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Who am I, and Why am I Here? Young People's Perspectives on the Role of Spirituality in the Promotion of their Mental Health

Keywords: spirituality, mental health promotion, young people, identity, resilience

Introduction

Spirituality is an enduring human concern with universal appeal and relevance. Although a great deal of literature has been published on the subject, high-quality empirical data remains limited (Thoresen, 1999; Westgate, 1996),

A B S T R A C T

Fifty-one young people (14-18 years of age) participated in qualitative research on the role of spirituality in the promotion of their mental health. Findings suggest that youth conceptualisations of spirituality are diverse and contrast with adult definitions (eg the relative significance of organised religion). Participants perceived spirituality as intrinsically positive and potentially beneficial to their mental health. Perceived risks to mental health related to lack of spirituality or to spiritual extremes. A possible connection between spirituality and identity formation was identified. This study highlights young people's interest in spirituality and their desire for better opportunities for spiritual exploration.

notably in the area of spirituality and positive mental health (Hill, 1994; Pransky, 1991; Raeburn, 2000). Research on the adolescent perspective on the role of spirituality in the promotion of their mental health is still more limited (Raeburn, 2000).

Like mental health, spirituality is a concept that does not lend itself easily to concise definition. Interpretations of both terms are numerous and diverse (Bensley, 1991; Smyth & Bellemare, 1998; Westgate, 1996; Tudor, 1996; Rogers & Pilgrim, 1997). The majority of 'mental health' literature deals with psychical illness, rather than positive mental health and resilience (Tudor, 1996). Similarly, the relationship and distinctions between transcendent spirituality and organised religious spirituality are rarely clarified (Decker, 1993; Dyson *et al*, 1997; King & Dein, 1998; Smyth & Bellemare, 1998; Raeburn, 2000; Westgate, 1996). It may be argued that universal definitions are not possible, necessary or even desirable, and indeed several authors favour the use of conceptual frameworks or key principles as aids to common understanding and application (Joubert & Raeburn, 1998; Chatters *et al*, 1998; Coyle, 2002; Dyson *et al*, 1997).

The Healthy Spirit Project, a qualitative study undertaken in Canada in 2000, investigated adolescent perspectives on these very issues. Young people expressed themselves about the meaning and importance of spirituality in their lives and in relation to their emotional well-being and resilience. The principles of youth empowerment and participation underpinned the study design and implementa-

tion. The opportunity to realise the potential of this idea was tremendous validation of the role of spirituality in adolescent mental health and, more important, of the views of young people themselves.

The Healthy Spirit Project is among the few published studies on the adolescent view of spirituality in relation to mental health. This article summarises the findings of the study, examining adolescent concepts of spirituality, its role in the development and promotion of positive mental health among young people, and discussing its potential as a protective factor against mental health problems.

The Healthy Spirit Project

The relevance of spirituality to our experience of life's most painful truths is clear; as we face trauma, disease, decline and ultimately our own mortality, we inevitably ask 'Why?', 'What does it all mean?'. But the potential of spirituality is far more than merely a 'last resort'. For truly proactive comprehensive mental health promotion, spirituality should be considered the core of salutogenesis (cf pathogenesis). It should be integral to our approach from the outset, fostered as early as possible in life for the mental health and resilience of future generations.

In Autumn 2000 a small community-based study undertaken in Ottawa investigated youth perspectives on spirituality and its influence on their positive mental health. The first author collaborated with the Mental Health Promotion Unit of Health Canada and YouthNet/ RéseauAdo (an MHP initiative for youth, by youth of the Children's Hospital of Eastern Ontario).

Medline/PubMed, ASSIA, ERIC and the HEBS databases were searched for literature from the last decade. Keywords such as spirituality, belief, 'meaning/sense of meaning', mental, psychological, emotional, health, well-being, resilience, adolescence and youth were used. The resultant publications are mainly theoretical, the little empirical research available focusing on religious commitment and health (Donahue & Benson, 1995; Haight, 1998). Spirituality is rarely the main focus and 'mental health' usually refers to prevention or treatment of mental disorders (Fehring et al, 1987; Resnick et al, 1993).

Participants

English-speaking adolescents (14–18 years of age) were recruited on a voluntary basis from the community. A total of 51 adolescents participated, 11 in piloting the research methods and 40 in focus groups (four groups of 8–12 participants). Equal numbers of males and females participat-

ed, and the average age was 16.5 years. Just over half were adolescents attending mainstream high schools. The remainder were young people attending alternative high school programmes, having either opted or been asked to leave the mainstream system because of problems related, for instance, to learning, behaviour, the home environment and/or substance misuse.

Participants in the first 'mainstream' group were from a youth theatre club with members from several different schools. The second was a group of peer helpers from a single high school. The two 'non-mainstream' groups were from an 11th grade life-skills class at an alternative high school.

As the focus was spirituality and not organised religion, religious affiliation was not assessed formally, but arose in discussion. The majority were self-identified as coming from non-religious or non-practising Christian backgrounds, with minority representation of active Christians and Moslems. Given its small size, the sample is not representative, and inclusion of any particular religious denomination or 'non-mainstream' subgroup (eg gay/lesbian/bisexual youth, youth in care, homeless youth, adolescent mothers) was random.

Method

The primary objective was to use focus group discussions to answer questions pertaining to the following central issues:

- the youth definition of spirituality
- its role as a promotive, protective or risk factor in mental health
- its perceived importance to youth mental health
- preferred modes and situations for adolescent spiritual expression
- the perceived level of environmental support for exploration of the above issues.

Following piloting, finalisation of the research method and formal ethical review, participants were recruited via the existing YouthNet networks by convenience sampling. Pairs of young trained facilitators then conducted four 1–1.5 hour-long focus groups (at a community centre and two separate high schools). Each participant gave informed written consent before and anonymous written feedback after the session. The only incentives offered were simple refreshments during the sessions. The safety of participants was ensured by training all the facilitators in crisis intervention and access to on-call clinical back-up.

Facilitators used standardised prompts to stimulate discussion of the central issues. Qualitative data – verbatim quotations, key words and phrases – were collected manually. Guided by key concepts from the literature (eg religion, higher power, faith) and themes which had begun to emerge in the pilot groups (eg apparent preference for internal aspects of spirituality), key ideas were categorised. Categorisation criteria included the frequency of use of key words and reference to concepts, the intensity of discussion of themes, the strength of attitudes held and the number of participants expressing an opinion. Independent analysis of a sub-sample of the data was undertaken to reduce bias. Youth participation and evaluation were actively sought at every stage to ensure youth appropriateness.

Findings

The responses of the Healthy Spirit Project participants initially reflected the general confusion about the meaning of mental health. As anticipated, mental health was viewed by the majority as synonymous with mental disorders (eg 'loonies', 'crazy people'). Following minimal debate, however, a comfortable consensus was reached that mental health, unlike mental 'illness' or disorders, is a fundamentally positive concept, which the participants clarified in their own words, as 'a state of well-being in your mind'.

The youth perspective on spirituality

Discussion of the meaning of spirituality was of major importance to the participants. Collectively, they had some concept of spirituality at the start of the focus group. This was clearer and somewhat more established among mainstream participants. They brainstormed with ease for defining features of spirituality and exhausted their flow of ideas before any standardised prompts were used. In contrast, many non-mainstream participants, who were considering or voicing opinions on spirituality for the first time, initially appeared to contribute less to the discussion[1]. However, as the discussion progressed, these young people also communicated clear ideas and volunteered personal insights, which greatly enriched the overall data. Participants perceived formal definitions as restrictive and ultimately inadequate. While many of the features common to the more 'adult' definitions of spirituality prevailing in

[1] Superficially, this could be interpreted as a lack of opinions. However, one must remember that alternative school students typically come from very challenging backgrounds and have not necessarily been encouraged to express themselves, nor have their opinions been valued. The difficult experiences most of them face may on the one hand make them much less trusting or willing to divulge personal information, and on the other actually make them extremely insightful and therefore fascinating research participants.

the literature arose in discussion, the relative importance assigned to each was quite different. In response to this, a unique, seven-category conceptual framework of themes for considering spirituality from a youth perspective was developed from the focus group data (*Figure 1*, below). This was guided by the themes that emerged from the pilot groups and the categorisation criteria.

FIGURE 1 *Young People's Concepts of Spirituality*
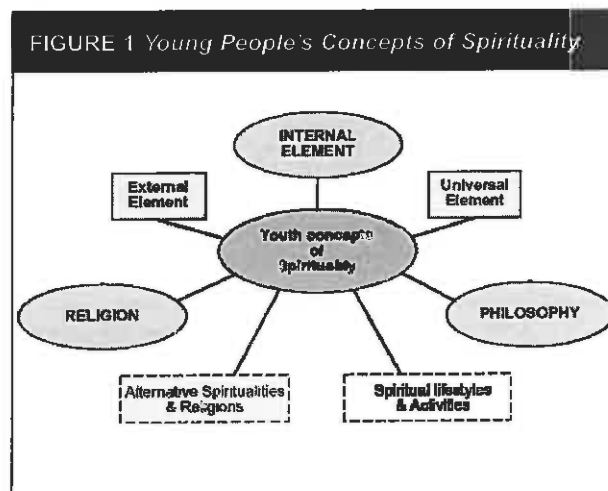
The categories of religion, philosophy and the internal element were of central importance, and thus became major categories, which are summarised in *Table 1*, opposite. Minor categories included the external element, the universal element and alternative spiritualities and religions. The latter, along with spiritual lifestyles and activities, were also considered to be illustrative/associated themes. Description of all seven categories is beyond the scope of this article. A comprehensive description of the results is available on request from the first author.

Religion

Clarification of the relationship between religion and spirituality was of central importance to participants. The minority of self-identified religious participants felt that religion is very important and 'definitely ties in' to their sense of spirituality. The majority, however, felt that religion and spirituality are not synonymous or necessarily mutually inclusive and that 'you can be a spiritual person without being religious'.

Structured, organised religions were perceived as being more about rules, control, restriction or repression and, as such, were unappealing and rejected by the majority.

'I don't believe in a 'higher power' – my parents make me go to church.'

TABLE 1 *Major Categories, Keywords/Concepts, and Central Themes*

MAJOR CATEGORIES	KEY WORDS/CONCEPTS	CENTRAL THEMES
Religion	Religion(s), God(s). church. Christianity, faith, morals, values	1) The relationship between spirituality and religion (2) The concept of faith (3) Control
Philosophy	Philosophy, beliefs, attitudes. 'outlook on life'. 'the big picture', 'making sense of the world', holy karma, fate, optimism. 'being' (vs doing). reasons/meaning, 'search', 'questioning'	(1) Personal philosophy/worldview (2) Meaning/search for meaning (3) The search/process of questioning
Internal element	Self, identity, internal, 'inside yourself', individuality, conscience, soul, spirit, personal beliefs, faith, hope, sense of purpose, thoughts and emotions/ feelings, connections, search, questioning	(1) Spirituality = identity (2) Spirituality = the search for and formation of an identity, process of questioning, development of a belief system, growth, development, self-discovery and awareness (3) Existence of a soul, spirit or conscience

The secular 'pre-packaging' of spirituality – 'putting a label on an age-old term', '…to market things like yoga' – was also rejected. In contrast, it was felt that genuine 'spirituality is much more fluid and universal than religion' and this personal, all-encompassing nature was welcomed.

'Faith' was a central concept discussed in all groups. Not only because of the religious connotations of the word, but also in connection with its various conceptions as an aspect, expression or even definition of spirituality, faith featured in several categories.

Philosophy

Participants associated spirituality with 'philosophy', several defining a person's spirituality as being their personal philosophy or approach to life. Recognised philosophies like that of Buddhism and life approaches such as fatalism, karma and optimism were used by participants to illustrate their ideas of spirituality. The former two life approaches arose more explicitly in the non-mainstream groups, whereas optimism appeared more among the mainstream youth.

'Making sense' of the world or life and the process of actively 'searching' for meaning or reasons, especially for positive or negative life events, or 'questioning' existing meaning and reasons, were themes which appeared early in mainstream group and later in non-mainstream group discussions.

The internal element

Approximately a quarter of all contributions to the youth definition of spirituality related to themes in this category. Positive definitions of spirituality consistently related to all things internal. Many participants across the board simply equated spirituality with their identity – 'It's who you are' – or with a personal belief system. Others defined it more as a search or developmental process, such as 'crisis of identity – trying to discover who you are is spirituality'. A minority related their spirituality more to ideas of awareness, both general and to do with the 'self' and self-care – 'It's being in tune with yourself'.

The vast majority felt that they had a soul or spirit. Interesting ideas arose in relation to 'conscience', especially in non-mainstream groups. It was generally felt that

'"inner voice" is a better description of spirituality than "higher power" which is more associated with religion'.

This explains the ranking of the internal element as a major, and the external element (relating to the 'higher

power', the 'something bigger') as a minor category in this framework.

The role and importance of spirituality in adolescent mental health

The majority felt that spirituality is positive for their mental health but, if taken to extremes, can be used or manipulated in such a way as to have a negative influence. 'Belief in **something**' was felt to be definitely positive so long as the belief is real and authentic. The perceived positive influences on youth mental health were:

- a sense of meaning and purpose
- a sense of security and peace from 'knowing everything happens for a reason'
- a sense of comfort and support, 'like you're not totally alone'
- a source of energy, strength and inspiration
- improved personal growth and well-being – 'knowing more about myself and my beliefs makes my self-confidence better'.

The presence of spirituality, particularly the notion of 'faith', was viewed as a means of coping with and understanding life and reducing the impact of difficult experiences, including risk factors for mental health problems such as trauma or bereavement.

'It helps to trust in something.'

'Faith helps you to deal with... experiences – like death – helps you to find reasons.'

'[without] belief, death is more difficult to deal with... more confusing.'

A 'lack' of spirituality, faith or belief was felt to be very negative, a small number of both mainstream and non-mainstream participants being adamant in viewing this as a risk factor for mental health problems.

'When you get sick or when bad things happen you start losing faith that things will go right and you start feeling isolated and unconnected and alienated.'

For current adversity and/or mental disorder, absence of spirituality was felt to be a definite disadvantage.

'When you go through something really hard, like when I went through depression, being cynical is the worst thing you can do and you find yourself trying to find things to believe in.'

One participant expressed what she felt could be the most profound effect of a lack of spirituality.

'Suicide happens when you can't find your inner energy.'

'Any extreme is bad' was the basic message regarding risk. Any kind of mass preaching – strong external influences – was cited repeatedly as an example of this. Spiritual extremes, unlike religious ones, were perceived to be related to the internal element. The overwhelming nature of spiritual growth, the confusion of the questioning process, was described as potentially quite traumatic, and overthinking was cited as a potential mental health risk.

'I've brought myself to tears thinking about it because I'm suddenly hit by... a big realisation. [It's the] stress of there being too much to grasp.'

However, it was recognised by some that the search, which may at one stage be experienced as a traumatic struggle, could itself give rise to healing.

'If you ask questions about life and you think too much... you can get depressed if you can't find the answers. But if you find the answers or start to understand stuff it can help you get out of a depression.'

Opinions on the importance of spirituality and its relevance to mental health ranged from seeing it as 'a good thing but not the most important thing' to viewing it as 'a necessity'. Participants who spoke openly about having 'got through' personal traumatic experiences (eg depression, addiction, family or relationship problems) felt that their spirituality was extremely relevant and indeed the most important factor in their recovery and growth. Those currently experiencing problems and having difficulty coping could not easily see any relevance of spirituality to their situations or lives. Those without any experience of similar difficulties voiced no strong views either way. The findings suggest that perceived relevance of the issue may increase with increased awareness. Generally, participants felt 'you should explore your spirituality'.

Supportive environments for adolescent spiritual expression

Information on how spirituality is expressed and supported is relevant to mental health promotion. The results suggest that young people experience and express their spirituality in diverse and interesting ways (such as quiet contemplation, the arts, snowboarding). Although spiritual experiences may be shared – preferably with 'one or two close friends' – they are essentially private, individual experiences. Discussion of spirituality may be used in social interaction to make meaningful 'connections' with others.

'It's a good way to get to know someone – you find out their beliefs and values straight off. It's a good basis to start a relationship.'

The home and school environment were not consistently felt to be conducive to spiritual exploration and expression, fear of judgement by others being seen as the main barrier.

'It's a private thing – you keep it to yourself because you're afraid of that one person dissing you.'

'Safe' (confidential, respectful) opportunities for open discussion in the usual youth environment, such as the focus group (itself perceived as 'spiritual' by some participants), were welcomed.

Discussion

These findings suggest not only that young people are very interested in spirituality, but also that exploration of its meaning is key for them and their conceptions of spirituality are unique to their stage in life.

The meaning of spirituality

Numerous definitions of spirituality appear in the literature, with much similarity and overlap. The same key concepts – meaning, purpose, faith, hope, self, 'God', a greater something, connectedness, searching, beliefs, belief systems – recur but, written from the mature, relatively established adult perspective, none takes into account the dynamic state of development of the adolescent. This has implications for youth-centred work and research. Take for instance the following definition of spiritual health.

A high level of faith, hope and commitment in relation to a well-defined world view or a belief system that provides a sense of meaning and purpose to

exist in general, and that offers an ethical path to personal fulfilment which includes connectedness with self, others and a higher power or larger reality. (Hawks *et al*, 1995)

This statement might be entirely appropriate for an adult. But consider an adolescent, who has fluctuating levels of faith, hope and commitment because he or she is simply 'not sure yet', has a less well-defined world view and is hesitant about acknowledging a 'higher power' because he or she is struggling with issues of independence. The idea that he or she should be, by definition, thought of as less than spiritually healthy makes no sense.

The study participants generally perceived anything too structured as rigid and unappealing. The openness and flexibility of spirituality were attributes of particular relevance and importance to young people, the findings suggesting that a conceptual framework is more respectful of the youth perspective and preferable to a definition.

Adolescent spirituality and identity formation

The ranking of aspects of spirituality in the youth perspective (the internal element and philosophy taking precedence over the external element and religion) may be rooted in the question of identity. Within the framework of Erikson's (1959) original theories of identity formation as the major adolescent developmental task and Marcia's (1980) concept of the four identity statuses (diffusion, foreclosure, moratorium and achievement), researchers have explored the breadth and richness of the process (Marcia, 1980; Archer, 1989; Côté & Schwartz, 2002).

The full complexity of identity formation is not yet understood, but the psychological health benefits and behavioural effects of different approaches to the process, in particular the different identity statuses, remain of great interest. Identity achievement denotes active exploration of the options, followed by autonomous commitment to an identity, and is generally regarded as the healthiest of the statuses, whereas diffusion – the exact opposite – is considered least healthy (Archer, 1989). Spirituality has been related hypothetically to adolescent identity formation by Gillin (1999) but to our knowledge no empirical data validating her theory is available as yet.

Conflict resolution in spiritually-based identity formation

We propose that a number of conflicts characterise the adolescent perspective on spirituality and that resolution of

these conflicts should be considered a major task in the related, overlapping processes of identity formation and spiritual growth. The first of these is **autonomy vs authority**. For a young person in post-modern society, the most important hurdle in growing up is establishing and asserting oneself as an independent, autonomous individual. It is natural for an adolescent to wish to question authority and to try to gain a sense of control over his or her life. Finally enjoying a greater degree of freedom, a young person may not yet be prepared to embrace the sense of an external locus of control which accompanies acceptance of an all-powerful God or higher power.

Similarly, the **individual vs institution** conflict relates to religion when perceived as highly structured, rigid and rule-orientated. As another symbol of authority and rules, it can be unhelpful to individuals trying to search and understand for themselves. The secular 'organisation' and 'pre-packaging' of spirituality by the media are perceived as similarly unhelpful. Authenticity is paramount, and the communal, structured nature of even very liberal religious settings may hinder young people from gaining true ownership of their beliefs.

The simultaneous conflict of **autonomy vs protection** describes the other side of the coin. Having not quite reached independent adulthood, and especially when dealing with trauma or life challenges beyond the norm, it is comforting, and in some instances even vital, for adolescents to have faith that something wiser and benevolent exists to protect them and, at some point, 'make things okay' again. This is also where the shared spiritual experience in a spiritual or religious community may be perceived as very positive and supportive.

Life experience and spiritual growth

Maslow (1968) wrote of the intrinsically good 'inner nature' of all humans which, though delicate and subtle, can never be erased. Suppression or denial results in sickness, he reasoned, but by allowing one's inner nature to guide one's life we may 'grow healthy, fruitful and happy'.

We propose that the very core of healthy identity achievement is transcendent spirituality. By increasing young people's awareness and active exploration of their own spirituality, by naming and validating their spiritual inner nature, young people may experience identity formation as more personally congruent, authentic and indeed easier. Psychosocial problems associated with the other identity statuses, particularly diffusion, may be reduced if adolescents' commitments in various domains – career, relationship, ideology – are based not on parental, cultural

or societal expectations but on true understanding of their own essential core.

Spirituality is not a Sunday-only activity; it is ever-present, but our awareness and appreciation of it are heightened by certain intense experiences. According to Maslow (1968), 'peak experiences' such as the exhilaration and heightened self-confidence associated with snowboarding, described by one participant, are the moments of highest happiness and fulfilment, at which one is closest to one's true identity.

Experiences of trauma, recovery from depression, addiction and abuse shared by several non-mainstream participants – what might be thought of as the 'trough experiences' – demand a search for purpose and meaning which acts to increase spiritual development (Decker, 1993). While it appears that spiritual awareness is at a minimum at these times of crisis, retrospective appreciation of the hidden strength of one's inner nature can be profound.

Moreover, the concern expressed by the adolescent participants that lack of spirituality, of opportunities to search and probe, may be a risk factor for adolescent mental health problems is shared by health professionals (Hassed, 1999; Westgate, 1996). It has also been proposed that self-destructive health risks, such as substance abuse and violence, may reflect the paradoxical psycho-spiritual need simultaneously to probe and to avoid probing deeper into the meaning of trauma, life and health (Decker, 1993; Robinson, 1994).

The greatest challenge and potential for mental health benefits lie in practising spiritual awareness not only during the intensely good or intensely bad, but also in the more subtle, even mundane, life experiences in between. As one participant put it 'the littlest thing can totally change you'. Fostering spiritual awareness and growth has the potential to affirm one's identity and increase one's self-knowledge, self-assurance and resilience in life.

Implications for mental health promotion

Adolescents themselves see their own personal sense of spirituality as an intrinsically positive thing, of great potential benefit to the protection and improvement of their mental health. Only when associated with undesired structure and rigidity, when dictated rather than discovered, when manipulated or taken to extremes, is it considered negative.

Concerns about identity provide a valid reason to pay spirituality the attention it is due in mental health. The mental health promotive influences perceived by young people correlate with the hypothesis outlined above: that

spirituality as the basis of identity formation can lead to mental health benefits. Improvement of mood, increased self-confidence, relaxation and reduced anxiety in coping with stress, hope and optimism, the benefits of a more philosophical perception of difficult experiences and the comfort gained from having 'faith', all have implications for promotion of resilience and mental well-being and protection from mental health problems. Noble (1987), in her study of experiences of transcendence among members of various populations, identified similar psychological health benefits and generally higher levels of psychological well-being among participants who had had such experiences than among those who had not.

The effects of spirituality on stress and illness have been discussed in the literature (Dyson *et al*, 1997; Maton, 1989) and its potential as a basis for development of coping mechanisms has been noted. Emmons *et al* (1998) presented research on personal goals and subjective well-being, showing that spiritual or religious content in personal goals, particularly spiritual personal strivings, is emerging as having an especially strong influence on subjective well-being. It is, however, the universality and flexibility that are appealing to young people, not merely a reductionist application of spirituality as a psychological 'technique'.

Mental health promotion is relevant to everyone, including those living with mental health problems/disorders. From the accounts of participants in this study who have experienced such problems, we postulate that a sense of spirituality aids recovery and improves quality of life. If spirituality proves to be as central to adolescents' identity and mental health as these findings suggest, raising clinicians' awareness of these issues is crucial.

As the findings show, some participants saw the value of using spirituality as a device for social interaction. Fostering this innate awareness of how to seek out genuine, positive relationships could be a way of promoting an effective protective social support network for all young people and in particular those at risk. Young people's desire for a 'safe' open forum for exploration of spiritual issues is great. In the light of the potential benefits of a spiritual approach to identity formation, educators, health professionals and policy makers have a responsibility to consider this in strategy planning and practice. The focus group model used in this study provided the desired 'safe' forum and constitutes an effective approach for future research and intervention.

By encouraging young people to honour their true inner nature by making spiritually motivated choices about their identities, relationships and goals and by fostering a sense of belief and/or faith, we can have a positive influence on their long-term mental health.

Conclusion

This study of the relationship between transcendent spirituality and adolescent mental health is among the first few published. It cannot claim to be representative of all young people or to provide conclusive results. However, the findings should provide substantial food for thought. The conclusion is that young people see spirituality as positive, important, potentially beneficial to their mental health and protective against mental health problems. These findings, although requiring replication, have significant implications for policies and approaches to education, youth work and clinical practice.

Future research possibilities lie in further investigation of identity formation based on transcendent spirituality, particularly in relation to the identity statuses and health. Examination of the effects of this and general spiritual exploration in young people recovering from, receiving treatment for or at risk of trauma, addiction and mental disorder, particularly suicidality, may also yield fascinating data. Whatever the questions, an approach emphasising youth appropriateness, participation and empowerment will yield the richest and most insightful answers.

Dedication

In loving memory of Vikram Reddy (1977–2002) and Fr Frank Crossan (1933–1999) – dear friends and two of the most youthful and joyful spirits in existence.

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