectiveness of the brainwave training, patients were encouraged to keep "protection" feathers on their laps, and the faint smell of "blessing way" sage smoke permeated the treatment room. During the follow-up period of 4 months, 15 of the 20 patients reported no alcohol usage. Four could not be located, and one relapsed. Eighty percent of the patients showed significant improvements of at least 15% increase in wave amplitude or synchrony over their baseline EEG measurements in either theta or alpha ranges. Scores on the Beck Depression Inven-
tory also improved, but the absence of a comparison group does not allow this finding to be attributable to the biofeedback training. During the 8-month trial, more than 13 Navajo therapists expressed interest in learning these procedures. (Copies of the report are available from the author: P. O. Box 2163, Sedona, AZ, 86336.)


Method: In order to examine the role that spirituality plays for the caregiver, open-ended interviews were conducted with eight caregivers (two physicians, two nurses, two social workers, and two clergy); all were experienced in working with the terminally ill. Each respondent was asked to discuss his/her own spirituality, describe how he/she thought that it might impact patients being treated, and to give examples where spirituality was a factor in treatment. Findings: All respondents acknowledged "the heightened spirituality experienced ... as a result of their work with the terminally ill, and the impact that it has upon the patient. ... [They] felt they received more from their patients than they were able to give."

CONCLUSION

This Research Review completes the second part of our three-part series addressing various dimensions of healing. We have been impressed by the scope and accelerating interest in these topics by researchers. Although we have considered studies conducted since 1980, most of the articles abstracted are from the past five years. By focusing on methodologies and instruments appropriate for studying transpersonal experiences, we hope that these reviews will facilitate further exploration of these crucial domains of human existence.

In addition to the psychoreligious and psychospiritual dimensions, there is another dimension that falls outside of these two categories. Experiences such as UFO encounters, out-of-body experiences, and paranormal phenomena, which in many cases are associated with healing and/or transformation, have challenged us to consider a new category. In conformance with the most recent literature, we have settled on the term "anomalous experience" as the most inclusive, yet with the fewest theoretical assumptions and pejorative connotations. In our next Research Review, we will examine "Anomalous Experiences and Healing."

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Requests for reprints to: David Lukoff, Ph.D., Saybrook Institute, 1550 Sutter Street, San Francisco, California 94109.