Winding Road: Preliminary support for a spiritually integrated intervention addressing college students' spiritual struggles

Carmen K. Oemig Dworsky, Kenneth I. Pargament, Meryl Reist Gibbel, Elizabeth J. Krumrei, Carol Ann Faigin, Maria R. Gear Haugen, Kavita M. Desai, Shauna K. Lauricella, Quinten Lynn, Heidi L. Warner

Bowling Green State University

Author Note

All authors listed above shared the following institutional and departmental affiliation at the time that the study was conducted: Bowling Green State University, Department of Psychology.

Correspondence concerning this article should be addressed to Carmen K. Oemig Dworsky Department of Psychology, Bowling Green State University, E. Merry Street, Bowling Green, OH, 43403, ckoemig@bgsu.edu.

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Abstract

Research and theory identify the college years as a period likely to evoke spiritual questions, tensions, and conflicts. At the same time, students frequently report that they have few resources for engaging these struggles. This paper describes the rationale, development, and initial evaluation of "Winding Road," a novel, spiritually-integrated intervention designed to address spiritual struggles in a religiously diverse college student sample. Data from this small, open-trial study offer preliminary evidence that a university-supported program to address difficulties in the spiritual lives of college students is valuable and feasible, and can be effective in improving psychological and spiritual outcomes. Application of Winding Road to other target risk populations, such as individuals facing other potentially difficult life-transitions (e.g., illness, post-deployment) is also discussed.

Key words: spiritual struggle, psychospiritual, spiritually integrated therapy, college, spiritual resources

Winding Road: Preliminary Support for a Spiritually Integrated Intervention Addressing College Students' Spiritual Struggles

In recent years, researchers have illuminated the positive aspects of spirituality (e.g., Koenig, King, & Carson, 2012). Drawing on this literature, practitioners have begun to help clients draw on religious and spiritual resources in therapy to address psychological distress (Aten & Leach, 2009; Richards, & Bergin, 2000; Sperry & Shafranske, 2005). There is, however, a darker side of spirituality (Magyar-Russell & Pargament, 2006). Spirituality can also be a source of problems, as illustrated by the phenomenon of spiritual struggles - questions, tensions, and conflict about religious and spiritual issues that arise around God, interpersonal relationships, and within oneself (Pargament, Murray-Swank, Magyar, & Ano, 2005). Spiritual struggles such as these are not uncommon (Nielson, 1998). In the past decade, the negative mental and physical health consequences of spiritual struggles have been documented in numerous studies across diverse populations. As yet, however, researchers and practitioners, with a few exceptions (e.g, Murray-Swank & Pargament, 2005; Tarakewshwar, Pearce, & Sikkema, 2005), have not examined how they might help clients address spiritual struggles within the context of therapy.

The current study was developed in response to growing awareness of a need for theoretically-grounded and empirically-supported treatment protocols in this area (Pargament & Saunders, 2007). This paper describes the rationale, theoretical background, and initial evaluation of "Winding Road," a novel, spiritually-integrated intervention designed to address spiritual struggles. The target for this intervention was college students. Contrary to popular view, many college students encounter spiritual struggles. Moreover, these struggles have significant implications for students' health and well-being. While the topic of spiritual struggles

may arise occasionally within psychotherapy and certainly in the work of campus ministers, we were unable to identify any systematic program to help college students respond effectively to spiritual struggles. The current study then represents the first effort to design and evaluate the effectiveness of a systematic program, Winding Road, for college students facing spiritual struggles.

Defining Spirituality and Spiritual Struggles

Spirituality has been defined as a search for the sacred (Pargament, 1997). While people strive toward any number of values or sources of significance, Pargament (2007) emphasizes that, "for many people the sacred is the focal point of their striving, the object of significance that lends order and coherence to all other goals" (p.55). Over time, people develop preferences for particular sacred goals as well as preferences for particular spiritual pathways, traditional or non-traditional, for realizing their sacred goals. For example, a couple seeking to maintain their marital vows held by them as sacred may look to scripture and a supportive faith community to reinforce this path. These goals and pathways offer a relatively stable orienting framework for living. An individual's spiritual framework of beliefs and practices tends to be quite resilient, even in the face of potentially destabilizing traumas and transitions. Nonetheless, there are times when people find themselves shaken not only psychologically, socially, and physically, but spiritually as well (Pargament, 1997).

Spiritual struggles emerge when people encounter situations that challenge or threaten their most basic spiritual beliefs, practices and strivings (Exline & Rose, 2005; Pargament et al., 2005). When fundamental beliefs are shattered or spiritual pathways are blocked, the spiritual framework that once guided and sustained the search for the sacred may itself be called into question, or even abandoned (Pargament, 2007). Periods of spiritual conflict and disorientation

such as these have been termed *spiritual struggles*. Three types of spiritual struggles have been distinguished: intrapersonal, interpersonal, and divine (Exline, in press; Pargament et al., 2005). Intrapersonal spiritual struggles refer to conflicts and questions surrounding one's own spiritual and religious beliefs, values, or actions. These internal struggles frequently involve doubt about matters of faith or guilt about inconsistencies between beliefs and practices. By contrast, interpersonal spiritual struggles include spiritual or religious conflicts arising in the context of important relationships (e.g., family, friends, and spiritual community). Finally, expressions of divine spiritual struggle are marked by questions, conflict, or disruption in one's relationship to the divine or sacred, such as feeling angry at, punished or abandoned by God (Exline, in press; Pargament et al., 2005). While it can be helpful to distinguish among these basic forms of spiritual struggle, an individual may experience different types of spiritual struggle at the same time, or may experience changes in the nature of her/his struggles over time. For example, conflict with members of one's spiritual community may begin as an interpersonal struggle marked by anger, but may evolve to include intrapersonal struggle in the form of self-doubt about matters of faith, which may lead in turn to divine struggle including fears of ultimately being punished by God. Regardless of their form, all spiritual struggles represent an attempt "to conserve or transform a spiritual or religious framework that has been threatened or harmed" (Pargament et al., 2005, p.247). Thus, all spiritual struggles signal a spirituality – a search for the sacred – that is under tension.

Implications of Spiritual Struggles for Mental Health and Physical Health

Struggling with matters of faith, purpose, and connection with the divine are not uncommon. For example, sixty-five percent of an adult sample reported experiencing some form of religious conflict in their lives (Nielson, 1998). Moreover, spiritual struggles are consistently

associated with a variety of negative mental health consequences. Two meta-analyses have demonstrated significant links between spiritual struggles and depression (Smith, McCullough, & Poll, 2003) as well as a variety of other indicators of poor mental health (e.g., anger, negative mood, guilt, anxiety; Ano & Vasconcelles, 2006). Both cross-sectional and longitudinal studies have tied spiritual struggles to psychological distress among people in the general population (e.g., Ellison & Lee, 2010; McConnell, Pargament, Ellison, & Flannelly, 2006), people facing physical illness (e.g., Exline, in press; Exline, Park, Smyth, & Carey, 2011; Hebert, Zdaniuk, Schulz, & Scheier, 2009; Park, Wortmann, & Edmondson, 2011), and people with serious psychological disorders (e.g., Phillips & Stein, 2007; Trenholm, Trent, & Compton, 1998). Spiritual struggles have also been associated with psychological distress among community members coping with diverse major life stressors (e.g., Harris, et al., 2008; Krumrei, Mahoney, & Pargament, 2009; Pargament, Smith, Koenig, & Perez, 1998; Pearce, Singer, & Prigerson, 2006).

Several studies have shown significant relationships between spiritual struggles and indicators of poorer physical health, including declines in the immune system (e.g., Ai et al., 2009; Trevino et a., 2010), poorer physical functioning in medical patients (Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999; Sherman et al., 2009), and even increased risk of mortality in medically ill older adults (Pargament, Koenig, Tarakeshwar, & Hahn, 2001).

Although the majority of this research has involved largely Christian samples from the United States, spiritual struggles have also been associated with poorer health and well-being in studies of Jews (Rosmarin, Pargament, & Flannelly, 2009), Muslims (Raiya, Pargament, Mahoney & Stein, 2008), and Hindus (Tarakeshwar, Pargament, & Mahoney, 2003). Similar links have been reported among samples in other countries as well, including cancer patients in

Canada (Gall,Kristjansson, Charbonneau & Florack, 2009), Germany (Zwingmann et al., 2006), Australia (Boscaglia, Clarke, Jobling & Quinn, 2005), and the United Kingdom (Thune-Boyle et al., 2011). Finally, it should be noted that one study identified forms of spiritual struggle among American Buddhists (Phillips, Cheng, Pargament, Oemig et al., 2009), and another review of 14 studies documented various types of religious and spiritual distress among religious nonbelievers (Webber, Pargament, Kunik, Lomax, & Stanley, 2012). Thus, the concept of spiritual struggle may be applicable to diverse forms of religious and spiritual expression across diverse socio-cultural contexts.

It is important to add that, while spiritual struggles are clearly a source of acute and longer-term distress, many who struggle may ultimately find a way to transform themselves and grow through their periods of spiritual tension and conflict (Hall, 1986). In this vein, Fowler (1981) writes that, though periods of struggle may be painful and disorienting, they set the stage for faith development. A few empirical studies have in fact shown significant correlations between spiritual struggles and reports of post-traumatic growth (e.g., Pargament et al., 1998; Pargament, Koenig, & Perez, 2000; Profitt, Calhoun, Tedeschi, & Cann, 2003). Thus, it appears that spiritual struggles may be associated with *both* growth and decline

In his theory of spirituality, Pargament (2007) challenges the notion that spiritual struggles are indicative of immaturity or pathology. Instead, he describes spiritual struggles as a natural, normal and expected part of the search for the sacred. They are, he suggests, a "fork in the road," one that can lead to decline or growth. Whether spiritual struggles lead to growth or decline depends on the degree to which the individual has a well-integrated spirituality.

Spiritual Integration

An integrated spirituality is defined not by a specific spiritual belief or practice, but by the degree to which the individual's spiritual pathways and sacred goals work in harmony with each other (Pargament, 2007). More specifically, the well-integrated spirituality is marked by a sacred goal that can provide the individual with a powerful guiding vision for living. It is also characterized by broad and deep pathways that are responsive to life's situations, nurtured by the larger social context, and capable of flexibility and continuity. Conversely, a poorly integrated spirituality tends to be excessively rigid, narrow, and undifferentiated (i.e., lacking in depth and nuance). Spiritual frameworks of this kind leave people less equipped to effectively cope with struggles in ways that maintain or re-establish a connection to spiritual strivings (Pargament, 2007). For example, in a two-year longitudinal study of medically ill older adults, only those patients who reported chronic spiritual struggles experienced declines in quality of life, depressed mood, and functional status; shorter-term and acute strugglers did not (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). In essence, they appeared to "get stuck" in their spiritual struggles.

Several resources can be helpful in assisting those mired in spiritual struggle to move toward a broader, deeper and more integrated spirituality – a spirituality that can accommodate the struggle and propel the individual toward greater meaning and significance. Toward this end, authors of the growing literature on spiritually-sensitive clinical practice recommend providing opportunities to articulate and explore spiritual questions and doubts, normalize spiritual struggles and reduce associated stigma, access social support, broaden concepts of God and the sacred, promote greater acceptance and forgiveness in the face of uncontrollable events, cultivate spiritual resources, broaden religious coping, provide opportunities to clarify spiritual values, and identify life paths consistent with spiritual goals and values (Exline & Rose, 2005; Pargament,

2007). These resources ultimately support the individual's ability to anticipate, face, and respond flexibly to spiritual conflicts.

Spiritually Integrated Therapies

Spiritually integrated approaches to psychotherapy have received growing research attention in the last decade. While most of these interventions encourage people to access their religious and spiritual resources, some target the spiritual struggles of specific clinical populations. For example, there are now manualized psycho-spiritual interventions for addiction and HIV risk behavior (Avants, Beitel, & Margolin, 2005), social anxiety disorder (McCorkle, Bohn, Hughes, & Kim, 2005), sexual abuse trauma (Murray-Swank & Pargament, 2005), medical illnesses (Cole, 2005; Tarakeshwar, Pearce, & Sikkema, 2005), and eating disorders (Richards, Barrett, Hardman, & Eggett, 2006). A few interventions target spiritual struggles as an obstacle to a particular spiritual goal, such as being more forgiving (Rye & Pargament, 2002) or virtuous (Ano, 2005). Taken together, spiritually integrated therapy interventions have generally yielded promising results (Smith, Bartz & Richards, 2007). However, no previous spiritually integrated interventions have addressed the full-range of spiritual struggles specific to college students.

Spiritual Struggles among College Students

As Astin (2004) has noted, the college years are commonly regarded as a period of spiritual and religious quiescence, perhaps because religious participation declines in the late teens and early 20s (Gallup & Lindsay, 1999). However, the college years are also a period of "emerging adulthood" (cf. Arnett, 2000) when many student are exploring their own identities in the domains of love, work, and beliefs. Erikson (1965) has articulated the central challenge of this period -- to develop a distinctive personal identity. Religiousness and spirituality can play

vital roles in fostering or impeding this developmental task. For example, in their review of 75 studies involving adolescents and emerging adults, Yonker, Schnabelrauch, and deHaan (2012) found that measures of religiousness and spirituality were significantly associated with indices of risk behavior, depression, well-being, self-esteem and the personality measures of conscientiousness, agreeableness, and openness.

In the process of developing their own identities, many emerging adults raise critical questions about the religious beliefs and practices of their parents, and the teachings of their religious institutions (Arnett & Jensen, 2002). Thus, this time of transition and differentiation is particularly ripe for spiritual tensions and questions. In a survey of over 100,000 freshmen from more than 200 colleges and universities across the United States, forty-eight percent of students described themselves as "doubting," "seeking," or "conflicted" in their views of spiritual or religious matters (Astin, Astin, & Lindholm, 2004). For many, the transition to college involves a shift away from the family and other social structures that maintain familiar and perhaps relatively unquestioned views and values, just as students are facing the challenges and diverse choices of adulthood.

For some students, concerns related to spiritual and religious matters become sources of spiritual struggle and, ultimately, psychological distress. In a large sample of students from 39 colleges and universities, 44% reported experiencing at least "a little bit" of distress related to spiritual or religious concerns, and 26% indicated feeling considerable distress around these matters (Johnson & Hayes 2003). Additional research has identified a number of negative outcomes associated with the experience of spiritual struggles during the college years. In a three-year longitudinal examination of students attending 46 colleges and universities, Bryant and Astin (2008) found that students facing spiritual struggles reported increased psychological

distress, poorer physical health, and lower self-esteem in comparison to those who were not struggling. In other college samples, greater spiritual struggles have been linked to higher levels of depression, anxiety, and even suicidality (Exline, Yali, & Lobel, 1999; Exline, Yali & Sanderson 2000; Pargament, Zinnbauer, Scott, Butter et al., 1998). Additionally, spiritual struggles have been identified as a risk factor for a range of addictive behaviors (e.g., gambling, drugs, cigarettes, eating disorders) in freshman college students (Faigin & Pargament, 2008).

While much of the research points to the deleterious consequences of spiritual struggles, developmental theorists note that periods of transition and crisis ("shipwrecks," cf. Parks, 2000) in adolescence and young adulthood can provide critically important challenges that spur growth and change (Parks, 2000). In a qualitative study of 10 college students experiencing spiritual struggles, Rockenbach, Walker, and Luzader (2012) found that the "bright side" of this painful time occurred not while they were caught up in the struggle itself, but when they were able to step back, reflect on, and make meaning out of the struggle. Similarly, Desai (2006) studied spiritual struggles in college undergraduates, and reported that 'finding meaning' in the struggle was uniquely associated with both spiritual growth and posttraumatic growth, as well as with the resolution of the spiritual struggle.

Parks (2000) identified qualities of supportive environments that may facilitate growth through struggles. She emphasized the importance of providing opportunities to explore difficulties within an atmosphere that offers a balance between challenge and stability. Similarly, Astin (2004) argued that the college campus harbors a rich fund of *potential* resources to facilitate safe and, perhaps, exceptional passage through periods of spiritual struggle. In a longitudinal study by Bryant and Astin (2008), access to spiritual resources (e.g., contemplative practice, campus religious affiliation, and faculty support of spirituality) did not promote

spiritual growth among those who were struggling; however, it did seem to insulate them from experiencing the spiritual losses identified by others who lacked such resources. In another study, Oman and colleagues (2007) facilitated growth in the form of expanded non-materialistic aspirations through a meditation training program that included spiritual modeling (Oman, Shapiro, Thoresen, Flinders, et al., 2007). However, students in the Oman et al. meditation study were not necessarily experiencing spiritual struggles. The possibility of salutary effects of spiritual growth following spiritual struggle among college students remains an understudied area. The link between spiritual struggles, particularly prolonged periods of spiritual struggle, and negative health and mental health consequences is much clearer. Unfortunately, in most institutions of higher learning, the spiritual lives of college students go unaddressed.

Most colleges and universities hesitate to engage the spiritual lives of students; perhaps because they are concerned that this might overstep their boundaries as institutions of higher learning. Nevertheless, it is apparent that students expect to gain more than just career skills and intellectual stimulation from their schools. Two-thirds of the 100,000 freshman in Astin, Astin, and Lindholm's (2004) survey felt that their college institutions should provide opportunities to enhance self-understanding and develop personal values. Further, nearly half felt it "essential" or "very important" that college encourage their personal expression of spirituality. Still, only a small percentage of students reported that their campus or faculty was accepting or encouraging of their exploration of spirituality (Lindholm, Astin & Astin, 2006).

Current Study

Although psychologists have begun to integrate the spiritual dimension more fully into treatment, little attention has been paid to the spiritual struggles clients bring to counseling. This study represents one of the first systematic efforts to address the spiritual struggles of clients and

evaluate the impact of this kind of program on college students. The college years is a period likely to evoke spiritual questioning; at the same time, students frequently report that they have few resources for meaningfully engaging these questions —an invitation to spiritual struggles and associated risks. The current study was designed to provide an initial evaluation of the effectiveness of a spiritually integrated intervention for addressing the spiritual struggles of college students. We hypothesized that participants in the program would report significant improvements on the spiritual and psychological outcome measures.

Method

Program Development

The Winding Road is a nine-week, spiritually integrated, group-based intervention grounded in Pargament's (2007) model of spirituality. It is not affiliated with a particular religion and does not provide students with theological information. The goals of the intervention were to: (a) enhance acceptance of spiritual questions, doubts and conflicts; (b) facilitate willingness to articulate and explore spiritual struggles; (c) reduce stigma associated with spiritual struggles; (d) broaden and deepen conceptualizations of spirituality and of the divine; (e) facilitate greater integration of spirituality into daily life; and (f) increase emotional, behavioral, and spiritual flexibility in the face of spiritual struggles**.** We anticipated that gains in the areas described above would be accompanied by lower levels of psychological distress overall. Finally, it is important to note that the intervention was not designed to push students toward resolution of their spiritual struggles, consistent with our organizing framework that identifies the experience of spiritual struggle as a natural, not pathological, process.

The Winding Road grew out of a review of research and theory related to spiritual struggles and the spiritual development of college students. In addition, feedback from focus

groups with college students was used to guide the content and structure of the program. For example, based on feedback, we decided to make the program educational and experiential and offer the program on-campus, but not in a psychology clinic. Detailed facilitators' manual and participant workbooks (available from the authors) were developed.

The overarching conceptualization of spirituality as an active process is reflected in the intervention's unifying metaphor likening spirituality to a journey along a winding road. Briefly, the winding road metaphor places spiritual struggles within the broader context of a spiritual path of a traveler who has a history (e.g., spiritual heritage) and future (e.g., spiritual strivings). Within this wider framework of a spiritual journey, participants' concepts of spirituality, the sacred, and the divine broaden as they encounter them in novel ways. New resources for psycho-spiritual self-care (e.g., meditation, visualization) and spiritual coping (e.g., meaning-making, acceptance, forgiveness) are introduced and practiced in the context of pursuing personally chosen spiritual goals. Each session follows the structured facilitators' manual and focuses on a unique theme relevant to facing struggles during one's spiritual journey. Refer to Table 1 for a session-by-session overview of goals and illustrative activities.

Participants

Undergraduate students experiencing spiritual struggles with or without clinically significant levels of psychological distress were recruited from a medium-sized state university in Northwest Ohio through flyers, campus-wide emails and newsletters, the student newspaper, and classroom announcements. The recruiting materials announced a program designed to help students "struggling with issues of God, religion, spirituality, ultimate reality, meaning, purpose, church, guilt, doubt, feeling punished by God, sin, or shame." Inclusion criteria were: age 18 or older; current experience of spiritual struggle; availability and commitment to attend all sessions;

willingness to explore spiritual struggles with people from different religious orientations; and no evidence of thought disorder, suicidality, or an expressed commitment to proselytizing. Twenty-one students completed the online pre-screening. Participants indicated whether they were experiencing tensions, conflicts, or distress about religious or spiritual issues with respect to their beliefs, God, or relationships with others. 12 students were enrolled in the program.

All 12 undergraduates who began the treatment program completed five or more sessions of the nine-week intervention. Participants were Caucasian (n=10) or African American (n = 2), ages 18 to 23 years, largely female (n = 9), and represented diverse religious affiliations including Protestant (n = 5), Wiccan (n = 2), Roman Catholic (n = 2), Atheist (n = 1), Agnostic (n = 1), and 'Not sure' (n = 1). Participants generally described the religious traditions of parents and step-parents as Christian, with the exception of two participants who identified having fathers with atheist or agnostic religious orientations.

Three program participants did not complete the posttreatment assessment measures (n = 2) or had partial data (n = 1), leaving an analytic sample of between 8 and 10 participants for outcome analyses.

Group Leaders

Four advanced Ph. D. graduate students in clinical psychology served as group leaders. Each had received training in spiritually integrated psychotherapy, and each had a minimum of two years of supervised clinical experience in psychotherapy.

Procedure

Students interested in the spiritual struggles intervention completed an on-line prescreening questionnaire that included the Brief Symptom Inventory (Derogotis, 1993) and open-ended questions related to their spiritual struggles developed by the research team. Students

were then scheduled for individual screening interviews with a clinical psychology graduate student to establish eligibility with respect to the inclusion/exclusion criteria.

Two intervention groups of six participants and two facilitators each were established. The groups ran concurrently and received the same manualized intervention delivered in nine weekly sessions, each 90 minutes in length. Sessions were facilitated by advanced doctoral students in clinical psychology with additional training in spiritually integrated psychotherapy, and were supervised by a licensed clinical psychologist. Sessions were audio-taped and weekly group supervision meetings were held to ensure quality of care and treatment integrity. In addition to the on-line prescreening questionnaire and individual screening interviews, participants were assessed within one week of beginning the intervention (pretreatment) and within two weeks of completing the intervention (posttreatment). Both pretreatment and posttreatment assessments included the full complement of measures described below, and were selected to tap into changes specifically linked with the goals of the program.

Students also participated in screening interviews with research team members and exit interviews with a clinical psychology graduate student familiar with the intervention who was not one of their group facilitators. These interviews focused on participants' experiences of spiritual struggles and, posttreatment, their responses to Winding Road. Although formal qualitative analyses were not conducted on these interviews, they were reviewed by the research team to illustrate, clarify, and elaborate on the quantitative findings.

Measures

Demographic and background information.

Participants reported their age, race, gender, personal religious affiliation, religious affiliation of parents, single-item indices of self-rated religiousness and self-rated spirituality, and level of participation in religious and spiritual practices (e.g., church attendance, meditation).

Spiritual outcome measures.

Spiritual struggles. A modified version of the Negative Religious Coping subscale (NRCOPE) of the RCOPE was used to assess spiritual struggles (Pargament et al., 1998). The modified NRCOPE includes 23 items that assess experiences indicative of spiritual struggles. Items reflect the three types of spiritual struggle as follows: Intrapsychic (5 items; e.g., "Questioning the teachings of my faith."), Interpersonal (5 items; e.g., "Being judged by people that I care about because of my religious beliefs."), and Divine (13 items; e.g., "Wondering what I did for God to punish me"). Respondents rate "how much" they experience items using a scale from 1 (*not at all*) to 4 (*a great deal*). In this study, Cronbach's α for the total NRCOPE subscale at pretest was .90. Scores reflect mean item responses, with higher scores indicating greater use of negative religious coping and spiritual struggles.

Positive religious coping. Positive religious coping (POS-RCOPE) was assessed using the seven positive items from the Brief Religious Coping Inventory (RCOPE; Pargament et al., 1998). The items describe religious coping strategies that have been linked to positive health and mental health outcomes. Participants rate the extent to which they use each strategy as a means to "cope with difficult situations or events" using a scale from 1 (*not at all*) to 4 (*a great deal*). Examples of items include "Tried to see how God might be trying to strengthen me in this situation" and "Sought God's love and care." In this study, Cronbach's α at pretest was .90. Scores reflect average item responses, with higher scores indicating greater use of positive religious coping.

God image. Two of the six subscales of the God Image Inventory (GII) developed by Lawrence (1991, as cited by Hall & Sorenson, 1999) were used to gauge participants' affective experiences of God (vs. beliefs about God). The selected subscales assessed the experience of feeling deserving of God's love (Acceptance) and the experience of God as an abiding presence (Presence) and were chosen for their connection to a benevolent spiritual framework (e.g., availability of a benevolent God for support in difficult times; Pargament, 1997). Items are rated from 1 (*strongly disagree*) to 4 (*strongly agree*). Illustrative GII items include, "God's love for me has no strings attached" (Acceptance) and "God never reaches out to me" (Presence; reverse scored). In the present study, Cronbach's α at pretest was .82 for the Acceptance subscale and .94 for the Presence subscale. Scores represent average item responses, with higher subscale scores reflecting more benevolent God images.

Religious compartmentalization. The Religious Compartmentalization scale developed by Weinborn (1999) consists of five items assessing the extent to which participants agree or disagree with statements that reflect religious life as compartmentalized (vs. integrated) from other domains of living. Items are rated from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items include, "I take my religion home with me after I leave church, synagogue, temple" (reverse scored), and "I don't really want to involve my religion in other parts of my life." In the present study, Cronbach's α at pretest was .89. Scores reflect average response to items, with higher scores reflecting greater religious compartmentalization.

Forgiveness. Forgiveness was measured using the Forgiveness subscale of the Brief Multidimensional Measure of Religiousness/Spirituality developed by the Fetzer Institute (Idler et al., 2003). The three-item scale asks participants about the regularity with which they experience forgiveness because of their religious or spiritual beliefs. Each of the three items asks

about a different dimension of forgiveness: knowing God forgives, forgiving oneself, and forgiving others. Each item is rated from 1 (*never*) to 4 (*always or almost always*). In this study, Cronbach's α for the Forgiveness subscale at pretest was .82. Forgiveness scores reflect average responses to the three items, with higher scores indicative of more forgiving experiences.

Behavior-values congruence. Two items were created to assess the degree to which participants perceived that their behavior was consistent with their (a) spiritual values, and (b) personally held religious values the two items take the following form, "To what extent are you living in a manner that is consistent with your [spiritual/religious] values?" and are rated on a ten point scale anchored at 1 (*not at all*) and 10 (*completely*).

Psychological outcome measures.

Struggle-related self-stigma. The Negative Self-Image subscale of the HIV Stigma Scale (Berger, Ferrans, & Lashley, 2001) was adapted to assess for self-stigmatizing attitudes related to spiritual struggles. The words "spiritual struggle" was used in place of "HIV." Example items include, "I work hard to keep my spiritual struggle a secret," and "I feel set apart and isolated from the rest of the world because of my spiritual struggle." The nine-items of the Spiritual Struggles Self-Stigma Scale are rated on a four-point scale indicating degree of agreement from 1 (*strongly disagree*) to 4 (*strongly agree*). In the present study, Cronbach's α at pretest was .80. Scores reflect average item responses, with higher scores indicating more stigmatizing attitudes.

Struggle-related positive and negative affect. Positive and negative affect related to spiritual struggle was assessed using a modified version of the Positive Affect/Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). The PANAS consists of two 10-item subscales, one assessing positive affect (PANAS – Pos) and the other negative affect (PANAS – Neg). For the present study, the PANAS instructions were modified to introduce the list of words

as “feelings and emotions that may be related to your experience of spiritual struggle.” The word list was unaltered. Participants indicated the extent to which they felt each emotion during the prior week using a scale from 1 (*very slightly or not at all*) to 5 (*extremely*). In this study, Cronbach’s α at pretest was .91 for PANAS – Pos and .77 for PANAS – Neg. Scores reflect average item response with higher scores indicating more intense affect.

Struggle-related difficulties with emotion regulation. Three subscales of the Difficulties with Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) were included in this study. The preface to items of the original DERS, “When I’m upset…,” was modified to read, “When I’m upset about my spiritual struggle…,” to evaluate emotion regulation difficulties in the context of spiritual struggle-related distress. Items are rated on a scale from 1 (*almost never*) to 5 (*almost always*). The six-item Impulse Control Difficulties subscale (DERS - Impulse) assesses difficulties maintaining control of undesirable behavior when experiencing negative emotion related to spiritual struggle (e.g., “When I’m upset about my spiritual struggle, I lose control over my behaviors.”). The five-item Difficulties Engaging in Goal-Directed Behavior subscale (DERS - Goals) assesses difficulties maintaining desirable behavior, such as completing tasks when experiencing negative emotion related to spiritual struggle (e.g., “When I’m upset about my spiritual struggle, I have difficulty getting work done.”). Finally, the seven-item Limited Access to Emotion Regulation Strategies subscale (DERS - Strategies) assesses the perception/belief that, once upset about spiritual struggle, there is little one can do to cope effectively with the negative emotions (e.g., “When I’m upset about my spiritual struggle, I believe that I’ll end up feeling very depressed.”). Cronbach’s α at pretest were .81 (Impulse), .85 (Goals), and .78 (Strategies). Higher subscale scores reflect greater difficulties with emotion regulation.

Psychological distress. The Brief Symptom Inventory (BSI; Derogotis, 1993) consists of 53 items designed to assess a broad range of symptoms of psychological distress. Items are rated for intensity on a scale ranging from 0 (*not at all*) to 4 (*extremely*). The BSI may be scored at a global (overall score), or dimensional (subscale score) level. A score of ≥ 63 on the global index or on any two of the dimensions is identified as a clinically significant elevation. Subscale score elevations of ≥ 70 were used to screen individuals with a psychotic disorder or suicidality. Areas with significant score elevations were explored further during clinical interview. The global BSI score, calculated by summing item responses, was used to evaluate changes in level of general psychological distress from pre to post treatment. In the present study, Cronbach α for the global BSI at pretest was .94. Higher scores reflect greater psychological distress.

Results

Comparisons of Posttreatment Assessment Completers and Non-completers

Pretreatment differences between intervention participants who completed the posttreatment assessment (n = 10) and those who did not (n =2) were evaluated using t-tests (for interval data) and Fisher exact tests (for categorical data, transformed to dichotomous variable due to the small sample size). The two groups did not differ significantly on any of the demographic, spiritual, or psychological variables assessed.

Initial Levels of Distress

Participants reported high levels of psychological distress at pretreatment. The mean Brief Symptom Inventory (BSI) score at pretreatment was 75.20 (31.70), well above the clinical threshold of 63 (refer to Table 2). In fact, all but one participant scored above this threshold at pretreatment.

Comments from two participants during screening capture the significant psychological and spiritual burden that these students experienced with respect to their spiritual struggles:

> This struggle has left me feeling hopeless on more than one occasion. It has also made me feel like I am doing everything wrong. This generally happens when something goes bad in my life and I start to feel like God is punishing me for something I've done.

> It's really difficult to be at odds with yourself. Thinking in terms of a dual deity only to feel repulsed by such thoughts immediately afterwards can be really depressing, especially when you find yourself uncomfortable with what you already had [based on family background] for faith…I don't feel like I have the freedom to choose one way or the other…it seems to be a situation damning me to hopelessness.

Another participant voiced the painful experience of personal doubting and questioning that had grown to include fears about divine punishment and social alienation.

> I believe in God, but I am not sure whether I believe in Heaven and Hell. I struggle with how I can believe in one thing and not the other. If there really is an afterlife, I wonder if I am destined for Hell because of how I question life after death…it is something that I worry about a lot. I feel if I were to openly express this, people might accuse me of not believing in God, which leads me to wonder if they are right…I try to avoid it [thinking about this struggle]. This hasn't worked too well; it is always in the back of my mind…I wonder if I am destined to go to Hell...

Treatment Effects

Paired-samples t-tests were used to assess changes in measures of spiritual and psychological well-being from pre- to posttreatment; only data from participants who completed

both assessments were included for analysis (Table 2). The threshold for statistical significance was set at .05, one-tailed for all prediction-driven analyses. Effect sizes (Cohen's *d*) were also calculated by subtracting post-treatment scores from pre-treatment scores and dividing the difference by the standard deviation of the pre-treatment score. The following guidelines were used to interpret effect sizes: small (0.2 or greater), medium (0.5 or greater), and large (0.8 or greater; Cohen, 1988).

Spiritual outcomes. Participants' use of the negative religious coping strategies emblematic of spiritual struggles decreased significantly from pre- to posttreatment (t (9) = 2.87, $p < .001$); however, positive religious coping did not change (t (9) = 1.11, p = .15). Over the course of the intervention, participants reported an increased sense of acceptance from God (t (7) = -2.21, p =.03), but were no more likely to report a sense of God's presence (t (7) = -1.16, p = .14). Behaviorally, participant reports of living in a manner consistent with spiritual values increased significantly (t (8) = -2.14, p = .03), whereas reports of living in a manner consistent with personal religious values remained stable (t (8) = -.36, p = .36). Participants did not manifest significant changes in either forgiveness (t (7) = -.40. p = .35), or the tendency to compartmentalize the religious domain (t (9) = -1.34, p = .11). Effect sizes of statistically significant outcomes in the spiritual domain ranged from small to medium (0.38 to 0.72; See Table 2).

The interviews from the participants suggest that some were able to re-conceptualize their spiritual struggles and place them in a more benevolent light. In the words of one participant:

Before [Winding Road], when I'd be visualizing it [my spiritual struggle], it was this huge plaza with these big wrought iron gates and they were all shut and it was so dark and gloomy. And then by the end it was like these nice friendly plains and it was a lot more freeing.

In addition, participants' described a greater sense of acceptance and benevolence from God from pre- to post-intervention, consistent with the quantitative findings. Comments from two participants demonstrate this change:

> I used to not know what I believed and felt I had to decide…Now I feel like there is a kind, divine force …I don't know if it's a God or whatever, it might be just a force, but I believe that now versus one divine being ruling over everything, it's more like it's everywhere.

> Before I felt I was being punished for certain things and I felt that I wasn't a good enough person for God. Through the discussions [in Winding Road], I realized that God's love is unconditional and I started to display that love and cradle myself in that love.

Psychological outcomes. Participants' reports of self-stigmatization and shame surrounding the experience of spiritual struggles decreased significantly from pre- to posttreatment (t (8) = 3.42, $p < .005$). Negative affect associated with spiritual struggles decreased (t (8) = 1.82, $p = .05$), and positive affect connected with spiritual struggles increased (t (8) = -2.40, $p = .02$). Moreover, participants' level of general psychological distress declined significantly (t (9) = 3.78, $p = .002$). Participants also demonstrated improvements in aspects of emotion regulation in the context of spiritual struggles. Specifically, there were improvements in both impulse control (t (7) = 1.93, $p < .05$) and perceived access to effective strategies for emotion regulation (t (7) = 2.34, $p < .03$) when encountering distress associated with spiritual struggles. However, participants' ability to maintain concentration and accomplish tasks when distressed by spiritual struggles remained unchanged (t (7) = .80, $p = .23$).

Effect sizes of statistically significant outcomes in the psychological domain ranged from medium to large (0.58 to 1.17; See Table 2). The largest effect size (1.17) was observed in pre- to

posttreatment change in general psychological distress (i.e., BSI). Most importantly, the dramatic change in mean scores on the Brief Symptom Index (BSI) also represents clinically meaningful improvement from pre to posttreatment. As noted earlier, the mean BSI score at pretreatment was 75.20 (31.70), well above the clinical threshold of 63. The posttreatment mean score fell to 38.22 (14.83), well below the clinical threshold.

Consistent with these quantitative findings, several interviewees articulated a change toward a less distressing, more constructive perspective on their spiritual struggles. One participant described the experience this way:

> I've become a lot more positive about my struggles. I had a lot of rash emotions coming into this experience…[Now] I look at my struggles as more of a positive. It is a learning and growing experience. I've matured in my view of the struggle--- it doesn't have to be resolved right now…Now it's not so much a struggle as an evolution.

The interviewees described a shift towards viewing spiritual struggles as a natural part of life. As a result, they felt a greater sense of acceptance toward their struggles. Two comments illustrate this psychological change:

> I've definitely come to terms with my spiritual struggle…and that's a change from earlier …when I was really struggling with [the fact that I had] it at all… I'm okay with the fact that I have struggle now. It's okay to not have the answer right now. That's a little scary but that's okay. It's okay to be scared; it's okay to be confused.

> When I first started the group I was still…feeling guilty. I was even questioning and wanting to go on a different path [than my family], and I don't really feel all that guilty

anymore…I'm doing better now than I was then. It's an ongoing thing and I know it. I seem to be a bit more comfortable with my spirituality in general than before.

Participants also pointed to the nonjudgmental atmosphere of the group as important to facilitating greater self-acceptance and less stigmatization of spiritual struggles. As one interview put it:

> Being able to talk about my spiritual struggles is not something I get to do… to just talk about my spiritual struggle without being judged and just being able to get it all off my chest without someone going 'well, this is what you need to do' or 'oh, I don't agree with that'...I felt better. It made me stronger…realizing I was not alone.

Nearly all of the interviews also described how they had learned something new from Winding Road and integrated it in their lives. One participant described her experience of exploring and discovering spiritual resources, and its impact on her life this way:

> I really liked the [spiritual self] session on wings [spiritual resources] and winds [spiritual burdens] …it helped me identify what helps me and what doesn't help me. I didn't notice this before...I realized that a lot of little things can be your wings...now I try to involve myself in exercising my wings. It's helped me straighten out my life and organize some things.

Discussion

College students are faced with the developmental challenges of emerging adulthood (Arnett, 2000). One of the key tasks of this period is the exploration and articulation of a personal identity. In moving toward a personal identity, college students face important

decisions about love, work, and beliefs. In this process, they may question the values and beliefs of family and religious institutions, setting the stage for spiritual struggles – tensions, strain, and conflicts about spiritual matters within oneself, with other people, and with God (Pargament et al., 2005). Studies have shown that spiritual struggles are a common part of the college experience (Astin et al., 2004; Bryant & Astin, 2008). Empirical research has also demonstrated robust links between spiritual struggles and higher levels of distress among diverse populations, including college students (e.g., Exline, in press; Johnson & Hayes, 2003). These findings point to the potential value of psychological interventions aimed at assisting college students facing spiritual struggles.

This study reports on the first systematic effort to design and evaluate a manual-guided, spiritually integrated intervention - the Winding Road - to address the spiritual struggles of college students. The findings of this study are promising. The Winding Road attracted students who were experiencing significant distress. The spiritual struggles of these students were not simply intellectual in nature. The students reported significant levels of emotional and spiritual pain. All but one of the students manifested clinically significant psychological distress as indicated by elevated scores on the BSI. This finding is consistent with those of other studies of spiritual struggles among college students (e.g., Johnson & Hayes, 2003), and underscores the potential value of programs designed to address the needs of these students.

Participants in the Winding Road demonstrated a set of positive spiritual and psychological changes:

Spiritual Impact

The Winding Road impacted the spiritual lives of students with spiritual struggles. Specifically, participants showed statistically significant improvements in their reports of spiritual struggles, conceptualizations of God, and behavior-value congruence.

Although the Winding Road was not designed to push students toward a resolution of their spiritual struggles, participants did report a marked and significant decrease in the experience of spiritual struggles and often described a more expansive view of spirituality and the part it could play in their lives. In addition, the participants' sense of acceptance and benevolence from God or the divine increased from pre- to post-intervention. The empirical findings and interviews suggest that the program helped participants place their spiritual struggles in a larger, more benevolent light.

It is important to note that, although participants showed significant improvements in the spiritual domain (i.e., spiritual struggles, God image, spiritual values-behavior congruence), the program did not appear to impact their basic religious commitments and behaviors. The data suggest that participants' religious experiences and orientations (e.g., religious compartmentalization, religious values-behavior congruence) remained relatively stable over the course of the intervention. We suspect that this pattern of results reflects the nature of the Winding Road and the composition of the groups. Winding Road does not reflect the theology of a particular religious tradition and did not provide a forum for this type of theological discussion. Maintaining the focus on spiritual journeying and spiritual struggles offered common ground for a religiously diverse group of participants without intruding on their (institutionalized) religious beliefs, practices, or commitments. Consistent with this focus, Winding Road appeared to impact most directly the subjective, internal, and personal experiences connected with spiritual questions, doubts, and resources. These findings underscore the potential value of the Winding

Road for people from a variety of religious and spiritual traditions, including those who may be religiously disaffiliated.

Psychological Impact

The Winding Road impacted students not only spiritually, but psychologically as well. Data demonstrate that participants experienced meaningful improvement in their sense of struggle-related stigmatization, affect, emotion regulation, and general psychological distress. The declines in general psychological distress were especially noteworthy, with participants on average moving from above the clinical threshold on the BSI at pretreatment to below the BSI clinical threshold at posttreatment. The qualitative interviews echoed these empirical results.

Before the intervention, many students reported feeling ashamed, alienated, distressed, and alone in their spiritual struggles. They described trying to avoid thinking and talking about spiritual struggles. For some, thinking and sharing about their struggles seemed too painful, others worried about divine consequences, and still others feared social repercussions. By the end of the Winding Road, participants showed significant improvements in these areas according to both quantitative measures and qualitative interviews.

Three elements of the Winding Road may have played a particularly important role in facilitating change. First, students responded well to the basic premise of Winding Road that spiritual struggles are a natural and normal part of life, rather than a sign of spiritual weakness or pathology. This perspective allowed students to face their most difficult spiritual questions in a context free from self-stigmatizing attitudes, and likely contributed to growth in their own acceptance of their struggles. Second, the nonjudgmental, supportive atmosphere of the group appeared to be particularly helpful in reducing the stigmatization that often accompanies the experience of spiritual struggles. Admissions of struggle were met with encouragement and

understanding from peers rather than criticism and rejection, and these reactions facilitated further exploration of spiritual struggles. Finally, the Winding Road sessions introduced students to new resources for coping with struggles naturally encountered along the spiritual journey. As a result, students could replace more avoidant strategies with more effective resources for coping with spiritual struggles.

Clinical Challenges

Over the last 15 years, researchers and practitioners have developed and evaluated a variety of spiritually integrated interventions for people dealing with a variety of psychological and physical health problems. The large majority of these programs are designed to help people more fully access their untapped or compartmentalized religious and spiritual resources (see Aten & Leach, 2009; Pargament, 2007; Sperry & Shafranske, 2005). In some cases, however, spirituality may be a source of distress in and of itself. Practitioners have begun to address religious and spiritual distress for people suffering from addiction and HIV (Avants, Beitel, & Margolin, 2005), social anxiety disorder (McCorkle, Bohn, Hughes, & Kim, 2005), sexual abuse trauma (Murray-Swank & Pargament, 2005), medical illnesses (Cole, 2005; Tarakeshwar, Pearce, & Sikkema, 2005), and eating disorders (Richards, Barrett, Hardman, & Eggett, 2006). Winding Road is the first systematic program designed to help college students address their spiritual struggles.

Based on our experience implementing Winding Road, we highlight the following challenges for clinicians. First, spirituality is highly personal and requires a great deal of sensitivity in handling discussions. Group members differ in their beliefs, practices, struggles, and values. Facilitators play a key role in establishing and supporting an interpersonal environment in which all participants can feel their views will be valued. The findings from this

study, however, are encouraging in this regard; they suggest that people can make significant psychological and spiritual change in a group intervention, even when the participants represent very different religious and spiritual backgrounds and orientations. Second, we were careful to guard against proselytizing by group members at the outset, and encountered none of this in the Winding Road. However, in any group some members may be more willing and/or ardent in sharing their spiritual beliefs than others and may appear to be forcing beliefs on others. Facilitators must ensure that the group does not privilege certain beliefs over others. Third, despite concern that some participants may approach exercises intellectually and try to spark theological discussion or debate, this was exceedingly rare. Overwhelmingly, participants demonstrated their care, concern, openness, and a willingness to engage emotional experience. Again, this is particularly noteworthy given the religious heterogeneity of the sample; it appears that these college students were able to connect with each other, in spite of their fundamental differences in religious affiliation and identification. In the few instances when a group member appeared invested in spreading personal values or beliefs to the group, or in engaging the group in theological argument, we found it helpful to focus on process-oriented questions such as "How does this apply to your personal experience of the sacred?" The experience with Winding Road suggests that topics as personal and sensitive as spiritual struggles can be broached and processed in meaningful and respectful ways within the college milieu.

Limitations and Future Directions

The present study has several limitations. First, the study utilized a small sample of students who were highly motivated, able to identify and articulate their spiritual struggles, and willing to disclose sensitive information to others. It remains to be determined how well these findings will generalize to other groups of college students. Second, a control or comparison

group was not used. As a result, we cannot determine whether the positive changes reported by participants reflect the beneficial effects of this spiritually integrated intervention, the beneficial effects of the group that may be non-spiritual in nature (e.g., social support, empathy), or the alleviation of distress that may occur simply as a function of time. Future research should include larger samples and random assignment to treatment or control groups. Third, the study relied entirely on self-report, leaving open the possibility of mono-method bias. The addition of measures not based on self-report, such as ratings of participants made by close others (e.g., roommate, close friend), would improve future studies. It is especially important to supplement these measures of mental health with measures of the physical health of college students and other samples, including psychophysiological assessments (e.g., blood pressure, cardiac recovery times), physical symptomatology, even measures of immune system functioning. Other studies have linked higher levels of spiritual struggles with indicators of poorer immune functioning (e.g., CD-4 counts, interleukin-6; Ai et al., 2009; Trevino et al. 2010). Finally, this study assessed participants' functioning at only two time points. Additional follow-up data collected beyond the immediate post-intervention assessment will be important in the future to determine the longer-term effectiveness of this program.

Despite these limitations, this initial evaluation provides valuable information for clinicians, researchers, and college student personnel interested in integrating spirituality in their work with students. The Winding Road intervention content and format can be replicated in other settings and evaluated empirically, such as university counseling centers and campus ministry programs. Although the program was designed as a group intervention, the material from the program could also be adapted to the contexts of individual counseling and psychotherapy. More importantly, this study demonstrates that college students facing spiritual struggles appreciate

opportunities to address their concerns in this spiritually-sensitive way, and are willing to invest a great deal of time and energy in doing so. Furthermore, their involvement in this program is associated with meaningful changes in their experience of and response to spiritual struggles. In summary, this study provides preliminary evidence that a university-supported program to address difficulties in the spiritual lives of college students is valuable and feasible, and can be effective in improving psychological and spiritual outcomes of this currently underserved group of college students.

Winding Road may also serve as a template for clinicians and researchers interested in more fully addressing the needs of other populations that encounter spiritual struggles. For example, the Winding Road could be adapted to groups facing other major life transitions and traumas, such as veterans struggling spiritually following combat trauma, older adults confronting the loss of loved ones, and women dealing with sexual abuse (Murray-Swank & Pargament, 2005). Winding Road groups might be especially appropriate for populations facing medical illnesses that provoke fundamental spiritual tensions, conflicts, and strain. These populations include: people grappling with illnesses that raise questions of fundamental fairness and benevolence in the world, such as pediatric populations and their families; patients struggling with medical conditions that are unpredictable and uncontrollable, such as cardiac patients dealing with implanted medical devices; and patients experiencing illnesses that trigger confrontations with finitude and mortality, such as cancer and HIV/AIDS (e.g., Cole, 2005; Tarakeshwar et al., 2005). Moreover, Winding Road could be adapted to preventive programs for populations that are at risk for spiritual struggles, such as groups about to encounter important life transitions including high school seniors, enlistees in the military, and professionals beginning challenging careers in health care or ministry (e.g., Pargament & Sweeney, 2011).

Helping people anticipate and respond effectively to spiritual struggles before they occur may ultimately be the most effective way to address stress and strain in the spiritual domain.

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Table 1.

Overview of Winding Road sessions.

Session	Illustrative Activity
1. Starting down the Winding Road	Sharing of spiritual autobiography
2. Sharing spiritual struggles	Sharing spiritual struggles. Emphasis is placed on struggles as one point along a spiritual journey.
3. Understanding your spiritual heritage	Creating a spiritual genogram and reflecting on influences along one's spiritual journey.
4. Your spiritual self	Guided visualization of an encounter with one's ideal future spiritual self. Specific values and strivings that characterize the path of this spiritual self are highlighted.
5. Sizing up your sacred	Sharing of objects that symbolize the sacred to each participant with attention to diverse ways of understanding and connecting with what is personally sacred.
6. Forgiveness: A bridge to wholeness	Lovingkindness meditation in which thoughts of well-being are directed toward self and others. Surrender Ritual: Participants symbolically surrender uncontrollable aspects of their struggles by placing them in a bowl at the center of the circle Two-way Lament: A lament is written as a group with participants calling out their questions and struggles; Participants individually reflect on response from God.
7. The path to acceptance	
8. Meaning making: Seeing the road from another point of view	
9. Conclusion	Fire Ceremony: Participants light candles and share reflections on group process, hopes and concerns they have for their future paths.

Table 2.

Changes in Outcomes Pre- and Post-Treatment

Variable	Pretreatment M (SD)	Posttreatment M (SD)	*t*	*p* (one-tailed)	*d*
Sample Characteristics					
Self-rated religiousness	1.90[a] (.99)	1.90[a] (.74)	t(9) = 0.00	1.00	0.00
Self-rated spirituality	3.10[a] (.74)	3.30[a] (.68)	t(9) = -1.00	.340	0.27
Religious activities[s]	20.00[a] (10.93)	21.40[a] (10.79)	t(9) = -0.79	.450	0.130
Spiritual Outcomes					
NRCOPE[s]	56.90[a] (14.45)	46.50[a] (16.38)	t(9) = 2.87	.009**	-0.720
POS – RCOPE[s]	16.60[a] (5.97)	15.40[a] (6.82)	t(9) = 1.11	.148	-0.201
Spiritual values-behavior congruence	6.22[b] (2.05)	7.00[b](1.80)	t(8) = -2.14	.032*	0.381
Religious values-behavior congruence	5.78[b] (2.03)	5.89[b] (2.03)	t(8) = -0.36	.364	0.054
God Image - Accept	2.43[c] (.57)	2.72[c] (.60)	t(7) = -2.21	.031*	0.512
God Image - Present	2.12[c] (.81)	2.38[c] (.88)	t(7) = -1.16	.142	0.320
Forgiveness	2.38[c] (.95)	2.46[c] (.69)	t(7) = -0.40	.350	0.085
Compartmentalization	2.72[a] (1.13)	3.10[a] (1.22)	t(9) = -1.34	.106	0.336
Psychological Outcomes					
Struggle Related Self-stigma	2.58[b] (.53)	2.11[b] (.46)	t(8) = 3.42	.005**	-0.882
Psych Distress (BSI)[s]	75.20[a] (31.70)	38.22 [a] (14.83)	t(9) = 3.78	.002**	-1.166
PANAS – Pos	2.62[b] (.77)	3.21[b] (.84)	t(8) = -2.40	.022*	0.766
PANAS – Neg	2.68[b] (.77)	2.02[b] (.63)	t(8) = 1.82	.053*	-0.853
DERS – Goals[s]	11.62[c] (3.54)	10.62[c] (3.50)	t(7) = 0.80	.226	-0.282
DERS – Strategies[s]	21.38[c] (5.50)	15.88[c] (4.12)	t(7) = 2.34	.026*	-0.538
DERS – Impulse[s]	12.12[c] (5.11)	9.38[c] (2.13)	t(7) = 1.93	.048*	-1.000

[a] n=10 (based on paired sample). [b] n=9 (based on paired sample). [c] n= 8 (based on paired sample).

[s] = values based on sum score on scale.

* $p < .05$. ** $p < .01$.