

Spirituality and Health: Meaning Making in Bereavement

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In the aftermath of the death of her son, Max, in a vehicular accident on his way back to college, Gayle struggled greatly. As a deeply thoughtful young man exploring both Eastern and Western wisdom traditions, Max had been drawn in the months before his death to the music of Cloud Cult, whose songs, like *Journey of the Featherless*, captured in a youthful, modern idiom the cosmic “flight” of sojourners skyward, beyond social convention, while in related tracks on the same CD, the voices of the performers intoned repeatedly, *I love my mother/I love my father/And when it’s my time to go/I want you to know/I love you all*. When Max alone died in the rollover of the SUV in which he was riding as a passenger, the scorched backpack containing his reflective journal and poetry was one of the few things that escaped the flaming wreckage. As she searched desperately for some meaning in the seemingly senseless death of her son, Gayle took heart in the Cloud Cult music found in Max’s CD player in his bedroom, in the philosophic tone of the poetry and prose in his miraculously salvaged journal, and in the survival of Max’s girlfriend in the same accident, as the young woman herself was moved to a deep search for significance in the months that followed the tragedy. Together, she and Gayle sought and found some sense in the death through an eclectic spiritual narrative centering on their belief in a compassionate deity, and on their mutual “soul contracting” with Max, between earthly incarnations, to undergo this trial together in their present lives, so that each might learn what it had to teach them in their respective journeys. Reinforced by a series of memorial services, rituals, and consultations with mediums and various spiritual guides, the new narrative of the meaning of Max’s life and death consolidated into a stable resource for not only the two women, but also for an entire community of relevant others, reaching far beyond his friends and immediate family. Ultimately, it made use of social media to mobilize countless people and groups who joined in spontaneous “strike force philanthropy” in honor of Max, thereby extending the story beyond one of consolation to one fostering social action to mitigate suffering in the world,

including a massive medical aid effort to survivors of the earthquake in Haiti.

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In the aftermath of life-altering crises, illnesses or losses, people are commonly precipitated into a *search for meaning* at levels that range from the practical (*How do I adjust to this strange new world?*) through the relational (*Who am I now?*) to the spiritual or existential (*Why did God allow this to happen?*). How, and whether, we engage these questions, and resolve or simply stop asking them, shapes how we accommodate the transition and who we become in light of it. In Gayle's case, anguished and intermittent questioning impelled her forward in her search, ultimately deepening and broadening her existing sense of cosmic purpose, and galvanizing her efforts to live authentically and compassionately in relation to others who shared the same objective loss, or who faced losses and struggles in their own lives. The result was a revised self-narrative that found significance in the *event story* of her son's death, as well as in the *back story* of his life, braided together intimately with her own (1, 2).

As Gayles' story illustrates, existential experiences such as serious illness and the death of a loved one have an uncanny way of stopping us in our tracks, as we pause to reflect on life's most important meanings. For many people, religion provides the frame within which such unwelcome changes are experienced. Spiritual meaning making offers a source of comfort and intelligibility during a difficult passage. Our goal in this chapter is to highlight the important relation between spirituality and health, illustrating this with special attention to bereavement, where the evidence linking a struggle for meaning to mental and physical health outcomes is particularly clear.

Life Crises and the Quest for Meaning

Across cultures and generations, human beings have sought meaning in their life experiences (3), especially ones that cause distress. Frankl (4) asserted that, "Once an individual's search for a

meaning is successful, it...gives him the capability to cope with suffering” (p. 139). By extension, constructivist research has examined the innate human motivation to create and preserve a meaningful self-narrative—the stories that we construct about ourselves and share with others, enabling us to discern a thread of consistency in our lives, especially when those lives have been disrupted by stressful events such as fatal illness or the loss of a loved one (3, 5).

The core themes of our self-narratives consist of fundamental assumptions about the world (6), which under optimal circumstances include the implicit convictions that we ourselves have value, deserve to have a fulfilling and positive life, are capable of exerting some degree of control over events, and, in general, that the universe is kind and just. Understanding the world in these terms grants one’s narrative a reassuring thematic coherence, and an overarching sense of life’s meaning that entails faith in the trustworthiness of human intentions and actions, and the solidity of our place in the surrounding world (7).

Spiritual coping represents an individual’s use of specific religious or spiritual behaviors, actions, deeds, and beliefs to deal with life stressors (8). Pargament, Smith, Koenig, and Perez (9) measured spiritual coping in distressed individuals by bifurcating the construct into subscales of positive and negative religious coping. Positive religious coping (PRC) was conceptualized as: “an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others” (p. 712). Conversely, negative religious coping (NRC) was conceptualized as: “spiritual discontent, punishing God reappraisals, interpersonal religious discontent, demonic reappraisals (attributing the event to the work of the devil), and reappraisals of God’s power” (p. 710). Overall, in their multi-sample study, Pargament et al. (9) found that better psychological outcomes and spiritual growth occurred when individuals exercised PRC strategies. Yet, studies show that when facing a

variety of life stressors, it is common for people to display both PRC and NRC concomitantly (10, 11). However, those who are characterized by more PRC than NRC manage better overall (9). The use of religion to manage life's difficulties is a near-universal means of coping that is particularly prevalent in individuals facing medical illness (9). However, study results are equivocal on the power of religion to affect physical health in the general population.

Physical and psychological health often intersect at depression (12). Whether poor health predicts low mood or the other way around, the two are often experienced in tandem. Still, research indicates that religiousness may lower depression (13); in fact, an inverse correlation between faith and low mood is one of the strongest, most consistent findings in studies on spirituality and health (12). In his review of spirituality and psychopathology, Koenig (14) examined investigations done with AIDS and cancer patients and found that individuals who were able to find peace and make meaning were less likely to suffer from depression.

Specifically, religious beliefs/instruction appear to promote better decision-making, which in turn helps to lower overall stress levels and the likelihood of poor health. In his review of studies on health-related factors and faith, Koenig (12) reported an inverse relation between religiosity and suicidality. Religious involvement is also associated with lower mortality, but, according to Koenig, only in the absence of spiritual struggle. In some studies, religiousness meant better adjustment to illness and more positive emotions, especially for those enduring stressful events. Furthermore, in meeting regularly, religious people often have larger-than-average social circles, potentially providing them with spiritual social support, which can be especially helpful when enduring health difficulties (12).

Koenig (12) posited that although religion has been implicated in negative outcomes in terms of increasing guilt, fear, and low mood, religious people tend to have a more positive

mindset than non-religious people, especially when it is most needed—in the face of medical uncertainty. In McClain, Rosenfeld, and Breitbart's (15) examination of 160 terminally ill cancer patients with less than three months to live, they found that spiritual well-being was negatively associated with depression and a desire for death. Individuals endorsing low levels of spiritual well-being were more likely to express a desire to hasten their own demise; yet, the opposite was true for individuals with high levels of spiritual well-being. Thus, spiritual well-being may act as a buffer against end-of-life despondency.

Still, not all studies found positive links between spirituality and health. For instance, studies examining disaster victims showed that spirituality frequently is used as a means of coping and healing (16). However, Koenig (14) reported that the psycho-spiritual foundation of individuals with a solidly religious worldview still can be undermined by unmitigated psychological trauma, where religion no longer acts as a solace in tumultuous times. Likewise, Cohen, Yoon, and Johnstone's (17) study of 168 adults suffering from a variety of medical illnesses found that mental health had a positive association with positive spiritual experiences and positive spiritual support, but had a negative association with NRC and negative spiritual support. Yet, there was no association between psychological health and individual spiritual activities (e.g., prayer). In a variety of distressed samples, Pargament, et al. (9) discovered that NRC was related to emotional distress (e.g., depression, poorer quality of life, psychological symptoms, and callousness towards others). Moreover, religiousness is sometimes positively related to depression. Research shows that depression is frequently coupled with NRC in distressed individuals, specifically when they are disgruntled with- or feel abandoned by God (13). In fact, spiritual struggle consistently appears in the literature as predicting poor health outcomes, including mortality. Results from Pargament et al.'s (11) two-year prospective study revealed that spiritual crisis was the strongest predictor of

the forthcoming death of elderly ill patients. In summary, although it is not inevitably linked with better health and mental health outcomes, spiritual coping and meaning making tend to function as significant resources in the face of a wide range of life crises.

Spiritual Coping in the Wake of Loss

Because the role of religiosity and meaning in adapting to bereavement has been the focus of a good deal of research in recent years, it provides an especially illuminating example of the link between spirituality and health. Despite the ubiquitous nature of loss, most people are able to accommodate to their changed lives within a few years. However, a substantial subset of mourners struggle with a protracted, debilitating, sometimes life-threatening (18) response to loss known as complicated grief (CG; (19) or prolonged grief disorder (PGD; (20), often requiring professional counseling (21).

Typically, the distress that follows such loss has been conceptualized in terms of depressive or anxious symptomatology or poor physical health outcomes (22), but recent studies highlight the prevalence of grief-specific distress, expressed on a continuum. Thus, for some people, bereavement is marked by resilience, with only transitory psychological distress (23). Others experience significant sorrow (e.g., shock, anguish, sadness) for as long as 1-2 years (22), during which they adapt gradually to their changed lives. And still others suffer from CG—severe, debilitating grief, lasting for many months, years, or even decades. CG signifies a state of persistent grieving, reflected in profound separation distress, psychologically disturbing and intrusive thoughts of the deceased, a sense of emptiness and meaninglessness, trouble accepting the reality of the loss, and difficulty in making a life without the deceased loved one (24).

Most studies of CG document prevalence rates of 10-20% in general bereaved populations (25). Yet recent studies suggest that prevalence can be far higher among such groups as bereaved

parents (26), those who have lost loved ones to homicide (27) African American cancer caregivers (28) and individuals bereaved by terrorism (29). Moreover, CG has been found to predict a cascade of other serious psychological and physical health problems in bereaved samples, even after depression, posttraumatic stress disorder (PTSD), and anxiety have been taken into account (30). For instance, CG has been shown to predict cardiovascular illness (31), insomnia (32), substance abuse, suicide, immune dysfunction, and impaired quality of life and social functioning (18, 33). Studies show that physical and psychological health is inversely related to levels of CG (34).

Faith or existential philosophies can be significant coping resources in bereavement (8), though they also can be affected by bereavement in turn. Spiritual beliefs, practices, and meaning making can support positive religious coping (PRC; e.g., looking to God for strength, support, and guidance), which can act as a buffer against distress. On the other hand, grievors sometimes engage in negative religious coping (NRC; e.g., questioning God's love and power). Whereas one's spirituality can be protective against physical and psychological sickness and disease, in some forms it can also be predictive of overall poorer health.

Meaning Making in Bereavement

Like other major life stressors, profound loss can call into question the validity of our core beliefs and the self-narrative they support. In the wake of a loved one's death, the world can instantly appear dangerous, unpredictable, or unspeakably unjust to those who are violently, suddenly, or senselessly bereft (35). Likewise, the protracted or agonizing death of a loved one due to wasting illness can make the world feel unkind and unsafe, and leave one feeling powerless. Bereavement brings mortality to the forefront, raising questions bearing on life's existential meanings (36).

From a constructivist perspective, conserving or reestablishing equilibrium requires mourners to employ one of two meaning-making strategies (37). The first alternative is to *assimilate* the death

into their pre-loss way of construing and being in the world (35), as when mourners draw upon their prior religious faith to find significance in the loss. This coherence-conserving strategy enables the griever to process the loss, often in terms of spiritual explanations for the death and the deceased's continuing presence in their lives (35). Assimilation often has a relational component as well, as the griever recruits support from his or her existing social network or faith community, as well as from those with similar losses (38).

Alternatively, grievers can *accommodate* the loss by re-constructing their beliefs and self-narrative to accept the loss (6), which, in turn, can usher in identity changes and new social relationships. Although initially unwelcome, even disruptive losses can foster personal growth and highlight hidden benefits (39) so that “restoration-oriented coping” can occur (40). Whether assimilation or accommodation is employed, studies show that most individuals can psychologically adapt to loss and retain or restore a sense of meaning and purpose in their changed lives. However, an inability to make meaning following loss is more characteristic of the subset of individuals who suffer from CG—whose self-narratives can be splintered by an inability to make sense of their loss (41).

A growing body of research substantiates grieving as a meaning-making process (1). Yet, many find that meaning making does not come easily. For example, McIntosh et al.'s (42) study of bereaved parents found that only 23% of those who searched for meaning actually found any. Likewise, Lehman, Wortman, and William's (43) and Keesee et al.'s (26) studies found that only 36% and 53%, respectively, of bereaved parents were able to make sense of their loss even years later. Furthermore, such unsuccessful quests for significance pose significant risks for those engaged in them. Coleman and Neimeyer's (44) longitudinal study of widowed spouses found that being thrown into a search for meaning in the early months of loss prospectively predicted the intensity of

widows' and widowers' grief over the 4 years that followed. Conversely, those spouses who reported being able to make sense of the loss—often in spiritual terms—enjoyed an enhanced sense of well-being characterized by optimism and a sense of accomplishment over this same period.

Spirituality as a Resource in Bereavement

Spiritual meaning making. As Baumeister (45) argued, “Religion is...uniquely capable of offering high-level meaning to human life. [It] may not always be the best way to make life meaningful, but it is probably the most reliable way” (p. 205). Similarly, Park (46) argued that spirituality/religion provides “a framework for understanding experience” (p. 304)—it facilitates a cognitive reframing of one’s world. Therefore, as in Gayle’s experience, what initially appears to be an arbitrary, senseless tragedy, viewed through the lens of faith, can appear purposeful, merciful, or divinely ordained (38). On the other hand, it is equally arguable that profound loss can in turn challenge our spiritual resources, leaving us feeling depleted and directionless. In his description of the “spiritual pain” experienced when a loved one dies, Attig (47) noted how in our human quest to embrace the best parts of life, these can become secondary losses in the wake of bereavement. “When we suffer spiritual pain [following loss], we lose that motivation. We feel dispirited.... Life seems drained of meaning” (p. 37).

Qualitative research documents this interplay between bereavement and spiritual meaning making. Smith’s (48) study of African American women bereaved of their mothers found that faith enabled them to formulate an understanding of life’s intangibles, such as belief in an afterlife reunion with their mothers. In another study, women churchgoers typically returned to a near pre-loss way of living as quickly as possible (i.e., going back to work, or quickly giving away the deceased’s clothing) and conserved their “metaphysical beliefs” (such as their belief in an afterlife (48). Congregants regularly received teachings centering on a specific “meaning

system about death,” including an ongoing four-point directive: in the wake of loss one must go forward with life, because each person has a purpose, all the while preparing for one’s own death, as you accept the deaths of those who have gone before you (49). Thus, as a means of facilitating acceptance, church members frequently reminded each other of their own eventual “home-going” as an inevitable and natural part of life.

A number of quantitative studies of bereavement also have found correlations between faith and sense making. McIntosh, et al. (42) found that bereaved parents who professed greater spirituality were more likely to find meaning within as few as three weeks of the loss of their infants. Likewise, Davis and Nolen-Hoeksema’s (50) prospective study of older griever’s showed that those who endorsed spiritual beliefs prior to the death were three times as likely to find meaning afterward as those who did not.

Spiritual coping has been explored in a variety of bereaved samples, including cancer caregivers (51), HIV-positive individuals (52), Caucasian mothers (53), and African American homicide survivors (54). Wortmann and Park’s (8) review of over 70 studies on the use of faith in adjustment to loss highlighted how meaning making often mediates or moderates the relation between spirituality and bereavement outcome. Thus, spiritual meaning making appears to be an inherent aspect of spiritual coping following loss (42), as in Gayle’s attribution of intentionality in Max’s seemingly accidental death, understood as part of a consensual plan to foster greater wisdom, compassion, and growth on the part of all those most intimately touched by the tragedy.

Psychological health. Most studies on existential adaptation in bereaved samples have examined meaning making or spirituality primarily as a buffer against mental rather than physical health problems, with findings showing mixed evidence in terms of both forms of distress among griever’s (55). Overall, bereaved individuals who report finding meaning fare better than those who

do not (26). In a variety of samples, making sense of loss meant better psychological adaptation, marital satisfaction, and emotional well-being (13), and lower levels of grief (56). And, in some bereaved samples, meaning making appeared to mediate the relation between religiousness and positive outcomes (57). Still, Lichtenthal, Currier, Neimeyer, and Keesee's (58) study of bereaved parents illustrated that especially when core life assumptions are challenged, as when a child's death precedes the parent's, debilitating grief can challenge a mourning parent's spiritual equilibrium, sense of purpose, and desire to live. For parents in Lichtenthal et al.'s study, the most common means of making sense of their loss was the belief that the timing and circumstances of the child's death were shaped by the hands of God, a construction of meaning associated with better bereavement outcome.

One's relationship with God can be a tremendous resource, providing solace and offering the bereaved supernatural love and care that once came from the deceased. Wortmann and Park's (8) review found general religiousness to be related to better bereavement outcome; yet, they also found in some cases that religion was not helpful, and in other cases that religious engagement and outcome were not significantly correlated. For example, Moskowitz, Folkman, and Acree's (59) study of bereaved gay men revealed that spiritual beliefs/activities and depression were unrelated at both one month and three years post-loss.

In relation to grief, bereaved spouses in Brown, Nesse, House, and Utz's (60) study who rated spiritual beliefs as more important after the loss than before experienced lower grief scores at both 18 and 48 months post-loss. However, spirituality was unrelated to depression, anxiety, or general wellbeing. Easterling, Gamino, Sewell, and Stirman (61) found that positive beliefs about one's relationship with God and God's existence were related to less grief. In another study, belief in an afterlife was associated with less depression, less avoidance of death-related thoughts, increased

spiritual well-being, and better overall adjustment (62). Likewise, Brown et al., (60) found that widowed persons who assigned greater importance to religious/spiritual beliefs at baseline predicted less grief at 6 and 18 months post-loss. Yet, Kersting et al. (63) examined grief severity in women who had aborted their fetuses, and found that those who deemed faith to be more important also experienced more grief. Conversely, in a sample of 195 mourners, the importance of faith was associated with positive mood, but not with grief (64). These inconsistent results mirror the interpretive discrepancies found in comprehensive reviews of faith-related beliefs and bereavement distress (8).

Studies show that griever who attend religious services generally adjust better than those who do not (8). For instance, using path analyses, church attendance has been modeled through the pathways of self-esteem, familial attachment, prayer, social support, and meaning making, all of which facilitated better outcomes (42). Unfortunately, members of the faith community do not always reach out to the griever in positive ways following loss. Richardson and Balaswamy (65) found that widowers who attended church-related functions had less positive but more negative affect, which might reflect grievers' frequently reported sense of isolation and less-than-optimal interactions with others following loss (66).

Wortmann and Park (8) found that the use of PRC predicted less anxiety and depression in griever, more so than for non-bereaved, distressed individuals. Likewise, Meert, Thurston, and Thomas (67) found that spiritual coping was negatively associated with both baseline and follow-up grief in parents whose child died in the pediatric intensive care unit. Similarly, Rynearson's (68) study with homicidally bereaved parents revealed that when religious parents sought counseling they subsequently also endorsed less grief, traumatic experiences, and intrusive thoughts than did non-religious parents.

Incongruously, however, use of PRC by bereaved individuals sometimes seems to exacerbate their difficulty in traversing bereavement. In their study of HIV-positive grievers, Tarakeshwar et al. (52) found that there was a significant main effect for PRC such that those who used more PRC reported higher levels of grief. Anderson and colleagues (53) found an even more complex relation. They studied 57 mothers whose child had died from homicide, MVA, or other fatalities, and found that neither NRC nor PRC was statistically significant in relation to grief when examined separately. Yet, after controlling for time since loss, an interaction effect emerged between PRC and task-oriented coping (taking charge of the stressful event with a specific goal in mind), such that those who used PRC in combination with task-oriented coping suffered less grief as a result. Such results imply that positive religious engagement may prime other forms of active coping with stressors to mitigate bereavement complications.

Research also links grief and spiritual dissatisfaction—characterized by a sense of discord with God, and feelings of abandonment by God and one’s faith community. This less obvious form of bereavement distress has been termed *complicated spiritual grief* (CSG)—a spiritual crisis following loss that includes the collapse or erosion of the bereaved person’s sense of relationship to God and the faith community (69). In their sample of African American bereaved parishioners, Shear’s team found that the effects of loss on the bereaved person’s faith varied greatly from “faith stronger than ever” to “faith seriously shaken,” with 19% of the participants endorsing CSG symptoms. Recent studies with homicide survivors revealed that CG predicted CSG (70), uniquely beyond the effects of PTSD or depression. (71). In Batten and Oltjenbruns’ (72) study of adolescents bereaved of their siblings, some reported that their faith had been strengthened in bereavement. Others struggled spiritually, and could not reconcile belief in a just, kind God with their unspeakable despair. Thus, one responded disdainfully: “I don’t really care now about

sinning.... It don't matter to me as much...since [my brother's death]. I guess it is my way of getting back at God'' (p. 542).

Physical health. Less is known about the effects of spiritual meaning making on the physical health of bereaved individuals. In fact, faith is associated with both positive and negative outcomes (73). Bower, Kemeny, Taylor, and Fahey (74) linked higher levels of spirituality to better physical health in their longitudinal study that followed bereaved HIV sufferers for 2-3 years. They found that meaning making was effective in slowing the diminution of CD4 T (antibody-producing lymphocytes) levels, thereby lessening the individual's rapid demise from AIDS. Pearce and colleagues' (75) examination of older grieving adults showed that higher levels of PRC predicted increased physical health. In Krause et al.'s (55) study with elderly Japanese adults, they found that individuals who lost a loved one in the four-year period between baseline and follow-up and who also believed in a pleasurable afterlife at baseline had a lower levels of hypertension at follow-up than those who did not endorse afterlife beliefs.

Paradoxically, however, Richards and Folkman's (76) initial study, conducted 2-4 weeks post-loss, with 125 caregivers grieving the loss of AIDS patients, revealed that higher spirituality meant poorer physical health; and, this finding held true in the follow-up study conducted 3-4 years later with 70 members of the original cohort (77). Likewise, Fry (78) compared 101 widows and 87 widowers, and found that widows adjusted better in terms of mental health and spiritual meaning making. However, even though widowers had fewer spiritual beliefs, participated in fewer religious activities, derived less comfort from religion, and deemed religion to be less important, they also had fewer adverse life events, and fewer physical problems post-loss than did widows. Some studies, like Stroebe and Stroebe's (79) with bereaved spouses, found no link between religiosity and physical health. In light of these discrepancies, further investigation of spirituality's relation to physical

outcome is important because research has shown that individuals who suffer from CG have higher rates of suicidality (18), cancer, heart disease, and sleep disturbances than those who grieve adaptively (80). Finally, the relation between CSG and physical health is presently unknown, leaving the association between spiritual crisis and somatic complaints in bereaved populations ambiguous.

Conclusions

Our goal was to review aspects of spirituality/religion as they intersect with the health and well-being of individuals whose lives have been disrupted by a variety of stressors, including the death of a loved one. Although results are not entirely consistent, numerous studies converge to suggest that religious beliefs/practices can reduce distress in spiritually inclined individuals, and facilitate good decision making, healthy living, and altruistic behaviors (12). But some studies also imply that severe life stressors like traumatic bereavement can severely challenge one's faith in turn.

This review also illuminated how religious coping can be complex to explore, producing findings that are occasionally contradictory and challenging to interpret. Moreover, surprisingly little is known about the antecedents of spiritual crisis. In terms of bereavement, not only is further research needed to explore predictors of CSG, but also to investigate CSG's potential role in predicting physical outcomes following a challenging bereavement.

Studies have coupled doubt about the benevolence and justness of the universe with deleterious psychological and physical outcomes (81, 82). Likewise, an inability to make sense of a loss (83), and/or a futile search for meaning has been tied to persistent, intense, prolonged distress (44). Life stressors, in terms of uncertain medical prognosis or anguishing separation distress at the loss of loved one, may undermine the individual's faith or precipitate a spiritual crisis. In the case of severe grief, the loss of secure attachment to a loved one may translate into a compromised relationship with God (84). Moreover, some individuals find themselves too grief-

stricken or frightened by medical diagnosis to receive support, even from members of their faith community. Unfortunately, inability to accept the nurturing support that is offered can alienate distressed individuals from would-be supporters, sometimes resulting in judgmental comments and interactions, from which the distressed individual is likely to further retreat (66).

Thus, the experience of a compromised relationship with God and/or with one's spiritual community means that the individual is all the more likely to need enhanced professional care. Spiritually sensitive clinicians, physicians, and clergy can serve distressed individuals well by recognizing the importance of attending to their spiritual processes, with the added awareness that strong faith does not render an individual exempt from experiencing spiritual crisis. Periods of tremendous stress, as in bereavement or when facing serious illness, may be accompanied by a substantial crisis of spiritual meaning, where one's usual private and shared involvement in religious activities, scripture reading, worship, prayer, etc., or interactions with members of one's spiritual community prove inadequate in ensuring psychological adjustment or ongoing spiritual growth. As spiritually attuned mental and medical health professionals and spiritual leaders cross-refer and collaborate in an attempt to develop appropriate interventions for religious individuals, the spiritual nature of the human experience will be given the high priority it deserves.

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