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Article

Developmental patterns of adolescent spiritual health in six countries

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ABSTRACT

The spiritual health of adolescents is a topic of emerging contemporary importance. Limited numbers of international studies provide evidence about developmental patterns of this aspect of health during the adolescent years. Using multidimensional indicators of spiritual health that have been adapted for use within younger adolescent populations, we therefore: (1) describe aspects of the perceptions of the importance of spiritual health of adolescents by developmental stage and within genders; (2) conduct similar analyses across measures related to specific domains of adolescent spiritual health; (3) relate perceptions of spiritual health to self-perceived personal health status. Cross-sectional surveys were administered to adolescent populations in school settings during 2013–2014. Participants (n=45,967) included eligible and consenting students aged 11–15 years in sampled schools from six European and North American countries. Our primary measures of spiritual health consisted of eight questions in four domains (perceived importance of connections to: self, others, nature, and the transcendent). Socio-demographic factors included age, gender, and country of origin. Self-perceived personal health status was assessed using a simple composite measure. Self-rated importance of spiritual health, both overall and within most questions and domains, declined as young people aged. This declining pattern persisted for both genders and in all countries, and was most notable for the domains of "connections with nature" and "connections with the transcendent". Girls consistently rated their perceptions of the importance of spiritual health higher than boys. Spiritual health and its domains related strongly and consistently with self-perceived personal health status. While limited by the 8-item measure of perceived spiritual health employed, study findings confirm developmental theories proposed from qualitative observation, provide foundational evidence for the planning and targeting of interventions centered on adolescent spiritual health practices, and direction for the study of spiritual health in a general population health survey context.

Introduction

Spirituality is a broad concept that relates to wisdom and compassion (Miller & Nakagawa, 2002), the experience of wonder and joy in life (Bone, Cullen, & Loveridge, 2007), moral sensitivities (Hay & Nye, 1998) and the idea of "connectedness" (Palmer, 2009; Hay & Nye, 1998). It relates to a range of experiences, from those that are life affirming to those that are painful (Eaude, 2003). Further, spirituality has been described as "the intrinsic human capacity for self-transcendence in which the individual participates in the sacred—something greater than the self" (Yust, Johnson, Sasso, & Roehlkepartain, 2006). Spiritual health has been recognized as a fourth dimension of health (along with social, emotional/mental and physical domains) (Dhar, Chaturvedi, & Nandan, 2011, 2013; Hawks, Hull, Thalman, & Richins, 1995; Miller

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& Thoresen, 2003; Udermann, 2000), and we understand it to be under this broader construct of spirituality.

While the spiritual dimension of health has re-emerged as part of an important discussion in health literature, there is little consensus in the literature as to a concise definition (Hawks et al., 1995; Vader, 2006). Because this field is evolving, we argue that it is premature to propose a single, succinct definition as being able to capture this multi-dimensional and somewhat elusive construct. However, in order to facilitate dialogue, we propose the following working definition. *Spiritual health is a dimension of health that entails a condition of spiritual well-being. This is a "way of being" that involves some capacity for awareness of the sacred qualities of life experiences and is characterized by connections in four domains: (1) connections to self, (2) others, (3) nature, and (4) with a sense of mystery or larger meaning to life, or whatever one considers to be ultimate.* Spiritual development is also important to consider. It relates to the developmental process of nurturing the human capacity for spiritual health. Benson, Roehlkepartain, and Rude (2003) describe it as the "developmental 'engine' that propels the search for connectedness, meaning, purpose, and contribution" (Benson et al., 2003, p. 205). While our study has the narrow focus of describing developmental patterns related to perceptions of the importance of spiritual health, it belongs in a larger and emerging academic conversation about both spirituality and spiritual development.

There are possible benefits to including spiritual health as part of a holistic conceptualization of adolescent health and well-being. Such thinking considers the health of children as dynamic and integrated whole human beings as opposed to using a more compartmentalized approach. In particular, this is consistent with the teachings of many Indigenous cultures and also reflects a growing body of contemporary research in more secular societies that demonstrates the importance of spiritual health to adolescent populations (King, Ramos, & Clardy, 2013; Roehlkepartain, King, Wagener, & Benson, 2006). It is also in keeping with principles laid out in the United Nations *Convention on the Rights of the Child*, which outlines a child's right to a sense of spiritual well-being and refers explicitly to these spiritual rights in four of its articles (UNICEF, 1989). To illustrate, the Convention states that the child "be given opportunities… to enable him [sic] to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity" (UNICEF, 1989).

Research in the field of child spiritual health is challenged by the multidisciplinary nature of the concept and the fact that there are subtle differences in language and definitions applied across disciplines, and approaches to presentation of findings. Child spirituality has been referred to as a concept that can be "described but that is very difficult to define" (Eaude, 2003). There is some agreement that it involves some capacity for awareness of the sacred qualities of life experiences, and that these are especially connected to being in relationship. This is typically expressed (as per our working definition) in the four relational domains. This is in keeping with conceptual frameworks developed by scholars including Fisher (2011) and Hay and Nye (1998).

In addition, it is important to distinguish between the concepts of spirituality and religiosity. While religious traditions can sometimes be vehicles for spiritual experience and growth, child spirituality has been viewed as a more universal construct, one that is not dependent on, or contained by, religious expression (Crompton, 1999). Many studies on adult populations have explored spirituality as separate from religiosity, and identify these experiences as "spiritual-but-not-religious" ("SBNR") (Schnell, 2012), "non-religious spirituality" (Jirásek, 2013; Hyland, Wheeler, Kamble, & Masters, 2010), "atheistic spirituality" (Nolan, 2009), and "humanist spirituality" (Kaufman, 1987). While this may also be a common experience in child populations, because of some natural overlaps between spirituality and religion, it is more difficult for children—especially younger children who have not yet developed the ability to think abstractly—to be able to clearly distinguish spirituality and religiosity as separate concepts (Crompton, 1999). Our study is based on the assumption that while many children experience spirituality and religion in similar contexts, children do not need to be religious in order to be spiritual.

Spirituality-based practices provide one foundation for health and its promotion (Lippman & Keith, 2006; Sallquist, Eisenberg, French, Purwono, & Suryanti, 2010). In educational and clinical settings, examples include interventions that focus on exposures to nature (Louv, 2005; 2012), and techniques such as self-quieting exercises and meditation and related mindfulness exercises (Simkin & Black, 2014; Shonin, Van Gordon, & Griffiths, 2012). Such practices are becoming common in many schools, hospitals, and outpatient settings (Blaney & Smythe, 2014; Thompson & Gauntlett-Gilbert, 2008). Engagement in spiritual health practices has long been recognized in pastoral settings where care is provided for situations involving serious illness and death (Feudtner, Haney, & Dimmers, 2003; Pendleton, Cavalli, Pargament, & Nasr, 2002). An emerging body of research now examines the merits of spiritual health and care not only for young people in health crisis and at end-of-life, but for those nearer to the beginning. This contemporary surge in interest can perhaps be attributed to a number of studies suggesting links between spirituality and positive mental health (Eaude, 2009), happiness (Holder, Coleman, & Wallace, 2008), and resilience among children (Smith, Webber, & DeFrain, 2013).

More internationally, despite strong interest in spiritual health as an important dimension of the health of children, as well as the United Nations mandate to address such spiritual needs (UNICEF, 1989), the international research base in the peer-review domain is limited, and there is a need for further evidence to understand the views of younger children about their own spiritual health (Benson et al., 2003; Houskamp, Fisher, & Stuber, 2004). Descriptions of developmental and gender-based patterns of spiritual health across countries and cultures would be especially helpful as much of the existing evidence is based on qualitative research paradigms (e.g., Hay & Nye, 1998) or theoretical discussions (e.g., Eaude, 2009). Adolescence is a unique developmental phase, and is distinct from childhood (Caskey & Anfara, 2007). Consequently, intentional study of how adolescents perceive spirituality is worthy of consideration.

We had the opportunity to conduct a quantitative study of the spiritual health of adolescents through our involvement in the cross-national Health Behaviour in School-aged Children study, or HBSC (Freeman et al., 2011). This longstanding study involves researchers in some 43 countries or regions and seeks to understand adolescent health and its contextual determinants. In its most recent cycle (2013–2014), a series of spiritual health measures were available to countries as a new optional set of items. We used this opportunity in order to: (1) describe aspects of perceptions of the importance of spiritual health of young people by developmental stage within genders and across the six countries; (2) conduct similar analyses but within four specific domains of spiritual health; (3) relate perceptions of the importance of adolescent spiritual health to self-perceived personal health status. Our intentions were to explore the assessment of spiritual health within a general adolescent health survey context, to evaluate the consistency of suspected developmental and gender-based patterns of adolescent spiritual health experiences inferred from existing theories (Fisher, 2011; Hay & Nye, 1998), and to provide evidence that might inform the eventual planning and targeting of spiritual health interventions applied to adolescents within a diversity of health, educational and home settings.