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THE INTERACTION EFFECT OF SPIRITUALITY
AND NEGATIVE LIFE EXPERIENCES
ON DEPRESSION

By

Hollis V. Burkhart

A Field Project Submitted in Partial Fulfillment

of the Requirements for the Certificate

of Advanced Graduate Study

in

The Department of Counseling, Educational

Leadership and School Psychology

Rhode Island College

2006

ABSTRACT

Individuals experience stressful negative life events, and they may turn to their religion or their spirituality to assuage the depression that ensues from such events. This research investigates the healing/ameliorating effect of one's spiritual beliefs and practices in moderating depression when faced with negative life experiences. The theoretical hypotheses are that a significant relationship would be found between the dependent variable, depression, and the independent variables of negative life experiences and spirituality; and that spirituality would serve a buffering effect on depression when an individual experiences negative life events. Beck's Depression Inventory II, Piedmont's ASPIRES (Assessment of Spirituality and Religious Sentiments), and Sarason's Life Experiences Survey were the instruments administered to 51 adult patients at two pastoral counseling centers over a four month period. Findings indicate significant inverse correlations between spirituality and depression, as well as a moderating effect of spirituality on depression when negative life experiences are included. Multiple regression analysis indicate that spirituality, when added to the simple linear regression between depression and negative life experiences, provide a significant additional contribution. Study results illuminate the need to continue research into the distinctive contributions of spirituality to a reduction in depression and point to the need to increase therapists' understanding and ability to discuss spirituality with clients.

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CHAPTER 1

PURPOSE OF THE STUDY

In the course of their lives, individuals experience negative life events, and when they do, they will often turn to their religion or their sense of spirituality to deal with the depression that ensues from such stressful events (Smith et al., 2003). Despite this fact and its clear potential importance to therapeutic intervention, few studies have been done to investigate the role of spirituality in reducing levels of depression. This research will focus upon and investigate the buffering and healing effects of client spiritual beliefs in relation to the depression associated with recent negative life experiences.

A review of relevant literature shows that religion/spiritual belief is generally negatively correlated to depression, and that individuals use their religion/spirituality to manage and heal depression (Westgate, 1996). Therefore, it behooves the mental health profession to include training in spirituality as part of the standard curriculum.

Research Hypotheses

The following research is based on the premise that spirituality moderates depression; negative life experiences directly affect depression; spirituality is therefore posited to moderate the relationship between negative life experiences and depression so that negative life experiences have less impact upon depression (Smith et al., 2003).

For all the subsequent hypotheses, in order to reject H_0 and accept H_1 , this researcher has chosen to employ the standard level of significance of $p \cdot .05$.

There are two sets of hypotheses, correlation and multiple regression. The first set (correlation) seeks to establish the existence and nature (mathematically positive or

negative) of the relationship between depression and negative life experiences, depression and spirituality, and depression with the interaction of negative life experiences and spirituality. The second set (multiple regression) seeks to establish the significance of the explanatory contribution (to include mathematical direction: positive or negative) of each of the following upon depression: 1) negative life experiences (positive contribution), 2) spirituality (negative contribution), and 3) the interaction of negative life experiences and spirituality (negative contribution). The full list of hypotheses is as follows:

Hypotheses to be examined by **correlation** analyses:

First correlation (simple regression) hypothesis:

- Negative life experiences are related to depression (their correlation will be significant and positive in sign).

H_0 = There is no correlation between depression and negative life experiences.

H_1 = There is a positive correlation between depression and negative life experiences.

Second correlation hypothesis:

- Spirituality is related to depression (their correlation will be significant and negative in sign).

H_0 = There is no correlation between depression and spirituality.

H_1 = There is a negative correlation between depression and spirituality.

Third correlation hypothesis:

- Negative life experiences and spirituality have little or no correlation (their

correlation will be near zero)

H_0 = There is a correlation between negative life experiences and spirituality.

H_1 = There is little or no correlation between negative life experiences and spirituality.

Fourth correlation hypothesis:

- The interaction of negative life experiences and spirituality is related to depression (their correlation will be significant and less positive than the correlation between depression and negative life experience or negative in sign because spirituality will moderate the impact of negative life experiences). In other words, the combination of spirituality and negative life experiences will have predictive power in the correlation to depression.

H_0 = There is no correlation between depression and the interaction of negative life experiences and spirituality.

H_1 = There is a less positive or negative correlation between depression and the interaction of negative life experiences and spirituality.

Hypotheses to be examined by **regression** analyses:

First regression hypothesis:

- Spirituality moderates the relationship between depression and negative life experience (its additional contribution to the simple regression equation between depression and negative life experience will be significant and negative in sign).

H_0 = Spirituality will not make a significant explanatory contribution to the relationship between depression and negative life experiences.

H_1 = Spirituality will make a significant and negative explanatory contribution to the relationship between depression and negative life experiences.

Second regression hypothesis:

- The interaction of negative life experience and spirituality further moderates the relationship between depression, negative life experience, and spirituality so that the interaction of negative life experience and spirituality will make a significant additional negative-in-sign contribution to the multiple regression relationship between depression, negative life experience, and spirituality.

H_0 = The interaction of negative life experience and spirituality will not make a significant explanatory contribution to the relationship between depression and negative life experiences and spirituality.

H_1 = The interaction of negative life experience and spirituality will make a significant and negative explanatory contribution to the relationship between depression and negative life experiences and spirituality.

Definition of Terms

The three significant variables of this research proposal requiring definition are *spirituality*, *negative life experiences*, and *depression*.

Spirituality is defined as: an individual's efforts to construct a broad sense of personal meaning with an eschatological context (Piedmont, 2001). In other words,

human beings attempt to make sense of their lives and find purpose and meaning in living which leads to the development of a sense of spirituality or spiritual transcendence.

Piedmont defines this as “the capacity of individuals to stand outside of their immediate sense of time and place and view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature (Piedmont, 1999a, p. 988).”

For the purpose of this study, spirituality refers to: a) intrinsic values, meaning/purpose of life that goes beyond one’s immediate senses of time, place, and practice; b) transcendent beliefs/expressions (and the feelings of contentment that result from experiencing these beliefs), and c) spiritual community or connectedness. On the other hand, for this study, religion/religiosity is defined as narrower in focus and represents teaching, practices, and beliefs usually developed in the context of a religious institution or denomination (Westgate, 1996), which arises out of the ground of spirituality.

Negative life experiences are defined as events that are stressors or life change events, such as breakup of a relationship, physical illness or academic difficulties, as self-reported on a Likert-type scale (Sarason, Johnson, Siegel, 1978).

According to Beck, *depression* is defined as a combination of negative thoughts about the self, world, and future. He posited that some depressions are a reaction to negative life experiences (Beck, 1991). The BDI is not meant to be used as an instrument for specifying a clinical diagnosis (i.e., the term *depression* as used in this study is not the same as *clinical depression*.)

CHAPTER II

REVIEW OF RELATED RESEARCH

A number of studies have investigated the negative correlation (greater religion/spirituality correlates with less depression and vice versa) between religion/spirituality and depression. For example, a 1995 survey of 30 psychiatric patients, some with unipolar depression, found that 84% felt spiritual belief had a ameliorative impact on their illness by providing comfort, feelings of being cared for, and not being alone (Lindgren & Coursey, 1995). An extensive review of the quantitative research available on spirituality's potential relevance to physical and emotional health (Larson & Larson, 2003) presented findings that support spirituality's inverse association with depression. A review by McCullough & Larson (as cited in Larson & Larson, 2003) of more than 80 studies published over the last 10 years found religion/spiritual factors generally linked to lower rates of depression. Further, a 2001 study by Baetz, Larson & Macoux of Canadian psychiatric inpatients identified religious factors with significant positive impact on reducing depressive symptoms (as cited in Larson & Larson, 2003).

It has been suggested that spirituality may reduce vulnerability to depression through various psychosocial mechanisms, such as appraisal of life events (Smith, 2003). For those individuals who believe in a power greater than themselves and that there is a purpose to events that occur (albeit positive or negative), negative life experiences may be perceived as less stressful or less threatening. Therefore, those individuals may experience fewer depressive symptoms as a result of their more positive appraisal of life events (Pargament, 1997).

In a meta-analysis conducted on the association between religiosity and depressive symptoms, the correlation found was a mild negative, indicating that greater religiousness is mildly associated with fewer symptoms at the bivariate level (Smith et al, 2003). It appeared to apply across different gender, ethnic, and age groups. One significant finding of the meta-analysis was that studies with intrinsic religiousness had stronger negative correlation with symptoms of depression than studies with measures of religious attitudes and beliefs. Another significant finding was that the association between religiousness and depressive symptoms, although present at all levels of life stress, was notably stronger in situations of higher psychosocial stress, a phenomenon referred to as the buffering effect. This present study explored this buffering effect through correlation analysis of negative life experiences, depression, and spirituality. These findings helped shape this researcher's choice of assessment tools for the present study.

In a study of religiosity and depression in intercollegiate athletes, the significant finding was that only intrinsic religiosity was negatively associated with affective symptoms of depression (Storch et al, 2002), which is consistent with the findings of the meta-analysis discussed above. The "organizational" and "non-organizational" dimensions also assessed were not found to be significantly associated with depression. The Storch study concluded that an individual's intrinsic religiosity may provide a sense of hope and security that mitigates against the effect of distressing events. It also may serve as a buffering agent against sadness and depressive symptoms.

An understanding of the distinction between the terms intrinsic, organizational, and non-organizational religiosity is critically important to this present study. Intrinsic religiosity is defined as "the degree to which one integrates his/her religiousness into

their life” (Koenig et al, 1997). In Storch’s study, a sample question from the intrinsic religiosity five point Likert scale is “In my life, I experience the presence of the Divine.” The assessment questions for intrinsic religiosity in the Storch study are parallel to the questions used in ASPIRES, which seeks to assess for spirituality. Therefore, the findings pertaining to links between intrinsic religiosity and depression in the available literature are significant to this study.

Despite the existence of studies such as those mentioned above, in general, the psychology field has traditionally neglected a consideration of the role of spirituality and religion in its research and practice. Although such neglect is slowly changing, there are still few professional training programs in psychology that address and integrate religion and spiritual issues (Westgate, 1996). Several reasons for developing a training program for therapists in spirituality include the following: the DSM now includes spirituality and religious problems as an area of psychological concern, the therapist’s reaction to a client’s spiritual beliefs can affect the therapeutic relationship, and being able to assess for spirituality in the initial intake conveys the message to the client that spirituality is a significant aspect of their mental health to be discussed.

On a positive note, in reviewing the empirical literature, this researcher did find an increase in quantitative studies relating to the relevance of spirituality and religion to mental health in the last fifteen years (Larson, 2003). As these studies proliferate, the issue of distinguishing spirituality from religion and measuring ‘pure’ spirituality becomes more pressing. Even if one were to be able to provide a clear distinction between spirituality and religion, there continues to be no consensus in the field on what exactly constitutes spirituality and hence, how to best measure it.

There continues to be much confusion over the definitions of and differences between *religion* and *spirituality*, and this has made understanding their distinctive healing effects more difficult. Often the two are confounded, and it is not well understood that all religions are founded upon spiritual experience. Spirituality is the foundation stone upon which the structures — religions — are created. Too often, the structure (or religion) is mistaken for spirituality and this has resulted in little research on the relationship between the “pure” spirituality that lies at the base of religion and depression. In fact, few psychometrically sound measurements have been created for documenting the multidimensional construct of spirituality alone.

Throughout history, the term religion has referred to both an individual and institutional construct. More recently, the term spirituality has been used more and more to represent something distinct from religion, which lies at its base. Nevertheless, according to Hill and Pargament, the current tendency to polarize religion as rigid, institutional, doctrinal, authoritarian and inhibiting expression and spirituality as individual, subjective, emotional, inward, unsystematic expression has served to confound the issue. Their concern is that supposedly new measures “developed under the rubric of spirituality may in fact represent old wine in new wineskins” (Hill, Pargament, 2003) and have not adequately distinguished spirituality from religion. Therefore, how one defines spirituality and consequently, what instrumentation is used, is critically

important to any valid research project purporting to investigate the relationship between spirituality and something else (such as depression).

Since the majority of studies have focused on the relationship between psychopathology and religious beliefs and practices as opposed to the different aspects of spirituality in mental illness (Lindgren, 1995), this project will contribute to the existing body of research by focusing specifically on the heretofore-neglected relationship of the more basic entity, spirituality, and psychopathology. Bateson estimated that research in spirituality is approximately 30 years behind what is occurring in the field of psychology in general (as cited in Piedmont, 2001).

Because spirituality is not the same as religiousness, instrumentation for measuring spirituality needs to be devised and validated. The currently available instruments for spirituality are fewer in number, less well developed, less comprehensive, and not as well defined as researchers would like them to be. The instrument used for this study, ASPIRES (Assessment of Spirituality and Religious Sentiments), formerly Spiritual Transcendence Scale, was evaluated for its utility as a psychometrically sound measure. This measure is grounded in a trait-based taxonomy—viewing spirituality as a motivational trait; a nonspecific affective force that drives, directs, and selects behaviors (Piedmont, 2001). This concept of spirituality is substantively different from that of traditional religion and it points to an individual's internal motivational dynamics and experience rather than their external behavior. Piedmont defines spirituality as an individual's efforts to construct a broad sense of personal meaning within an eschatological context. Piedmont's research evaluating the reliability and validity of this scale also supported the theory that spiritually meaningful experience transcends gender differences. As a result, this researcher did not include gender as a variable in the current study.

In Piedmont's work, a strong correlation was found between all facets of spirituality and Agreeableness, Satisfaction with Life, and Hope scales; all indicators that support the positive contribution of spirituality to overall functioning. The aspect of Connectedness correlated positively with Openness, Prosocial Orientation, and Universality, which suggests a relationship with positive sociability. The Connectedness scale showed no correlation with religiosity scales, which led Piedmont to conclude that it may tap an aspect of spirituality that transcends links to specific denominational or instructional belief (Piedmont, 2004). This finding provided this researcher with more evidence pointing to the validity of investigating the impact of spirituality (as opposed to religion) on depression.

The research studied for this project demonstrates the negative correlation between spirituality and depression. The study of this type of correlation is still in its infancy, when compared to other quantitative studies relating to depression. There continues to be inconsistency in the measurement of spirituality versus religion and its relationship to the measures of depression. As the study of the relevance of spirituality to psychotherapy becomes more accepted in the field of psychology and the assessment tools become more refined, training programs will need to reflect this dimension as an integral part of assessment.

CHAPTER III
METHODOLOGY

Subjects

The participants in the study will be 60 clients presenting at one of two pastoral counseling centers: Interfaith Counseling Center in Providence, RI and Assabet Valley Pastoral Counseling Center in Westborough, Mass.

Design

All new clients were asked to participate in this research that required the completion of three instruments: the Beck Depression Inventory-Second Edition (BDI-I), the Life Experiences Scale (LES), and the ASPIRES (Assessment of Spirituality and Religious Sentiments). This occurred during the initial intake session. Clinicians explained the nature of the study to the clients. Participation was voluntary. Written informed consent was obtained. Exclusion criteria were established in order to increase the reliability and validity of the results. Thus the exclusion criteria imposed by this researcher included the following: another major psychiatric illness, alcohol or drug abuse or dependence, medical illnesses or physical disability severely affecting the subject's cognitive function. A demographics and screening questionnaire (designed by the researcher) was completed by the clinician administering the instruments to each subject.

Instrumentation

Measure of depression: The Beck Depression Inventory (BDI) was first developed in 1961 and is one of the most widely accepted instruments for assessing the severity of depression. The BDI-II has been evaluated for its high reliability (coefficient alpha of .92), test-retest correlation of .093 (Beck, 1996) and validity. It measures the severity of depression in adults and adolescents aged 13 and older with 21 self-report items rated from 0 (weakest presence of symptoms) to 3 (strongest presence of symptoms). The Second Edition was developed in 1994 to reflect current diagnostic definitions of depression. Content validity for the BDI-II was developed to assess the depressive symptoms listed as criteria for depressive disorders in the DSM-IV (Young, et al, 2000). The BDI-II is user-friendly and easy to administer and score. It requires between 5 and 10 minutes to complete. These were all factors in this researcher's decision to use the BDI-II. The fact that the clients were asked to complete three instruments made the ease of use and time required to complete instruments significant. The summary score of the BDI-II is used for this study.

Measure of spirituality: ASPIRES is comprised of two major dimensions of numinous functioning: Religious Sentiments (RS) and Spiritual Transcendence (ST). For the purposes of this study, only the Spiritual Transcendence dimension was used. As explained earlier, the purpose of this study was to assess for the impact of spirituality as opposed to religiousness. The three facet scales to the ST are *Prayer Fulfillment* (the ability to create a personal space that enables one to feel a positive connection to some large reality), *Universality* (the belief in a larger meaning and purpose to life), and

Connectedness (feelings of belonging and responsibility to a larger human reality that cuts across generations and groups) (Piedmont, 2005). These facets have been shown to represent aspects of the individual independent of the personality dimensions of the Five-Factor Model of Personality (FFM). Piedmont uses the FFM as the only existing (as of 2001) empirically-based, comprehensive taxonomy of individual differences. It contains what are said to provide a complete description of personality through the dimensions of Neuroticism (degree of emotional stability), Extraversion (the interest in social activities and people), Openness (the ability to respond to a wide range of emotions and to see patterns in complex stimuli), Agreeableness (the capacity to care for and respond to the needs of others), and Conscientiousness (the degree to which one considers others when making decisions) (Piedmont, 2001). Piedmont's research questions whether spirituality is in fact a sixth dimension of personality (separate from those delineated in the Five Factor Model) (Piedmont, 1999a).

Piedmont's three facet scales have also been demonstrated to provide predictive validity over and above the FFM in explaining interpersonal style, coping ability, sexual attitude, psychological maturity, and well-being. For the purposes of this study, all of the above are significant, but primarily the coping ability and sense of well being, as they relate to the severity of depression. Positioning spirituality as a trait-based construct, ST can be related to current psychological paradigms and its non-religious elements make it appropriate for all individuals, regardless of religious faith tradition or cultural background (Piedmont et al., 2004). A study done by Piedmont and Leach (Piedmont, 2002) using the Spiritual Transcendence Scale (predecessor to revised ASPIRES) in India

demonstrated that when administered to a group of Hindus, Christians, and Muslims, results showed structural validity of the scale and predictive validity independent of personality factors, consistent with U.S. (Christian) samples.

Items are answered on a Likert-type scale ranging from 1 (strongly agree) to 5 (strongly disagree). Piedmont (1999a) has shown these scales to have acceptable reliabilities for both the self-report (.83, .87, and .64 for Universality, Prayer fulfillment, and Connectedness, respectively) and peer versions (.91, .87, and .72, respectively). Scores on these scales have also been shown to predict a variety of related spiritual constructs and a number of psychologically salient outcomes (e.g. stress experience, well-being, psychological maturity, and attitudes toward sexuality) (Piedmont, 1999a, 2001).

For the purposes of this study, a composite score of the Spiritual Transcendence (ST) dimension was used. This includes the three facet scales described above (Prayer Fulfillment, Universality, and Connectedness). The strength of the ASPIRES scale will allow the analysis of spirituality and depression (using the BDI-II) to generate correlation data.

A number of spirituality assessment scales were evaluated for the purposes of this study. They ranged from having three to ten dimensions. Most of them intermixed spirituality with religious dimensions (which are not part of this study) in a way that made it impossible to separate the two. Although ASPIRES (Assessment of Spirituality and Religious Sentiments), the chosen instrument for this study, included a religion scale, it was separate from the spirituality scale and thus could be omitted. One scale, Sense of Symbolic Immortality Scale (SSIS), measured one's inner realization of death's

inevitability as a way of deriving meaning in life. For this researcher, this was too narrow a definition of spirituality to be used in this study. Another scale, Self-Transcendence Scale (STS) was eliminated due to the low number of items (15) from which the determination of spirituality was made. A third scale, Spiritual Assessment Inventory (Hall & Edwards, 2002) was eliminated due to its specifically Christian religious dimension that could not be segregated and thus made it not broad enough for the targeted research sample group (see the range of religions represented by the group above).

Measure of negative life experience: The Life Experiences Survey (LES) was developed by Sarason, Johnson, and Siegel (1978) as a measure of the impact on individuals of both positive and negative life events. The LES consists of 60 items ranked on a 7-point Likert-type scale from 1 (extremely negative) to 7 (extremely positive) that have occurred to the individual within the past six months. For the purposes of this study, only the negative events were tracked. These were determined by any items with a response of a 1, 2, or 3. Reliability test-retest studies resulted in a reliability coefficient for the negative change score of .56 ($p < .001$) and .88 ($p < .001$). In another study, 100 students were administered the LES and the State-Trait Anxiety Inventory. Results showed that the negative change scores correlated significantly and in a positive direction with state and trait anxiety (Sarason et al, 1978).

One concern of this researcher was whether responses to the Life Experiences Survey would be influenced by the mood state of the respondent, in this case, depression. In other words, would a depressive mood cause individuals to assess life experiences in a

predominately negative way thus confounding the relationship between negative life experience and subsequent depression. In a study by Siegel, Johnson, and Sarason (1978), this issue was explored. The results suggested that the significant correlations between the LES and depression did not result from the effects of the depressive mood state upon responding to the survey. This led them to conclude that indeed a causal relationship exists between negative events and depression, and that individuals who experience negative life experiences are likely to report depression as an effect of those experiences. In the study, subjects were randomly assigned to one of the following conditions: neutral, elation, or depression after taking the LES. The researchers induced a transient state of elation and depression in the subjects (through an affect induction procedure developed by Velten). Subjects were then given the LES a second time. The results showed that these mood states had no effect on the number of life changes reported or on any of the LES scores.

CHAPTER IV

STATISTICAL FINDINGS

Description of Sample

The participants in the study consisted of 60 clients presenting at one of two pastoral counseling centers: Interfaith Counseling Center in Providence, RI and Assabet Valley Pastoral Counseling Center in Westborough, Mass. Of the 60 individuals who initially participated in the study, 9 were eliminated for incomplete or inconsistent responses on the questionnaires. The research sample consisted of Caucasian, Hispanic and Black individuals, with education ranging from a high school diploma to a PhD. The ages ranged from 16 to 86 years, with a mean of 44.9 and standard deviation of 16.17. Their occupations included massage therapists, psychotherapists, census bureau workers, research analysts, accountants, factory workers, waitresses, artists, and teachers. Their spirituality ranged from a variety of Christian denominations (Catholics, Baptists, Lutherans, other Christian) to Muslims, Atheists, Native Americans, Mormons, and Jewish.

Exclusion criteria included the following: another major psychiatric illness, alcohol or drug abuse or dependence, medical illnesses or physical disability severely affecting the subject's cognitive function.

Results of the statistical analyses of research data for 51 subjects follow. (Note again that all data terms in the equations below begin with a Z to indicate that all measures were converted to standard score form.)

Correlation Data

The **correlation hypotheses** calculate the magnitude, sign (positive or negative), and significance of the co-relation between:

- Depression (ZDEP) and negative life experiences (ZNLE)
- Depression (ZDEP) and spirituality (ZSP)
- Negative life experience (ZNLE) and spirituality (ZSP)
- Depression (ZDEP) and the interaction of negative life experiences and spirituality (ZNLExSP)

Findings for the four correlation hypotheses:

Table of Four Correlation Analyses

Analyzing the correlations between (1) depression (DEP) and negative life experiences (NLE), (2) depression and spirituality (SP), (3) negative life experiences and spirituality, and (4) depression with the interaction of negative life experiences and spirituality.

	DEP	NLE	SP	NLExSP
DEP	1	.46**	-.21*	.44**
NLE		1	.08*	—
SP			1	—

All scores used are standard score form
 DEP = summary score for BDI-II
 NLE = summary score for LES
 SP = SP dimension score for SPIRES
 * non-significant relationship $p > .05$
 ** $p < .001$

First: Depression (ZDEP) and negative life experiences (ZNLE)

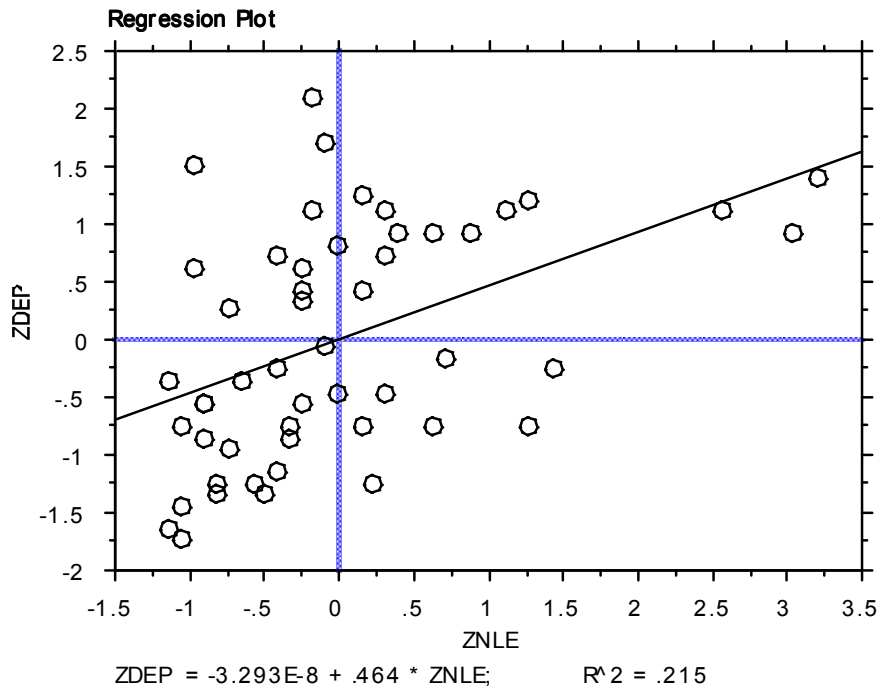
Simple Linear Regression/Correlation Analysis — ZDEP with ZNLE

Linear $y = a + b*x$ ZDEP = $-3.293 \times 10^{-8} + 0.4641 * ZNLE$

Parameter	Coefficient	Std Error	t-Value	Prob
Constant (A)	-3.293×10^{-8}	0.1253	-0	1
ZNLE (B)	0.4641	0.1265	3.6673	0.0003

Unadjusted r^2	=	0.2154	Regression ANOVA F	=	13.4488
Correlation Coef	=	0.4641	1-Tailed Prob p	=	0.0003
Degrees of Freedom	=	1 And 49			

Summary: ($r = .46$, $p = .05$)



From the statistical data it is evident that a one-tailed significant moderate positive relationship ($r = + 0.4641$, $p = 0.0003$) exists between depression and negative life experience so that H_0 can be rejected and H_1 fully accepted as written. The data support the hypothesis that there is a positive correlation between depression and negative life experience.

Second: Depression (ZDEP) and spirituality (ZSP)

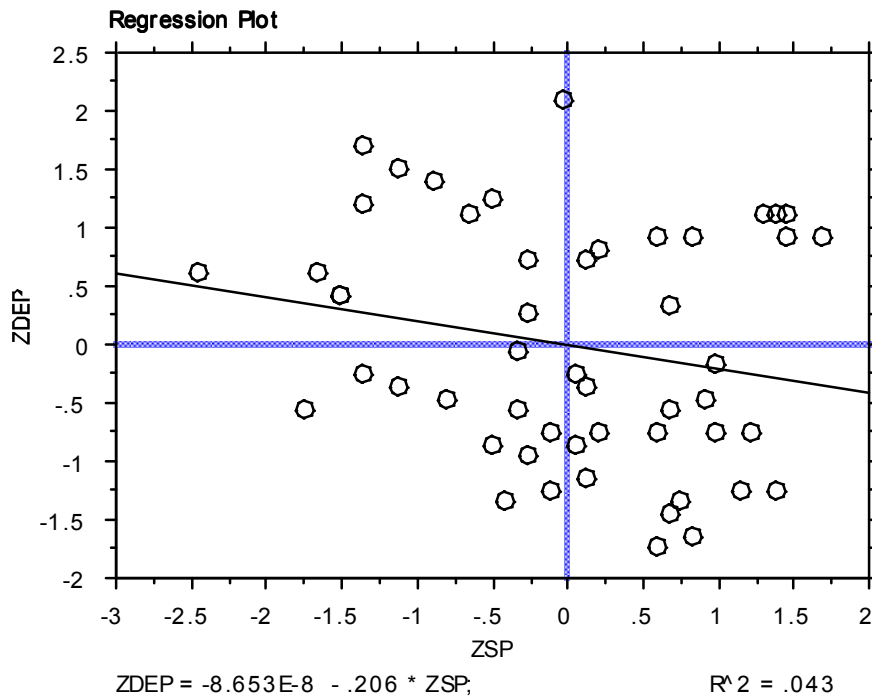
Simple Linear Regression/Correlation Analysis — ZDEP with ZSP

Linear $y = a + b*x$ $ZDEP = -8.653 \times 10^{-8} + -0.2065 * ZSP$

Parameter	Coefficient	Std Error	t-Value	Prob
Constant (A)	-8.653×10^{-8}	0.1384	-0	1
ZSP (B)	-0.2065	0.1398	-1.477	0.073

Unadjusted r^2	=	0.0426	Regression ANOVA F	=	2.1815
Correlation Coef	=	-0.2065	1-Tailed Prob p	=	0.073
Degrees of Freedom	=	1 and 49			

Summary: ($\underline{r} = -.21$, $\underline{P} > .05$)



From the statistical data, as predicted, there is a negative relationship but it is not significant. The data shows a one-tailed moderate negative relationship ($r = -0.2065$, $p = 0.073$) between depression and spirituality but H_0 cannot be rejected and H_1 cannot be fully accepted as written. The data do not support the hypothesis that there is a significant negative correlation between depression and spirituality.

Third: Negative Life Experiences (ZNLE) and spirituality (ZSP)

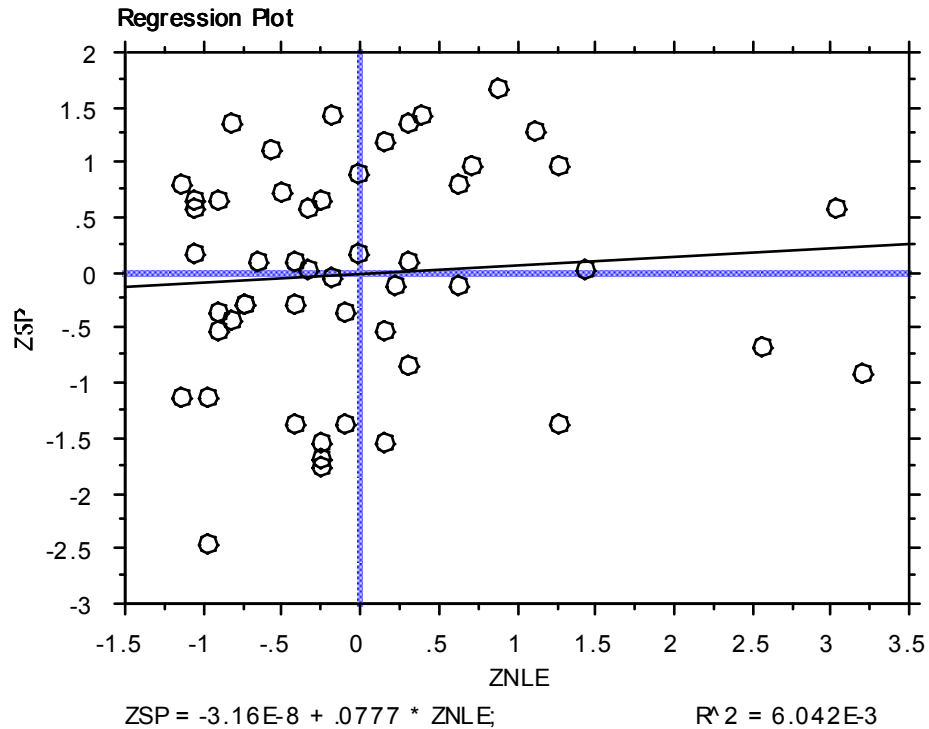
Simple Linear Regression/Correlation Analysis — ZSP with ZNLE

Linear $y = a + b*x$ $ZSP = -3.16 \times 10^{-8} + 0.0777 * ZNLE$

Parameter	Coefficient	Std Error	t-Value	Prob
Constant (A)	-3.16×10^{-8}	0.1398	-0	1
ZNLE (B)	+0.0777	0.1398	0.55	0.2935

Unadjusted r^2 = 0.00604 Regression ANOVA F = 0.3
 Correlation Coef = +0.0777 1-Tailed Prob p = 0.2935
 Degrees of Freedom = 1 and 49

Summary: ($\alpha = .08$, $\beta = .05$)



From the statistical data, it is evident that a near-zero correlation ($r = 0.0777$) exists between spirituality and negative life experience so that H_0 can be rejected and H_1 accepted as written. The data support the hypothesis that there is little correlation between spirituality (ZSP) and negative life experience (ZNLE).

Fourth: Depression (ZDEP) and the interaction of negative life experiences and spirituality (ZNLExSP)

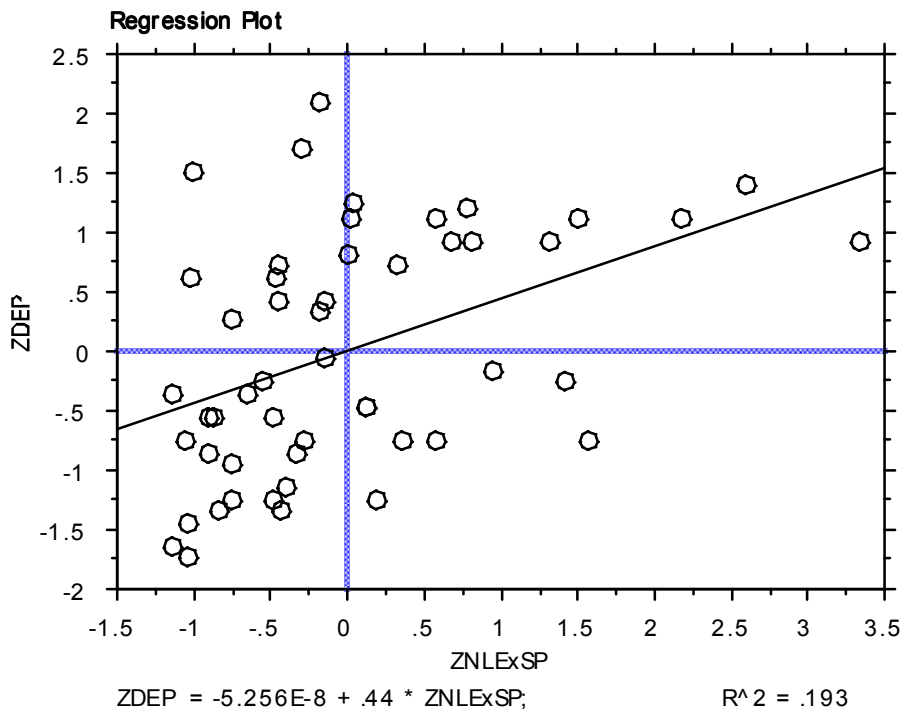
Simple Linear Regression/Correlation Analysis — ZDEP with ZNLExSP

Linear $y = a + b*x$ ZDEP = $-5.256 \times 10^{-8} + 0.4399 * ZNLExSP$

Parameter	Coefficient	Std Error	t-Value	Prob
Constant (A)	-5.256×10^{-8}	0.127	- 0	1
ZNLExSP (B)	0.4399	0.1285	3.4286	0.0006

Unadjusted r^2 = 0.1935 Regression ANOVA F = 11.755
 Correlation Coef = 0.4399 1-Tailed Prob p = 0.0006
 Degrees of Freedom = 1 And 49

Summary: ($r = .44$, $P \bullet .05$)



From the statistical data, it is evident that a one-tailed significant positive relationship ($r = +0.4399$, $p = 0.0006$) exists between depression and the interaction of negative life experience and spirituality that, as hypothesized, is less positive ($0.4399 < 0.4641$) than the correlation between depression and negative life experience. Therefore,

H_0 can be rejected and H_1 can be accepted as written. The data support the hypothesis that the interaction of negative life experiences and spirituality has a greater effect on depression than negative life experiences taken alone.

Regression Data

The two **regression hypotheses** calculate the additional explanatory contribution (to include direction via positive or negative sign of the coefficient) and significance of each of the following to the statistical modeling of depression:

- Spirituality (significant negative contribution) when it is added to the simple linear regression between depression and negative life experience. This addition results in an expression where spirituality and negative life experiences are the predictor variables and depression is the dependent variable.
- The interaction of negative life experiences and spirituality (significant negative contribution) when it is added to the multiple linear regression of depression onto negative life experiences and spirituality. This results in an expression where negative life experiences, spirituality and the interaction of the negative life experiences and spirituality are the predictor variables and depression is the dependent variable.

Findings regarding the two regression hypotheses:

First: The contribution of spirituality (ZSP) when added to the simple linear regression between depression (ZDEP) and negative life experience.

Multiple Linear Regression Analysis: ZDEP onto ZNLE and ZSP

Multiple Correlation Summary		
	Multiple R	R-Square
Unadjusted	0.524	0.2746
Adjusted	0.4943	0.2443

Std Error of Estimate = 0.8693 Sample Size = 51 F = 9.0821

<u>Ind Var</u>	<u>B Coef</u>	<u>Std Err (B)</u>	<u>Prob</u>
ZNLE	0.483	0.1233	0.0003
ZSP	-0.244	0.1233	0.05

ANOVA for the Regression

	<u>Sum Squares</u>	<u>DF</u>	<u>Mean Squares</u>	<u>F-Ratio</u>	<u>Prob</u>
Regression	13.7267	2	6.8633	9.0821	0.0005
Residual	36.2733	48	0.7557		
Total	50	50	1		

Summary: $F(2,48) = 9.08$, $P < .05$

In order to determine whether spirituality (ZSP) adds a significant degree of explanatory power to the simple linear regression between depression (ZDEP) and negative life experience (ZNLE), the following F value and degrees of freedom must be computed (from Kerlinger, 1973, p. 70):

Summary: $F(1,48) = 3.92$, $P < .05$ (computed by Microsoft Excel, using F distributive function)

$F = 3.9173$ at 1 and 48 degrees of freedom is significant ($p = 0.05$), so that it is evident that spirituality makes a significant additional contribution to the simple linear regression of depression onto negative life experience. Negative life experience and spirituality taken together are able to significantly explain depression with negative life experience having a positive contribution to depression and spirituality having a negative contribution as hypothesized. Both coefficients are significant ($p = 0.0003$ for ZNLE and $p = 0.05$ for ZSP) and the overall multiple linear regression relationship has an F of 9.0821 at 2 and 48 degrees of freedom which yields a probability of $p = 0.0005$. Further, as hypothesized, the contribution of negative life experience (ZNLE) to depression (ZDEP) is positive (multiple regression coefficient = + 0.483) and the contribution of

spirituality (SP) to depression is negative (multiple regression coefficient = - 0.244).

Thus, H_0 can be rejected and H_1 can be fully accepted as written.

Second: The contribution of the interaction of negative life experience and spirituality when added to the multiple linear regression of depression upon negative life experiences and spirituality.

Multiple Linear Regression Analysis: ZDEP onto ZNLE, ZSP, and ZNLExSP

Multiple Correlation Summary

	Unadjusted	Multiple R	R-Square
	Adjusted	0.558	0.3113
		0.5171	0.2674
Std Error of Estimate = 0.8559		Size = 51	F = 7.0826

<u>Ind Var</u>	<u>B Coef</u>	<u>Std Err (B)</u>	<u>Prob</u>
ZNLE	-1.0367	0.9666	0.289
ZSP	-0.4921	0.1981	0.0166
ZNLExSP	1.5706	0.991	0.1197
Constant	43.2191		

ANOVA for the Regression

	<u>Sum Squares</u>	<u>DF</u>	<u>Mean Squares</u>	<u>F-Ratio</u>	<u>Prob</u>
Regression	15.5666	3	5.1889	7.0826	0.0005
Residual	34.4334	47	0.7326		
Total	50.00	50	1		

Summary: $F(3,47) = 7.08, P < .05$

In order to determine whether the interaction of negative life experience and spirituality adds a significant degree of explanatory power to the multiple linear regression of depression onto negative life experience and spirituality, the following F value and degrees of freedom must be computed:

Summary: $F(1,47) = 2.51, P = 0.12 > .05$

$F = 2.505$ at 1 and 47 degrees of freedom is not significant ($p = 0.12$), so that it is evident that interaction of negative life experience and spirituality (ZNLExSP) does not make a

significant additional contribution to the multiple linear regression of depression (ZDEP) onto negative life experience (ZNLE) and spirituality (ZSP).

CHAPTER V

SUMMARY OF THE STUDY

Discussion of Findings

Correlation hypotheses: Data regarding the first correlation hypothesis relating depression and negative life experiences showed there is a significant positive relationship ($r = 0.46$, $p < .001$) directly following what was hypothesized. This supports the intuitive connection that postulates that within six months of having negative life experiences, a subjective experience of depression follows.

A significant negative relationship was not found to exist between depression and spirituality ($r = -0.2065$, $p > .05$) contrary to theoretical reasoning and the second correlation hypothesis. The fact that they are negatively correlated appears to support the idea that an active spirituality (which includes universality, connectedness, and prayer fulfillment, as assessed by ASPIRES) ameliorates depression. A more robust relationship cannot be proven without further research, but the presence of a moderately substantial relationship tends to support that an active personal spirituality possibly reduces (relieves, heals) depression.

Data regarding the third correlation hypothesis exploring the relationship between negative life experiences and spirituality resulted in an extremely low correlation suggesting there is little or no relation between negative life experience and spirituality ($r = 0.078$, $p > .05$). The very slight positive correlation between spirituality and negative life experience could suggest that negative life experience may move individuals toward

spirituality. However, a clear causal relationship cannot be made without a pre- and post-negative life experience measure of spirituality (see Implications for Further Study).

The fourth correlation hypothesis explored the interaction of negative life experiences and spirituality on depression as modeled by a mathematical product of the two measures resulting in a strong positive relationship ($r = .44$, $p < .001$). It was hypothesized that the interaction of negative life experiences and spirituality would result in a less positive correlation than negative life experiences alone as a predictor of depression, thus serving as a moderating or buffering agent. The data did not show as significant a change as this researcher had expected. However, the data did suggest that this mathematical product model for the interaction of negative life experience and spirituality shows that spirituality reduces the positive correlation between depression and negative life experiences by 5% [compare $r = .4399$ for the correlation of the interaction of negative life experience and spirituality with depression to the $r = .4641$ for the correlation of negative life experience alone and depression].

Multiple linear regression hypotheses: In order to test whether additional predictive power could be obtained for the key correlation relationships, two planned multiple linear regression hypotheses were evaluated.

In the first multiple linear regression relationship, the data showed that spirituality made a significant additional contribution to the explanatory power of the simple linear regression of depression onto negative life experiences with $F(1,48) = 3.92$, $p < .05$. This is the central finding of this research. It shows that a mathematically additive model representing the moderating effect of spirituality on depression (which appears to be

affected by negative life experiences) is significant. This suggests that when an individual has had negative life experiences and is experiencing the subsequent depression, their having a spiritual life will reduce that depression and benefit their sense of well-being. Taken together, this linear model for depression as a function of negative life experience and spirituality indicates that negative life experiences are likely to be the cause of depression (or to increase it if it already exists) and that personal spirituality will act to reduce and/or ameliorate that depression.

The second multiple linear regression hypothesis sought to explore any additional explanatory power as a result of adding the interaction of negative life experiences and spirituality to the multiple linear regression of depression upon negative life experiences and spirituality explored in the first multiple linear regression relationship. The second multiple linear regression did not add significant explanatory power to the first multiple linear regression relationship with $F(1,47) = 2.51, p > .05$.

Even though the second multiple regression relationship data show that negative life experience, spirituality, and the interaction of negative life experience and spirituality taken together significantly ($p = .0005$) explain depression, there are a number of complications to the relationship. First, in this relationship, negative life experience has an opposite-hypothesized sign and direction (negative) and its coefficient is not significant ($p = 0.289$) while spirituality showed the hypothesized sign and direction and its coefficient was significant ($p = 0.0166$). Second, the interaction of negative life experience and spirituality showed a strong opposite-hypothesized (positive) sign and direction, while its magnitude was substantially larger than the coefficient of negative life experience ($1.5706 > -1.0367$). As a result, H_0 cannot be rejected, and H_1 is contraindicated in several ways. Further, as stated above, the data do not show a

significant added explanatory power when the interaction between negative life experience and spirituality is added to the multiple linear regression of depression onto negative life experience and spirituality, and the relationship introduces inexplicable results in that in this relationship the signs of the coefficients of negative life experience and the interaction of negative life experience with spirituality are opposite to or significantly different from the hypothesized values. This appears to be an example of when additional statistical analysis does not add any further explanatory clarity and produces results that have no practical meaning.

Discussion and Implications for Counselors

The most important finding of this study is the moderating effect of spirituality on depression linked to recent (within the last six months of measuring the depression) negative life experiences. Given this finding, it is crucial that counselors be aware of how an individual's spirituality may be a significant resource in their ability to cope with difficult circumstances, deal with resulting depression, and regain health. As this study focused on negative life experiences occurring in the past six months, clinicians doing crisis intervention work would profit from an understanding of the spirituality of their clients. In addition to the therapeutic tools currently available to the clinician, the clinician can explore, support, and utilize the client's spirituality to assist in the healing process.

There is a growing interest in psychospiritual interventions and inclusion of spirituality and religious problems in the DSM-IV-TR (2000). In the 1990s, this category was added to the DSM. The American Psychiatric Association defined a clinical condition associated with spiritual or religious problems as “distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution (APA, 2000, p. 741). “

As a result of the importance of spirituality to one’s psychological health and because this research points to how spirituality reduces the depressive impact of negative life experiences, an understanding of spirituality needs to be part of counselor education. Currently, few educational programs include a spiritual component. The Council for Accreditation of Counseling and Related Educational Programs does not mention spirituality as a component of counselor training (Ingersoll, 1994). Counselor education needs to be developed to include theory and technique that addresses the value of spirituality when working with clients. For over fifty years, within Twelve Step Programs, spirituality has been an integral part of recovery from a wide range of psychological difficulties, yet it has not become an integral part of traditional psychological interventions.

Another reason to educate clinicians about the role of spirituality is that a therapist’s reaction to spiritual beliefs can affect the therapeutic relationship (Lindgren & Coursey, 1995). In their study, two individuals sought new therapists after having their spiritual concerns ignored. Several others felt uncomfortable sharing their spiritual experiences,

with 17% citing their therapists' different religious background or fear of a lack of understanding as the reason for their discomfort. Thirty-seven percent felt they would not be comfortable discussing spiritual matters in therapy. It is important that the counselor be open to whatever type of spirituality the client presents and endorses. A colleague of this researcher spoke of a client going to a new therapist and seeing a large picture of Jesus on the therapist's wall. The client was immediately turned off and felt her particular spirituality (which did not include Jesus) would not be understood by the therapist. She did not return for a second session. So it is clear that a therapist must be prepared to deal with the interaction of his/her own spirituality and that of the client. At Interfaith Counseling Center, the intake coordinator treads a fine line when handling calls from prospective clients due to the spirituality issue. Some clients are afraid the Center will be espousing a particular type of Christianity (usually fearing fundamentalist pressures), while others are expecting that the Center will espouse one belief system that matches theirs. Often this is why individuals seek out this particular center; they are searching for a safe therapeutic environment in which to discuss their psychological issues in the context of their faith.

In conjunction with training counselors to understand spirituality, an appraisal of spiritual functioning should be part of a client's overall assessment. Westgate (1996) proposes four dimensions of spiritual wellness, including meaning in life, intrinsic values, transcendence, and spiritual community and suggests they provide guidelines for the counselor when assessing client spirituality. The authors further suggest that, as it is the

counselor's ethical obligation to provide competent services to clients, this would include helping them integrate their spirituality in such a way as to produce growth and balance.

With the research findings that religion/spiritual belief is generally negatively correlated to depression and the fact that 82% of Americans surveyed in 1998 Gallup polls acknowledged a personal need for spiritual growth (Miller & Thoresen, 2003), it is important for mental health clinicians to look at this dimension of life in relationship to psychological health.

A serious concern to this researcher is that most of the published studies are generally assessing for religious belief as opposed to spirituality, and this wholly misses the point that spirituality is the deeper and more basic entity upon which religious beliefs, structures, and practices are founded. For the purposes of this study, spirituality and religiosity have been viewed as distinct but overlapping concepts, but an attempt was made to articulate and point more directly to spirituality as the more fundamental entity underlying all forms of religious expression; in other words, transcending limiting beliefs by sects or religious institutions.

As researchers continue to more clearly define dimensions and measures of spirituality that are linked to mental health, they are finding they are in some sense psychospiritual constructs. One can no longer disregard the client's spiritual functioning or spiritual worldview in a clinical setting. As measurement and conceptualization of spirituality continues to become more finely honed, it should become more clear that it is, in fact, the fifth force in psychology, following psychodynamics, behaviorism, humanism, and multiculturalism, adding unique explanatory power to the prediction of mental health (Hill, Pargament, 2003). Stanard, et al (2000), suggest that as such, spirituality is a critical additional asset for sound mental health and effective growth and

development. As mentioned earlier, it has also be posited that spirituality is the sixth trait of personality, distinct from those included in the Five-Factor Model. If this is the case, it behooves clinicians to be as aware of this as they are of the other five: neuroticism, openness, extroversion, conscientiousness, and agreeableness.

Clinicians need to have a broad understanding of the concept of spirituality in order to include an appraisal of the client's spiritual functioning in the assessment process, which will then help inform the creation of an appropriate, holistically conceived treatment plan. By including this dimension in the initial assessment, the clinician conveys the message to the client that spirituality is another significant aspect of their mental health to be discussed in counseling. At Interfaith Counseling Center, the initial intake session includes questions such as "Do you have any spiritual practices? What role does spirituality play in your life? Do you believe in something/force/plan/being greater than yourself? If so, what is your understanding and relationship to this force/being?" "Do these practices help you when you are depressed?" By asking these open-ended questions, the clinician is acknowledging the value of spirituality to doing an assessment, without making any judgments or forcing any beliefs onto the client. The belief system of the client is crucially important to their well-being and ability to appropriately change faulty thinking and consequently, reduce their level of depression. If a client's belief is that God is punishing them and therefore suffering, the clinician must be able to help the client explore the psychological impact of their spiritual beliefs and help them move toward a healthier belief system. This can only be done if the clinician is educated in working with clients in a way that validates their spiritual concerns.

The purpose in training clinicians in an understanding of spirituality is to help clients in a number of ways: to facilitate their discovery and validation of spiritual resources, to teach them ways in which to use these resources during times of stress or depression, to help them clarify their personal belief system and explore ways in which their beliefs may and may not serve to move them toward increased mental health.

Limitations of the Study

Problems with spiritual assessment: Unfortunately, instrumentation used for spirituality assessment is still in the embryonic stages, due to the general lack of study of spirituality by the field of psychology, which often viewed spirituality as reflecting immature and underdeveloped aspects of the self (Ellis, 1980). Overlaps of religion and spirituality make it difficult to tease out the uniquely spiritual aspects—if this is even possible. A number of spiritual assessment tools were evaluated for the purposes of this study. During this work, it became clear there were fewer commonalities serving as benchmarks for what constitute spirituality. Once the traditional institutional indices (i.e., how often one attends church, how often one prays) were removed, there was no longer a universally agreed upon foundation from which to build a psychometrically sound instrument measuring spirituality.

Problems with assessing negative life experiences: This researcher observed that some of her clients' responses on the Life Experiences Survey were more or less extreme than she had expected, which leads to the problem of the subjectivity of this type of survey. Some individuals may be greatly affected by even moderate levels of life change,

whereas relatively high levels may affect others very little. It would be difficult to validate these results through the use of an observer rating form, as is possible with the ASPIRES scale of spirituality.

Type of study: The present study provided a snapshot-at-the-time-of-intake of the relationship of depression to negative life experience and spirituality for individuals coming to a pastoral counseling center. As such it is an inference that the findings demonstrate any degree of causality between the measured variables. A design that would have done pre- and post measures over an extended period of time would more clearly demonstrate any possibility of causality. Thus, the relationship between depression and negative life experience would be much better understood if, for example at the beginning and end of a one year period measures of depression and negative life experience were given. This would allow the changes in depression and negative life experience to be related and would provide a much stronger argument for possible causality. Regarding depression and spirituality, a stronger design might be to compare the change in level of depression in “high” and “low” spirituality clients over the course of a standardized therapy process with pre- and post-therapy measures of depression.

Limited sample size: Another limitation of the study is the size of the sample. Sixty individuals completed the questionnaires, but after reviewing them, nine were eliminated by the researcher for inconsistencies and problems with proper completion of the surveys. This left fifty-one acceptable subjects, but the statistical power of a research project is greatly enhanced by sample size. A larger sample would provide a statistical result in which one would have more confidence because larger N reduces the possibility that the results represent sampling error rather than a real effect. Unfortunately, the sample size

was limited by available time and energy. Still, it is a very positive sign to have significant findings within the limited sample size, and one might argue that only a valid relationship would produce such significance in such a small sample. Ideally, a larger sample size would be helpful, but it is important that the limited sample of this research still produced significant results.

Implications for Further Research

Researchers interested in mental health have traditionally paid little attention to the role of spirituality. Even when it is included in empirical studies, it is usually included as an add-on variable assessed by indices such as church attendance or denominational affiliation. These are limited and limiting indices, as they often are more a measure of religious practices than of spirituality and they do not correlate significantly to one's spirituality as defined earlier in this paper. (See Review of Related Research and Instrumentation sections for further discussion.) In general, continued research is needed to discover, define, articulate, and operationalize the various constructs of spirituality. Once such work has been done, psychospiritual researchers will have the definitions and instruments to provide valid measures of spirituality so that its role in overall wellness can be more precisely determined.

Following the discussion of the limitations of this research, the finding that depression positively (statistically speaking) correlates with negative life experience provides impetus for research that would attempt to get closer to the matter of causality in

this relationship. Thus, as discussed above, it is recommended that the relationship between depression and negative life experience be further researched through a pre- and post-measure design. Thus, one might give measures of depression and negative life experience at the beginning and end of a specific time period so that changes in depression and negative life experience during this period could be related. This would not solve the matter of causality completely, but it would provide a much more plausible argument for it in whatever relationship emerged from the research.

In the same vein, the present research encourages further exploration of the relationship between depression and spirituality. There, various comparison studies could be done. First, two groups of individuals in treatment for depression in an otherwise standardized psychotherapy process but distinguished by their measures of spirituality (a high personal spirituality group and a low personal spirituality group) could be compared for the degree and direction of change in pre- and post-treatment depression measures. Although assuring an “otherwise standardized therapy process” would be difficult (i.e., different clinicians’ use of different techniques or styles), such a comparison would provide a stronger argument for the impact of personal spirituality in whatever changes were observed in depression. A variation on that design could involve whether the treatment itself addressed the spirituality of the client. Here, one might take a “high spirituality” group of individuals and explore the change in depression using pre- and post-therapy measures depending on how much the therapy process itself touched upon the individual’s spirituality. Although there might be some ethical concerns here, one could offer the therapeutic experience free of charge and it would be performed by qualified, competent, and experienced therapists, one group of which would openly

explore or discuss client spirituality and the other would not. This design would point to the impact of discussing spirituality on the therapeutic process and might demonstrate that it resulted in a difference in the degree to which depression was relieved.

Further, one might explore client group differences (“high” and “low” personal spirituality) to determine whether those factors alone would affect the degree of therapeutic change and/or the duration of the therapeutic process. A variation on this general approach would be to look at the level of spirituality in the therapist. Here the impact upon depression, duration of therapy, and even client level of spirituality could be compared between clients served by “high” and “low” personal spirituality therapists. Such research would give a sound reason for integrating an introduction of the topic of spirituality into traditional counseling practice as an important adjunct to cognitive and behavioral approaches.

The fact that the correlation of negative life experiences and spirituality was very slightly positive may inspire additional research—if one has negative life experiences, may this encourage one to seek something outside of oneself, whether it be through institutionalized religion or a more generalized sense of spirituality. It would be interesting to develop research along such lines. When negative events occur to clients seen at Interfaith Counseling Center, they often start questioning “why me?” which often leads to an exploration of an attempt at understanding their world from a larger perspective, which leads into the realm of spirituality—how does one visualize oneself and one’s connection to the world. The question that might be posed is: Is there some sense of universality or are events all random?

The question of how one's spirituality impacts the intensity of the negative life experiences would be another area to research. The current assessment tool uses a Likert-type scale to determine the severity of each experience. This researcher is curious about whether the level of spirituality affects the degree of severity indicated for each negative life experience (i.e., an individual with very high scores on the three facets of ASPIRES may rate their negative life experiences with a less negative number than those with a lower spirituality score.) The number of negative life experiences would most likely not be affected, yet the severity of each is likely to be impacted by one's spirituality.

Another research direction would be to investigate the level of spirituality at different ages and how that influences the intensity of depression. Developmentally, many theorists posit that it isn't until the later stages in the life development cycle that individuals turn to spirituality as a significant aspect of their lives. Transcendence, as a domain of personality, is hypothesized to have a much longer developmental phase than the other five personality domains. As individuals age, the inevitable movement toward death produces a need to search for closing and meaning. As a result, older people have a more developed sense of Transcendence or are spending more time exploring it.

The outcomes of this study certainly encourage us to continue research into the value of spirituality having a moderating effect on depression when one is faced with negative life experiences, and consequently, the importance of improved clinician training in the area of spirituality as it pertains to working with clients. But the study points beyond itself as well, and encourages the further exploration of spirituality itself, the development of sound measures for spirituality, the role of spirituality in the client,

therapist, and client-therapist interaction, and, in general, the role of spirituality in individual well being.

BIBLIOGRAPHY

- American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed, Text Revision). Washington, DC: Author.
- Beck, A. T. (1991). Cognitive therapy: A 30-year retrospective. American Psychologist, 46, 368–375.
- Beck A. T., Steer, R., & Garbin, M. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. Clinical Psychology Review, 8, 77–110.
- Beck, A., Steer, R., & Brown, G. (1996). BDI-II Manual. Boston: Harcourt, Brace & Company.
- Bosworth, H., Park, K., McQuoid, D., Hays, J. & Seffens, D. (2003). The impact of religious practice and religious coping on geriatric depression. International Journal of Geriatric Psychiatry, 18, 905–914.
- Brink, T. L. (1993). Depression and spiritual formation. Studies in Formative Spirituality, 14 (3), 381–394.
- Ellermann, C. & Reed, P. (2001). Self-Transcendence and Depression in Middle-Age Adults. Western Journal of Nursing Research, 23 (7), 698–713.
- Ellis, A. (1980). Psychotherapy and atheistic values: A response to A. E. Bergin's "Psychotherapy and religious issues." Journal of Consulting and Clinical Psychology, 48, 635–639.

Hall, T. W. & Edwards, K. J. (2002). The Spiritual Assessment Inventory: A theistic model and measure for assessing spiritual development. Journal for the Scientific Study of Religion, 41, 341–357.

Hill, P. & Pargament, K. (2003). Advances in the conceptualization and measurement of religion and spirituality. American Psychologist, 58, No. 1, 6474.

Ingersoll, R. E. (1994). Spirituality, religion, and counseling: Dimensions and relationships. Counseling and Values, 38, 98–111.

Kerlinger, F.N., Pedhazur, E. J. (1973). Multiple Regression in Behavioral Research. New York: Holt, Rinehart and Winston, Inc.

Koenig, H. G., Parkerson, G. R., & Meador, K. G. (1997). Religion index for psychiatric research. American Journal of Psychiatry, 153, 885–886.

Larson, D. B. & Larson, S. B. (2003). Spirituality's potential relevance to physical and emotional health: a brief review of quantitative research. Journal of Psychology and Theology, 31, 37–52.

Lindgren, K. N. & Coursey, R. D. (1995). Spirituality and serious mental illness: A two-part study. Psychosocial Rehabilitation Journal, 18 (3), 93–111.

McCrae, R. R. & John, O. P. (1992). An introduction to the five-factor model and its applications. Journal of Personality, 57, 415–433.

Miller, W. R. & Thoresen, C., (2003). Spirituality, religion, and health. American Psychologist, 58, 24–35.

Murphy, P., Ciarrocchi, J., Piedmont, R., Cheston, S. & Peyrot, M. (2000). The relation of religious belief and practices, depression, and hopelessness in persons with clinical depression. Journal of Counseling and Clinical Psychology, 68 (6), 1102–1106.

Pearce, M., Little, T., & Perez, J. (2003). Religiousness and depressive symptoms among adolescents. Journal of Clinical Child and Adolescent Psychology, *32*, (2), 267–276.

Piedmont, R. L. (1999a). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five-factor model. Journal of Personality, *67*, 985–1013.

Piedmont, R. L. (2001). Spiritual transcendence and the scientific study of spirituality. The Journal of Rehabilitation, *67*, 4–14.

Piedmont, R. L. & Leach, M. (2002). Cross-cultural generalizability of the Spiritual Transcendence Scale in India. American Behavioral Scientist, *45*, 1888–1901.

Piedmont, R. L., & French, A. (2004). An evaluation of the reliability and validity of the revised Spiritual Transcendence Scale–Short Form. Presentation at 2004 Mid-Winter Conference on Religion and Spirituality: Columbia, MD.

Piedmont, R. L. (2005). ASPIRES Technical manual. Columbia, MD: Loyola College.

Sarason, I. G., Johnson, J. H., & Siegel, J. M. (1978). Assessing the impact of life changes: Development of the Life Experience Survey. Journal of Consulting and Clinical Psychology, *46*, 932–946.

Schnittker, J. (2001). When is faith enough? The effects of religious involvement on depression. Journal for the Scientific Study of Religion, *40* (3), 393–411.

Smith, T., McCullough, M., Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. Psychological Bulletin, *129* (4), 614–636.

Stanard, R. P., Sandhu, D. S., Painer, L. C. (2000). Assessment of spirituality in counseling. Journal of Counseling & Development, *78*, 204–210.

Westgate, C. E., (1996). Spiritual wellness and depression. Journal of Counseling & Development, 75, 26–36.

Young, J. S., Cashwell, C. S., Shcherbakova, J. (2000). The moderating relationship of spirituality on negative life events and psychological adjustment. Counseling & Values, 45, 49–58.

APPENDICES

Appendix A

Instruction Sheet for Clinicians

Study: The Interaction Effect of Spirituality and
Negative Life Experiences on Depression
Researcher: Hollis Burkhart, LMHC, Rhode Island College
May, 2005

Dear Clinician:

Thank you for agreeing to participate in data collection for my CAGS study. The purpose of this correlational study is to examine the interaction effect of spirituality and negative life experiences on depression. This will be done through analysis of data collected from completion of three instruments by clients: Beck Depression Inventory, Life Experiences Scale, and Assessment of Spirituality and Religious Sentiments.

The clients who are willing to participate should be given the instruments during one of their first three visits to your center. Any client qualifies for this study, with the exceptions listed below.

Screening Questionnaire
(To be completed by clinician administering the instruments)

Participant # _____ Date _____

Clinician: _____

Location: Assabet Valley Pastoral Counseling Center _____
Interfaith Counseling Center _____

Major psychiatric illness present? _____

Alcohol or drug abuse or dependence? _____

Medical illnesses or physical disability that would severely affect the subject's cognitive function? _____

Is client appropriate for this study? _____

Appendix B

Informed Consent Form

For study on interaction of spirituality and negative life experiences on depression
May, 2005

Researcher: Hollis Burkhart, CAGS Student, Rhode Island College
Contact telephone: 774-991-0758

Informed Consent Form

1. I understand that I have been asked to participate in a study of depression, negative life experiences, and spirituality that will involve my completing three surveys one time: the Beck Depression Inventory, The Assessment of Spirituality and Religious Sentiments, and the Life Experiences Survey. The purpose of this study is to determine the buffering value, if any, of one's spiritual beliefs and practices in moderating depression when one is faced with negative life experiences.
2. I understand that my participation in completing the three paper and pen surveys should take less than 30 minutes.
3. I understand there are no foreseeable risks or benefits for my participation, because this is simply an assessment study and not a treatment study.
4. I understand that my responses will be kept confidential and I may request an interpretation of my results once the study is completed.
5. I understand that if I have any questions about the study or if I experience any discomfort and have any concerns that I would like to express, I may contact Dr. Monica Darcy at 401-456-2710, CEP Department, Rhode Island College.
6. I understand that my participation is entirely voluntary and that I may choose to discontinue my participation at any point without penalty to myself. I acknowledge that the contents of this form have been explained to me and that I have been given an opportunity to ask questions. I have been given a copy of this form.
7. My consent to participate in this study shall expire on December 31, 2005.
8. All surveys will be kept in a locked file cabinet at Interfaith Counseling Center until they are destroyed at the end of December, 2005.

_____ I do consent to participate in this research project.

_____ (signature)

_____ (date)