

Preprint of English version of the final chapter in French

“Ordinary Spiritual Experiences: Positive Effects on Resilience, Burnout, and Addictions”
Underwood LG & Vagnini K, in *Spirituality and Psychology: Foundations, Concepts and Applications* Roussiau, Nicolas (ed) Dunod 2021.

Ordinary Spiritual Experiences: Positive Effects on Resilience, Burnout, and Addictions

Lynn G. Underwood, Ph.D. and Kaitlyn M. Vagnini, M.A.

Introduction

Although they often cannot define it, many report that spirituality helps them to find meaning, bounce back from trials, endure suffering, and avoid addictive behaviors. This can be embedded in a religious framework or apart from that, and is an important part of many people’s lives. And despite the fuzzy nature of the concept of spirituality, we need to find words to communicate with our clients and friends if we want to share experiences that can be valuable, and listen and learn from others. So often in this area polarization occurs. People with different religious affiliations disagree on specific beliefs, and those who are fed up with religion close off from those who are more religious and *vice versa*. But in many interviews internationally, common threads of spiritual connection have been found to be shared by people from very different cultures and who vary strongly in their beliefs (Underwood, 2006). It was a desire to discover some kind of common language that led Underwood in the mid-1990’s, through extensive qualitative and quantitative testing internationally, to develop a set of sixteen questions, the Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002, Underwood, 2006). It measures ordinary experiences of a sense of connection with the transcendent in daily life. These include feelings of awe, gratitude, mercy, divine presence and asking for help, connection to all of life, compassionate love, and deep inner peace, among others. The goal was to get at both the depth and the breadth of these experiences for as wide a group of people as was possible. Setting the scale apart from many other measures of spirituality or religion, the DSES measures feelings, sensations, and awareness, rather than specific beliefs. The word ‘spirituality’ in the context of the scale refers to aspects of personal life that include the transcendent, divine or holy, and ‘more than’ what we can see, touch, or hear. The sixteen questions of the DSES provide insight into the practical or daily application of spirituality in everyday life. Rather than

merely assessing the presence of spiritual beliefs, attitudes, or identifications, the DSES measures the degree to which individuals actually engage with and feel connected to everyday spirituality. Research using this scale can help us to step beyond the anecdotal to appropriately guide our incorporation of the spiritual aspect of life into therapy and even our own personal lives.

Since the construct of spirituality can envelope so many different aspects of life that include things as diverse as religious affiliation, specific beliefs, religious social support, spiritual struggle and cultural belonging, lumping them all together leads to a variety of research results. The kinds of outcomes predicted by religious attendance are different than those predicted by specific beliefs, for example (e.g., Exline, Yali, & Sanderson, 2000; Pargament, Koenig, Tarakeshwar, & Hahn, 2001). This can lead to confusion regarding what actions might be taken to enhance outcomes. This chapter will only look at research results from the DSES, which operationalizes one aspect of spirituality, although many researchers have used it as a proxy for ‘spirituality.’ It has been used in over 400 published studies, linking it to a variety of outcomes. Because the DSES, although having trait-like qualities, can also change over time, we will also look at how enhancing the experience of connection with the transcendent in daily life can effectively improve various good outcomes.

And finally, in this chapter, we will suggest ways that these sixteen questions can be used to enhance communication in therapy and practice, and identify areas that might provide resources for those you are caring for, resources that they might draw on in times of distress.

Applicability Across Populations

The DSES demonstrates strong utility across settings and populations; its breadth and inclusion of a variety of spiritual experiences allow diverse individuals to see their experiences reflected in the items. The scale was developed using extensive qualitative testing in a variety of populations, such as in diverse religious, ethnic, and social groups. The international reach of the scale was enhanced by interviews in the context of two World Health Organization projects that included participants from 18 countries. It was also tested in individuals who do not identify as religious (e.g., atheists, agnostics), and across age groups. This qualitative testing and the subsequent quantitative use in a wide variety of studies, indicate that the scale is applicable for

people from various religious groups, as well as for those who are not comfortable with religion (e.g., Dong, Wu, Zhu, Jin, & Zhang, 2017). The measure uses a combination of both theistic language (with alternatives offered) as well as non-theistic language. This allows it to draw on the depth of religious resources, but also to speak beyond the boundaries of faith for those who are uncomfortable with or disappointed in faith traditions. Importantly, although some of the items use the word ‘God,’ the scale instructions allow respondents to replace the word ‘God’ in those items that include it, with a word that better calls to mind the divine, holy, or transcendent for them. In analysis, some researchers have separated the DSES items into two subgroups: a ‘theist’ subgroup and a ‘non-theist’ subgroup (usually based on the items that do or do not use the word ‘God’). Division of the scale on these lines may prove useful for some populations, but it is important to consider that the scale was developed based on extensive qualitative interviewing indicating that these divisions are not as clear cut as we may assume them to be. For example, some people may not identify as religious, yet they use much religious language and even continue many religious practices, or use religious frameworks in their approach to life. Others consider themselves to be adamant atheists, yet they may express implicit attitudes toward a transcendent reality. We cannot assume that items using the word ‘God’ tap into a theistic construct, whereas those without the word ‘God’ tap into a non-theistic construct, just as we cannot assume an individual to hold (or not to hold) theistic views based on their self-identification as ‘spiritual’ or ‘religious’ alone.

The DSES has been translated into 40 languages, including French, Arabic, Urdu, Italian, Polish, Ukrainian, Greek, Serbian, Filipino, Danish, Dutch, Hebrew, Korean, Flemish, Persian, and Turkish. The 6-item short form of the scale, which uses 8 of the items from the full DSES and was used in the Brief Multidimensional Measure for Religiousness and Spirituality (BMMRS; Idler et al., 2003), has also been validated in French (Bailly & Roussiau, 2010), but we recommend using the full 16-item scale whenever possible. Papers have been published on the psychometric validation of translations of the full 16-item DSES in Mandarin Chinese (Ng, Fong, Tsui, Au-Yeung, & Law, 2009), Indonesian (Qomaruddin & Indawati, 2019), Czech (Maliňáková et al., 2018), Slovak (Soósová & Mauer, 2020), Hindi (Husain & Singh, 2016), German (Schmidt, 2010), Spanish (Mayoral, Underwood, Laca, & Mejía, 2014; Sierra Matamoros, Sánchez Pedraza, & Ibáñez Antequera, 2013), Portugese (Kimura, Oliveira, Mishima, & Underwood, 2012), and a number of other languages. Psychometric evaluations of

translations have also often been done when using the translations in studies themselves. Additional details on theoretical background, the development and psychometrics of the scale, and findings related to daily spiritual experience (DSE) can be found elsewhere (dsescale.org; Underwood, 2006, 2011; Underwood & Teresi, 2002). Most of the research cited in this chapter has been done using the original version of the scale with frequency responses (Plusieurs fois par jour, Tous les jours, La plupart du temps, Parfois, Une fois de temps en temps, Jamais), which can be found in the Underwood summary publications.

There has been increasing use of a checklist version of the scale, as well as an open-ended version. The checklist version, below, is particularly useful in therapeutic settings and also in studies such as those using smartphones or using ecological momentary assessment, that do repeated measures over a short timeframe (e.g., Brelsford, Underwood, & Wright, 2020; Kent, Henderson, Bradshaw, Ellison, & Wright, 2020; Wright, Blackmon, Carreon, & Knepper, 2017). It demonstrates very similar psychometric properties to the original version of the scale (i.e., the 16-item frequency scale typically used in research), making it a helpful addition to research (Vagnini & Masters, 2020). Here is the set of questions in the checklist version in French.

- _____ 1. Avez-vous déjà été touché spirituellement par la beauté de la création?
- _____ 2. Avez-vous senti la présence de Dieu ou une présence divine ou sacrée?
- _____ 3. Avez-vous déjà vécu une expérience de connexion avec le monde vivant?
- _____ 4. Vous sentez-vous proche de Dieu, ou d'une forme divine ou spirituelle comme vous l'appelerez?
- _____ 5. Souhaitez-vous être proche de Dieu ou en communion avec le Divin?
- _____ 6. Avez-vous ressenti l'amour de Dieu pour vous?
- _____ 7. Avez-vous ressenti l'amour de Dieu, ou d'une forme divine, qui vous était transmis à travers les autres?
- _____ 8. Avez-vous ressenti un sentiment d'amour désintéressé ou de la compassion pour autrui?
- _____ 9. Avez-vous accepté les autres, même quand ils ont fait des choses que vous n'approuvez pas?
- _____ 10. Avez-vous trouvé de la force dans votre vie spirituelle ou votre religion?
- _____ 11. Avez-vous trouvé du réconfort dans votre vie spirituelle ou votre religion?
- _____ 12. Vous êtes-vous senti guidé par Dieu ou par une forme divine, dans votre quotidien?
- _____ 13. Avez-vous demandé de l'aide à Dieu, ou à une force supérieure au cours de votre journée?
- _____ 14. Avez-vous ressenti une joie spirituelle qui vous aura éloigné de vos soucis quotidiens?
- _____ 15. Avez-vous été reconnaissant pour vos bénédictions?
- _____ 16. Avez-vous ressenti une paix profonde ou une harmonie intérieure?

© Lynn Underwood Permission required to copy or use. For English version see <http://www.lynnunderwood.com/bookpost/check-list-version/>

Empirical Evidence

Originally developed for use in health studies, the DSES has been increasingly used in the social sciences, for program evaluation, and for examining changes in spiritual experiences over time. It has also been used in counseling, addiction treatment settings, and in various secular and religious organizations. Although not a comprehensive review of the current DSES literature, in the following sections we will provide overviews of research findings from selected areas of research: (1) stress-buffering and resilience, (2) substance use and addictions, (3) burnout, and (4) intervention studies. By focusing here on the predictive and associative value of one particular measure, it helps us to see what specifically we might be able to do in order to be helpful to people in the midst of distress of various kinds, or preventatively.

Stress Buffering and Resilience

A basic reason that more frequent ordinary spiritual experiences can lead to various positive outcomes, even in the midst of tough times, is that they can enable a person to be more resilient. These experiences can buffer stress, enabling us to “bounce back.” Resilience has some trait qualities, meaning that some of us tend to be more resilient than others, but it can also vary over time within individuals. Accumulating evidence indicates that daily spiritual experiences (DSEs) may equip individuals with resilience during or in the aftermath of difficult life experiences, or even in the face of day-to-day stressors. DSEs, such as finding strength or comfort in religion or spirituality, feeling loved directly from a divine being or feeling compassionate love from others, or a feeling of closeness to a transcendent source, can help buffer stress. DSEs may also promote a sense of meaning in the face of adversity. Growth can also follow tough times such as chronic or acute disease, disability, disasters, or loss. This growth – often referred to as post-traumatic growth – is associated with more frequent DSEs, which can provide support and help individuals to make sense of and find meaning in challenging times. The following sections describe some of the studies that look at how DSEs buffer stress and promote resiliency and growth following difficult life circumstances, in the face of illness, and during daily life.

Chronic Illness

A study of health behaviors and daily spiritual experiences, religious attendance, and religious struggle in a sample of 167 younger adult survivors of a variety of cancers revealed that religious attendance had little impact on health behaviors, but that DSEs were related to greater performance of health behaviors, while religious struggle was related to less. Self-assurance partially mediated the effects of DSEs, while guilt/shame partially mediated the effects of religious struggle. The findings suggest that DSEs affect lifestyle choices of cancer survivors and link to greater wellbeing (Park, Edmondson, Hale-Smith, & Blank, 2009). Relatedly, in a large scale prospective longitudinal study of cancer survivors, Rudaz, Ledermann, and Grzywacz (2019) found that spiritual experiences enhanced life satisfaction over time, especially in those with low life satisfaction at baseline. Regression analyses, controlled for age, educational attainment, and religious/spiritual coping, showed that DSEs moderated the association between life satisfaction and positive affect at baseline and follow-up.

DSEs predicted a stronger sense of being able to cope with their illness and a sense of self-efficacy in older adults living with congestive heart failure (Park, Brooks, & Sussman, 2009). Daily spiritual experiences were also linked with higher existential well-being and predicted less subsequent spiritual strain in those with advanced congestive heart failure (Crystal L. Park, Lim, Newlon, Suresh, & Bliss, 2014).

In 127 Italian hospice patients with a life expectancy of a few weeks, spirituality, measured using the Italian translation of the DSES, was positively associated with dignity enhancement, whereas self-blame coping style, negative emotional and physical well-being, and depression predicted loss of dignity (Bovero et al., 2018).

Herren et al. (2019) examined the influence of DSEs on the relationship between depressive symptoms and cognitive functioning in African Americans and found that frequent spiritual experiences may ameliorate the negative influence of depressive symptoms on cognitive functioning.

Collectively, these and other studies provide evidence that DSEs provide resilience in the face of significant illness, which may ultimately be reflected in indicators of physical and mental health.

Exposure to Violence and Trauma

Many have investigated the role that daily spiritual experiences may play in buffering the adverse effects of trauma and exposure to violence. One study found that more frequent DSEs predicted higher resilience during emerging adulthood following childhood exposure to violence. The potency of protective factors like DSEs outweighed that of adversity and psychopathology (Howell & Miller-Graff, 2014). In another study, DSEs reduced the effects of exposure to violence in the community on psychological well-being for urban African American adolescents and also contributed significantly to satisfaction with life and positive affect over and above demographic factors and the perception of family support (Shannon, Oakes, Scheers, Richardson, & Stills, 2013). A study of 162 children aged 9-12 in Indonesia found that more frequent DSEs increased resilience after being exposed to flooding (Syukrowardi, Wichaikull, & Von Bormann, 2017). In 223 Latino adolescents residing in poor, urban neighborhoods, personal victimization and witnessing violence were associated with higher depression and posttraumatic stress disorder (PTSD) symptoms at low and average levels of a number of religious variables, but not at high levels of spirituality measured using the DSES (Jocson, Alers-Rojas, Ceballo, & Arkin, 2020). More frequent DSEs in young adults buffered the negative effects of having a depressed parent (Rounding, Hart, Hibbard, & Carroll, 2011).

In addition to investigating childhood exposure to violence or trauma, some studies have investigated the role of DSEs in post-traumatic stress disorder among veterans of war. Spiritual experiences predicted less suicidal thoughts in a group of veterans diagnosed with PTSD (Kopaczka, Currier, Drescher, & Pigeon, 2016). A study of 532 U.S. veterans in a residential treatment program for combat-related PTSD used a cross-lagged panel design to look at longitudinal associations between spirituality and PTSD symptom severity. Veterans who scored higher on adaptive dimensions of spirituality at the start of treatment (daily spiritual experiences, forgiveness, spiritual practices, positive religious coping, and organizational religiousness) at intake fared significantly better in this program, indicating that understanding the possible spiritual context of veterans' trauma-related concerns might add prognostic value and equip clinicians to alleviate PTSD symptoms among those veterans who possess spiritual resources or are somehow struggling in this domain (Currier, Holland, & Drescher, 2015).

Daily Stressors

Although there can be trait-like consistencies over time, the DSES also has state-like characteristics, lending it well to examinations of change over time. Intensive longitudinal designs, such as experience sampling methods (ESM), allow for more nuanced investigations of the relationships between DSEs and day-to-day stress. A 2012 study of 244 older adults sought to investigate the day-to-day processes underlying the stress-buffering effect of the DSES. Participants completed daily assessments for 56 days assessing perceived stress, DSES, positive affect, and negative affect. Findings revealed a stress-buffering effect such that DSEs buffered the negative effect of perceived stress on same-day negative affect. Findings also revealed a positive direct effect of DSEs on positive affect; individuals reported higher positive affect on days when they experienced DSEs with a frequency above their own average (Whitehead & Bergeman, 2012). Similarly, a recent smartphone-based, Experience Sampling Method (ESM) study of 1,691 participants also demonstrated stress-buffering effects of DSEs. Increased stressors predicted a reduction in attitudes of love for others. However, more frequent DSEs moderated the negative effect of stressors on love, indicating a buffering effect (Brelsford et al., 2020). In another recent study utilizing ESM, authors found support for a moderating role of both state and trait DSEs on the relationship between stressors and well-being. Notably, state scores of DSE were associated with positive outcomes above and beyond more general trait scores, indicating that intensive longitudinal methodologies may serve as a fruitful avenue for future research and may allow for more precise investigations of the relationship between DSEs and various health outcomes (Kent et al., 2020). These authors also found that DSEs are associated with psychosocial benefits (i.e., reduced depressive symptoms and more flourishing) regardless of whether the items were explicitly theistic or non-theistic. Overall, the results from these studies indicate that DSEs positively contribute to well-being in a direct and immediate way; even controlling for general tendencies in individuals' own DSES scores, short-term increases or decreases in DSEs significantly predict positive and negative outcomes.

Substance Use and Addictions

The relationship of DSEs to addiction is particularly relevant given the increasing incidence of addictive behaviors and their impact on our societies. Addiction can be found in relationship to activities as various as cellphone use, online gaming, social media, gambling, as well as abuse of various substances such as alcohol, opioids and other drugs. Addiction is a result of biological

processes, psychological substrate and attitudes, and environmental factors, but there is also a place in the addictive process for emotional modulation and a cognitive override of the urges to enact various addictive behaviors. Results from a growing body of literature suggest that DSEs may play an important role in the treatment and recovery from addiction. As described earlier, DSEs can act as a stress buffer, and many seek out addictive substances as a response to stress, seeking to ease the discomfort. Addictions can also follow on from feelings of loneliness and alienation, and the experience of connection with the transcendent grounded in daily relationships and attitudes assessed by the DSES may relieve some of those feelings. The following are a few of the studies on the DSES and substance abuse and addictions.

One of the most compelling studies showing the relationship of more frequent DSEs and diminished addictive behaviors is an intervention study. Increasing frequencies of DSEs improved self-care and care for others in 195 youths who had been court referred to a 2-month addiction treatment program. Increasing frequency of DSEs over the course of treatment were also associated with greater likelihood of abstinence from alcohol or drugs, increased pro-social behaviors, and reduced narcissistic behaviors (Lee, Veta, Johnson, & Pagano, 2014). Another study investigated the outcomes of 364 alcohol-dependent individuals both in treatment and not in treatment and found that six-month increases in DSEs predicted less drinking at nine months (Robinson, Krentzman, Webb, & Brower, 2011).

Following 123 alcoholics for six months after entry into treatment, analysis showed that increases in DSEs (but not positive religious coping or forgiveness) were associated with increased likelihood of no heavy drinking at six months. In the first 6 months of recovery, DSEs increased. Values, beliefs, self-assessed religiousness, perceptions of God, and the use of negative religious coping did not change. Increases in day-to-day experiences of spirituality and sense of purpose/meaning in life were associated with absence of heavy drinking at 6 months, regardless of gender and Alcoholics Anonymous involvement (Robinson, Cranford, Webb, & Brower, 2007). Other studies have also found DSEs to be uniquely protective against degree of substance use (e.g., Barton & Miller, 2015). There also appears to be a reciprocal relationship between recovery and DSEs, such that DSEs promote abstinence, and that recovery then increases frequency of spiritual experiences (Zemore & Kaskutas, 2004).

Shorkey, Uebel, and Windsor (2008) reviewed 10 measures of religiousness/spirituality for use in addiction research, and concluded regarding the DSES that “the usefulness of this scale for

assessing the spiritual experience of a person in treatment and recovery may be profound” (p. 291).

Collectively, the results of these studies indicate a link between ordinary spiritual experience, as measured by the DSES, and a variety of alcohol- and drug-related outcomes, such as reduced alcohol and drug use, increased likelihood of sobriety and recovery, and increased prosocial behaviors. It appears that experiencing more day-to-day connection with the transcendent may be an important aspect of recovery from alcohol and drug dependency. Future studies may aim to broaden the research scope beyond drug and alcohol to see if DSEs have the same salutary effect with other forms of addiction. A final note for this section: aside from using the DSES for research, the scale may serve as a clinical or communication tool to better understand the nuances of individuals’ experience with the transcendent and how that may affect their personal treatment or recovery. A strong literature indicates that spirituality is an important component of addictions treatment and the DSES can be used by patients to promote better self-understanding and help find additional supportive resources.

Burnout

Burnout is more and more a part of contemporary life. The World Health Organization has recently included a diagnostic category of burnout in the workplace. The characteristics of burnout include physical fatigue, cognitive weariness, and emotional exhaustion. It is especially common in the caring professions and those working with people in the midst of traumas or crises. Psychologists can be included in this group. People in these situations are often said to experience “compassion fatigue.” Since the situations that bring on burnout often cannot be changed, techniques to increase various DSEs may be a way to diminish burnout and compassion fatigue. It makes sense that the ordinary experiences of spiritual connection might be helpful here, building on the previous discussion of stress buffering and resilience. The DSES measures experiences that can replenish us when stretched to our limits, making the experience of giving of self to others less draining.

Medical students who have more frequent DSEs described themselves as more satisfied with their life in general, while medical students with low scores on the DSES had higher levels of psychological distress and burnout (Wachholtz & Rogoff, 2013). Health care workers in Hong Kong with more frequent DSEs experienced less burnout, less depression, and less anxiety

(Hung Ho et al., 2016; Ng et al., 2009). More frequent DSEs were correlated with physical, cognitive, and emotional forms of burnout (physical fatigue, cognitive weariness and emotional exhaustion) in professionals working in palliative care or end-of-life settings (Holland & Neimeyer, 2005). Similarly, in 113 Residential Aged Care Home staff from different locations with high exposure to death and dying, Frey et al. (2018) found that more frequent DSEs and religious affiliation were associated with lower scores for burnout.

The DSES is also associated with reduced burnout among religious officials, mental health professionals, and other professionals working with vulnerable populations. In 8574 German pastoral professionals (48% priests, 22 % parish expert workers, 18 % pastoral assistants, 12 % deacons), DSEs buffered the negative effects of stress on health (Frick, Büssing, Baumann, Weig, & Jacobs, 2016). A study of Protestant ministers in Germany showed that more frequent DSEs were correlated with diminished burnout (Voltmer, Büssing, Thomas, & Spahn, 2010). In a sample of counselors, Browning, McDermott, and Scaffa (2019) found that gratitude and DSEs were associated with reduced burnout. Studies also indicate that DSEs are protective against compassion fatigue among mental health providers (Newmeyer et al., 2014; Patel, 2018). More frequent DSEs also predicted less compassion fatigue and more compassion satisfaction among 147 Israeli residential child-care workers in residential treatment facilities for children and youth at risk (Zerach, 2013). These studies lend support to spiritual experiences as buffers to burnout and compassion fatigue among those caring for others, and a possible guide to providing resources to caregivers.

Intervention Studies

Considering that DSEs appear to influence a variety of psychological and physical health outcomes, developing interventions aimed at increasing DSEs in daily life is a logical next step for consideration. Indeed, some studies have already found specific interventions to be efficacious in increasing DSEs. Spiritual forms of meditation, it appears, may be one avenue by which individuals can deliberately foster the experience of connection with the transcendent and increase the frequency of DSEs. For example, in a 2004 study in which participants were randomly assigned to learn either (a) relaxation techniques, (b) secular meditation, or (c) spiritual meditation, those in the Spiritual Meditation group reported significantly more DSEs than those in the Secular Meditation group or the Relaxation group (Wachholtz & Pargament, 2005). In

another study, nursing students and RNs completed a self-study program designed to teach them how to talk with patients about spirituality and reported more frequent DSEs after completion of the program relative to baseline (Taylor, Mamier, Bahjri, Anton, & Petersen, 2009). There is also evidence that mindfulness-based interventions can increase DSEs and that DSEs actually mediate some of the effects of mindfulness (Geary & Rosenthal, 2011; Greeson et al., 2015, 2011). Certain other practices (prayer, reading scripture, seeking guidance, and being in solitude) may also increase DSEs more than attending religious services and meetings, as demonstrated in the smartphone study of repeated measures mentioned previously (Wright et al., 2017). In another study, 5339 adolescents (aged 13-15) from 60 schools across 15 countries, a customized spiritual program was administered. Post-treatment DSEs of the experimental group were higher at post-test than at pre-test, indicating that spiritual interventions may increase DSEs in adolescents cross-culturally (Pandya, 2017). A multi-faith spiritually-based intervention in Canada also increased DSEs over time and helped patients with Generalized Anxiety Disorder (Koszycki, Raab, Aldosary, & Bradwejn, 2010).

Goldstein (2007) devised a clinical intervention aimed at deliberately cultivating sacred moments in daily life. The intervention (which consisted of a combination of mindfulness techniques, placing attention on a sacred or meaningful object, and opening oneself up to experiencing sacredness in the moment) successfully resulted in participants experiencing more frequent DSEs relative to baseline. Similarly, Koenig, Pearce, Nelson, and Erkanli (2016) sought to assess whether religiously integrated cognitive behavioral therapy (RCBT) increased DSEs in a sample of participants with major depressive disorder and chronic medical illness. The authors found that DSEs significantly increased after receiving RCBT, and that RCBT was more effective than conventional cognitive behavioral therapy (CCBT) with regard to increasing DSEs, especially in those with low religiosity. Especially given the salubrious effects of DSEs on health and well-being, future research may seek to develop interventions to increase DSEs in specific populations.

Other Applications of the DSES

The DSES has clinical, organizational, and personal applications, given the research evidence. The questions in the DSES can be used as a way to *draw attention to* transcendent experiences so individuals can become more intimately aware of and in touch with these

experiences as they happen during the day. The “checklist version” of the scale, provided earlier in the chapter, asks whether respondents have recently had a variety of these experiences. This version can be used as a personal check-in tool, drawing attention to aspects of life that can be sustaining. Individuals or their caregivers may see that there are some items experienced regularly, and this may be a clue to resources to draw on. Does the person feel thankful for blessings regularly? – if so, this can be something that can be drawn on as a positive aspect of life, even in stressful times. And asking if they have recently found comfort in their spirituality or religion could be a reminder of a source to draw on. The more active question of whether they have felt other-centered love may be a reminder that this is something that might contribute goodness to their lives, and strengthen their relationships with those around them.

There is also an “open-ended” version that can allow for deeper reflection. This version of the scale, very similar to the checklist version in its structure, prompts people to reflect on their experiences in response to the questions. It then encourages the respondents to describe one or more of their experiences, elaborating on when and where they have had them. An example of this for the first DSES question is:

Have you been spiritually touched by the beauty of creation?

What are a few experiences that capture this for you? Give yourself a moment to reflect on some specific times you have felt awe, or times when you may have felt touched by the beauty of creation. This could be in nature, or while listening to music or viewing visual art, for example. Pick something that was vivid for you, and describe your feelings.

Using the questions in this way can provoke people to see aspects of their days in new ways, or remind them of circumstances they can seek in their days. There is a book that goes through the whole set of items in this open-ended way, with prompts that give many examples from interviews of responses to these open-ended questions, and themes embedded in the questions (Underwood, 2013, 2020). The DSES has been used in this way in workshops for health care professionals vulnerable to burnout during the Covid-19 pandemic. It can also be used by clients in clinical settings.

The DSES can also be used to facilitate communication and deepen our relationships with others. The questions in the DSES, because of their broad and wide applicability for those of many religions, and those not comfortable with religion, can provide a bridge between therapist or other caregiver, and client or patient. Spiritual issues can be hard to bring up in a therapeutic situation. Beliefs may differ. But these questions, because of their focus on ordinary experiences rather than beliefs, can avoid some of the conflicts that can arise in this regard. This may be particularly important in the therapeutic context. People may have spiritual resources that they draw on, or are possible for them to use as resources, and these questions can enable these to be included in the therapeutic conversation in a non-threatening way. There are additional tips on how to best navigate these conversations in a respectful, openhearted, and openminded way (e.g., Underwood, 2013). Sharing about spiritual aspects of life with others seems to have a particular power. It can lead to greater generativity, or caring for others and the world (Brelsford, Marinelli, Ciarrochi, & Dy-Liacco, 2009). When done correctly, discussing spiritual experiences with others can enrich our work and communication in the workplace, in religious groups or faith-based organizations, and in therapeutic settings.

Conclusion

The DSES provides a means of measuring and reflecting on one's experiences of connection with the transcendent in everyday life. Throughout the world, changes are happening in how people see spirituality and religion fitting into daily life (Pew Research Center, 2015). Regardless of an individual's beliefs, the DSES captures aspects of an important aspect of life for many. These experiences can contribute to increased resilience, reduced burnout, recovery from addictions, less PTSD, and a wealth of other health and wellbeing outcomes. Given the empirical support for the validity of questions in different cultures and their correlation with many good outcomes, we can have confidence that efforts to enhance awareness of these experiences can make a positive contribution to the lives of people in many circumstances. Regardless of religious or cultural orientation, many people have meaningful experiences that are captured in the DSES, such as a deep sense of inner peace or feeling selfless caring for and acceptance of others. These can be nurtured by religious practices or in ways compatible with a more secular world-view. The variety of questions in the DSES, when asked sincerely and reflected on earnestly, can promote deep self-discovery. When embodied in everyday living, DSEs can result

in life satisfaction, flourishing, and a strong sense that life is well worth living, even in tough times.

References

- Bailly, N., & Roussiau, N. (2010). The daily spiritual experience scale (DSES): Validation of the short form in an elderly French population. *Canadian Journal on Aging*.
<https://doi.org/10.1017/S0714980810000152>
- Barton, Y. A., & Miller, L. (2015). Spirituality and Positive Psychology Go Hand in Hand: An Investigation of Multiple Empirically Derived Profiles and Related Protective Benefits. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-015-0045-2>
- Bovero, A., Sedghi, N. A., Botto, R., Tosi, C., Ieraci, V., & Torta, R. (2018). Dignity in cancer patients with a life expectancy of a few weeks. Implementation of the factor structure of the Patient Dignity Inventory and dignity assessment for a patient-centered clinical intervention: A cross-sectional study. *Palliative and Supportive Care*.
<https://doi.org/10.1017/S147895151700102X>
- Brelsford, G. M., Marinelli, S., Ciarrochi, J. W., & Dy-Liacco, G. S. (2009). Generativity and Spiritual Disclosure in Close Relationships. *Psychology of Religion and Spirituality*.
<https://doi.org/10.1037/a0015821>
- Brelsford, G. M., Underwood, L. G., & Wright, B. R. E. (2020). Love in the midst of stressors: Exploring the role of daily spiritual experiences. *Research in the Social Scientific Study of Religion*. https://doi.org/10.1163/9789004416987_003
- Browning, B. R., McDermott, R. C., & Scaffa, M. E. (2019). Transcendent Characteristics as Predictors of Counselor Professional Quality of Life. *Journal of Mental Health Counseling*.
<https://doi.org/10.17744/mehc.41.1.05>
- Currier, J. M., Holland, J. M., & Drescher, K. D. (2015). Spirituality Factors in the Prediction of Outcomes of PTSD Treatment for U.S. Military Veterans. *Journal of Traumatic Stress*.
<https://doi.org/10.1002/jts.21978>
- Dong, M., Wu, S., Zhu, Y., Jin, S., & Zhang, Y. (2017). Secular Examination of Spirituality-Prosociality Association. *Archive for the Psychology of Religion*.
<https://doi.org/10.1163/15736121-12341332>

- Exline, J. J., Yali, A. M., & Sanderson, W. C. (2000). Guilt, discord, and alienation: The role of religious strain in depression and suicidality. *Journal of Clinical Psychology*.
[https://doi.org/10.1002/1097-4679\(200012\)56:12<1481::AID-1>3.0.CO;2-A](https://doi.org/10.1002/1097-4679(200012)56:12<1481::AID-1>3.0.CO;2-A)
- Frey, R., Balmer, D., Robinson, J., Slark, J., McLeod, H., Gott, M., & Boyd, M. (2018). “To a better place”: The role of religious belief for staff in residential aged care in coping with resident deaths. *European Journal of Integrative Medicine*.
<https://doi.org/10.1016/j.eujim.2018.03.001>
- Frick, E., Büssing, A., Baumann, K., Weig, W., & Jacobs, C. (2016). Do Self-efficacy Expectation and Spirituality Provide a Buffer Against Stress-Associated Impairment of Health? A Comprehensive Analysis of the German Pastoral Ministry Study. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-015-0040-7>
- Geary, C., & Rosenthal, S. L. (2011). Sustained impact of MBSR on stress, well-being, and daily spiritual experiences for 1 Year in academic health care employees. *Journal of Alternative and Complementary Medicine*. <https://doi.org/10.1089/acm.2010.0335>
- Goldstein, E. D. (2007). Sacred moments: Implications on well being and stress. *Journal of Clinical Psychology*. <https://doi.org/10.1002/jclp.20402>
- Greeson, J. M., Smoski, M. J., Suarez, E. C., Brantley, J. G., Ekblad, A. G., Lynch, T. R., & Wolever, R. Q. (2015). Decreased Symptoms of Depression after Mindfulness-Based Stress Reduction: Potential Moderating Effects of Religiosity, Spirituality, Trait Mindfulness, Sex, and Age. *Journal of Alternative and Complementary Medicine*.
<https://doi.org/10.1089/acm.2014.0285>
- Greeson, J. M., Webber, D. M., Smoski, M. J., Brantley, J. G., Ekblad, A. G., Suarez, E. C., & Wolever, R. Q. (2011). Changes in spirituality partly explain health-related quality of life outcomes after Mindfulness-Based Stress Reduction. *Journal of Behavioral Medicine*.
<https://doi.org/10.1007/s10865-011-9332-x>
- Herren, O. M., Burriss, S. E., Levy, S. A., Kirk, K., Banks, K. S., Jones, V. L., ... Campbell, A. L. (2019). Influence of spirituality on depression-induced inflammation and executive functioning in a community sample of African Americans. *Ethnicity and Disease*.
<https://doi.org/10.18865/ed.29.2.267>
- Holland, J. ., & Neimeyer, R. (2005). Reducing the risk of burnout in end-of-life care settings: The role of daily spiritual experiences and training. *Palliative and Supportive Care*.

<https://doi.org/10.1017/s1478951505050297>

- Howell, K. H., & Miller-Graff, L. E. (2014). Protective factors associated with resilient functioning in young adulthood after childhood exposure to violence. *Child Abuse and Neglect*. <https://doi.org/10.1016/j.chiabu.2014.10.010>
- Hung Ho, R. T., Sing, C. Y., Tat Fong, T. C., Au-Yeung, F. S. W., Law, K. Y., Lee, L. F., & Ng, S. M. (2016). Underlying spirituality and mental health: The role of burnout. *Journal of Occupational Health*. <https://doi.org/10.1539/joh.15-0142-oa>
- Husain, A., & Singh, R. (2016). Psychometrics and Standardization of the Hindi Adaptation of the Daily Spiritual Experience Scale. *Clinical and Experimental Psychology*. <https://doi.org/10.4172/2471-2701.1000117>
- Idler, E. L., Musick, M. A., Ellison, C. G., George, L. K., Krause, N., Ory, M. G., ... Williams, D. R. (2003). Measuring Multiple Dimensions of Religion and Spirituality for Health Research. *Research on Aging*. <https://doi.org/10.1177/0164027503025004001>
- Jocson, R. M., Alers-Rojas, F., Ceballo, R., & Arkin, M. (2020). Religion and Spirituality: Benefits for Latino Adolescents Exposed to Community Violence. *Youth and Society*. <https://doi.org/10.1177/0044118X18772714>
- Kent, B. V., Henderson, W. M., Bradshaw, M., Ellison, C. G., & Wright, B. R. E. (2020). Do Daily Spiritual Experiences Moderate the Effect of Stressors on Psychological Well-being? A Smartphone-based Experience Sampling Study of Depressive Symptoms and Flourishing. *The International Journal for the Psychology of Religion*. <https://doi.org/10.1080/10508619.2020.1777766>
- Kimura, M., Oliveira, A. L. de, Mishima, L. S., & Underwood, L. G. (2012). Cultural adaptation and validation of the underwood's daily spiritual experience scale - brazilian version. *Revista Da Escola de Enfermagem*. <https://doi.org/10.1590/S0080-62342012000700015>
- Koenig, H. G., Pearce, M. J., Nelson, B., & Erkanli, A. (2016). Effects on Daily Spiritual Experiences of Religious Versus Conventional Cognitive Behavioral Therapy for Depression. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-016-0270-3>
- Kopaczka, M. S., Currier, J. M., Drescher, K. D., & Pigeon, W. R. (2016). Suicidal behavior and spiritual functioning in a sample of Veterans diagnosed with PTSD. *Journal of Injury and Violence Research*. <https://doi.org/10.5249/jivr.v8i1.728>
- Koszycski, D., Raab, K., Aldosary, F., & Bradwejn, J. (2010). A multifaith spiritually based

- intervention for generalized anxiety disorder: A pilot randomized trial. *Journal of Clinical Psychology*. <https://doi.org/10.1002/jclp>
- Lee, M. T., Veta, P. S., Johnson, B. R., & Pagano, M. E. (2014). Daily spiritual experiences and adolescent treatment response. *Alcoholism Treatment Quarterly*. <https://doi.org/10.1080/07347324.2014.907029>
- Maliňáková, K., Trnka, R., Šarníková, G., Smékal, V., Fürstová, J., & Tavel, P. (2018). Psychometric evaluation of the daily spiritual experience scale (Dses) in the czech environment. *Ceskoslovenska Psychologie*.
- Mayoral, E., Underwood, L., Laca, F., & Mejía, J. (2014). Validation of the Spanish version of Underwood's Daily Spiritual Experience Scale in Mexico. *International Journal of Hispanic Psychology*.
- Newmeyer, M., Keyes, B., Gregory, S., Palmer, K., Buford, D., Mondt, P., & Okai, B. (2014). The Mother Teresa Effect: the modulation of spirituality in using the CISM model with mental health service providers. *International Journal of Emergency Mental Health*. <https://doi.org/10.4172/1522-4821.1000104>
- Ng, S. M., Fong, T. C. T., Tsui, E. Y. L., Au-Yeung, F. S. W., & Law, S. K. W. (2009). Validation of the Chinese version of underwood's daily spiritual experience scale—transcending cultural boundaries? *International Journal of Behavioral Medicine*. <https://doi.org/10.1007/s12529-009-9045-5>
- Pandya, S. P. (2017). Spirituality, Happiness, and Psychological Well-being in 13- to 15-year olds: A Cross-country Longitudinal RCT Study. *The Journal of Pastoral Care & Counseling : JPCC*. <https://doi.org/10.1177/1542305016687581>
- Pargament, K. I., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients: A 2-Year longitudinal study. *Archives of Internal Medicine*. <https://doi.org/10.1001/archinte.161.15.1881>
- Park, C. L., Brooks, M. A., & Sussman, J. (2009). Dimensions of Religion and Spirituality in Psychological Adjustment in Older Adults Living with Congestive Heart Failure. In A. Ai & M. Ardelt (Eds.), *Faith and Well-Being in Later Life: Linking Theories with Evidence in an Interdisciplinary Inquiry* (pp. 41–58).
- Park, Crystal L., Edmondson, D., Hale-Smith, A., & Blank, T. O. (2009). Religiousness/spirituality and health behaviors in younger adult cancer survivors: Does faith

- promote a healthier lifestyle? *Journal of Behavioral Medicine*.
<https://doi.org/10.1007/s10865-009-9223-6>
- Park, Crystal L., Lim, H., Newlon, M., Suresh, D. P., & Bliss, D. E. (2014). Dimensions of Religiousness and Spirituality as Predictors of Well-Being in Advanced Chronic Heart Failure Patients. *Journal of Religion and Health*.<https://doi.org/10.1007/s10943-013-9714-1>
- Patel, R. (2018). *Compassion Fatigue Among Mental Healthcare Providers and The Impact on Overall Wellbeing*.
- Qomaruddin, M. B., & Indawati, R. (2019). Spiritual everyday experience of religious people. *Journal of International Dental and Medical Research*.
- Robinson, E. A. R., Cranford, J. A., Webb, J. R., & Brower, K. J. (2007). Six-month changes in spirituality, religiousness, and heavy drinking in a treatment-seeking sample. *Journal of Studies on Alcohol and Drugs*. <https://doi.org/10.15288/jsad.2007.68.282>
- Robinson, E. A. R., Krentzman, A. R., Webb, J. R., & Brower, K. J. (2011). Six-month changes in spirituality and religiousness in alcoholics predict drinking outcomes at nine months. *Journal of Studies on Alcohol and Drugs*. <https://doi.org/10.15288/jsad.2011.72.660>
- Rounding, K., Hart, K. E., Hibbard, S., & Carroll, M. (2011). Emotional Resilience in Young Adults Who Were Reared by Depressed Parents: The Moderating Effects of Offspring Religiosity/Spirituality. *Journal of Spirituality in Mental Health*.
<https://doi.org/10.1080/19349637.2011.616091>
- Rudaz, M., Ledermann, T., & Grzywacz, J. G. (2019). The influence of daily spiritual experiences and gender on subjective well-being over time in cancer survivors. *Archive for the Psychology of Religion*. <https://doi.org/10.1177/0084672419839800>
- Schmidt, M. (2010). *Skala Zur Erfassung von Spirituellen Erfahrungen Im Alltag: Deutsche Adaptation Mit Hilfe von Strukturgleichungsmodellen*.
- Shannon, D. K., Oakes, K. E., Scheers, N. J., Richardson, F. J., & Stills, A. B. (2013). Religious beliefs as moderator of exposure to violence in African American adolescents. *Psychology of Religion and Spirituality*. <https://doi.org/10.1037/a0030879>
- Shorkey, C., Uebel, M., & Windsor, L. C. (2008). Measuring dimensions of spirituality in chemical dependence treatment and recovery: Research and practice. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-007-9065-9>
- Sierra Matamoros, F. A., Sánchez Pedraza, R., & Ibáñez Antequera, C. I. (2013). Adaptación

- transcultural de la escala Daily Spiritual Experience Scale para su uso en Colombia. *Revista Colombiana de Cancerología*. [https://doi.org/10.1016/s0123-9015\(13\)70162-8](https://doi.org/10.1016/s0123-9015(13)70162-8)
- Soósová, M. S., & Mauer, B. (2020). Psychometrics Properties of the Daily Spiritual Experience Scale in Slovak Elderly. *Journal of Religion and Health*. <https://doi.org/10.1007/s10943-020-00994-w>
- Syukrowardi, D. A., Wichaikull, S., & Von Bormann, S. (2017). Spirituality as an internal protective factor of resilience in children after exposing flood. *International Journal of Research in Medical Sciences*. <https://doi.org/10.18203/2320-6012.ijrms20171249>
- Taylor, E. J., Mamier, I., Bahjri, K., Anton, T., & Petersen, F. (2009). Efficacy of a self-study programme to teach spiritual care. *Journal of Clinical Nursing*. <https://doi.org/10.1111/j.1365-2702.2008.02526.x>
- Underwood, L. G. (2006). Ordinary spiritual experience: Qualitative research, interpretive guidelines, and population distribution for the daily spiritual experience scale. *Archive for the Psychology of Religion*. <https://doi.org/10.1163/008467206777832562>
- Underwood, L. G. (2011). The daily spiritual experience scale: Overview and results. *Religions*. <https://doi.org/10.3390/rel2010029>
- Underwood, L. G. (2013). *Spiritual connection in daily life: Sixteen little questions that can make a big difference*. Templeton Foundation Press.
- Underwood, L. G. (2020). *Spiritual Connection in Daily Life, Audiobook*. Applelane Press.
- Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine*. https://doi.org/10.1207/S15324796ABM2401_04
- Vagnini, K.M. & Masters, K.S. (2020). A Psychometric Analysis of the Checklist Version of the Daily Spiritual Experience Scale. Poster presented at the *American Psychological Association Division 36 Annual Mid-Year Conference*, March 13-14, 2020.
- Voltmer, E., Büssing, A., Thomas, C., & Spahn, C. (2010). Religiosity, spirituality, health and work-related behaviour patterns in pastors of two free protestant denominations. *PPmP Psychotherapie Psychosomatik Medizinische Psychologie*. <https://doi.org/10.1055/s-0029-1243225>
- Wachholtz, A. B., & Pargament, K. I. (2005). Is spirituality a critical ingredient of meditation?

- Comparing the effects of spiritual meditation, secular meditation, and relaxation on spiritual, psychological, cardiac, and pain outcomes. *Journal of Behavioral Medicine*.
<https://doi.org/10.1007/s10865-005-9008-5>
- Wachholtz, A., & Rogoff, M. (2013). The relationship between spirituality and burnout among medical students. *Journal of Contemporary Medical Education*.
<https://doi.org/10.5455/jcme.20130104060612>
- Whitehead, B. R., & Bergeman, C. S. (2012). Coping with daily stress: Differential role of spiritual experience on daily positive and negative affect. *Journals of Gerontology - Series B Psychological Sciences and Social Sciences*. <https://doi.org/10.1093/geronb/gbr136>
- Wright, B. R. E., Blackmon, R. A., Carreon, D. M., & Knepper, K. (2017). Lessons Learned from SoulPulse, a Smartphone-Based Experience Sampling Method (S-ESM) Study of Spirituality. In C. D. Bader (Ed.), *Faithful Measures: New Methods in the Measurement of Religion*. NYU Press.
- Zemore, S. E., & Kaskutas, L. A. (2004). Helping, spirituality and alcoholics anonymous in recovery. *Journal of Studies on Alcohol*. <https://doi.org/10.15288/jsa.2004.65.383>
- Zerach, G. (2013). Compassion fatigue and compassion satisfaction among residential child care workers: The role of personality resources. *Residential Treatment for Children and Youth*.
<https://doi.org/10.1080/0886571X.2012.761515>