Spiritual Health Education: Restoration of Connectedness with Others, with Nature, and with the Transcendent

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The purpose of this study is to teach students about spiritual health through regular college courses. This study is based upon the hypothesis that spiritual health can be cultivated through restoring a sense of connectedness with others, with nature, and with the transcendent. First, after exploring the construct I developed a scale to assess spiritual health. Second, I proposed an educational programme to foster spiritual health. Third, using this programme and scale, I taught, observed, and evaluated courses in several universities. Finally, based on my analysis of classroom practices, I constructed a model and theory of spiritual health realization. Quantitative and qualitative assessment data revealed the students’ improvement in spiritual health after the class. The students showed their improved awareness of connectedness, gratitude and their sense of responsibility in participating in the wider world. This study suggests the possibility of cultivating spiritual health through regular college courses.

I. INTRODUCTION

Recently, spirituality has been spotlighted among the Japanese general population. Casual spiritual training could cause mental or social problems such as ego inflation (Assagioli, 1989). This dangerous tendency provides a rationale to immature/unhealthy individuals for social withdrawal (Kogo, 2002). Battista addressed the importance of distinguishing healthy and unhealthy spiritual experiences (Battista, 1996). However, theoretical and emotional difficulties exist in differentiating the two. Some transpersonalists emphasize that spiritual emergencies, diagnosed as mental disorders, are ‘regression in the service of transcendence’ (Washburn, 1997; Grof & Grof, 1999). Their claims are often misunderstood as a reaction of traditional psychiatry; some theorists use them to justify treatment of mental disorders as a necessary process. The meaning of healthy spirituality depends on the individual’s culture, religious belief, and value; consequently we must propose some assumptions about spiritual health to clarify the construct.

I have explored ways to cultivate healthy spirituality among Japanese students. Such programmes must be free from the individual’s faith or belief, and foster the fundamental joy of being alive. This study is based on the assumption that spiritual health can be realized at any developmental level, and that spiritual health realization...
sheds light on the complicated physical, mental, and social health problems which must be related somehow to the spiritual dimension of health. This article introduces spiritual health education to help students realize the fundamental joy of being alive through awareness of their holistic connectedness with others, nature, and the transcendent.

This study uses the term 'spiritual health' to refer to the healthy aspect of spirituality which is considered to contribute to physical, mental, and social health. This study is limited to empirical fields such as positive psychology and holistic education.

This paper begins with theoretical explorations of spiritual health, and spiritual health education. Next, it introduces an educational programme to foster spiritual health. Finally, based on an analysis of classroom practices, it proposes a model and theory of spiritual health realization.

II. THEORETICAL BACKGROUND ON SPIRITUAL HEALTH, AND SPIRITUAL HEALTH EDUCATION

A theoretical investigation of spiritual health based on meta-analysis of published articles and an overview of American holistic education were conducted. Based on these studies, a course of spiritual health education was developed.

Definitions of Spiritual Health

Definitions of spiritual health depend on their contexts. I specifically examine the area of health promotion, which offers comparatively clear operational definitions and has accumulated a body of empirical research on spiritual health.

The World Health Organization (WHO)'s proposal to include a spiritual dimension in the definition of health is well known (WHO, 1998). This narrow definition would define spiritual health as a fourth dimension of health. On the other hand, medical practitioners often use the term 'spiritual health' almost synonymously with holistic health. They might notice the phenomena by which spiritual matters are reflected in physical, mental, and social dimensions. Hawks' meta-analysis of studies reviewing spiritual health concludes that spiritual health emphasizes meaning or purpose and connectedness (Hawks et al., 1995). Connectedness appears to be the key word in his definition.

Spiritual Health Education

The American 'Holistic Education' movement of the late '70s sought to infuse education with a spiritual dimension grounded in Western philosophy but extending to Eastern thought (Nakagawa, 2000). Spirituality was translated into Japanese as 'reisei', which carries an occult image and sounds dangerous to ordinary people, despite its original use by Taisetsu Suzuki (Suzuki, 1968). Most Japanese people considered the spiritual dimension to be religious or mysterious, and therefore unsuitable for secular education. Some Japanese who emphasize 'Japanese spirituality' had difficulty in detaching themselves from their own cultural and religious backgrounds. Other Japanese educators seeking a trans-cultural spirituality found the concept 'spirituality' difficult to translate into Japanese language and contexts.

Miller (1988) calls authenticity the most important factor in holistic education.
with a spiritual perspective, and considers spirituality in education to refer to connectedness with others, nature, and the transcendent. Yoshida holds that holistic approaches overcome cultural exclusivity from two directions: global/ecological and spiritual/aesthetic (Yoshida, 1999). Based on Yoshida's holistic education model, I developed a model of spiritual health as a balanced realization of interconnectedness with others, nature, and the transcendent. Through these studies, I propose that the purpose of spiritual health education is to help students to realize the fundamental joy of being alive through an increased awareness of connectedness with others, nature, and the transcendent.

III. DEVELOPMENT OF THE SCALE

A scale was originally produced for evaluation of spiritual health education at Japanese universities.

The items of the scale were designed to assess aspects of practical behaviour, attitude, and sense that contribute to spiritual health. They were selected not to be confused with mystical experiences nor related to any specific religious faith. I collected the items of this scale mainly from Assagioli’s clinical checklists of psychosynthesis (Assagioli, 1971), drawing also on Nakamura’s Self-Transcendence Scale (Nakamura, 1998). I also explored other spirituality scales in English, such as the Spiritual Well-Being Scale (Ellison, 1983), and the Daily Spiritual Experience Scale (Underwood et al., 2002). Regarding mature personality traits, which overlap spirituality, I selected some items from descriptions of mature personality and relationships by Maslow (Maslow, 1971).

After several pilot administrations, I derived a 63-item Psychosynthesis Test. The Psychosynthesis Test consisted of seven domains such as Assagioli’s main concepts (the act of will and joy), spirituality-related personality maturity (self-esteem, openness and honesty), and connectedness (existential, and with others).

Exploratory factor analysis empirically identified the concepts in the Psychosynthesis Test. Three factors were derived and compared with the original seven domains. The first factor is named ‘will,’ which has a directive function. Will is a personality trait that selects a positive direction for decision and conduct. Will works according to the fulfillment of the individual's maximum function, not only for oneself, but for a greater whole beyond the self. A representative line item reads, ‘I will do what I feel is right even if I am the only one’. The second factor is named ‘joy.’ Joy is limited neither to fleeting emotions nor to subjective happiness as a response to external situations, but refers to a thankful attitude spontaneously emerging within as a fundamental joy of being alive. This includes a deep sense of inner strength: ‘When there are negative feelings such as anxiety and depression, I can shake them off and aim my energy on positive things’. The third factor is ‘awareness,’ especially of connectedness, which is a basis of spiritual health. An example of this item is ‘I feel humbled by the hugeness of nature and the universe’. From these three factors, a 27 item short version (SP-TEST) was constructed using items having loading values greater than 0.40.

Spiritual health types were classified by scores on each category of the SP-TEST. The highs and lows of each category combine to constitute eight types. For example, if a type exhibits a high score in awareness and will, but a low score in joy, it might be labeled ethical spiritual health. The naming of these spiritual health types specifically implicates on their positive educational effects. All types are considered to be, in a dynamic process, classifiable neither in levels nor stages.

The SP-TEST produced a coefficient $\alpha$ of 0.82, indicating good internal consistency.
The domains of awareness, will, and joy also showed good consistency reliability. The test-retest correlation for the total SP-TEST was 0.82, and among domains, a high correlation was also found (Ozaki, 2005).

IV. EDUCATIONAL PRACTICE

A Course of Spiritual Health Education

A course of spiritual health education can be performed in a non-judgmental classroom context by selecting materials to expand and deepen students’ awareness of spiritual connectedness. Three educational and psychotherapeutic programmes offer students knowledge and experiences to enhance their integrity and interconnectedness: Cosmology Education (Okano, 2002), Psychosynthesis (Assagioli, 1965), and the Life Skills Education Programme (WHO, 1994).

Cosmology Education provides students with a knowledge of Buddhist philosophy and contemporary science to restore their sense of connectedness with others and nature. Psychosynthesis uses guided imagery and ‘acts of will’ to explore spiritual connections between a personal self and a higher transpersonal self. The Life Skills Education Programme connects knowledge, attitudes, and values with action. The role of the Life Skills Education Programme in the spiritual health education curriculum is to translate students’ inner changes into self-motivated daily behaviours. These three materials have been integrated to foster the connectedness among various learning experiences, such as cognitive/theoretical vs. behavioural/practical and scientific/intellectual vs. artistic/emotional. As a whole, the combined materials collectively correspond to the various spiritual health types. For example, cognitive and behavioural approaches from the Life Skills Education Programme are useful to foster the will factor of spiritual health. For joy, artistic and body-focused work, and for awareness, scientific explanations from Cosmology Education with image work from Psychosynthesis seem effective.

A private university in the Tokyo area employed me to conduct a three-hour-per-week one-semester psychology course for non-psychology majors. Among the 68 students who had enrolled in the spring semester of 2007, 65 students (30 women and 35 men; mean age 19.8 years) completed the course. Five undergraduates and one graduate student volunteered as teaching assistants. Each class session began with a short lecture, followed by icebreaking and/or relaxation techniques. Next, individual or paired activities involving meditation, writing, body work, and dialogue were concluded. Then small group discussions preceded group presentations to the whole class.

V. ASSESSMENT

Assessment of the Students’ Spiritual Health Realization

The SP-TEST was administered before and after the course to assess changes in students’ spiritual health. At the end of each class, all students filled out comment sheets. At the end of the course, all submitted progress reports, being told that it would not affect their grades. At the end of the term, eight students volunteered for
half-hour-long semi-structured individual interviews with the lecturer, which were observed by the graduate assistant.

The quantitative and qualitative data showed the students' improvement in spiritual health after the course. The average of their SP-TEST total score improved significantly (from 96.2 to 101.5, \( p<0.001; \) t-test) after the course.

The students' comment sheets showed improved connectedness with others, nature, and the transcendent. They most enjoyed the role play of the assertive training sessions from the Life Skills Education Programme. They reported to have been shocked at first by this new concept of assertiveness. Most of the students believed that non-assertiveness was a good attitude for good relations. However after examining several cases in a role play, they realized the importance of authenticity for healthy relationships. After demonstrating their assertive attitudes in front of the class with will and courage, they found that they could express their own thoughts and feelings in a sincere manner to others. A cognitive shift occurred through actions.

Secondly, they appreciated the guided cosmology imagery, which was designed to mediate their connectedness with others and nature as a whole. The scientific logical explanations and quiet moments guided them to mysterious feelings of relief, peace, and joy, which some had never experienced before. Of 65 students, 53 (81.5\%) expressed gratitude for feeling this connectedness, and 18 (28.0\%) expressed their sense of responsibility to participate in the greater world. Although the majority of comments were positive, seven students expressed difficulties realizing relational cosmology during the work. The negative reactions were thought to have come from overwhelming awe. They showed resistance to experiencing naturally a deep realization of peace. This was considered a healthy reaction for individuals who were not ready to be exposed to the great unconsciousness. I proposed that intellectual defense against the unconscious was important to protect the personal self, and that any experiences were necessary and suitable for each individual.

Their realization of connectedness and acceptance fostered experiencing the fundamental joy of being alive. Many students' progress reports revealed personality development such as acceptance, openness, and altruism. At the semi-structured interview after the course, two of the eight students reported relief of symptoms of prior mental problems. One student described a detailed history of mental disorders including repeated hospitalization. Without any personal counseling or follow-up, he recovered greatly during the course. He maintained good health and passed the entrance examination to a graduate school. In fact, during the past five years, I have received several similar recovery reports through personal communications with students who have taken my course. Two others commented that the course enabled them to regard previously confusing spiritual experiences as a part of their process of self-realization.

**Assessment of the Programme**

The integration of Cosmology Education, Psychosynthesis, and the Life Skills Education Programme provided a balanced spiritual health education. The lecture, starting from scientific explanation of connectedness, reduced the students' cognitive and emotional defensiveness against spiritual issues. Ice breaking and relaxation techniques opened the students to focus attention on their inner selves and realize their interconnectedness. The non-judgmental atmosphere encouraged students' positive commitments to the work. Group discussion gave them the opportunity to be open and feel mutually connected. The presentations were conducted authentic, which Miller
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considers essential to successful education (Miller, 2000).

The science-based lectures fostered their awareness of their connectedness with nature and others. Activities such as guided image work and body-work fostered their connectedness with the transcendent, which might be called inner and transpersonal selves. They expressed awe in realizing the connectedness. With awareness of this connectedness, the students showed will and joy mediated by a sense of responsibility and gratitude. Will selects the direction to go and joy supplies the energy to move with self-motivation. The functions of will and joy complement each other in realizing spiritual health. Awareness enhances will and joy. In addition, deeper or higher awareness takes place with the enhancement of will and joy. These three factors were observed to work synchronically.

Some undergraduate volunteers became students’ peer models by demonstrating excellent leadership. The TA’s shortcomings arising from lack of experience taught the students to accept her flaws generously, in a similar way to accepting their own weakness. Such episodes show that a non-judgmental atmosphere can generate unexpected living educational material. ‘Being’ has more impact than ‘doing’ in education. Success of spiritual health education owes not only to the materials and the structure of the programme but also to the authenticity of the lecturer, TAs and students all together. The improvisational flexibility of the class leads the authenticity.

Future research is necessary related to pre-screening students for issues requiring professional psychiatric treatment, and on the applicability of this education to other age groups and other cultural groups.

VI. CONCLUSION

This programme of spiritual health education improved students’ awareness of their connectedness with others, nature, and the transcendent. Increased awareness of the transcendent fostered students’ fundamental joy of being alive. The results of this study suggest the possibility of cultivating spiritual health through regular college courses.

Spiritual awakening might not be for everyone, but spiritual health could be achieved at any developmental level with this spiritual health education.

REFERENCES


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