

ECRSH 2016  
Gdańsk, 12-14 May 2014

# ***The Threefold Nature of Spirituality***

***- TNS model -***

***three perspectives of understanding***

***patients and doctors***

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# PLAN OF PRESENTATION

- (1) Theoretical frames and empirical arguments of the  
Threefold Nature of Spirituality (TNS model)**
- (2) Relationship between Spirituality & Well-being**
- (3) Empirical illustration of above relationship**

# ASSUMPTIONS

- Spirituality is a fact: everyday life & existential/boundary situations (Socha 2014)
- Psychology researches mechanisms which helps us in coping (Koenig 2013; Pargament & Sweeney 2011)
- Spirituality is related to well-being (Emmons 1999; MacDonald 2000; Smith, Webber, DeFrain, 2013)
- Spirituality is very complicated phenomenon (Hood, Hill, Spilka 2009; Oman 2013; Skrzypińska 2014 etc.)

# EVOLUTION OF THE TERM „SPIRITUALITY” (70 years)

(Hood, Hill & Spilka, 2009; Oman, 2013)

Yinger (1963): definition satisfies only the author...

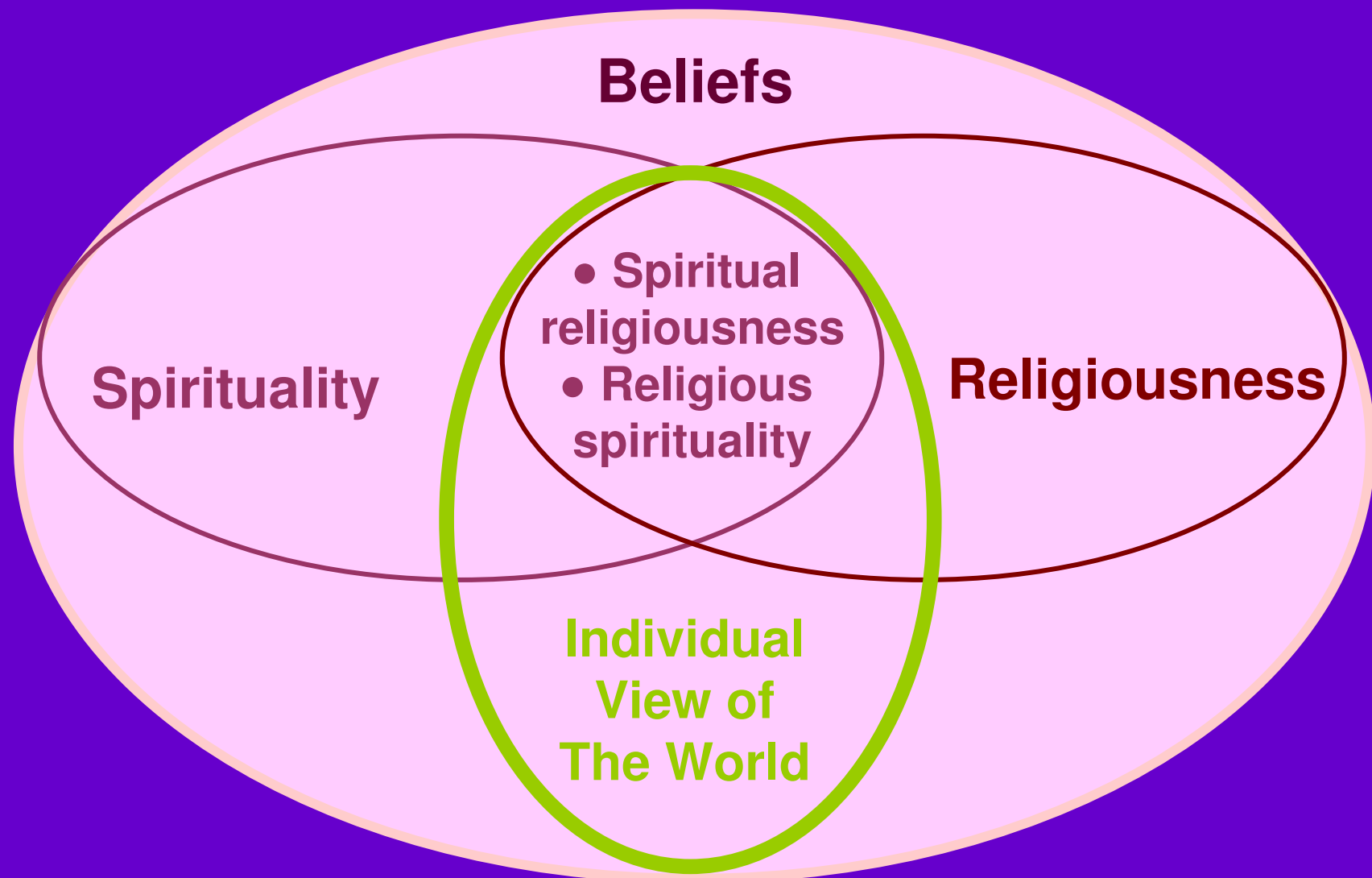
- Spilka (1993): „spirituality” = „fuzzy term”
- Zinnbauer i Pargament, 2005: clear distinction between spirituality and religiousness.

Oman (2013):

- *Spirituality is not a synonym for religiousness.*
- Author presents examples of spirituality in psychology, sociology, theology, medicine/psychiatry and interdisciplinary approaches

# *Spirituality in relation to Religiousness, View of the World and Beliefs*

*(Skrzypińska, 2002, 2013, 2014; Saucier & Skrzypińska, 2006)*



# What is the real nature of spirituality?

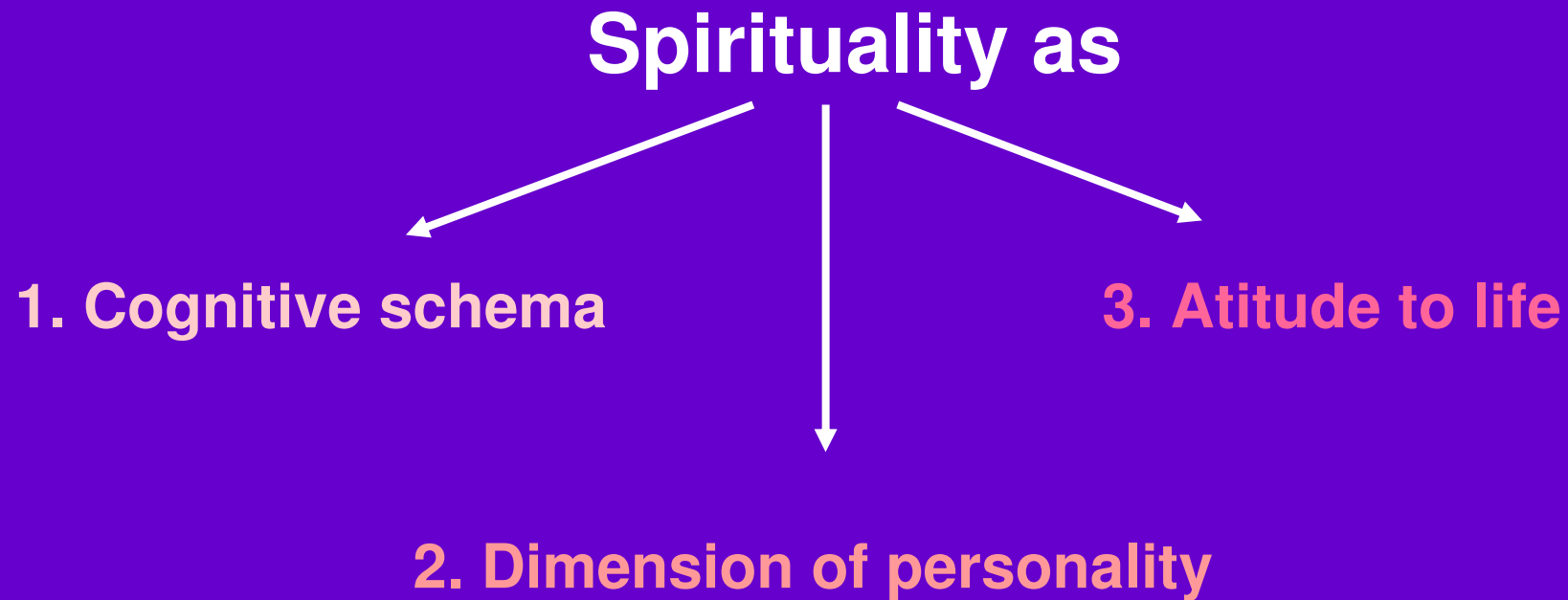
## The main assumption

(Skrzypińska, 2012; 2014)

- Spirituality has a threefold nature – manifests itself as:
  - ▶ **cognitive structures,**
  - ▶ **part of personality,**
  - ▶ **attitude to life.**

# THE FACES OF SPIRITUALITY

(Skrzypińska, 2012; 2014)



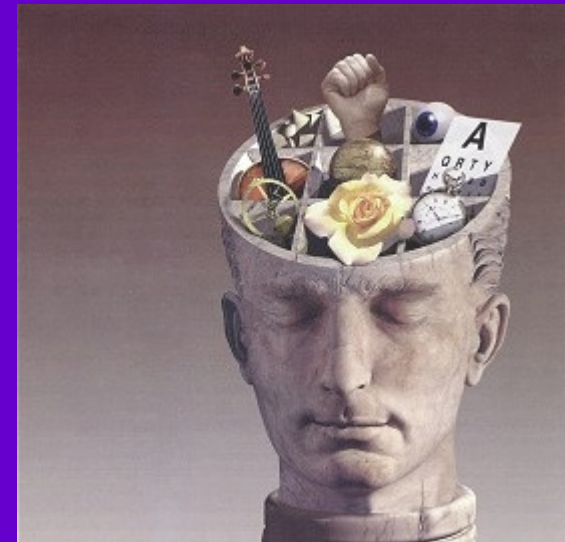


# Spirituality as



## COGNITIVE SCHEMA

- meta-cognition of reality
- understanding of self and the world
- categorisation of objects
- reduction of cognitive dissonance
- maintaining of self-evaluation
- processes of attribution



# Spirituality as a cognitive schema

- Atkinson & Shiffrin (1971) – **Modal Model of Cognition:**

Sensory registers → environmental input → working memory → long-term memory → organizing info according to existing knowledge structures (categories, schemas & scripts)



- Andresen (2001), Boyer (2003), Ozorak (2005) are in accordance:
- Perception, memory, knowledge structures, judgment, decision making, problem solving etc. are processes related to religious cognition.

# Spirituality as



## **DIMENSION OF PERSONALITY**

- introspection and processes in an area of self structure
- looking for meaning of life
- self-realisation thanks fulfilling needs
- self-control
- motivation for acting

# Spirituality as a dimension of personality

- Costa & McCrae (1992) - **Big Five Model**



- Emmons (1999), MacDonald (2000), Piedmont (1999; 2009), Skrzypińska (2005, 2013) are in accordance:
- **Spirituality represents the 6th dimension of personality**

# Spirituality as



## ATTITUDE

- to comply with norms
- process of evaluation
- attitude to world and people
- to behave in accordance with attitudes

# The faces of spirituality

(answers of respondents: Skrzypińska, 2012a)

## Spirituality as



**ATTITUDE**

**has its own components:**



**COGNITIVE**  
(spirituality as  
cognitive schema)

**EMOTIONAL-  
-EXPERIENTIAL  
MOTIVATIONAL**  
(Spirituality as  
dimension of personality)

**BEHAVIOURAL**  
(acting in accordance  
with views and beliefs)

# Spirituality as attitude to life - definition

(Skrzypińska, 2012, 2013, 2014)

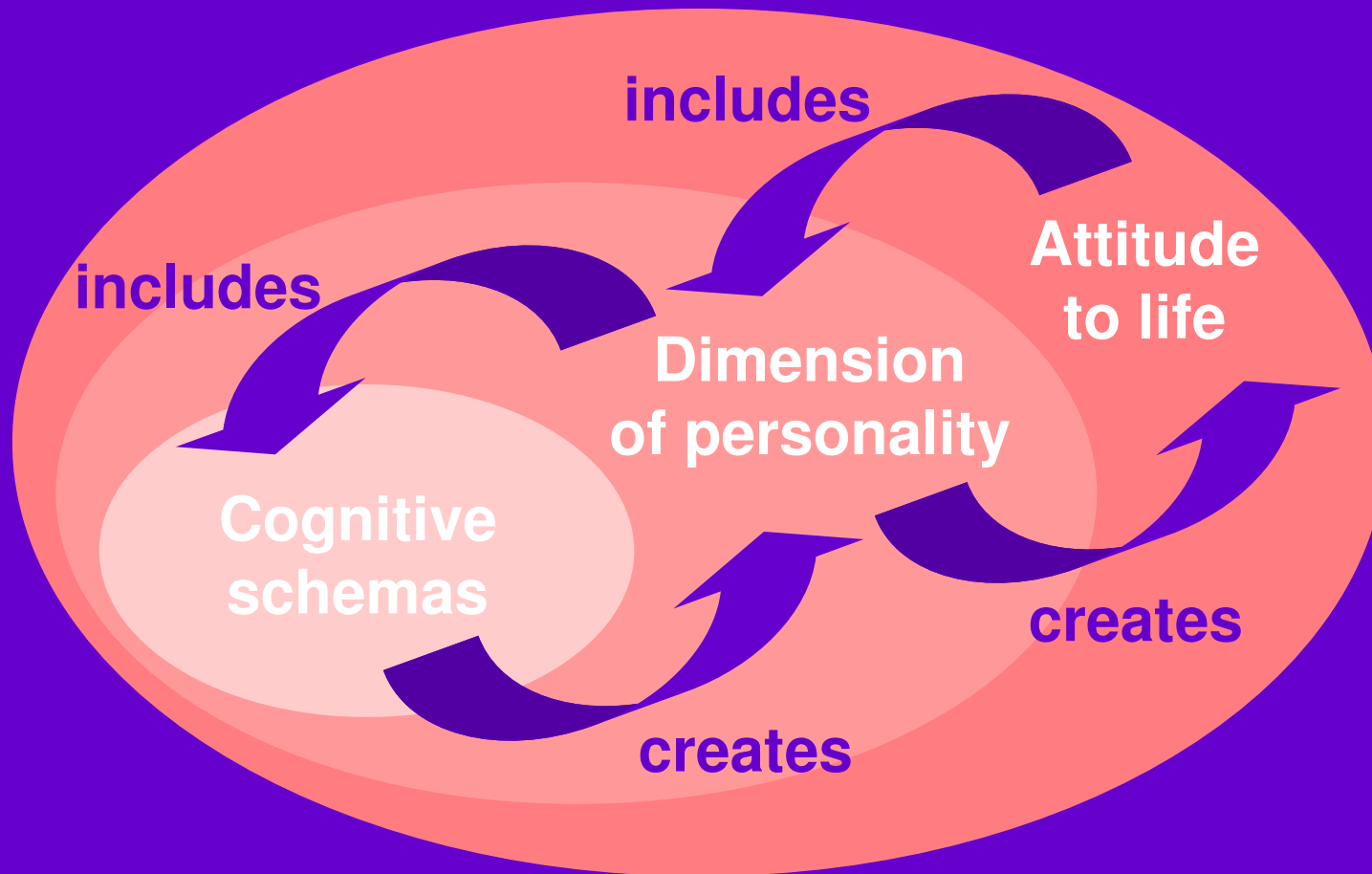
- spirituality as “self-fulfillment in the pursuit of the meaning of life, happiness and the search for the ultimate, using cognitive, emotional-experiential-motivational and behavioural resources, sometimes accompanied by peak experiences = attitude to life/sacrum.”

Above definition contains all the phenomena:

**Cognitive schema → dimension of personality → attitude to life**

# SUMMARY: Spirituality – threefold nature

(vision of a structure and mechanisms, Skrzypińska, 2014)





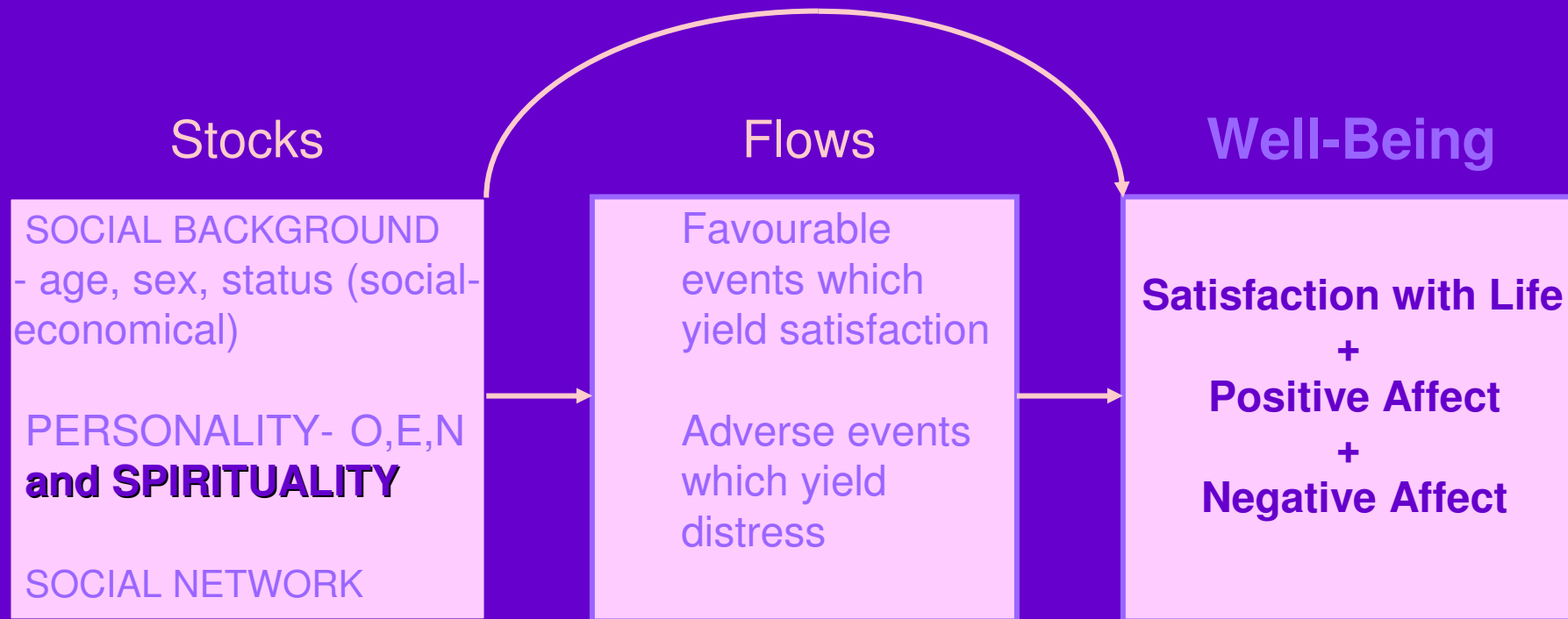
# From Spirituality to Well-Being

- Beliefs (sacred, agnostics, atheistic etc.)
- Emotions
- Motivation of searching for meaning
- Behaviour: Spiritual activity
- Social context: Belonging to group

= Influence on health → well-being

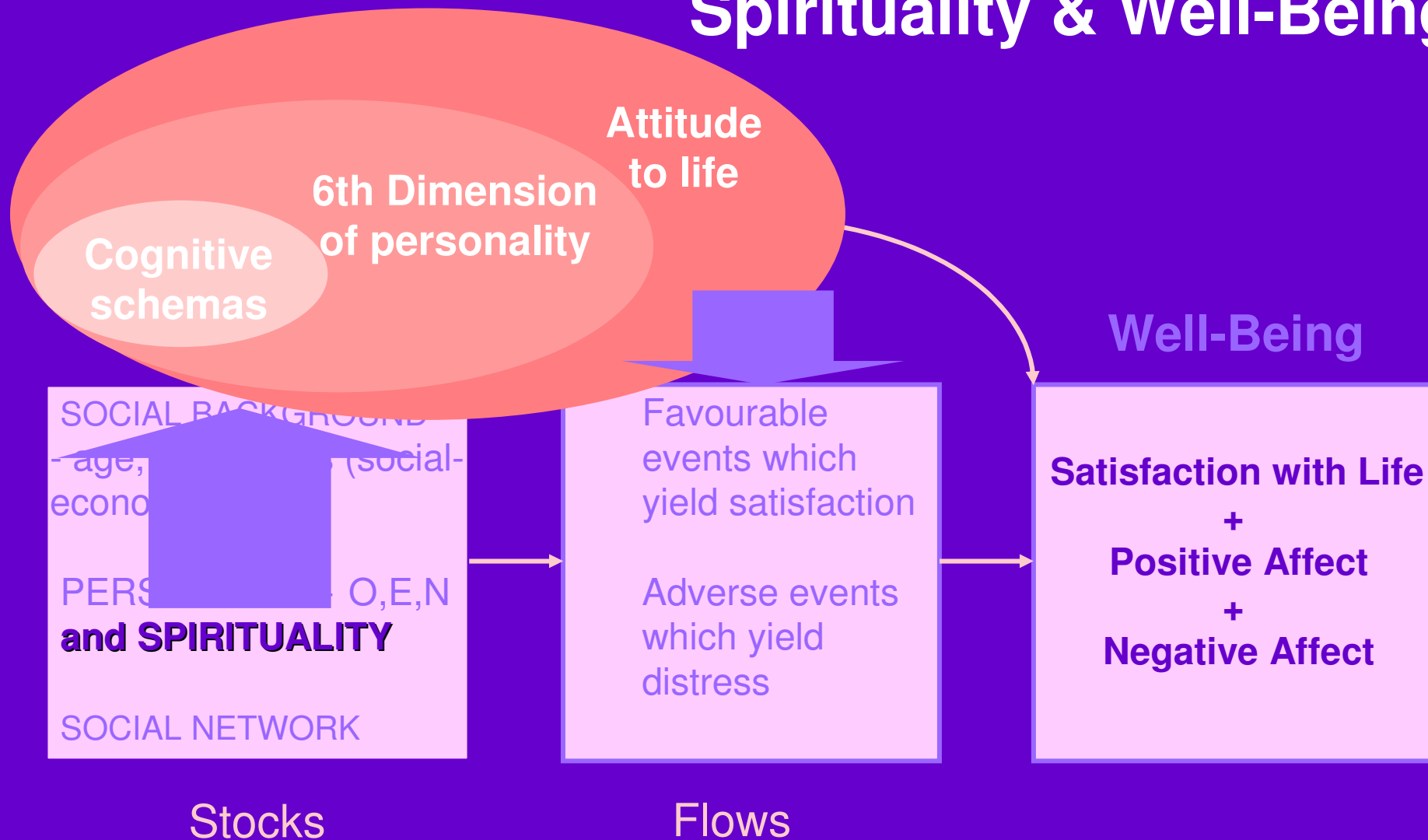
# Well-Being

HEADEY I WEARING (1989, 1991) – components of well-being and their influence on dynamic equilibrium:



*(Source: Headey i Wearing, 1991, p. 56)*

# Spirituality & Well-Being



(Source: Headey i Wearing, 1991, p. 56; Skrzypińska, 2014)

# CONCLUSIONS I

- Spirituality is a complicated phenomenon
- Its mechanisms base on cognitive, emotional-experiantial-motivational and behavioural factors
- As a schema and 6th dimension of personality builds attitude to life and that is why influences on reception of different life events

# Study with doctors and patients

(Skrzypińska & Chudzik, 2016)



Lost in reflection...



# Functions of spirituality in a case of doctors

- Believe in higher power stimulates hope for cure
- Believe in immortality helps understanding death: reduction of stress
- Beliefs can help in existential situations (e.g. trauma, exhaustion, emptiness etc.)
- Doctors' knowledge of patients' beliefs can help understand their spiritual sphere, needs and attitude to life

# Three questions

1. Does group of doctors differ from control one according level of spirituality ?
2. Is spirituality a predictor of doctors' well-being?
3. Will doctors' specializations, and their spirituality diversify this group in relation to well-being ?



# Participants

- N = 100
- internists, pediatricists, neurologists, operating surgeons and physicians of emergency medicine (age=39.8, SD=11.8)
- N = 93, control group/patients (age=34.2, SD = 11.68).



# Assessment

- **NEO-FFI** – ( $\alpha = .62$ ) (Costa i McCrae, 1992)
- **Self-Description Questionnaire** ( $\alpha = .91$ ) (Heszen-Niejodek i Gruszczyńska, 2004): Religious Attitude, Ethical Sensitivity, Harmony.
- **Spiritual Transcendence Scale** based on Piedmont's theory (1999-2010) ( $\alpha = .91$ ) (Piotrowski, Skrzypińska i Żemojtel-Piotrowska, 2011)
- **Satisfaction With Life Scale** ( $\alpha = .84$ ) (Diener, Emmons, Larson i Griffin, 1985)

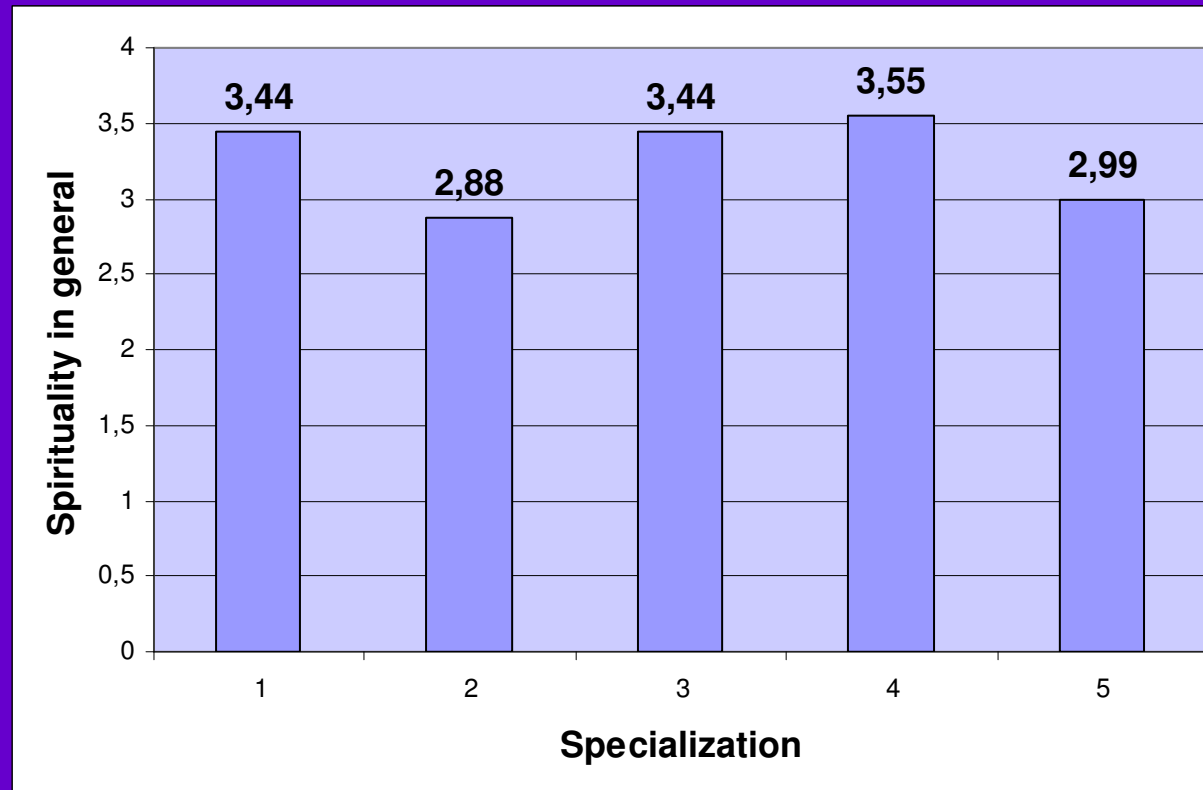
## Initial results

- **Ad. 1.** There is **no difference** between doctors and control group according **to level of spirituality**.
- **Ad. 2.** Doctors' spirituality is a predictor well-being.
- **Ad. 3.** Differentiation of doctors' specialization is key to their spirituality.

<i>Spirituality</i>	<i>Specializ</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
<i>Religious Attitude</i>	1	20	3.44b	.811	3.444	.011
	2	21	2.88a	.411		
	3	21	3.44b	.360		
	4	18	3.55b	.991		
	5	20	2.99a	.871		
	All	100	3.25	.757		
<i>Ethical Sensitivity</i>	1	20	4.21a	.306	12.915	.000
	2	21	4.10b	.454		
	3	21	4.05c	.430		
	4	18	4.17d	.405		
	5	20	3.28abcd	.711		
	All	100	3.96	.586		
<i>Harmony</i>	1	20	2.67a	.424	8.086	.000
	2	21	3.52a	.845		
	3	21	3.69ac	.381		
	4	18	3.26a	.703		
	5	20	3.12c	.640		
	All	100	3.26	.706		

<i>Spirituality</i>	<i>Specializ</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
<i>Spirituality in general</i>	1	20	3.44	.394	5.766	.000
	2	21	3.50b	.291		
	3	21	3.73c	.303		
	4	18	3.66d	.405		
	5	20	3.13bcd	.671		
	All	100	3.49	.473		
<i>Transcendence</i>	1	20	2.21a	.271	6.867	.000
	2	21	2.52b	.420		
	3	21	1.90bc	.522		
	4	18	2.63acd	.574		
	5	20	2.21d	.580		
	All	100	2.29	.539		
<i>Spiritual Openess</i>	1	20	2.99a	.392	21.875	.000
	2	21	3.39ab	.225		
	3	21	3.00bc	.230		
	4	18	3.12bd	.261		
	5	20	2.51abcd	.391		
	All	100	3.00	.419		

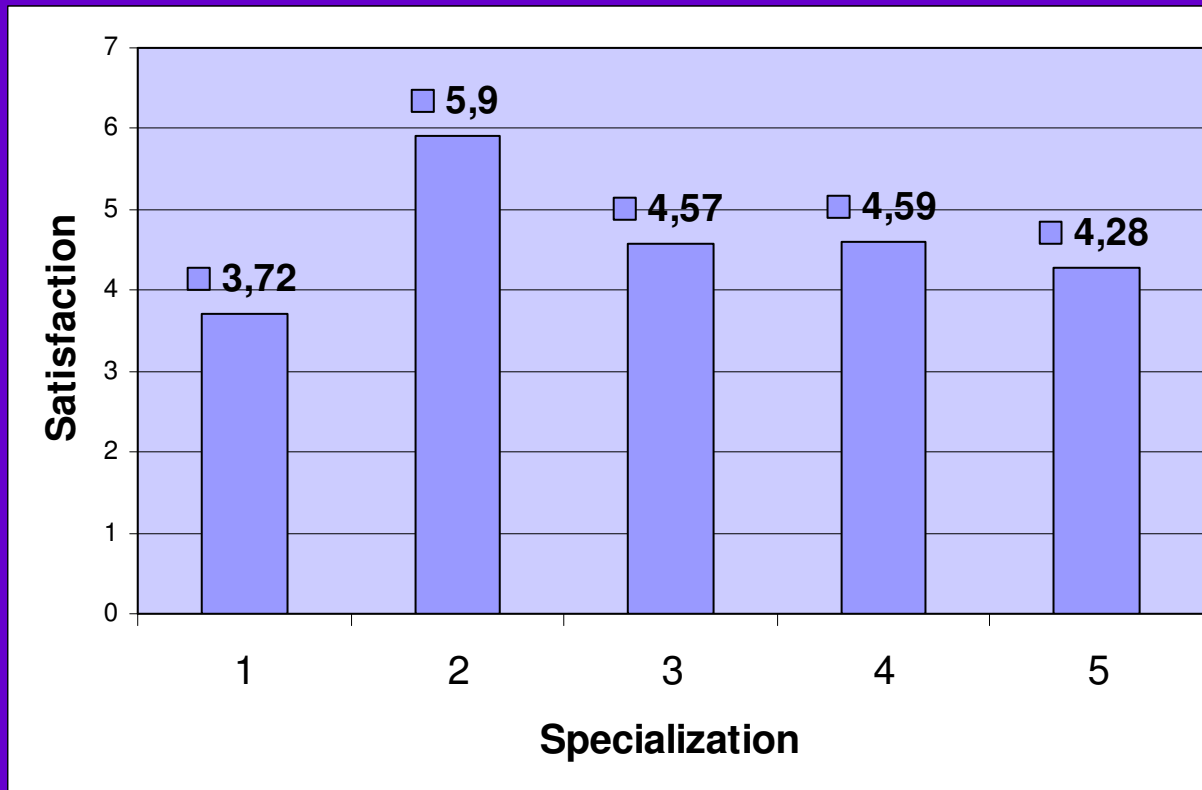
# Spirituality/specialization



1 – internists, 2 - pediatrists, 3 - neurologists,  
4 – surgeons, 5 - emergency medicine

<i>Well-being</i>	<i>Specializ</i>	<i>N</i>	<i>M</i>	<i>SD</i>	<i>F(4, 95)</i>	<i>p</i>
<i>Satisfaction</i>	1	20	3.72a	.912	18.560	.000
	2	21	5.9ab	.480		
	3	21	4.57ab	.581		
	4	18	4.59ab	.986		
	5	20	4.28b	.741		
	All	100	4.58	.987		
<i>Positive emotions</i>	1	20	4.29a	.995	12.858	.000
	2	21	5.96ab	.577		
	3	21	5.45a	.460		
	4	18	4.92b	.882		
	5	20	4.94b	.924		
	All	100	5.13	.960		
<i>Negative emotions</i>	1	20	3.04a	.378	17.567	.000
	2	21	2.38ab	.261		
	3	21	2.14ac	.397		
	4	18	3.37bc	.811		
	5	20	3.02bc	.706		
	All	100	2.77	.700		

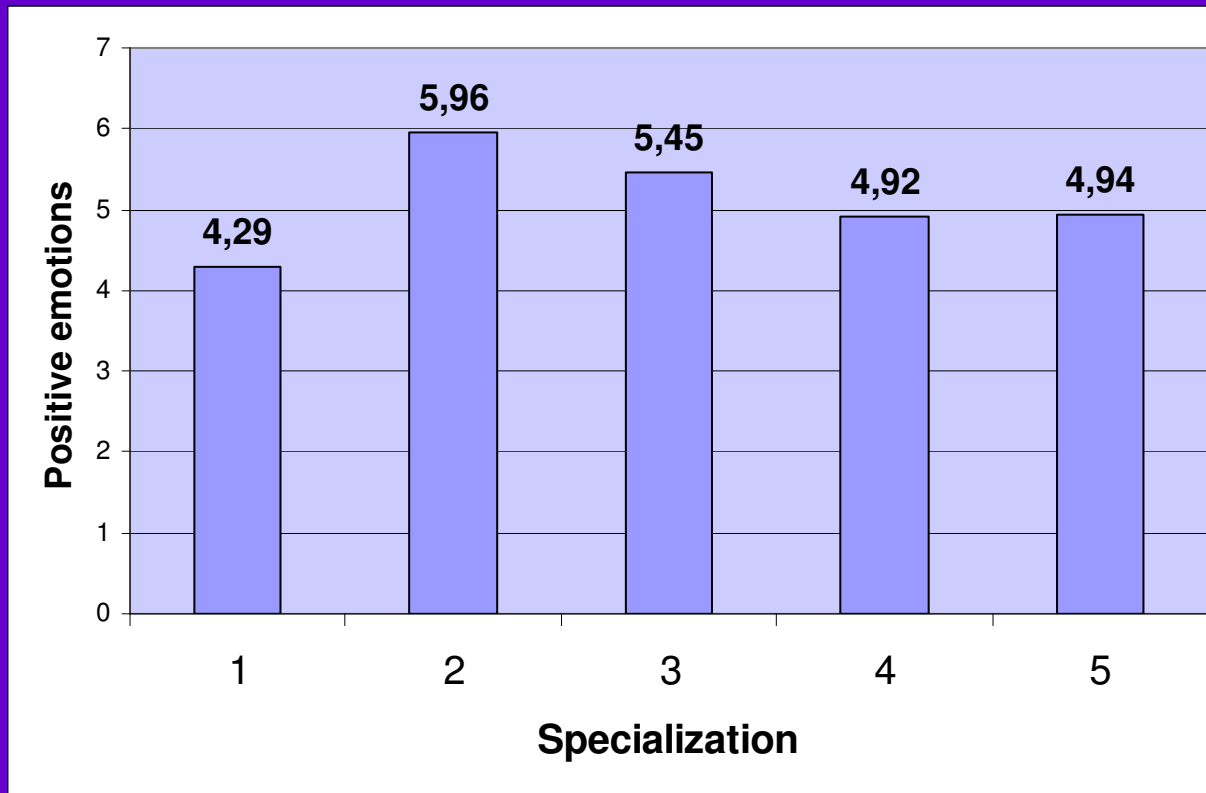
# Satisfaction/specialization



1 – internists, 2 - pediatrists, 3 - neurologists,  
4 – surgeons, 5 - emergency medicine

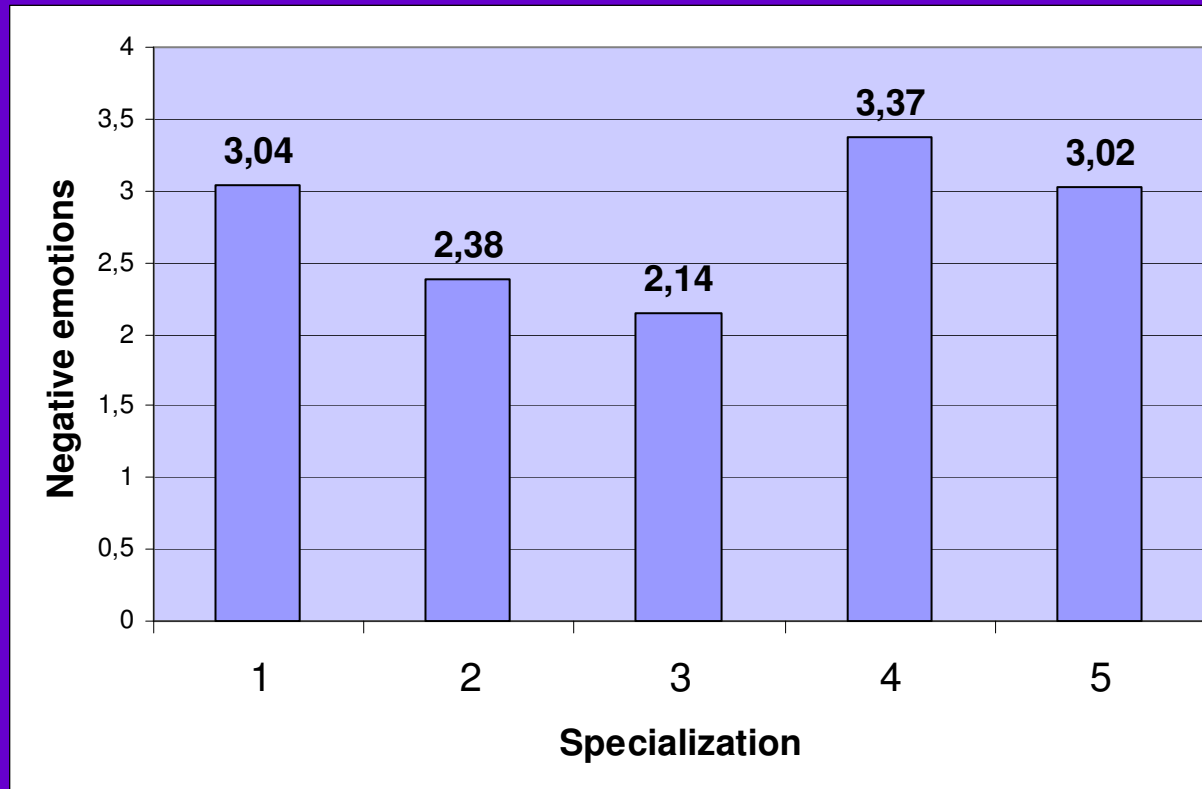


# Positive emotions/specialization



1 – internists, 2 - pediatricists, 3 - neurologists,  
4 – surgeons, 5 - emergency medicine

# Negative emotions/specialization



1 – internists, 2 - pediatricists, 3 - neurologists,  
4 – surgeons, 5 - emergency medicine

# Spirituality as a predictor of well-being among doctors



# Spirituality, Personality and Well-Being

(simple linear regression: each predictor)

WELL-BEING	PERSONALITY						SPIRITUALITY	
	AGREE	OPEN	CONS	EXTR	NEU	Transcendence	Spir Openness	Relig Attitude
SAT	+	+	+	+	+	+	+	+
”+” em	+	+	+	+	+	+	+	+
”-” em	+	+	+	+	+	+	+	+

## **Satisfaction in groups** (multiple regression)

- No significant results

# **Positive emotions in groups**

(multiple regression)

## (1) Internists

	$F(6.13)=42.67$ $p<.000$		
	$R=.976$ $R^2=.952$		
	$\beta$	$t$	sign.
<i>Extraver</i>	<i>.761</i>	<i>4.81</i>	<i>.000</i>
<i>Consciousn</i>	<i>.505</i>	<i>3.39</i>	<i>.005</i>
<i>Spirituality</i>	<i>.435</i>	<i>2.82</i>	<i>.014</i>

## (2) Pediatricists

	$F(6.14)=12.1$ $p<.000$		
	$R=.916$ $R^2=.838$		
	$\beta$	$t$	sign.
<i>Spirituality</i>	.204	4.08	.001



### (3) Neurologists

	$F(6.14)=15.6$ $p<.000$		
	$R=.933$ $R^2=.872$		
	$\beta$	$t$	sign.
<i>Extraver</i>	.889	3.1	.008
<i>Neuroticism</i>	-.465	-2.92	.011
<i>Consciousn</i>	-.54	-4.23	.001

## (4) Surgeons

	$F(6.11)=8.19$ $p<.002$		
	$R=.904$ $R^2=.817$		
	$\beta$	$t$	sign.
<i>Openness</i>	<i>.811</i>	<i>3.82</i>	<i>.003</i>
<i>Conscientiousness</i>	<i>-.436</i>	<i>-3.99</i>	<i>.002</i>
<i>Spirituality</i>	<i>.459</i>	<i>2.94</i>	<i>.013</i>

## (5) Emergency medicine

- No significant results

# Negative emotions in groups

(multiple regression)

## (1) Internists

	$F(6.13)=4.4$ $p<.012$		
	$R=.819$ $R^2=.67$		
	$\beta$	$t$	sign.
<i>Spirituality</i>	$-.865$	$-2.15$	<i>.051</i>

## (2) Pediatricists

- No significant results

### (3) Neurologists

	$F(6.11)=8.19$ $p<.002$		
	$R=.904$ $R^2=.817$		
	$\beta$	$t$	sign.
<i>Agreeable</i>	<i>-.857</i>	<i>-2.51</i>	<i>.025</i>
<i>Consciousn</i>	<i>.338</i>	<i>2.09</i>	<i>.055</i>
<i>Spirituality</i>	<i>.64</i>	<i>2.69</i>	<i>.018</i>

## (4) Surgeons

	$F(6.11)=7.23$ $p<.003$		
	$R=.893$ $R^2=.798$		
	$\beta$	$t$	sign.
<i>Spirituality</i>	<i>.513</i>	<i>3.12</i>	<i>.01</i>



## (5) Emergency medicine

- No significant results

## Conclusion II

- In deeper analysis Spirituality is not a predictor for satisfaction with life considering doctors' specializations
- Positive Emotions are predicted by Spirituality among internists (+) , pediatricists (+) and surgeons (+).
- Negative Emotions are predicted by Spirituality among internists (-), neurologists (+) and surgeons (+).
- No significant results among doctors of emergency medicine.

## Conclusion III

- Medical and psychological treatment should be supervised systematically and taking into consideration complexity of human spiritual sphere.
- Moreover – all caregivers' condition is **important factor** for patient's health also.

And we wish...

