Letter of Intent

Spirituality and Coping in Adolescents: Literature Review and Development of a Draft

Spirituality Protocol

CAAP Final Project Requirement

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Problem Statement

Up until relatively recent history spirituality had been a natural component of health care. In the 17th century spirituality was removed from the healing context within Western psychology as a result of that period’s new dualistic way of regarding the soul and body as separate entities (Ray, 2004). Only in the last few decades has spirituality started making its way back into the arena of health care. Literature indicates that for some people spirituality is directly related to religion, whereas for others spirituality has no relation to religion at all, representing instead a secular search for meaning and purpose in life (Tanyi, 2002). The concept of spirituality has generally come to reflect a more secular ideology that is relevant to everyone, regardless of religious traditions (Smith & McSherry, 2004). This secular definition of spirituality enables counsellors to offer spiritual care to clients with or without religious faith, or regardless of their faith, and it is this broader definition that applies to spirituality in this project.

The re-emergence of spirituality is due to a great extent on counsellors’ reliance on research as a basis for how clients’ issues are perceived, and for the approaches and interventions chosen. Respect for clients’ beliefs has become an increasingly important part of the counselling experience (Kelly, 2004; Tanyi, 2002). An extensive review of literature pertaining to spirituality in health care has shown that addressing more humanitarian needs of the client, including spiritual needs, fosters greater well-being in clients. (Gall et al., 2005; Sawatzky, Ratner, & Chiu, 2005). Review of the literature has also identified that research has not addressed spirituality within the adolescent population despite the fact that adolescents are in a developmental stage of intense spiritual questioning (Callaghan, 2005; Johnson & Hayes, 2003; Smith & McSherry,
This project addresses the gap in the literature. The focus of this project is on exploring the relationship between spirituality and coping in adolescence. A comprehensive literature review will be undertaken and, based on a summary of the review, a draft spirituality protocol for working with adolescents will be developed.

Project Rationale

In Western psychology, research has historically focused on pathology (Seligman, 2000), with the result that counsellors have a great understanding of mental illness but not a lot of knowledge about mental wellness. This focus is changing, however, and the new focus on wellness incorporates a more holistic approach to health care. Spirituality is an important dimension of wellness. Research is finding that the effect that an individual’s view of spirituality has on his or her thinking, and subsequent physical and mental health, is real (Kelly, 2004). Embracing new knowledge and ways of intervening that incorporate clients’ spiritual beliefs into the counselling process may facilitate healing (Swinton, 2001) and is one way that counsellors can begin finding a balance between a focus on pathology and a focus on wellness.

Although spirituality has been proposed as a factor in helping adolescents adapt under extenuating circumstances, few studies have examined the relationship of spirituality to adolescent health (Cotton, Larkin, Hoopes, Cromer, & Rosenthal, 2005). Yet, the National Institute of Mental Health estimates that at any given time 3% to 5% of adolescents are clinically depressed, with many more adolescents reporting feelings of sadness or hopelessness for extended periods of time. Reflecting on the central features of depression (hopelessness, loss of purpose or meaning in life, low self-esteem, and perceived loss of connection with a higher power) one can make a case that these features are indicative of spiritual distress (Swinton,
A better understanding of spirituality and its role in helping adolescents cope could therefore provide counsellors with a means for providing more effective treatment to adolescents in need.

Supporting Literature

A preliminary review of the literature focussed on spirituality within health care and adolescent mental health. Three themes emerged from this review: spirituality’s role in well-being, spirituality as a source of distress, and spirituality’s role in adolescent mental health.

Spirituality and Well-being

An accumulating body of research discusses spirituality’s relationship with health-related outcomes (Gall et al., 2005; Sawatzky et al., 2005). A small but growing body of research indicates that addressing clients’ spiritual needs fosters greater well-being and quality of life (Barnes et al., 2004; Callaghan, 2005; Cotton et al., 2005; Sawatzky et al., 2005). Preliminary results also show that strength of spiritual belief is a better predictor of counselling outcome than is the client’s psychological state (Kelly, 2004; Speck, 2005). Research focused on the practice of meditation has found that meditating can positively influence the experience of chronic illness (Barnes, Davis, Murzynowski, & Treiber, 2004; Bonadonna, 2003; Kabat-Zinn et al., 1992). Findings from these studies show a link between mindfulness meditation programs and reductions in anxiety and depression. Additionally, two main attributes of spirituality, belief in a higher purpose and connectedness, regardless of whether religious or secular in nature, have been identified as contributing to greater peace, hope, and inner strength (Baldacchino & Draper, 2001; Walton, 1999), experiencing deeper meaning of life (Hall, 1998; Rozario, 1997), and psychological and physical well-being. (Brome, Owens, Allen, & Vevaina, 2000; Young, Cashwell, & Shcherbakova, 2000).
Spirituality and Distress

Three main sources of distress in relation to spirituality appear in the literature. One source of distress is a lack of connectedness. A lack of connection to oneself, with a higher purpose or a higher power, or to significant relationships, can lead to estrangement and loneliness (Bellingham, Cohen, Jones, & Spaniol, 1989). A second source of distress occurs when experiences are in conflict with beliefs and values, a common situation among adolescents searching for spiritual answers (Smith & McSherry, 2004). In such circumstances, spiritual awareness may lead to feelings of inner conflict and guilt (Horsburgh, 1997).

The third source of distress occurs in individuals with strong spiritual needs who may experience poorer clinical outcomes when they are not provided with spiritual support (King, Speck, & Thomas, 1999). Poorer clinical outcomes may be due in part to these individuals being hesitant to discuss their spiritual issues because of concerns with how counsellors will respond (Rose, Westefeld, & Ansley, 2001). An additional reason may be that the spiritual needs of clients are simply often overshadowed by other aspects of care (Kelly, 2004).

Spirituality and Adolescence

Despite a high majority of high school students who consider themselves spiritual (Steen, Kachorek, & Peterson, 2003), very little research has focused on spirituality within the adolescent population. One study investigated the relationships between adolescents’ spiritual growth and their belief in their ability to engage in self-care behaviours (Callaghan, 2005). Results from this study found a significant positive relationship between spiritual growth and adolescent self-care. A separate study of high school students by Cotton et al. (2005) found that having a higher religious, existential, and spiritual well-being correlated with significantly fewer depressive symptoms.
Literature on stages of development indicate that the period of adolescence is a normal time for questioning one’s beliefs and values, and that confusion about beliefs is a natural and age-appropriate developmental occurrence (Callaghan, 2005; Johnson & Hayes, 2003; Smith & McSherry, 2004). Adolescents’ spiritual development is thought to parallel their cognitive development (Fowler, 1981; Ratcliff, 1985). According to Fowler, adolescents are in a period of development in which they are becoming increasingly aware of spiritual disappointments as they question established religious standards, and are becoming increasingly sceptical as they continue searching for answers to unanswered questions. Lyon, Townsend-Akpan, and Thompson (2001) suggest that an adolescent’s search for a moral compass often results in the adolescent facing an identity crisis. Adolescents can perhaps avoid an identity crisis if they are provided with spiritual support (Judith, 2004).

Methods and Procedures

This final project begins with a comprehensive review of the literature in two primary areas: the identification of key spiritual constructs, and adolescent mental health. The review will be completed through use of electronic databases such as Academic Search Premier, MEDLINE, PsycINFO, CINAHL, EMBASE, ERIC, PsycBOOKS, Journals@Ovid, PsycARTICLES, Psychology and Behavioral Sciences Collection, and Child Development and Adolescent Studies, and through use of university and public libraries. An example of keywords searched include spirituality, religion, beliefs, transpersonal psychology, meditation, adolescents, youth, mental health, mental illness, and coping.

An initial search of the literature has shown that spirituality in health care is a relatively new focus for research in Western psychology. Particularly with regard to the adolescent population, few studies have been conducted. Spirituality, however, has been a focus of Eastern
spirituality for centuries. Review of the literature will include both Western and Eastern research with particular attention to intervention implications and recommendations. The literature will be summarized to identify and define important elements related to spirituality and adolescents. Results from this review will form the basis for the draft spirituality protocol for adolescents. The draft protocol will be designed as a guide for counsellors working with adolescents and will focus on recognition of spiritual issues and implementation of spiritual interventions.

Implications

This project aims to provide a comprehensive understanding of spirituality and its role in adolescent coping. The literature review will augment the understanding of spirituality and provide information to counsellors that will help them become more spiritually aware. Spiritually-aware counsellors will be better able to incorporate spiritual interventions into counselling as appropriate and will be more likely to utilize spirituality as a resource in helping adolescents cope with the challenges they face in life.

The draft protocol will provide counsellors with a means for making more informed and meaningful intervention choices when working with adolescents.

It is expected that this final project will also stimulate research that further explores spirituality in health care. In particular, any themes or gaps in the literature that emerge through the literature review can provide a focus for further research.
References


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