

SELF-CARE AND SPIRITUALITY

A Project

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by

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Division of Social Work

Abstract  
of  
SELF-CARE AND SPIRITUALITY  
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Aspen M. Hall

Self-care is gaining attention in the broad field of helping professions due to its many mental, physical, and emotional benefits. Unfortunately, contemporary researchers do not adequately explore holistic approaches to self-care. Spirituality is largely left out of research on the subject of self-care. The primary purpose of this research project was to explore the potential benefit of spiritual activities, such as singing spiritual songs, as self-care interventions to determine if they are an effective method of self-care. Data was collected via paper survey from students at five college campuses (N = 412) in Northern California. Results of data analysis indicate that engaging in singing spiritual songs is a self-care technique that yields positive results for those who consider spirituality an important aspect of their life.

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## Chapter 1

### **Statement of the Problem**

Self-care is a concept that is gaining prominence in the broad field of helping professions. Self-care is a difficult concept to define precisely, as it is used by several related professions to describe differing phenomena. Physicians, dieticians, and therapists all tell consumers different ways to, in general, be healthier and take better care of themselves. A metanalysis of the extant literature determined that “self-care involves a range of care activities deliberately engaged throughout life to promote physical, mental and emotional health, maintain life and prevent disease” (Godfrey, Harrison, Lysaght et al., 2011). A review of the extant literature reveals that, unfortunately, holistic approaches to self-care are not adequately explored by contemporary researchers. Much focus of studies remains on physical health: how to stay (or get) fit, eat well, and live a healthier, longer life. Emotional or psychological self-care is still in the developmental stages. Spiritual practices are under-emphasized as potentially useful self-care interventions. The spiritual aspect of the holistic individual is often overlooked in social work research perspectives. In biopsychosocial assessment, it is often relegated largely to the *social* domain, thereby minimizing its potential importance.

### **Background of the Problem**

Self-care can be defined as activities an individual engages in that serve the purpose of maintaining one's health. It has, in the past, been used interchangeably with the terms *self-help* as well as *self-management* (Barlow, 2010). Self-care encompasses aspects of physical health, such as exercise and diet, which are commonly thought of

when saying *I need to take better care of myself*. Self-care is holistic, targeting the psychological and emotional in addition to the physical. On its website, the University of Texas at Dallas (2014) states that many people, especially college students, fail to adequately engage in self-care, viewing it as something only for weak or lazy people. Taking the time to care for oneself is also perceived by many as being selfish, an undesirable trait.

Within the arenas of social work, psychology, and other helping professions, self-care is gaining recognition as a means of maintaining psychological well-being. Clients and practitioners are encouraged to engage in activities that help them reduce stress and promote increased positive mental states. Mindfulness is a commonly encouraged theme and the inspiration for many self-care practices frequently being promoted, including various methods of controlled breathing and visualization exercises. Mindfulness is one tool in the current arsenal of self-care techniques, but further exploration and empirical study in the field of self-care is constantly discovering new variations and uses for self-care.

Stress is a natural, measurable response directly related to a demand placed upon the mind or body (Fontana, 1989). Fontana states that a stressor is the event or situation that spurs the stress response within an individual. In addition, Olpin and Hesson (2007) state that life is full of stressors, both positive ones (called *eustress*) which spur one on to perform at maximum levels, and negative ones (the source of *distress*). Olpin and Hesson explain that stress responses are specific to the individual. What qualifies as *eustress* for one individual may be quite distressing to another. Specific life conditions

and individual personality has much to do with the impact an event will have. Mediating factors that counter the negative effects of distress are self-care practices and well-developed coping skills (Proeschold-Bell, LeGrand, James et al. 2011). Proeschold-Bell and colleagues discussed that outcomes can be measured in both physical and mental health, and in overall quality of life.

Regarding spirituality as self-care practice, an extensive examination of the literature revealed no research on self-care and spirituality. It would appear that exploring spiritual activities, such as singing, as a potentially viable self-care technique is a new avenue of research presented in this study. While spirituality and spiritual belief systems have been shown to correlate with positive psychological outcomes (Hall & Flanagan, 2013; Abdel-Khalek. 2011; Broen, 1957), the role of engagement in spiritual activities has not been defined. Spiritual activities have not been studied as a self-care intervention, nor have the effects been examined of practicing specific spiritual activities at a frequency consistent with common health self-care guidelines for exercise: 3 times per week (American Heart Association, 2015).

### **Study Purpose**

This Master's Project aims to examine self-care activities, especially spiritually directed ones, and determine whether regular practice of these activities correlates with common human experiences, such as: self-esteem, locus of control, life satisfaction, and general anxiety. The primary purpose is to explore the concept of spiritual activities as self-care interventions and determine if these are an effective method of self-care. The secondary purpose would be to give workers in the helping professions, such as social

work, more tools to effectively help their clients live holistically. This study aims to also aid the furtherance of empirical support for the usefulness and benefit of practicing self-care.

Specific questions this research study will explore include: What are effective methods of psychological self-care? Would individuals who regularly practice spiritual activities report it as a mediating factor that reduces stress in addition to providing spiritual benefits? Does self-care influence other areas of one's psychological persona, such as the areas of self-esteem or life satisfaction?

### **Theoretical Framework**

The concept of self-care is often seen through the lens of a medical theoretical framework (Hoy, Wagner, & Hall, 2007). Evidence suggests that taking care of one's self leads to better health outcomes overall and is a preventative factor for many diseases. This theoretical stance is representative of only one area of self-care: the physical aspect. The primary philosophy behind medical self-care models lies in the concept that if patients are more involved in the care of themselves, the medical field will experience greater numbers of successful outcomes to treatment (Richardson, Loyola-Sanchez, Sinclair et al., 2014). There is an increasing number of studies on the role of self-care in relation to specific diseases, such as diabetes and coronary issues. There are noticeably fewer studies mentioned in the body of literature illustrating the benefits of self-care relieving or reducing psychological strain, or indicating the overall psychological health of those who habitually practice self-care.

This study uses a primarily socioecological framework, drawing from the concept of the interconnectedness of different aspects of life. As illustrated in Proeschold-Bell, LeGrand, James et al. (2011), the socioecological model incorporates several interrelated aspects all influencing health: intrapersonal, interpersonal, community, institutional, and policy.

The Intrapersonal level consists of an individual's beliefs and characteristics. The Interpersonal level consists of relationships between the individual and key persons and small social networks, such as one's spouse, family, and close friends. The Community level consists of shared identities, experiences, and resources for health. The Institutional level consists of rules, regulations, policies, and ethos that may promote or endanger health. Finally, the Policy level consists of policies, environments, and structures that impact health. (p. 703)

This perspective is holistic, viewing imbalance in one area as affecting others.

Ecological systems in sociological thought focuses on the relationships between individuals and their environments (Robbins, Chatterjee, Canada, 2011). One's physical environment and social environment are interconnected and have an effect on one's biological, psychological, social, cultural, and spiritual dimensions of health and behavior. Systems theories are the cluster of theories from which the ecological perspective is derived. In 1976, Germain and Gitterman first proposed the ecological model to the sociological community. It is now a core perspective used in modern social work practice. Its tie to self-care is that self-care aids the individual in their adaptation to their specific social environment.

In regards to self-care, the socioecological and ecological systems theories intersect when examining the relationship of spirituality to self-care and social support within predominantly poor ethnic minority communities, where the spiritual is a source of social connection, material support (financial support in crisis, clothing, food, respite care for sick family members), and comfort.

## Chapter 2

### **Literature Review**

Literature on the topic of self-care relating to non-physical aspects of a person's well-being is limited within the body of research. Self-care is gaining interest and momentum in the field of social work, and it is a practice encouraged in the lives of professionals and consumers alike. This review of the literature will first focus on self-care as a general concept, and move toward a focus on spirituality, particularly as it relates to self-care. The primary themes that will be discussed are: (1) establishing the benefits of self-care as a general lifestyle practice; (2) a functional definition of what spirituality is; (3) examining spirituality's role in the health field; (4) the connection between spirituality and well-being; (5) the roles of self-care and spirituality in social work education; (6) the impact of specific religious practices, such as prayer and spiritual song; and (7) the importance of spirituality on the daily lives of specific cultural groups.

#### **Benefits of Self-Care**

A frequent occurrence mental health professionals face is experiencing burnout and a buildup of vicarious trauma in response to traumatic experiences faced on a daily basis (Sprang, Craig, & Clark, 2011). Sprang et al. surveyed 669 professionals who worked with child-related deaths to attempt to determine common factors that lead to, or protect against, burnout and compassion fatigue/ trauma. Their overall findings indicated that being young, male, Hispanic, living in a rural area, and endorsing a lack of religious participation were the factors that predicted the highest likelihood of compassion fatigue or burnout. On the other hand, the most protective factor that predicted lower burnout



rates was active participation in religious services (Sprang, Craig, & Clark, 2011). It was suggested by these researchers that supervisors could play an influential role in the reduction of burnout and vicarious trauma risk by utilizing various methods of cognitive and emotional processing with their supervisees.

David Lukoff (2014) has a long history of work in the social work field and contributed to the inclusion of spirituality as part of standard social work treatment in California. In 2014 he wrote of his past experiences, both his own experience of mental illness and his ongoing campaign for the implementation of spiritual awareness within therapeutic settings. His team's research on mental health consumers discovered that in a sample group of over 2,000 respondents in California, more than 80% of them felt that spirituality was important to their mental health. Spirituality was used by the majority of these mental health consumers to help care for their well-being. Prayer, meditation, and reading religious texts were common practices that respondents reported doing to support their mental health. Most respondents stated that they believed mental health professionals should be willing to discuss spiritual matters. The recovery model of treatment is growing in common use. Lukoff describes spirituality as a cornerstone of the recovery model, which does not work without the inclusion of hope. Sustaining that hope is difficult without spirituality fostering optimism, reducing psychosis, and decreasing suicidality.

An analogy that describes the need for self-care in the life of the social work professional, as well as anyone else working directly with other people, is made by Barker (2010). Barker states that if someone neglects to care for themselves, they will *fix*

into a set psychological mold, much like a piece of pottery that is *fixed* by a potter and baked anew in the kiln. Barker states further that when this happens, people stop being fluid and able to change shape and adapt. People then see life stressors as just one rigid thing. With such rigidity comes brittleness and shattering. This state of being brittle and shattering described by Barker is a present danger to social workers and other human service professionals who experience high levels of burnout. Self-care, regardless of what precise method used to practice it, appears to have a profound effect on an individuals' ability to handle the stresses that come up in life. In sum, Barker proposes self-care, beyond the physical elements of hygiene, is something that can protect your mind from stress, can aid in finding a sense of purpose and meaning in life, and increase feelings of control.

Also in 2010, Barker argues that self-care is potentially pivotal in relationships, especially when dealing with conflict. This particular argument is relevant for those workers in the social sciences who work with clients that have relationship problems. Barker explains that self-care is believed to have the potential to aid in the process of conflict resolution and may even aid in the act of resolving conflicts. An illustration is given of how self-care techniques, such as the mindfulness practice of mental imagery, could be applied by someone who is in the middle of a relationship conflict. Other self-care techniques mentioned are controlled breathing and mindfulness, in addition to maintaining the standard activities of daily living. Barker (2010) goes a step further and states the opinion that time spent with oneself is another very important aspect of self-care, especially when one is in a relationship. Part of the usefulness or benefit of self-

care practices are that they reduce the impact of pressure on oneself, or in this case, on interpersonal relationships. Specifically, Barker states that if we allow ourselves time to think about what is going on in our lives there is the possibility for reflection on events and processing of emotions. Taking care of ourselves leaves us in better condition to handle both internal and external stressors.

Orem's Self-Care Deficit Nursing Theory (SCNDT) was applied to psychiatric settings by Seed and Torkelson (2012). Their review of the existing literature showed that this concept was rarely researched before, although Orem's theory has been applied to other medical settings with much apparent success. Seed and Torkelson also noted the new wave of focus on the recovery model in psychiatric care so that acute psychiatric patients are empowered and equipped to manage disordered symptomology (2012). These researchers find that core principles of the recovery model are inherent in nursing philosophy and practice. They define this recovery model as being self-directed, individualized, and person-centered care that is empowering, holistic, strength-based, peer supported, respectful, responsible, and hopeful. This definition aligns with many current core values of social work. The researchers also note that these elements of the recovery model of psychiatric care are in accordance with Orem's theory of self-care in that his theory focuses on health care as having the purposes of promoting and maintaining health and rehabilitation to highest functional level, in addition to recovery. In conclusion, Seed and Torkelson argue self-care as not only encompassing physically taking care of one's health, but also engaging in behaviors that address psychological health as well (2012). These affected psychological outcomes include hope, well-being,

empowerment, self-esteem, quality of life, relationships, and strength of social supports.

### **Spirituality Defined**

Frederick (2014) offers a compelling description of spirituality. As explained by Frederick, spirituality involves the interconnectedness of creation, personal experiences of transcendence, and the lifestyle actions used to connect with the transcendent.

Spiritual lifestyle actions include private practices, such as prayer or meditation, as well as relationships and interactions with others. Frederick notes spirituality is becoming an increasingly important part of the therapeutic toolbox. The spiritual traditions and beliefs of individuals in therapeutic settings is being included in the treatment, to good effect.

Spirituality can be a strong source of a person's sense of meaning and purpose in life, and tapping into that source when providing services can aid in helping a person get "back on track" with their life. Especially if it is already an important factor in the life of the individual involved, spirituality should be incorporated in the *Telos* (specific goals) of client transformation/ recovery, tactics used to reach those goals, and the ultimate targets for the life of the individual.

A problem Baker (2012) noted is the broad and indefinite nature of the meaning of spirituality, which the [British] National Curriculum Council (1993) states as needing:

[T]o be seen as applying to something fundamental in the human condition which is not necessarily experienced through the physical senses and/or experienced through everyday language. It has to do with relationships with other people and, for believers, with God. It has to do with the universal search for individual identity – with our responses to challenging experiences, such as death, suffering,

beauty and encounters with good and evil. It has to do with the search for meaning and purpose in life and for values by which to live. (p. 2)

How the nursing community views spirituality, in relation to patient care, was explored by Battey (2012). The author states that spirituality is a valuable component of nursing care that is currently suggested to be included in nursing curriculum. A survey of baccalaureate programs in the U.S. discovered that there is a lack of definitions or models regarding spirituality or spiritual care. Spiritual care was also discovered to be often lacking in the care of cancer patients, although nearly 70% of patients indicated that spiritual care was important to them. Battey concludes the report with a rubric for spiritual care practice guidelines for the nursing profession called BVMGR: Beliefs (B) – what the patient's beliefs are; Values (V) – what the patient values; Meanings (M) – what the patient finds meaningful; Goals (G) – the patient's goals/ life mission; and Relationships (R) – patient relationship with God.

Kim and Esquivel (2011) explored the adolescent's spiritual journey and the effects this journey has on adolescent ability for resilience and general psychological health. They give a description that defines spirituality in the psychological context well, as follows:

The meaning of spirituality from a psychological perspective has evolved through the years from the early notion that it is an acquired and secondary aspect of human endeavor (mostly embedded in religion) to a contemporary understanding that it is an inherent, distinct, and integral part of human experience. Emerging theories recognize the unique and complex nature of spirituality, while also

emphasizing its interconnectedness with religiosity and other human experiences. Moreover, spirituality is viewed as having a significant influence on human behavior and as a critically important subject of scientific study and professional practice in psychology. (p. 755)

Kim and Esquivel went on in their report to explore the effects of spirituality on adolescent behavior and coping responses. The concept of increased religiosity or spirituality in adolescents was argued to be connected to resilience as a protective factor: specifically by providing a sense of meaning or purpose to one's life, by fostering hope, and by promoting a lifestyle involving generally more frequent prosocial behaviors.

### **Spirituality and Health**

Hsiao, Chien, Wu et al., (2010) explored the concept of spiritual health as a coping strategy that positively correlates with health-promoting behaviors in college students. Their study sample was nursing students in Taiwan from various levels of college. Their study of the extant research led to stating that spiritual health is an important means for regulating stress (Hsiao et al., 2010). Participants were measured using interview questions, scale based questionnaires, and the Beck depression inventory. The primary findings of these researchers was consistent with other, similar studies made in Western countries – that correlations exist between spiritual health and lower stress. One specific aspect of their findings that is relevant to the fields of helping professions, including social work, is that the negative impact of practice-related stress was significantly reduced in those students who were identified as having high spirituality scores. Qualitative questions revealed a common factor that may explain the correlation

of spirituality and reduced practice-related stress: a different outlook on life and the perception that stressors were *challenges* to overcome and grow through rather than purely a stressor. Hsaio and colleagues (2010) called this phenomenon “meaning making,” as the participants viewed life challenges as contributing to their personal search for meaning and purpose in life. The suggestions of the researchers was to encourage students in human service profession fields to learn spiritual health as a standard part of college curriculum.

Nurses in the UK were surveyed to assess perceptions of spirituality, spiritual care, and its effect on practice (McSherry & Jamieson, 2011). The overall result found to be true in 90% of participant responses was that spirituality was viewed as beneficial to mental as well as physical well-being. Many nurses reported discomfort with involving spirituality in care of patients due to a lack of education covering the use of spirituality in care settings. The importance and helpfulness of spirituality was reported by participants from all religions represented. Respondents reported as identifying with various religions, including Christianity, Islam, Buddhism, Hindu, Judaism, Sikh, and “other,” yet all viewed the importance of spirituality as high or very high. McSherry and Jamieson (2011) report a general desire, on the part of nurses for the UK's department of health to provide useful guidelines for incorporating spiritual health in human services care settings.

Heinz, Disney, Epstein et al. (2010) studied the impact of spirituality on substance-abuse treatment. Their focus group was clients at methadone treatment centers. Heinz and colleagues' findings suggest that, while addicted, the clients'

spirituality and religious practices suffered, but that spirituality was a great help in recovery. The researchers interviewed individuals receiving treatment at the methadone clinic and found that the study participants viewed spirituality and spiritual practices as an integral part of their recovery process. Heinz and colleagues (2010) suggested that the findings implicated a positive argument for the inclusion of spiritual group discussion elements as part of formal treatment planning.

A unique study design was utilized by Currier, Drescher, and Harris (2014) in order to compare the spirituality levels of veterans seeking treatment for PTSD. They compared a group of Vietnam veterans to a group of Iraq/ Afghanistan veterans, and both groups were compared against a survey of members of the general civilian population. It was found that even though the two groups of veterans were from different sociocultural backgrounds from each other, there was a similarity in how the members of the two groups of veterans described their spirituality. Currier and colleagues discovered that both groups of veterans, from Vietnam and Iraq/ Afghanistan, reported lower levels of involvement of spirituality in daily life than the general population (2014). Religious aspects that were tested for included forgiveness, private practices such as prayer, use of positive religious coping, involvement in organized religiosity, and values believed. Study of the two groups of veterans showed a correlation between lower spirituality and PTSD in veterans, suggesting that the inclusion of spirituality as part of a holistic PTSD treatment in veterans might prove to be useful (Currier, Drescher, & Harris, 2014).

### **Spiritual Connection to Well-Being**

In Kuwait, Abdel- Khalek (2011) researched the religiosity of Kuwaiti Muslim



youth and its connection to the youths' self-perceptions of well-being, self-esteem, and anxiety. The self-rating scales used were as follows:

- (1) What is your level of your religiosity in general?;
- (2) What is the strength of your religious belief when compared with other persons?;
- (3) What is your estimation of your physical health in general?;
- (4) What is your estimation of your mental health in general?;
- (5) To what degree do you feel happy in general?; and
- (6) To what degree do you feel satisfied with your life in general? (p. 133)

Abdel-Khalek's findings suggest that there is a positive correlation between higher religiosity and positive self-perceptions of well-being and self-esteem, as well as correlations to reduced anxiety levels when compared to students whose reported religiosity levels were lower. Abdel-Khalek (2011) closed the article with the argument that, based upon the study's large sample size ( $N= 499$ ), there was a strong case for the idea that religiosity is a likely causal factor in protecting against psychopathological outcomes such as anxiety.

Religiosity, spiritual well-being, and college adjustment, principally during the freshman year in residence at a university, were studied by Kniepp, Kelly, and Cyphers (2009). These authors researched multiple aspects of college students' religious/spiritual perceptions and relationships with God and others. Kniepp and colleagues discussed entering college as a transitional time with many stressors present that students must adjust to in order to achieve academic and personal success. Their research of statistical literature discovered that approximately 50% of those who enter college will never graduate. It was the goal of the researchers to determine potential causative factors that

assist those students who successfully remain in college.

The findings suggested that adjustment to college is influenced positively by student spirituality and religiousness. Kniepp, Kelly, and Cyphers (2009) recommended, based on their findings, that mental health professionals in all disciplines be mindful of the spiritual well-being of their student clients in addition to their psychological well-being. These two concepts of spiritual and psychological well-being would appear to be intertwined, with one affecting the other. Kniepp et al. concluded that traditional college adjustment concerns, such as homesickness, relationship problems with peers, high levels of distress due to romantic relationship dissolution, and questions about their own existential sense of life's point, purpose, and the reason for existence, were mediated in the severity of their impact if a student maintained spiritual well-being.

Religion and spirituality's impact on the risk behaviors and mental health of youth in New Zealand was the object of a study by O'Brien, Denny, Clark et al. (2013). These researchers surveyed 3,500 New Zealand youth who attended a religious community at least once a year. Their findings found strong links between higher levels of spirituality and lower involvement in many high-risk behaviors, including drug use, binge drinking, alcoholism, and smoking. O'Brien and colleagues (2013) also discovered reduced rates of depression and suicide attempts in these same youth who reported high levels of spiritual involvement. Due to the research design being cross-sectional, the researchers stated that causality is not able to be fully determined, but the implication of study results is that spirituality has a positive impact on mental health and health risk behaviors.

Jankowski and Sandage (2012) looked for a possible connection between

psychological well-being *differentiation-based spirituality*. They collected data using a sample of 140 graduate students at a Protestant-affiliated university. Their overall findings supported their hypothesis that this form (*differentiation-based*) of spirituality would be a significant mediating factor against negative mood. Burris, Brechting, Salsman et al. (2009, as cited in Jankowski and Sandage, 2012) suggest that coping style and ability is affected in ways that are predictable within the college population by measuring the students' religiosity and spiritual seeking behaviors.

Jankowski and Sandage (2012) cite research indicating the positive outcomes of high *Differentiation of Self*, including of an indicator of lower stress, more prosocial habits, overall well-being, increased marital satisfaction, higher psychological adjustment, decreased mental health symptomology, increased social connectedness, and decreased shaming self-images. Findings of this research study of graduate students indicate that there are associations between spirituality and well-being, and that these can be mediated by spiritual qualities within an individual that aid them in managing negative emotions. In this study, Jankowski and Sandage defined spiritual coping as a form of stress coping that is different than simply finding meaning in hard times, and found that spirituality may in itself contribute to what they termed a *relaxation response*.

Ties between spirituality, coping strategies used, and overall psychosocial adjustment and adolescents were studied by Hall and Flanagan (2013). Their rationale for the study centered on the premise that spirituality has previously been linked to positive outcomes across development, but how these links occur has rarely been studied. Some of these positive outcomes that have been previously linked to spirituality that Hall

and Flanagan reference include better psychosocial health, stronger relationships and fewer behavior problems. They view spirituality and regular engagement in spiritual practices as a *developmental asset* which aids in morality development and connection with others (including a higher power). The result is that spirituality serves as a strong protective factor against stressors that arise commonly during adolescent development, thereby influencing that impact of risks. Problem behaviors are generally lowered, such as substance abuse, delinquency, and low self-esteem. Hall and Flanagan (2013) propose that the reason higher active spirituality is associated with higher self-esteem and reduced anxiety is that it (spirituality) promoted a sense of meaning and purpose in the life of the individual.

Hall and Flanagan's research involved use of a coping skills questionnaire, with three separate questionnaires for self-esteem, social anxiety, and spirituality/religiosity (2013). Their findings supported their hypothesis in that higher spiritual activity correlated positively with higher self-esteem and reduced anxiety. Revenge-based coping approaches resulted in lower self-esteem but higher social anxiety. The researchers discovered that adolescents who practiced spiritual activity less frequently were more likely to respond to stressors with a revenge approach and experience greater social anxiety than more spiritually active peers. Hall and Flanagan (2013) proposed that the difference in coping skills, self-esteem, and social anxiety are tied to spiritual practices. They propose that this is due to the level of feeling forgiven/supported by God and therefore the adolescent being more or less able to extend that forgiveness to others. Gender differences were not explored in-depth during this research, but it was suggested

as an area to be explored in the future as there was a noticeable difference in the response of girls and boys to social pressures and attitudes toward religion.

### **Self-Care, Spirituality and Social Work Education**

The effects of increasing mindfulness and use of self-care techniques by social work students was studied by Napoli and Bonifas (2011). Their primary focus is on the use of mindful self-care in which mindfulness is viewed as a technique to develop and serves as a form of self-care. Mindful self-care has been linked in various studies to such positive outcomes as reduced stress levels, burnout, and vicarious trauma. Napoli and Bonifas state that self-care on the part of social work professionals and students is vital for continuation of their ability to provide quality care to clients. Mindful self-care increases practitioner ability to understand their clients and thereby improves treatment outcomes. These researchers mention a study that shows mindful self-care intensifies pre-frontal cortex activity that increases resilience. They experimented by creating a *mindful classroom* in which a semester-long course was offered to graduate-level social work students to see how taking such a course, in which self-care and mindfulness were integrated into the curriculum, affected the students. The four elements of the *mindful classroom* are: (1) empathic acknowledgement of one's experience; (2) intentional paying attention to one's experience; (3) being accepting of one's experience without judgment; and (4) awareness of one's senses.

The specific self-care technique focused on in Napoli and Bonifas' experimental course was breath awareness, including the practicing of mindful breathing in weekly class sessions (2011). Pre-tests and post-tests were performed to see whether involvement

in and completion of the 16-week course on mindful self-care made an impact on the daily practice of the student participants. The results of the post-test implied that, indeed, a sizeable number of students involved in the course increased their mindful understanding of self in addition to using self-care more frequently. Napoli and Bonifas (2011) made the recommendation to include self-care training in social work curriculum as a standard course. A six-month follow-up survey to test whether the impact of the course on increased mindfulness and use of self-care in the student participants yielded few results, so it is uncertain whether the positive results of such training would be of long-term benefit.

Dziegielewski, Roest-Marti, and Turnage (2004) did a controlled experiment investigating stress in social work students. They attempted to discover whether incorporating psychoeducational curriculum about stress at higher levels of education, especially among college social work students, resulted in lowered reported stress, as shown on comparisons of pre- and post- tests. Dziegielewski and colleagues note that there have been several studies addressing the fact that there is an increase in certain specific stressors experienced by college students. They also noted that professionals in the social work field have a tendency to face high-stress situations in their jobs on a regular basis. The toll of this on the social workers often comes in the form of burnout due to experiencing consistently high levels of stress. These researchers tested a hypothesis of whether providing curriculum specifically aimed to increase social work students' awareness about stress mechanisms, as well as stress modulation techniques for personal use, would increase student distress tolerance and decrease the chances of future

burnout. Their research found that, after attending a seminar on stress reduction and self-care techniques, social work students felt less anxious about potential future stress and indicated more knowledge of methods to avoid burnout. Dziegielewski and colleagues recommend inclusion of training to increase practical knowledge of how to handle and prevent stress as part of standard social work college curriculum (2004). Their suggested curriculum would include practicing self-care techniques, such as guided imagery and relaxation breathing, during teaching sessions so that students would be comfortable using self-care techniques when needed.

In the interest of client health and well-being, Hodge (2005) suggests that the inclusion of spirituality training is a necessary part of social work education. Hodge suggests that fostering client spirituality is part of the ethical mandates of the social work profession. The specific areas of the National Association of Social Work's code of ethics that applies to religion are:

[T]o obtain education about religious diversity and the oppression religious peoples encounter...avoid unwarranted negative criticism and derogatory language based upon religion...refrain from facilitating religious discrimination...and actively work to prevent and eliminate religious discrimination...

Additionally...social workers should also procure knowledge of faith based cultures, be sensitive to the differences between various cultures, demonstrate cultural competence and cultural sensitivity, and recognize the strengths that exist in faith based cultures. (NASW Code of Ethics, cited in Hodge, 2005, p. 39)

Hodge notes that many forms of diversity have been focused on within the field of

social work, such as gender, race, and ethnicity, but that spiritual diversity has received little attention (2005). Spirituality is often viewed from its theological or philosophical angles, when it is also of vital importance to social workers due to the cultural element of religion. Religion shapes the worldview of clients for whom it is important. Evangelical Christians, Muslims, Hindus, and others have distinct cultures based on their religion. Theistic minorities are underrepresented in social work settings (Hodge, 2005). For example, a far smaller percentage of social work teachers share the religious convictions of the general population, at a rate of roughly 1% of social work educators per 10% of the US population that is represented by a certain religious group.

Research has shown that, due to a lack of feeling understood in relation to their religious beliefs, members of several religious groups including Hindus, Muslims, and evangelical Christians choose not to receive services that are available and would otherwise be beneficial (Hodge, 2005). Hodge reminds that groups outside the dominant culture typically experience discrimination and have less access to power. A national survey of 1,359 individuals indicated that orthodox Christians are significantly more likely than progressives to have low incomes, less prestigious occupations, less education, and to be African-American or Hispanic. Hodge's suggestion is to first create awareness of the spiritual discrimination within the field of helping professionals and then to actively include cultural competency in the area of religious diversity through education.

A college course for stress management and spiritual growth was designed and experimentally implemented by Oman, Flinders, and Thoresen (2008). A goal of these



researchers was to introduce the practice of such skills as forgiveness, compassion, and self-control in a college classroom setting. Their research of the literature showed that many youth find these to be desirable traits to develop within themselves, but there is a lack of solid role models in the youths' lives. These youth often identify religious figures as embodying these ideals, which are found to be similar across the spectrum of world religions. Oman and colleagues note that religious material is included in some fashion in curriculum for history, literature, social studies, and anthropology, as religion has had an impact in these fields. These researchers suggest that, as religion is closely linked with the search for meaning and purpose in life, it would be beneficial for the moral and psychological development of youths if spiritual thought were to be openly discussed and acknowledged in educational settings, such as college. The proposed curriculum would include the following topics: stress and health, the diverse meanings of spirituality/religion, spirituality and health, meditation, character strengths, profiles of diverse prominent spiritual models, awareness of learning from everyday person models, information on spiritual careers and professions, Bandura's Social Cognitive Theory, the psychology behind social modeling, the history of spiritual modeling, and alternative spiritual models (Oman, Flinders, & Thoresen, 2008). Oman and colleagues' model has yet to be implemented, but they believe it will provide the environment to foster spiritual and moral exploration.

### **Specific Religious Practices**

**Prayer.** Various psychological aspects of the spiritual act of prayer were investigated by Dein and Littlewood (2008). These authors state that there is little

research on prayer within the body of social science literature. Existing literature on prayer has shown it to be of pivotal importance in multiple religions across the globe. Dein and Littlewood state that prayer is comprised of active and receptive components, and has several different subtypes. They first define and describe prayer. They describe it as a religious activity, involving purposeful speech and/or body posture with the aim of communication with a deity. Important prayer subtypes include intercessory (request), ritual (recitation), conversational, and meditative (considered the most “advanced” prayer form). Talking, listening, and dialogue are associated with active prayer, whereas receptive prayer has to do more with communication aspects *coming from* the deity.

The researchers, Dein and Littlewood (2008), tie active prayer with effects on empirical processes, neurobiology, and coping skills, as well as explore the development of prayer across the life span. Prayer was not found to affect significant results in the arena of empirical processes, although it was shown to be an effective coping technique and a provider of hope that appears to have some positive effects on recovery from medical illnesses. Prayer’s contribution to coping and well-being appears tied to relaxation, positive self-esteem, and hope. Neural responses to prayer have been recorded, but sample sizes have always been too small to be conclusive. As for prayer across the life span, Dein and Littlewood (2008) note that there is a general trend from talking at God towards talking with God as people mature, beginning in adolescence. Receptive prayer was split by the researchers into four primary categories: (1) *confirming* prayer – an experience of feeling aware of the divine; (2) *responsive* prayer – an experience that the awareness is mutual between the individual and the deity; (3) *ecstatic*

prayer – an awareness of the divine and a sense that this awareness is returned, as part of a relationship; and (4) *revelational* prayer – the individual praying receives a message from the deity. Dein and Littlewood noted the methodological issue of attempting to control God and the inability to place more value in one religion's practices above another's as a serious difficulty when attempting to measure religious variables, such as prayer.

**Spiritual Singing.** Clift, Nichol, Raisbeck et al. (2010) performed a meta-analysis of the existing research on group singing, well-being, and health. The main goal of their research was to discover if there has been an increase in the number of studies regarding this topic during the 10-year period from 2000 – 2010. Their findings out of 51 papers showed an increase in the total number of research projects relating to group singing, well-being, and health during the specified ten-year period. Clift and colleagues (2010) pointed out that the majority of research projects did not take into account the fact that many of the newer research projects were small scale or exploratory studies that did not yield much significant information for the scientific community. The gathered evidence would suggest that singing could be beneficial for psychological and social well-being (Clift et al., 2010). The researchers went on to say that singing is reported to be fun, energizing, soothing, stress reducing, and thought provoking across a vast range of settings, including religious, prisons, and homeless shelters.

John Baker (2012) published a report on research into spiritual education's inclusion in special school settings in the UK for students with learning disabilities. In 1944, the UK passed the Education Act of 1944 which included the requirement of all

schools to include time spent during class for the spiritual development of the students. This approach would appear to have been effective, as another law was passed in 1988 which reinforced this inclusion of spirituality-building content in the curriculum. In his research, Baker discovered four problems to address relating to how spiritual education is being applied: (1) the spiritual development curriculum used by schools has yet to be standardized; (2) spirituality is linked to faith and religious belief but also has non-religious and secular dimensions; (3) spiritual education has an uncertain meaning and no standard of normal use; and (4) the special school setting required for learning disabled students creates unique difficulties in providing spiritual education. He discovered a successful technique for spiritual education that was used in various school settings, including that of students with learning disabilities: the use of worship assemblies where students join in “collective worship” or “being silent” in a worshipful attitude.

Cohen (2011) compiled research on singing in relation to psychology, life-span development, and well-being. She discovered singing is influential across the lifespan, from infancy to old age. She describes everyone as being, at various times and in different situations, both passive and active participants in music. This is an intercultural phenomenon that is not geographically bound, as Western and non-Western cultures both employ singing. Cohen found a comparative dearth of research in the area of singing.

Cohen (2011) describes the creation and need for the 7-year Social Sciences and Humanities Research Council of Canada (SSHRC) Major Collaborative Research Initiative Advancing Interdisciplinary Research in Singing (AIRS), which has the goal of expanding scientific research of singing /music and of which project she is the director.

During the year 2008, the AIRS program gathered specialists in many aspects of musical interests from around the globe. Many studies were commenced and some of the findings Cohen reports are that singing is indicated to involve the entire body, not just the obvious auditory-related senses, with positive results (2011).

### **Culture-Bound Spirituality**

Krause and Bastida (2012) studied the impact that a spiritual practice (the making of *Mandas*) has upon the health of Mexican Americans. A *manda* is described as a promise to the Virgin Mary or another saint in return for a granted request. Results showed those who regularly made mandas felt higher levels of self-control and reported better overall feelings of health and well-being. Another result found by Krause and Bastida was that higher levels of church attendance correlated with the reporting of better overall feelings of health and well-being. Their conclusion drawn from this was that the church community provided spiritual as well as social support, which contributed to these results of higher health levels and feelings of well-being.

The mitigating effects of spirituality on stresses associated with poverty were explored by Harry Aponte (1999). Aponte's focus group was financially disenfranchised ethnic minorities. Risk factors for poor minorities can include losing one's sense of identity and self-worth, diminished control over everyday living and their future destiny, and isolation from the larger society. Spirituality is an oft-overlooked factor in successful coping with the same obstacles facing poor minorities. A case study of two sisters, both of whom have sickle-cell anemia and one of whom has a life ravaged by her cocaine habit, were compared for the impact of spirituality. One sister, as well as the girls'

mother, handled living in the same circumstances with grace and dignity, attributing the difference to their spirituality helping get them through and give them hope. Aponte views spirituality as providing significance to existing and as a resource for the disadvantaged that transcends discouraging circumstances, deprivation, and oppression. The spirituality of an individual should be supported and encouraged within the context of therapy, especially as spirituality plays such an important role in protecting from the full, potentially negative effects of poverty. When one's spirituality is negated or ignored, it can become diminished in a sense: diminished in value and strength. When this happens, people may lose their sense of identity and direction for their lives. Aponte notes the effects of this loss often include troubled family relationships, decreased school performance, work instability, and trouble with the law – troubles experienced by many in the African-American community.

Aponte (1999) proposes an outline for the respectful inclusion of a client's spirituality within the therapeutic setting. In this model of spiritually-aware therapy, clinicians: (1) work consciously with an individual's spirituality; (2) build a baseline sense of the individual's spiritually-based values; and (3) pivot therapy on the individual clients' moral choices. Aponte concludes with a case study of a young woman whose therapist consciously created a spiritually-aware therapeutic space, which enabled her to draw upon the spirituality in her cultural roots. Through the strength of her spirituality, she overcame such obstacles as incest at the hands of her father, her cocaine addiction as a result of that event, and the traumatic loss of one of her children to sudden infant death syndrome. Aponte's suggestion is that if spiritually-conscious therapy were to be

regularly implemented, it would be beneficial to those in the African-American community to whom spirituality is an integral part of their cultural identity, as well as to consumers in general.

The potential usefulness of churches in promoting self-care as a lifestyle habit was discussed by Webb, Bopp, and Fallon (2013), as churches are often located in the heart of areas where underserved populations live. Their research explored the views of clergy in varying communities as to whether self-care was an important issue for the congregations and if churches should actively encourage self-care practices from the pulpit. Churches are able to reach many individuals in the communities in which they are located. Local church congregations often serve a social and cultural function, in addition to a spiritual one. If a church were to actively promote self-care among the parishioners, more people might try engaging in regular self-care. The results of Webb, Bopp, and Fallon's research found differing views within the body of clergy surveyed, with age of the clergy being a significant factor determining a belief of whether churches should actively promote self-care as a lifestyle pattern.

## Chapter 3

### Methods

#### Study Objectives

The objective of this study is to examine whether practicing self-care methods correlate with various aspects of the human experience such as spirituality, self-esteem, loci of control, life satisfaction, and levels of general stress. Also in question is whether a significant difference exists in the effect of different self-care methods on the aforementioned areas. College students were selected as the population to be studied due to their convenient availability and willingness to participate in surveys. Additionally, college students have myriad new stressors to contend with while attending school, making them a suitable subject population.

This research study utilized a data-collection procedure that involved both quantitative and qualitative methods. Random, convenience sampling procedures were used throughout the study.

#### Study Design

The research design used was primarily exploratory in nature. Exploratory research design is often used to explore smaller sample sizes to gain an introductory-level knowledge of a subject to determine if more research should be done, and in what areas future research should be focused (Rubin & Babbie, 2013). Engel and Schutt (2009) describe the purpose of exploratory research as being to determine a general sense of what is “going on” with the issue in question, and to freely explore an issue to discover what questions may need answering. The research design used in this study also contains



aspects of explanatory research design: primarily the presence of a hypothesis to be tested related to whether different forms of self-care used by college students result in different outcomes on factors such as stress, life satisfaction, and self-esteem.

### **Sampling Procedures**

Subjects for this study ( $N = 412$ ) were recruited using a convenience sampling method. The researcher went to the five college campuses involved in the study and placed themselves at a centrally located table on campus. Slight variations in where the researcher was located were present, as per the setup and desires of the individual institutions involved in the research study. The five colleges include California State University Sacramento ( $n = 185$ ), Sierra College ( $n = 57$ ), Northwest University ( $n = 14$ ), Epic Bible College ( $n = 51$ ), and a Christian liberal arts college in Northern California ( $n = 105$ ). No exclusions were placed on participation except that participants were currently attending students of the college.

Students who walked by were offered an optional compensation of a small food item, such as a cookie or doughnut, in return for completion of a survey. The researcher verbally informed participants that survey participation was voluntary and that information collected on the surveys would be confidential due to there being no identifiable information on the survey form itself. A statement that participation was voluntary was also printed at the top of every survey form. Although there were several students who chose to walk past the researcher and not participate, only one individual who approached the researcher decided against completing the survey. By offering the survey in a neutral location which prospective participants approached voluntarily, the

researcher maintained a highly randomized sample. In order to minimize potential conflicts of interest when collecting data at the researcher's college, surveys were not passed out in classes, nor was participation endorsed by any faculty.

### **Data Collection Procedures**

Data collection was through the administration of a paper-based survey offered to students who walked by the researcher. Clipboards were provided by the researcher so that the participants could step away from the table to maintain the confidentiality and privacy of their answers. Upon completion of the survey, participants returned the form to the researcher and were then offered one of the compensation food items. All completed surveys were immediately placed into the file folder associated with the participant's campus in a filing storage container that locked.

The survey was offered between November, 2014 and March, 2015. The first school visited was Northwest University, where the researcher collected data during a Tuesday morning in November. The next day, Wednesday, November 19, the researcher began conducting surveys at the Christian liberal arts university. There were three Fridays during the Spring semester, between January and March, when the researcher visited this school to collect data. Epic Bible College was visited on two consecutive days - a Tuesday evening to capture samples from the evening students, and the next morning to gather information from the daytime students. Both CSUS and Sierra College had two collection days during the Spring semester, one in February and one in March.

### **Instruments**

The primary method of research utilized was a researcher-created 22-question

survey. A paper-based survey was used in this research study in order to preserve the anonymity of participants' responses. Online surveys can potentially be traced or hacked, compromising participant anonymity. To further protect participant confidentiality no personally identifying information was included on the survey. The survey had four sections and used a mixed method of qualitative and quantitative questions. The first section was composed of demographic questions determining information such as gender and age. The next seven questions probed into various areas of psychological health and self-perception including life satisfaction, general level of stress/ anxiety, and locus of control. Participants were asked if "I feel that my life has a great deal of meaning" and "Is there something you think is lacking that negatively affects your overall quality of life?"

The next section of the survey asks various questions relating to the participants' spiritual life and self-care behaviors. The participants were asked if they "consider spirituality/religion to be an important part of their life" and if they "believe self-care behaviors encourage feeling better about oneself." They were also asked to list any self-care behaviors that they participate in, and with what regularity. The final section is brief, asking open-ended questions. The participants were asked in what ways they feel spirituality impacts their past, present, and future, as well as what they hope to accomplish with a college education.

### **Data Analysis**

Data collected through the surveys will be analyzed utilizing IBM's Statistical Packages for the Social Sciences (SPSS) computer program. Quantitative data will be

entered directly into SPSS. Content analysis will be conducted on open-ended qualitative data collected in the surveys and then also entered into SPSS for analysis. After all data gathered has been entered into SPSS, various statistical analyses will be performed using the data set. Differential statistics to be measured include frequency distributions, measures of central tendency, measures of dispersion and variability, and measurements of association. Inferential statistics are also to be tested for, using the Chi-square, Pearson's *r*, *t* tests, and ANOVAs.

### **Protection of Human Subjects**

The protection of human subjects is an important ethical aspect of social work research. Several steps were taken to ensure the ethical and safe handling of all research participants involved. Due to the nature of this study involving research participants from five colleges, steps were taken to ensure the protection of human subjects at all involved campuses. Campus administrators who oversaw human subject protection at the various college campuses were applied to via formal application or interview, and approval to research was granted. At one college, a full human subjects review application process was followed in order to obtain permission to conduct research. The information gathered in this university's application packet was very similar to the application for the protection of human subjects at CSUS. After board review, this school determined that the proposed research was considered "exempt," and granted approval to the researcher to perform research at their college. Documentation of the researcher's permission to conduct research on students was gathered from each participating college and was then forwarded to the California State University Sacramento Division of Social

Work's Institutional Review Board (IRB).

The application to the CSUS IRB included the author's plan of research, including the aim of research and the means of data collection. It was reviewed and the researcher received notice of approval on October 14, 2014. The research proposal was approved as exempt, meaning that no risks to the participants were presented in the researcher's plan. The given approval expires one year from the date permission was given, on October 4, 2015. The approval number is 14-15-028, and amendments or modifications to the original research proposal were to be submitted to the review board prior to making changes from the originally proposed plan. An amendment was submitted to the review board and approved on November 10, 2014. This amendment was to provide letters of permission and approval to perform research at two of the five schools included in the study. These two schools had given verbal permission to research prior to initial CSUS IRB approval, but no official documentation of this permission had been received as of the original CSUS IRB application date. No further changes have been made to the original human subjects review application.

## Chapter 4

### **Study Findings**

This research study seeks to explore effective methods of psychological self-care. Also examined was whether individuals who regularly practice spiritual activities report it as a factor that reduces stress in addition to providing spiritual support. Another focus was if self-care influences psychological aspects such as self-esteem or life satisfaction. Various information was discovered about the dataset, both descriptive and inferential, after tests were run using the SPSS statistical computer software. Some of the findings from the dataset will be displayed and discussed in this chapter.

### **Overall Findings**

The participants in this research study were college students from five college campuses in the Northern California region. The total research sample population ( $N = 412$ ) was composed of 57% ( $n = 234$ ) females and 43% ( $n = 178$ ) males, with an age range of 17-72 years (mean age = 25.2 years, std. deviation = 11.05). A majority of respondents were in their first year of college, comprising 27% ( $n = 113$ ) of the sample population, followed by those with five or more years of college experience at 23% ( $n = 93$ ). When asked regarding the goals of their educational pursuits, the same percentage, 21% ( $n = 86$ ) responded that their primary aim was financial as responded that they wished to complete their education to get a job in a field related to their program of study. Thirteen percent of participants ( $n = 55$ ) responded that their education goal is altruistic in nature, while an equal percentage, 16%, of respondents' aims were religious in nature ( $n = 64$ ) as were aimed at self-enrichment ( $n = 67$ ).

As regards the spirituality and spiritual practices of the participants, sixty-five percent (n = 269) declared spirituality to be either important or very important to them. Regular attendance at a religious gathering was reported by 242 participants. Religious affiliations were varying. In total, 246 respondents reported as Christian, including unspecified, Pentecostals, Protestants, and Catholics. Other religions represent 11% (n = 45) of respondents who listed a religious affiliation. Other religions represented in the dataset include Shamanism, Buddhism, Islam, Hindu, Seik, Taoist, Unitarian, and Jehovah's Witness.

Concerning the qualitative question in the survey about the impact of spirituality on the life of the participant, almost all Christian participants answered the question with few exceptions. Many non-Christian participants also answered this question, showing a large number who had been Christian when younger. Some common themes arose within the answer set. Christians described spirituality as providing hope for the future as well as a clear direction or goals for future life. Shame was reduced, as well as anxiety and depression. Some reported direct intervention in their suicidal thoughts and actions by God. God was also credited with providing success in life, improving family relationships with spouses and children, and determining values and morals. Non-Christian responses observed that spirituality helped other people accomplish positive things including cessation of drug use and being able to live a different life. Those who had higher spirituality in the past tended to view it as something that shaped their life and values in the past but did not have much impact currently. A few discussed strong anger at their parents for forced involvement with religion when younger. Overall, there were

by far more positives reported about spirituality's impact on life than negatives.

### Specific Findings

The results of a Pearson's  $r$  using the factors of Anxiety Level, Religious Practices, Spiritual Songs, and Non-Religious Practices are shown in Table 1. The results of the correlation test show that there are significant correlations between anxiety level and both religious practices ( $r = -.112, p < 0.026$ ) and spiritual songs ( $r = -.169, p < 0.001$ ). The relation between anxiety levels and non-religious self-care practices was noticeably weaker and not statistically significant, at  $r = -.044, p = 0.389$ , implying that practicing religious activities, especially singing spiritual songs on a regular basis, lowers anxiety levels more effectively than practicing non-religious self-care activities alone.

Table 1

#### *Correlations Between Anxiety and Self-Care Practice*

		Anxiety Level	Religious Practice	Spiritual Songs	Non- Religious Practice
Anxiety Level	Pearson Correlation	1	-.112*	-.169**	-.044
	Sig. (2-tailed)		.026	.001	.389
	N	393	393	393	393
Religious Practice	Pearson Correlation	-.112*	1	.565**	.209**
	Sig. (2-tailed)	.026		.000	.000
	N	393	393	393	393
Spiritual Songs	Pearson Correlation	-.169**	.565**	1	.239**
	Sig. (2-tailed)	.001	.000		.000
	N	393	393	393	393
Non-Religious Practice	Pearson Correlation	-.044	.209**	.239**	1
	Sig. (2-tailed)	.389	.000	.000	
	N	393	393	393	393

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

As the results of table 1 show positive results in relation to singing spiritual songs with regularity, the next calculation aimed to explore the category of spiritual song as it relates to anxiety levels in more depth. Specifically, which frequency of singing is most



likely to be associated with specific levels of anxiety. Table 2 displays the results of a  $\chi^2$  (Chi-Square) bivariate analysis of anxiety levels crosstabulated against number of times per week the participants report singing spiritual songs. The groupings were as follows: (1) singing 3 or more times per week, (2) singing between 0-3 times per week, and (3) those who reported as singing zero times each week.

Table 2

*Anxiety Level \* Spiritual Song 3 or More Crosstabulation*

				Spiritual Song		Total
				3 or more times / wk	between 0 - 3 zero times /wk	
Anxiety Level	Lowest/ Low Anxiety	Count	32	7	60	99
		% within Song 3 or more	51.6%	24.1%	30.2%	34.1%
		% of Total	11.0%	2.4%	20.7%	34.1%
	Some Anxiety	Count	20	17	69	106
		% within Song 3 or more	32.3%	58.6%	34.7%	36.6%
		% of Total	6.9%	5.9%	23.8%	36.6%
	High/ Highest Anxiety	Count	10	5	70	85
		% within Song 3 or more	16.1%	17.2%	35.2%	29.3%
		% of Total	3.4%	1.7%	24.1%	29.3%
Total		Count	62	29	199	290
		% within Song 3 or more	100.0%	100.0%	100.0%	100.0%
		% of Total	21.4%	10.0%	68.6%	100.0%

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	19.144 <sup>a</sup>	4	.001
Likelihood Ratio	18.766	4	.001
Linear-by-Linear Association	11.975	1	.001
N of Valid Cases	290		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 8.50.

The results of the  $\chi^2$ , shown in Table 2, are that those who sing three or more times per week are under half as likely to report high anxiety levels as those who did not sing at all. Also shown was that when looking at those reporting low anxiety, a majority

were those who sing 3 or more times, at 51.6%, as compared to those who sing zero songs (30.2%) or sing between 0-3 songs per week (24.1%). In all categories of anxiety level, those who sing 3 or more times per week score more positively than those who do not sing at all, or who sing less than 3 times per week. These findings are statistically significant ( $\chi^2 = 19.144$ ,  $df = 4$ ,  $p < 0.001$ ), suggesting that singing spiritual songs is, indeed, an effective method of self-care when done at a frequency of three or more times per week. This rate is consistent with the frequency at which many self-care behaviors are effective. Interesting to note is that those who report singing some spiritual songs, but less than three or more in a week, were the group that reported the highest quantity of “some” anxiety, at 58.6% ( $n = 17$ ) and the lowest number of participants ( $n = 7$ ) reporting low anxiety.

Table 3 displays the results of another  $\chi^2$  analysis relating to frequency of singing spiritual songs, as divided by religious affiliation groupings present within the sample set. The findings of this analysis are statistically significant, at  $\chi^2 = 82.15$ ,  $df = 10$ ,  $p < 0.001$ . As shown, Christian religious groups are the only ones that reported singing spiritual songs three or more times per week, with the exceptions of Catholics, of whom none reported as singing this often. Those who reported as being formerly religious ( $n = 6$ ) did not report any spiritual singing. Of the total ( $n = 41$ ) who affiliate with other religions only three reported any spiritual singing, and that was at less than three times per week. Although one of the smaller groups, numerically, Pentecostals were the most active in the area of singing spiritual songs, proportionally, with 75% singing three or more times per week.

Table 3

*Religious Affiliation \* Spiritual Song 3 or More Crosstabulation*

			Spiritual song 3 or more			Total	
			3 or more times /wk	Between 0-3 times /wk	zero times		
Religious Affiliation	Formerly religious	Count	0	0	6	6	
		% of religious group	0.0%	0.0%	100.0%	100.0%	
		% within Song 3 or more	0.0%	0.0%	4.9%	2.9%	
	<hr/>						
	% of Total			0.0%	0.0%	2.9%	2.9%
	Christian - unspecified	Count	41	17	35	93	
		% of religious group	44.1%	18.3%	37.6%	100.0%	
		% within Song 3 or more	74.5%	60.7%	28.7%	45.4%	
	<hr/>						
	% of Total			20.0%	8.3%	17.1%	45.4%
	Pentecostal	Count	9	2	1	12	
		% of religious group	75.0%	16.7%	8.3%	100.0%	
		% within Song 3 or more	16.4%	7.1%	0.8%	5.9%	
	<hr/>						
	% of Total			4.4%	1.0%	0.5%	5.9%
	Protestant	Count	5	3	4	12	
% of religious group		41.7%	25.0%	33.3%	100.0%		
% within Song 3 or more		9.1%	10.7%	3.3%	5.9%		
<hr/>							
% of Total			2.4%	1.5%	2.0%	5.9%	
Catholic	Count	0	3	38	41		
	% of religious group	0.0%	7.3%	92.7%	100.0%		
	% within Song 3 or more	0.0%	10.7%	31.1%	20.0%		
<hr/>							
% of Total			0.0%	1.5%	18.5%	20.0%	
Other Religions	Count	0	3	38	41		
	% of religious group	0.0%	7.3%	92.7%	100.0%		
	% within Song 3 or more	0.0%	10.7%	31.1%	20.0%		
<hr/>							
% of Total			0.0%	1.5%	18.5%	20.0%	
Total	Count	55	28	122	205		
	% of religious affiliation	26.8%	13.7%	59.5%	100.0%		
	% within Song 3 or more	100.0%	100.0%	100.0%	100.0%		
	<hr/>						
% of Total			26.8%	13.7%	59.5%	100.0%	

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	82.150 <sup>a</sup>	10	.000
Likelihood Ratio	103.390	10	.000
Linear-by-Linear Association	46.917	1	.000
N of Valid Cases	205		

a. 7 cells (38.9%) have expected count less than 5. The minimum expected count is .82.

The tie between religious affiliation and anxiety levels is examined in Table 4. Table 4 displays the results of a  $\chi^2$  test of religious affiliation and anxiety. There are several similarities between this table and Table 3, which measured one of the same variables (religious affiliation) against participating in spiritual singing three or more times per week. First, in both tables, those who are formerly religious all landed within a single column: zero singing and high/highest anxiety. The percentage spread of Pentecostals within each column is similar in both charts, with there being a noticeably higher percentage of those within the Pentecostal group having low/lowest anxiety in Table 4, and singing three or more times per week in Table 3. The Christian group with the highest percentage 28.9% ( $n = 13$ ) reporting high/highest anxiety (in addition to a 92.7% rate of zero times singing per week) was Catholics. This is followed closely by unspecified Christians, who report a 24.2% ( $n = 38$ ) rate of high/highest anxiety. In rank, those who align with other religions have the second highest percentage, 33.3%, of those reporting high anxiety. Concerning anxiety levels, all Christian groups rated lower frequencies of high anxiety than non-Christians, as well as noticeably higher percentages of low anxiety. Those who reported as aligning with religions that are not Christian were grouped together for these tables due to there being too small a sample size to tabulate each religion individually. The  $\chi^2$  test shows the results in table 4 to be significant with  $\chi^2 = 23.540$ ,  $df = 10$ ,  $p < 0.009$ .

Table 4

*Religious Affiliation \* Anxiety Level Crosstabulation*

			Anxiety Level			
			Lowest/ Low Anxiety	Some Anxiety	High/ Highest Anxiety	Total
Religious Affiliation	Formerly religious	Count	0	0	5	5
		% of religious group	0.0%	0.0%	100.0%	100.0%
		% of Anxiety Level	0.0%	0.0%	6.5%	1.7%
				<hr/>		
	Christian - not specified	Count	66	53	38	157
		% of religious group	42.0%	33.8%	24.2%	100.0%
		% of Anxiety Level	58.4%	50.0%	49.4%	53.0%
				<hr/>		
	Pentecostal	Count	13	9	3	25
		% of religious group	52.0%	36.0%	12.0%	100.0%
		% of Anxiety Level	11.5%	8.5%	3.9%	8.4%
				<hr/>		
	Protestant	Count	8	8	3	19
		% of religious group	42.1%	42.1%	15.8%	100.0%
		% of Anxiety Level	7.1%	7.5%	3.9%	6.4%
				<hr/>		
	Catholic	Count	15	17	13	45
		% of religious group	33.3%	37.8%	28.9%	100.0%
		% of Anxiety Level	13.3%	16.0%	16.9%	15.2%
				<hr/>		
Other Religions	Count	11	19	15	45	
	% of religious group	24.4%	42.2%	33.3%	100.0%	
	% of Anxiety Level	9.7%	17.9%	19.5%	15.2%	
			<hr/>			
Total	Count	113	106	77	296	
	% of religious group	38.2%	35.8%	26.0%	100.0%	
	% of Anxiety Level	100.0%	100.0%	100.0%	100.0%	
	% of Total	38.2%	35.8%	26.0%	100.0%	

*Chi-Square Tests*

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.540 <sup>a</sup>	10	.009
Likelihood Ratio	23.465	10	.009
Linear-by-Linear Association	1.926	1	.165
N of Valid Cases	296		

a. 4 cells (22.2%) have expected count less than 5. The minimum expected count is 1.30.

Pearson  $r$  correlations were tested for the variables of engaging in spiritual song three or more times a week, a belief that religious practice affects aspects of well-being, the importance of spirituality in one's life, and having a sense of meaning and purpose in life. Table 5 documents the results. The strongest significant correlation was between importance of spirituality and believing religious practices affect well-being, at  $r = -.610$ ,  $p < 0.001$ . The implication of this finding is that those with higher levels of spirituality strongly believe that religious practices positively influence well-being. There was also a correlation between increased importance of spirituality and a greater sense of purpose in life ( $r = .287$ ,  $p < 0.006$ ). The weakest correlation that was still significant,  $r = .219$ ,  $p < 0.037$ , was between singing spiritual songs and a belief that religious practice impacts well-being. Other notable correlations occurred between spiritual song and level of spirituality's importance ( $r = -.325$ ,  $p < 0.002$ ), as well as song and a sense of meaning or purpose in life ( $r = -.262$ ,  $p < 0.012$ ). Increased spiritual singing correlates with higher levels of spirituality and a stronger sense of meaning or purpose in life.

Table 5

*Correlations to Spiritual Singing*

		Spiritual song three or more times/ wk	Religious Practice impact well-being	Importance of spirituality	Meaning/ Purpose
Spiritual song three or more times/ wk	Pearson Correlation Sig. (2-tailed) N	1 91	.219* .037 91	-.325** .002 91	-.262* .012 91
Religious practices impact well- being	Pearson Correlation Sig. (2-tailed) N	.219* .037 91	1 91	-.610** .000 91	-.008 .937 91
Importance of spirituality	Pearson Correlation Sig. (2-tailed) N	-.325** .002 91	-.610** .000 91	1 91	.287** .006 91
Meaning/ Purpose	Pearson Correlation Sig. (2-tailed) N	-.262* .012 91	-.008 .937 91	.287** .006 91	1 91

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

Table 6 displays data from correlation tests run on the variables of anxiety level, sense of meaning or purpose in life, contentment with life direction, and importance of spirituality. Data from other tables examined earlier indicates that correlations exist between regular self-care and lower anxiety levels. The correlation tests expressed in Table 6 had the aim of determining if lowered anxiety is linked to certain factors of general well-being. Anxiety levels did intersect with a sense of meaning/purpose with a significant correlation of  $r = -.237, p < 0.001$ . With this research instrument, this indicates that those with lowered anxiety were more likely to experience a sense of meaning and purpose. Also shown is a negative correlation between anxiety and how important spirituality is in the life of the respondent ( $r = -.182, p < 0.001$ ) indicating that as spirituality increased, there was a decrease in the strength of the anxiety level.

Table 6

*Correlations to Level of Anxiety*

		Anxiety Level	Meaning/ Purpose	Life Direction	Importance
Anxiety Level	Pearson Correlation	1	-.237**	-.043	-.182**
	Sig. (2-tailed)		.000	.387	.000
	N	405	405	404	403
Meaning/Purpose	Pearson Correlation	-.237**	1	.319**	.293**
	Sig. (2-tailed)	.000		.000	.000
	N	405	412	411	404
Life Direction	Pearson Correlation	-.043	.319**	1	.006
	Sig. (2-tailed)	.387	.000		.910
	N	404	411	411	403
Importance of Spirituality	Pearson Correlation	-.182**	.293**	.006	1
	Sig. (2-tailed)	.000	.000	.910	
	N	403	404	403	404

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Correlations between several variables involved in answering the question of whether self-care is linked to a sense of meaning/ purpose, locus of control, and if anything was lacking are displayed in Table 7. Self-report of a belief that practicing religious activities impacts negativity and promotes satisfaction is also a factor on this table. The correlations between practicing some self-care on a regular basis and meaning/purpose ( $r = -.141$ ), loci of control ( $r = .203$ ), and feeling that something is lacking in life ( $r = .154$ ) were all statistically significant at  $p < 0.01$ . Those who reported as practicing non-religious activities for self-care also correlated with several factors at  $p < 0.01$ , including loci of control ( $r = -.166$ ), something lacking ( $r = .195$ ), and believing religious practices impact well-being ( $r = .150$ ). Those who reported as practicing a religious activity correlated significantly with all factors, except something lacking, with a stronger correlation and p-value of  $p < 0.001$ . For the group that practices religious activities, meaning/purpose was  $r = -.233$ , loci of control was  $r = -.199$ , and Religious



Practice impact on well-being was  $r = .452$  (the strongest correlation on the table). The group of those practicing religious activities regularly were the only self-care grouping that did not correlate strongly with anything lacking in their life. Implications drawable from Table 7 are that all self-care practice has beneficial effects on some facets of human personality and psyche, such as feeling in control and having a sense of meaning or purpose in life. With only those who engage in regular religious practices reporting reduced feelings that there is something lacking in their life, participating in religious practices would appear to be linked with greater life satisfaction and contentment.

Table 7

*Correlation Comparison of Self-Care Practices*

		Practice S-C	Non Religious Practice	Religious Practice	Meaning /Purpose	Loci of Control	Anything lacking	RP impact
Practice Self-Care	Pearson Correlation	1	.294**	.261**	-.141**	-.203**	.154**	.087
	Sig. (2-tailed)		.000	.000	.005	.000	.002	.085
	N	390	390	390	390	390	390	390
Non Religious Practice	Pearson Correlation	.294**	1	.213**	-.043	-.166**	.195**	.150**
	Sig. (2-tailed)	.000		.000	.397	.001	.000	.003
	N	390	390	390	390	390	390	390
Religious Practice	Pearson Correlation	.261**	.213**	1	-.233**	-.199**	.023	.452**
	Sig. (2-tailed)	.000	.000		.000	.000	.657	.000
	N	390	390	390	390	390	390	390
Meaning /Purpose	Pearson Correlation	-.141**	-.043	-.233**	1	.081	.165**	-.107*
	Sig. (2-tailed)	.005	.397	.000		.110	.001	.035
	N	390	390	390	390	390	390	390
Loci of Control	Pearson Correlation	-.203**	-.166**	-.199**	.081	1	-.109*	-.023
	Sig. (2-tailed)	.000	.001	.000	.110		.031	.651
	N	390	390	390	390	390	390	390
Anything lacking	Pearson Correlation	.154**	.195**	.023	.165**	-.109*	1	.041
	Sig. (2-tailed)	.002	.000	.657	.001	.031		.425
	N	390	390	390	390	390	390	390
Religious Practice impacts well-being	Pearson Correlation	.087	.150**	.452**	-.107*	-.023	.041	1
	Sig. (2-tailed)	.085	.003	.000	.035	.651	.425	
	N	390	390	390	390	390	390	390

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

## Chapter 5

### Summary and Recommendations

#### Overall Summary of Study

The overall results of the data analysis of the present study support the original hypothesis of the researcher that engaging in spiritual activities such as singing spiritual songs with regularity is an effective method of self-care. The results of the data analysis also reinforce what is in the literature: that self-care reduces stress. There is no information in the literature about the role spirituality should have in the arena of self-care. Spirituality is recently being explored and increasingly included as an active part of healthcare that is growing in the Asian nursing world (Hsaio, Chien, Wu et al., 2010). On the other hand, in the UK, spiritually inclusive medical care is supposed to be part of common core curriculum for nursing professionals, and yet it is not put into practice, resulting in spiritual care not being implemented (McSherry & Jamieson, 2011). Much literature expresses the importance of spirituality to different groups: Mexican-Americans (Krause & Bastida, 2012), African-Americans (Aponte, 1999), and many substance users who want spirituality included as an active part of their recovery treatment (Heinz, Disney, & Epstein et al. 2010). With all this interest in spirituality on the part of the consumers, why is social work (or any of the helping professions, for that matter) not actively pursuing knowledge in this area?

There are several implications for social work based on this research study. Firstly, engaging in self-care practices was shown to significantly correlate with lowered anxiety. This implies a need to further endorse practicing self-care behaviors for both the

professional and the consumer. Secondly, spirituality and the active participation in spiritual practices such as singing were shown to have more positive outcomes than practicing non-religious self-care - with positive outcomes such as lower anxiety and a greater sense of purpose and meaning in life. A recommendation based on this would be to actively encourage clients for whom spirituality is important to engage in self-care practices that include a spiritual focus, such as singing spiritual songs on a regular (three or more times a week) basis.

There were some sizeable variances evident between Christian groups regarding amount of frequency of spiritual singing, level of satisfaction with the direction life is going, sense of purpose or meaning in life, and direction of locus of control. Christians had significantly lower levels of high anxiety if they sang spiritual songs three or more times per week. While 75% of Pentecostals sang three or more times a week, no Catholics reported as singing this frequently.

The strongest correlation in any of the data examined indicated that those to whom spirituality was important had a strong belief that engaging in spiritual activity decreases negativity and promotes a sense of satisfaction ( $r = -.610, p < 0.001$ ). A number in itself is nothing, but represents something very important, and could provide an impetus for a shift within the cultural competence field of social work to include the spiritual aspect of life. Social workers, and all professionals in helping fields, need to go beyond mild validation of client spirituality, but, rather, should be actively nurturing it. The positive outcomes on client health and well-being would appear to be substantial.

### **Recommendations for Future Research**

Spiritual activities as a self-care option is not something being studied, as evidenced by the level of difficulty when attempting to find research in article databases. There has been repeated study regarding various aspects of religiosity, faith styles, and the effects of belief in God (Dudley & Cruise, 1990; McConahay & Hough, 1973; Broen, 1957; Allport, 1950), but there has not been research exploring the connection between frequency of specific religious activities and outcomes on well-being. The primary recommendation for future research would be to continue study in this uncharted area. In particular, singing of worship songs appeared to have a significant positive effect for those to whom spirituality is important, which is a large portion of the global population. If we are to approach care holistically, then we must include religious practice.

The population tested in this study did not yield a sufficient number of respondents who identified as engaging in spiritual activities such as worship at a frequency of three or more times per week. The sample size needs to be larger if results are to be generalizable regarding which spiritual interventions should be encouraged as self-care behaviors. A recommended sample size of respondents reporting frequent spiritual activity would be 250. This study, or a similarly focused one, should be replicated with a larger population.

An interesting statistic that showed during data analysis was that a gender difference existed. This finding was not included in Chapter 4 because there was not room to include all of the significant findings from this study in Chapter 4, but the data indicates that further research in this area is merited. Women tended to have higher

correlations of positive outcomes for spirituality and regular practice of spiritual activities than men did. For example, women also had more positive outcomes than men when anxiety was correlated with singing of spiritual songs three or more times a week ( $r = .301, p < 0.001$ ). Men in this group were shown to be about two times as likely as women to have high anxiety levels. Forty-two percent of women who reported as not singing also reported high anxiety. Only 12.5% of women who reported as singing three or more times per week also reported high anxiety, indicating a very strong correlation between singing frequency and anxiety levels in women. In men, there was only a 4% variance between those who did not sing and those who sang three or more times a week. This would appear to indicate a gender difference in the effectiveness of spiritual singing at reducing anxiety and should be researched further.

### **Study Limitations**

A limitation present in this study involved the relatively small sample size ( $n = 62$ ) that practiced a spiritual activity, specifically song, at a rate of three or more times per week. For a self-care practice to have useful effects on anxiety reduction, it must be done with regularity. Three times a week is a solid baseline from which to measure self-care activities. With the relatively small sample of those who practiced the religious activity of singing, the ability to draw significant conclusions was somewhat limited. Several correlations showed an error message of not enough samples present when attempting to run data through statistical software.

Another limitation of this study was the timeline under which the study had to be performed, since it had to be conceived, approved for human subjects research, data

collected, and all analysis run within the time-frame of two semesters in college. A longitudinal study that was to follow participants over time would allow for greater accuracy in results than the cross-sectional study design used in the present research. A longitudinal study would be able to measure if there were a continued pattern of reduced stress levels in those who participate in frequent spiritual activity. Another area of study that could be explored through longitudinal research would be the potential relation of frequent spiritual singing and other factors of health and well-being over the lifespan, such as diabetes, heart disease, divorce rates, and absenteeism from work related to stress.

An additional limitation of this study was the ability to obtain a more varied data set. It was composed entirely of college students, making the data set homogenized in regards to education. The underprivileged are underrepresented within the college population. As the present study sample consisted exclusively of college students, it is unlikely that the results are representative of the range of socioeconomic status groups within America, particularly of lower-class minority groups who often cannot afford college. There are a large number of American minorities to whom spirituality is an integral part of their culture. Performing this research study on a more varied population, outside of the college setting, could provide valuable insight on intervention models for use with various cultural subsets in society.

## **Conclusion**

This study yielded a lot of information about attitudes toward spirituality and self-care. The researcher was surprised by the depth and honesty of participant responses.

The results strongly indicate that spirituality is important to people and should be taken into consideration in all interactions with clients.

Of significance to the field of social work, the results of one qualitative question showed that spirituality is both a cultural and intergenerational phenomenon. There were several responses to the question regarding spirituality's impact on the life of the participant centering around a former religious affiliation based on the spiritual affiliation of their parents when they were young. Many in this group reported there being a point in time when they decided they affiliated with a different religious group than their parents did. Several currently Christian respondents also reported a similar transition experience where their religious affiliation became a personal choice. Several of the Christians in this study reported at what age they began to experience religion as distinctly personal. These ages spread over a wide range, from young childhood to late young adulthood (for many, the present). It would be interesting to be able to ask respondents raised in a religious home at which age their religious beliefs became distinct from that of their parents.

After review of the data collected in this study, several significant correlations were discovered between singing spiritual songs three or more times a week and other areas including reduced anxiety, having a sense of meaning or purpose in life, and a belief that doing spiritual activities positively impacts aspects of life associated with general well-being. Frequent spiritual activity, especially singing, is indicated as a viable self-care option, particularly for people to whom spirituality is important. Singing is free, has no adverse side effects, can be done singly or in a group, and is a safe activity for all age

groups, regardless of health status. The question should not be *if* we should incorporate this into practice, but rather, why we are not. Considering the positive effects on health and well-being of self-care, exploring the potential of religious activities as self-care is an area that needs more research. It is time for social work to acknowledge and incorporate spirituality into social work practice.



Appendix  
Survey Form

-Please Understand That Participation In This Survey Is Entirely Voluntary-

1) Please check your gender:

Female

Male

2) Please state your age: \_\_\_\_\_years old

3) How many years have you been in college? (Please check one)

1 yr

2 yrs

3 yrs

4 yrs

5+yrs

4) Generally, I feel positive with the direction I am going in life.

Strongly disagree

Disagree

Somewhat agree

Agree

Decline to state

5) I feel that my life has a great deal of meaning.

Untrue to me most of the time

Somewhat true to me most of the time

True to me most of the time

Very true to me most of the time

Decline to state

6) In general, do you find yourself able to accomplish short-term goals you set for yourself?

Yes

No

7) Please circle the statement you agree with the most:

A) How successful I am in general will be determined by chance.

B) If I try hard enough, I will succeed in what is important to me.

C) Other (Please explain: ) \_\_\_\_\_

8) Is there something you think is lacking that negatively affects your overall quality of life?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Decline to State

If yes, please describe briefly: \_\_\_\_\_

9) On a scale from 1 to 5 (1 being lowest anxiety and 5 being highest anxiety), how would you describe your general level of anxiety?

1 2 3 4 5

10) I feel my level of inner peace is: (Please circle one)

A) positively affected by attending college.

B) negatively affected by attending college.

11) Are there certain self-care practices you engage in that you find reduces or prevents anxiety?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Decline to state

12) I consider spirituality/religion to be an important aspect of my life course.

\_\_\_\_\_ Untrue

\_\_\_\_\_ Somewhat true

\_\_\_\_\_ True

\_\_\_\_\_ Very true

\_\_\_\_\_ Decline to state

13) Please name any religious affiliations: \_\_\_\_\_

14) Do you attend a religious gathering on a regular basis?

Yes

No

Decline to state

If yes, about how often? \_\_\_\_\_ times per week/ month/ year

15) Do you regularly engage in religious practice(s) (such as prayer, meditation, worship, reading religious texts)?

Yes

No

Decline to state

If yes, what activity(ies)? \_\_\_\_\_

If yes, about how often? \_\_\_\_\_ times per week/ month/ year?

16) Do you participate in spiritual-themed song on a regular basis?

Yes

No

Decline to state

If yes, about how often? \_\_\_\_\_ times per week/month/year?

17) Are there other, non-religious self-care activity(ies) /behaviors that you regularly engage in?

Yes

No

Decline to state

If yes, what is it or are they? \_\_\_\_\_

If yes, about how often? \_\_\_\_\_ times per week/ month/ year?

18) I believe self-care behaviors encourage feeling better about oneself.

True

False

Decline to state

19) I believe spiritual/religious activities decrease negativity and promote a sense of satisfaction.

True

False

Decline to state

20) Please briefly describe in what ways you feel spirituality/ religion impacts your:

Past:

Present:

Future:

21) Please briefly describe what you hope to accomplish with a college education:

for researcher use only

School Code: \_\_\_\_\_

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