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Toward a Therapeutic Use of Spirituality among Individuals with Mild to Moderate Intellectual Disabilities

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Abstract

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MS, William Carey University, 2005

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Dissertation Submitted in Partial Fulfillment

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Abstract

Research has shown that community employment, different levels of independent living, and advocacy groups are factors that influence self-esteem in individuals with mild to moderate intellectual and developmental disabilities (ID). One gap in the literature is whether there is a correlation between spirituality and self-esteem in individuals with mild to moderate ID. Use of basic spiritual principles common across major religions and philosophies had not been explored by therapists as a means of improving personal outlook among individuals with ID, even though it has been suggested by some as having potential for this purpose. This qualitative research used a phenomenological approach to determine if a universal form of spirituality improves self-esteem in individuals with ID. Basic principles of Kabbalah, a form of spirituality that is shared by other major religions and spiritual perspectives, were the primary focus for questions and prompts in semistructured interviews. The interviews were conducted with 10 individuals with mild to moderate ID in the Hattiesburg, Mississippi area between the ages of 21 to 60 who live in the community with their caregivers, in semi-independent living, or in independent living. Comprehensive, semi-open interviews with phenomenological data analysis were used. Four identified themes derived from qualitative data software were the meaning of spirituality and innate beliefs, coping strategies, spiritual connection of people, and beliefs and perspective as both innate and derived from family. Many institutions such as the American Psychological Association have recommended that spirituality be addressed for individuals with ID. Basic spiritual principles may be useful as a widely-applicable tool that psychotherapists can use in sessions.

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Dedication

This dissertation is dedicated to my parents, Charlie and Florence Lee who have been very instrumental in shaping my worldview. As with many parents with a low income and means, they worked hard for me and my siblings to enjoy some of the finer things that life has to offer. One of those is a higher education. My parents sacrificed the little sum of their life savings to help me achieve this dream. For this, I say, continue to fulfill the mission that G-d presented to you. I love you both so much and forever.

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Chapter 1: Introduction to the Study

Background

Intellectual Disability

According to the American Psychiatric Association (2000) in the *DSM-IV-TR*, a person with an assessed IQ in the range of 55–70 is considered to have mild intellectual disability (ID), and from 40–55 is considered moderate ID. Individuals with IDs have been subjected to criticism and negative stereotypes for centuries and even millennia in many cultures and societies (Dovey & Graffam, 1987; Routh, 2005; Turmusani, 1999). Having limited cognitive abilities can often hamper an individual from achieving a life dream or passions such as obtaining a job in the community, attending an institution of higher learning, or living independently in the community (Jahoda et al., 2009). Many individuals with ID who have few social supports can become depressed due to failed dreams or goals, according to Jahoda et al. Advocacy groups assist individuals with ID to improve their personal and social outlook (Arc of the United States, 2010).

Researchers have defined spirituality as an individual's sense of connection to all things in the universe, including a higher power, and his or her meaning and purpose in life (Canda & Furman, 1999; Ross, 1995; Schulz, 2005). Religiosity is a similar but distinct concept, as it refers to the dogma and ritual that defines a specific group and relates to the spiritual practice. Spirituality and religiosity have been very influential in many individuals' and groups' lives and society for millennia and continues today (Azar, 2010). According to Verghese (2008), religion and spirituality have been a part of almost all cultures throughout history.

Spirituality and Mental Health

Verghese (2008) noted that spirituality, specifically, has been the key to handling life's problematic situations for generations of societies. Pargament (2007) demonstrated that spirituality is a viable tool when used in psychotherapy, either alone or as part of another theory or technique, with various individuals, groups, or populations. There is a plethora of studies on the influence of spirituality, religious belief, or practice on the personal outlook and well-being of individuals with physical disabilities and serious mental illness (Cochrane, 2005; Hyman, 2009; Oman, Hedberg, & Thoresen, 2006; Poston & Turnbull, 2004; Wilner & Tomlinson, 2007). The combination of mainstream psychological theories and therapies such as cognitive therapies and cognitive behavioral therapies with spiritually-oriented approaches has already been demonstrated to be effective in promoting positive change and thinking in psychotherapy (Meichenbaum, 2010). One study with six participants found that cognitive-behavioral therapy along with spirituality is very effective with promoting change in attitude and personal outlook, thereby increasing self-esteem in an individual (Singh et al., 2008). Gaventa and Coulter (2001) proposed that spirituality not only helps improve self-esteem in individuals with ID, but experiencing their concepts of spirituality can help others to appreciate the personal outlook and abilities of all persons on a universal scale.

In psychotherapy, tactics such as cognitive-behavioral, behavioral, and holistic therapies tend to help improve the personal outlook of individuals with ID over time (Esbensen & Benson, 2007; Hogue et al., 2007). Advocacy agencies often teach individuals with ID coping strategies to improve self-esteem (Arc of the United States,

2010). However, these entities with their positive messages may not always remain in their minds due to problems with recall memory that usually come with cognitive disabilities (Danielsson, Henry, Rönnberg, & Nilsson, 2010). In addition, the positive messages may be dismissed because of more prevalent negative messages or implications that they perceive from societal prejudice about ID. As with many individuals who may not be satisfied with their present conditions, individuals with ID may question why they were created with limitations, why others may have prejudices about them, or why they have physical or mental limitations that may prevent personal success in the world of work.

Spirituality has been used by families in various cultures to cope with a family member who has ID (Poston & Turnbull, 2004). Spirituality can be helpful in temporarily or permanently resolving questions that individuals with ID may have in psychotherapy (Specht, King, Willoughby, Brown, & Smith, 2005). Pargament, Murray-Swank, and Tarakeshwar (2005) stated that the issue of spirituality may be problematic with therapists when treating a culturally diverse population with various religious or spiritual aspects.

Spirituality and Religion as Opposed to a Scientific Perspective

Religious perspectives have a stigma among scientific professions because of the propensity for religions to foster dogma—including the idea that those outside the faith are less worthy—and to eschew scientific principles. Yet there is a possibility of utilizing and emphasizing the positive aspects of spiritual and religious perspectives while avoiding or countering the unhelpful aspects.

For example, the Eastern practice of meditation has been well documented as providing benefits such as increased mental focus and well-being. As another example, Christian parables and proverbs as well as Zen koans are preserved and transmitted through culturally-laden forms of literature and practice; the principles they espouse are universally applicable understandings of human nature. These forms of literature memorably present principles such as gratitude, prosocial behavior, the value of human life, and acceptance (i.e., acknowledgement of a difficulty while choosing to avoid negative thoughts about it), as do secular sayings and fables that encapsulate folk wisdom transmitted within a culture.

Spirituality as a Topic in Clinical Counseling

For a variety of reasons, including the stigma discussed in the previous subsection, the issue of spirituality is seldom explored as a significant topic in most clinical counseling settings with patients (Gaventa & Coulter, 2001; Hathaway, Scott, & Garver, 2004; Singh et al., 2008). For an individual who is receiving psychotherapy, regardless of the individual's religious or spiritual background, the therapist may face challenges in session when the issue of spirituality is presented, yet these topics may be used to help to improve a person's personal outlook such as self-esteem or alleviating depression (Pargament, 2007). Thus, along with other counseling patients, persons with ID have largely not had the benefit of therapy that incorporates aspects of spirituality. Spirituality in general offers a promising avenue of treatment that has not been well-explored for persons with ID. The meaning of spirituality to individuals with mild to moderate ID with low self-esteem has not been researched by mainstream psychologists,

therapists, and counselors. As with most persons with problems with self-esteem and self-worth, individuals with ID who have these deficits can oftentimes become depressed, exhibit behavioral problems, generate symptoms of anxiety, and become dependent on others for various reasons (Hogue et al., 2007). Psychological illnesses—including depression, behavioral problems, and anxiety—are increasingly treated on a psychopharmacological basis for the majority of the population (Barlow, Corman, Shear, & Woods, 2000; Jones & Jones, 2009; Leonard & Taylor, 2010). Individuals with ID who exhibit these symptoms may not benefit from psychopharmacological treatment as much as from a cognitive therapy that helps them overcome a negative perspective of their limitations. Although psychopharmacological treatment is often effective for treating some symptoms of depression, behavioral problems, and anxiety, it does not necessarily improve self-esteem and self-worth. Hogue et al. (2007) mentioned a similar case for individuals with ID since the spiritual assessments of this population may go unnoticed.

Kabbalah

For the purposes of this study, I used the term *elementary Kabbalah* (Isaac Luria, 2012). Elementary Kabbalah is knowledge of a higher being, (G-d), or force, which has the potential to clarify one's mission in life to the world as provided by that being. In other words, elementary Kabbalah is a simple, symbiotic relationship between an individual and a higher power, creator, or force that is a cause of all that entails his or her purpose in life and is all that the individual needs to fulfill that purpose (Fourteenth Dalia Lama, 2005; Freeman, 2004; Laitman & Laszlo, 2007; Schaya, 2005; Weiss, 2005). As

such, spirituality may be suitable for use in therapy. If counselors are allowed to use basic, yet universal, spirituality models, Kabbalah may be useful choice in improving self-esteem and personal outlook in individuals with mild to moderate ID.

Problem Statement

There is a gap in current literature in that no studies have explored a correlation between spirituality and self-esteem in individuals with mild to moderate intellectual and developmental disabilities and how spirituality affects their self-esteem. Use of basic spiritual principles common across major religions and philosophies had not been explored by therapists as a means of improving personal outlook among individuals with ID, even though it has been suggested by some authors as having potential for this purpose.

Purpose of the Study

The principal purpose of this study was (a) to find out the meaning of spirituality among individuals with mild to moderate ID who have low self-esteem and (b) to investigate whether elementary spirituality can be used in psychotherapy with individuals with mild to moderate ID who have low self-esteem. This study provided insight into whether (a) elementary spirituality, including Kabbalah, is useful as a global spiritual tool in psychotherapy, as an addition to the psychotherapist's basic knowledge of various religious and spiritual backgrounds to fit the needs of particular clients, and whether (b) spirituality improves the ID patient's well-being on a daily or as-needed basis. Various major religious and philosophical traditions have been previously studied as contributing concepts that could be effectively utilized in therapy, as I detail in the literature review in

Chapter 2; however, spirituality as a whole has not yet been studied in this way, particularly as related to ID patients.

Nature of the Study

The phenomenological approach, which is used to examine a subject's experiences of a particular phenomenon (van Manen, 2002), was the chosen approach to investigate the meaning of spirituality among individuals with mild to moderate ID and low self-esteem and to report on their perspectives on spirituality in their lives. The methods of inquiry included phenomenological reflection on the data provided by the participants. I interviewed a total of 10 individuals with mild to moderate ID who have a diagnosis of depression, especially with symptoms of low self-esteem or low self-worth, and who are receiving mental health services for the research. I analyzed the meaning and experiences of spirituality stated by the participants to construct a hypothesis about whether principles of elementary spirituality comprised an appropriate spiritual model to be used in therapy to improve self-esteem and self-worth with the majority, if not all, individuals with mild to moderate ID. Information gathering mainly consisted of open-ended questions in semistructured interviews. I used starter questions or statements such as, "What does spirituality mean to you?" As the interviewer, I endeavored to show acceptance of any statements of belief by maintaining eye contact, verbally affirming my understanding if the interviewee indicated discomfort (such as through long pauses or body language), and not interrupting. I encouraged the participants to be open and honest during the study.

Scope of the Study

Although this study focused on spirituality, for many people spirituality is closely connected to their religious views. Thus, as was expected in a qualitative study with open-ended questions, much discussion of religious principles and practices also ensued. I did not see this as detracting from the research topic, yet my emphasis as the interviewer was to steer conversation toward discussion of spirituality and not to encourage discussion of dogma and practices specific to an interviewee's particular religion. In other words, the participant may be spiritual but not religious, or the participant may be spiritual and religious. However, I did not encourage mention of religious themes nor discourage them, maintaining an emphasis on spirituality.

Research Questions

Research questions were as follows:

1. What does spirituality mean to individuals with mild to moderate intellectual disabilities?

2. How is spirituality, as experienced by individuals with mild to moderate ID, related to their families' or communal perspective of spirituality?

3. Can basic principles of spirituality be used as a spiritual tool in psychotherapy for individuals with mild to moderate ID in helping to improve self-esteem and self-worth even if their meaning of spirituality is not based on religiosity?

Theoretical Base

The purpose of this study was to comprehend the perspectives of spirituality and how it played a role in improving the self-esteem and self-worth of individuals with mild

to moderate ID. With its concept of a creator, higher power, or even a scientifically explained cause (Kaplan, 1990/1997) that correlated to individuals' inner being and spiritual purpose, elementary spirituality may be an appropriate tool to help improve people's personal outlook or self-esteem. Under the umbrella of qualitative methods, I used the phenomenological approach—mainly Husserl's approach—for this study. All research approaches have some form of potential bias. Phenomenology works to reduce individual bias in ways that are often neglected by other approaches (Groenewald, 2004). Groenwald stated, "Husserl rejected the belief that objects in the external world exist independently and that the information about objects is reliable" (p. 4). This statement regarding Husserl coincides with one of the principles of spirituality, including Kabbalah. that everything in the universe is tied together materially and spiritually and is not independent of another (Gordon, 2002; Matt, 1995). Because phenomenology's aim is to gain information about an experience directly from the source of inquiry (Finlay, 2011; Langdridge, 2007; Padgett, 2008; Smith, 2008), this approach was best suited for this study. Phenomenology also helps the researcher to see his or her own restrictions during the research process (Finlay, 2011; Langdridge, 2007; van Manen, 2002). One of my roles as the researcher was to describe and transcribe the experience as accurately as possible the meanings of a topic to individuals.

Definition of Terms

Elementary spirituality: For the purpose of this study, this term referred to belief in a higher power and one's mission in life to the world as provided by that higher power, or in other words a simple, symbiotic relationship between an individual and a higher

power, creator, or cause of all that entails his or her purpose or meaning in life and all that the individual needs to fulfill that purpose.

Intellectual disability: Below average intellectual functioning demonstrated by an IQ assessment of 70 or below with deficits in adaptive functioning according to the person's age group or cultural expectations that occurred prior to age 18 (American Psychiatric Association, 2000).

Kabbalah: Literally the term translates to "Receiving, or that which is received" (Matt, 1995). A form of spirituality originating from ancient Judaism, incorporating incantations, meditations, and levels of discipleship.

Religion: A dogmatic practice or process that helps to deliver meaning and purpose in a person's life and can include spirituality (Pargament, 1997). Religions are characterized by rules, regulations, and some nonspiritual messages, as opposed to spirituality.

Religiosity: An individual's experience that normally contains spirituality but focuses more on religious practices and dogma (Dierendonck & Mohan, 2006).

Spirituality: An individual's sense of connection to all things in the universe, potentially including a sense of connection to a higher power or force, and his or her meaning and purpose in life (Canda & Furman, 1999; Ross, 1995; Schulz, 2005). According to Jung (1959), this higher power or force may consist of a shared consciousness referred to as the *collective unconscious*.

Meaning: The manner in which a person perceives his or her experience of something (Padgett, 2008).

Phenomenology: Theoretical approach that involves the explanation of a phenomenon through an individual's personal experience (Padgett, 2008).

Assumptions

The assumptions were as follows:

- The principles referred to as elementary spirituality constituted a basic spiritual but nondenominational model that could be presented in a therapeutic setting.

- The principles referred to as elementary spirituality were comprehended by individuals with mild to moderate ID when presented in simple language.

- The ID participants in this investigation answered the questions in the semistructured interview in an honest manner and to the best of their cognitive ability.

- The search for personal significance and meaning among individuals with ID was slightly more prevalent with this group than the general population, due to their tendency, as confirmed in the literature, to doubt their self-worth.

Limitations

The following main limitations were considered related to participant availability:

Access to individuals with mild to moderate ID with varied spiritual or religious backgrounds was difficult to establish. Therefore, I used a convenience sample rather than a random sample. This sample also qualified as a purposeful sample, as is appropriate for qualitative research.

The participants in this study were recruited from among the recipients of services provided by Pine Belt Mental Healthcare Resources-Intellectual and Developmental

Disabilities Program in the Pine Belt Region of South Mississippi. Due to the limited cultural diversity from the community mental health facility and the region (nine counties of the Pine Belt Region), the study site may not reflect the range of ethnic variation in individuals with mild to moderate ID throughout the United States.

Only 10 subjects were involved in the study. Although this number was acceptable for an in-depth, qualitative study, it cannot be considered a representative sample used to make generalizations.

A diverse population of spiritual backgrounds would be ideal to have in this study to determine if elementary spirituality would be a good fit as a global spiritual tool for the majority of groups from various cultures and subcultures. Examining the cultural and religious background of the clients served at the study site in south Mississippi, at least three-fourths of the individuals in the pool came from families primarily of Christian background, particularly of the Southern Baptist faith (Association of Religious Data Archives, 2000). The other segment comes from families from Methodist backgrounds and little to no religious preference at all. This section of the state, as with most of Mississippi and the southeastern region of the United States, has been considered part of the so-called Bible belt and is comprised mostly of Protestant denominations. Of the 10 participants, six came from a Christian background. The other four had no identification or connection with any religious group. Due to these demographic factors, the majority of participants may construe spirituality as related to Christian doctrines and worldviews.

The information obtained provided insight regarding the perspective of spirituality among individuals with mild to moderate ID. However, it did not provide a

broad knowledge base with regards to spirituality as a whole, much less to individuals with mild to moderate ID. In addition, it must be mentioned that I as the researcher have my own bias and interest in spirituality, specifically Kabbalah.

Delimitations

The scope of the study was narrow, considering the specific population, therapeutic focus, and perspective on spirituality. There were some instruments that could have been useful in measuring spirituality and self-esteem such as the Spiritual Well-Being Scale (SWBS) and the Emotional Problem Scales (EPS; Hogue et al., 2007), but these are normally used for quantitative purposes. Therefore, a qualitative, phenomenological approach was the best method of assessing spirituality among individuals with mild to moderate ID, but it still posed challenges. Spirituality can be hard to quantify and define as a global aspect (Plante, 2007). Gaventa and Coulter (2001) showed that although spirituality can be experienced by individuals with ID, it can be even harder to delineate or define globally among individuals with ID due to their limited cognitive abilities.

Significance of the Study

The implication for positive social change was that this study added to the existing body of knowledge and literature of the meaning and impact of spirituality on individuals with mild to moderate ID and the use of spirituality as a model in counseling sessions. Since the United States is rapidly becoming a global society with different value systems (Kosmin & Keysar, 2009; Treloar, 2002), it may be difficult for counselors, psychologists, and therapists to become sufficiently familiar with the majority of spiritual

traditions of the nations, ethnic groups, or even in denominations. Many institutions such as the American Psychological Association (2000) have recommended that spirituality be addressed for individuals with ID. The problem of using spirituality in psychotherapy with an individual with mild to moderate ID can be compounded, but not impossible (Gaventa, & Coulter, 2001). Because Kabbalah has a common spiritual thread with most cultures (Dunn, 2008; Matt, 1995), it may be useful as a positive, global, spiritual tool that psychotherapists can use in sessions with individuals with mild to moderate ID with little repercussions from those that may accuse the psychotherapist of leaning toward a particular denomination or dogma.

In addition to benefits to the psychotherapeutic literature, the results of this study also gave insight in refining spiritual programs for individuals with mild to moderate ID. The families or caregivers who were involved in these individuals' daily lives can derive benefits from this study by using the information to provide additional spiritual support without interjecting religious doctrines or dogma.

Summary and Transition

In this chapter, I gave a broad overview of the potential benefit of incorporating the concepts of basic spirituality into therapy to improve an ID individual's personal outlook. Individuals with mild to moderate ID are often aware of their limitations and may experience low self-esteem or even depression because they want to experience life achievements as individuals without such cognitive or physical limitations (Hogue et al., 2007). During times of low self-esteem and depression, these individuals with ID may often question their meaning or purpose in life (McGee, 1985/1990). This theme of

questioning is common in almost all cultures and societies, and spiritual traditions

provide various answers. By exploring the meaning of spirituality among individuals with

ID, these participants provided insight into the use of spirituality.

Counselors, therapists, and psychologists who work with ID patients could

potentially use the basic tenets described as elementary spirituality to facilitate an optimal

level of personal functioning for the individual, without countering the individual's

existing spiritual or religious beliefs. I conducted a study using a phenomenological

approach with 10 individuals with mild to moderate ID over 1 month. The data gathered

came from semistructured interviews responses that I coded and interpreted qualitatively.

Researchers have demonstrated that discussion of spirituality can be effective in

therapy for most people of all religious and spiritual backgrounds, as I discuss further in

Chapter 2. The literature review in Chapter 2 explains how spirituality affects those with

various psychological and physical ailments with respect to achieving an optimal level of

personal functioning, how Kabbalah has roots in many major cultures and civilizations,

the importance of freely using spirituality whether Kabbalah or other methods of

spirituality in psychotherapy with individuals with mild to moderate ID, and how

counselors should be aware of the use of spirituality in counseling sessions. This is

especially true for beginning counselors who have little experience in diverse spiritual

perspectives or experienced psychotherapists who want to broaden their knowledge

regarding Kabbalah.

Chapter 3 focuses on the methodology that I used in the research, including, but

not limited to, choosing the participants for the study, data collection and interpretation,

and how the data was analyzed. In Chapter 4, I demonstrate the results the study in relation to the research questions. Finally, Chapter 5 will provide a summary of past literature and research and conclusions drawn from the participants' view of spirituality in relation to the elements of elementary spirituality. This chapter will contain a brief introduction to the need for this study, the process of information gathering, and the relevance of the information.

Chapter 2: Literature Review

There is a body of literature that focuses on spirituality and various mental illnesses such as depression, anxiety, and schizophrenia. There is also a body of literature that demonstrates spirituality as affording positive coping strategies for people with disabilities. This research is limited because there is no single form of spirituality that therapists can use in therapy to improve self-esteem or achieve an optimal level of personal and community functioning. In this literature review, I investigated the use of spirituality, particularly Kabbalah, to treat people with mild to moderate ID to improve self-esteem and self-worth in psychotherapy without involving religiosity or denominations. The following section details the procedures of the literature search.

Literature Search Procedures

The search terms included *families and spirituality*, *spiritual coping and depression*, *spirituality and individuals with ID*, *Kabbalah and individuals with ID*, and *Kabbalah and personal outlook*. I began the literature search in January 2008 as a part of coursework in PSYC 6205: History and Systems in Counseling and Psychology. The literature review included exploration of PsycARTICLES, Academic Search Complete, CINAHL Plus with Full Text, and SAGE Publications databases sponsored by the Walden University online library, as well as publications via the Google and Yahoo search engines. Other sources for the literature review were hardcopy journals of the *Journal of American Psychiatry* provided by Pine Belt Mental Healthcare Resources in Hattiesburg, Mississippi and books obtained online through Amazon and at local bookstores.

The keyword *Kabbalah* yielded 411 articles and book reviews alone from the database Academic Search Complete. Other search terms and combinations relevant to the study were as follows: *spirituality and intellectual disabilities, integrating spirituality in therapy, spirituality, religion, Jung and spirituality, Jung and Kabbalah, Freud and Kabbalah, Freud and spirituality, Kabbalah, spiritual well-being, defining spirituality, spiritual dimensions, spirituality and individuals with mental retardation (intellectual disabilities), differences between spirituality and religiosity*, and *spirituality and multiculturalism*. Other search terms related to the study included *phenomenology and spirituality, the meaning of spirituality and individuals with mental retardation, the meaning of spirituality and individuals with intellectual disabilities, the use of spirituality and caregivers with a child with intellectual disabilities, spirituality and intellectual disability,* and *meaning of spirituality and culture*.

There has been limited work in developing a methodology and theoretical framework regarding spirituality. There were several case studies showing the proficiency of spirituality among the general population, but few studies focusing onindividuals with mild to moderate ID. The main approach in these studies was measuring the effectiveness of spirituality in counseling sessions, a quantitative approach using data from the Spiritual Well-Being Scale (Ellison, 1983) and World Health Organization Quality of Life Scale (World Health Organization, 2001). Fitchett's (2002) 7 x 7 model for spiritual assessment was found to be useful for qualitative measures and for this study. The search revealed few studies that investigated the use of spirituality with individuals with mild to moderate ID in therapy to improve self-esteem and self-

worth. The following sections provide a framework for discussion of the literature reviewed.

Challenges for Individuals With Intellectual Disability

Individuals with ID have been subjected to criticism and negative stereotypes for centuries and even millennia in many cultures and societies (Dovey & Graffam, 1987; Turmusani, 1999). The labels are evident by the socially acceptable use of such terms as *moron*, *idiot*, and *imbecile* in Western countries from medieval times to the mid-1960s (Dovey & Graffam, 1987; Parmenter, 2001; Routh, 2005). Such stereotypes continue internationally today (Turmusani, 1999). The popular acceptance of these negative terms often has a negative effect on the self-esteem of someone with ID. Often individuals with ID rely on people in their community for moral and, at times, financial support.

Today advocacy groups assist individuals with ID to improve their personal and social outlook (Arc of the United States, 2010). These groups help educate the public regarding the value of individuals with ID or developmental disabilities, act as liaisons for school-to-work transitions, and help teach coping skills to improve self-esteem. However, advocacy groups are usually not involved in the lives of persons with ID 24 hours a day. Sometimes a person with mild to moderate ID may be subjected to negative stereotypes, harsh criticism, and mockery because of their disabilities and feel shame or become depressed.

Spirituality and Individuals With ID

There are relatively few studies regarding individuals with ID and spirituality. Hyman (2009) studied a young man with autism and provided insight into how this

individual was able to express his spirituality in the realm of inclusion in contrast to the

lived experience of his spirituality. Wilding, May, and Muir-Cochrane (2005)

demonstrated the lived experiences of what spirituality means to individuals with mental

illnesses and how it applies to vocations and occupations to help improve their overall

personal outlook and satisfaction. In Western society, individuals with ID have a history

of discrimination and prejudice (McCarthy, 2003). Although the climate for individuals

with ID has improved greatly, many still feel the impact of prejudice regarding social

inclusion and occupation, according to McCarthy.

Although there are a few studies that demonstrate how religion or spirituality is

used with the families of individuals with ID (Poston & Turnbull, 2004), there is little

information regarding the use of an effective, global spiritual tool for psychotherapists to

use in counseling individuals with ID with low self-esteem and depression as a result of

their predetermined disposition. Data indicate that CBT is the most widely used

psychological treatment to treat anger issues in individuals with ID in both individual and

group settings (Wilner & Tomlinson, 2007). Individuals with ID, as with the general

population, have the potential of behavioral or legal issues if they have constant problems

with anger management. Constant and continual anger can lead to physical ailments

among individuals with ID such as hypertension, heart attacks, and other cardiovascular

problems (Taylor & Novaco, 2005). It has been shown that spirituality and meditation

helps reduce the risk of these disorders (Oman et al., 2006). In addition, stressors can

impact an individual's cognitive abilities such as decision-making, social interaction,

concentration and focus, and attention (Shapiro, Astin, Bishop, & Cordova, 2005). Oman

et al. (2006) demonstrated that both spirituality and meditation helps improve cognitive skills by reducing maladaptive stressors by a connection to one's inner self and a connection to a higher power.

Defining Spirituality

For the most part, Christianity is the most common religious affiliation in the United States with at least 75% of individuals saying they identify with a Christian group (Kosmin & Keysar, 2009; Treloar, 2002). Religious and spiritual diversity in the United States is increasing, as indicated by the increased number of religions such as Buddhism, Taoism, and Islam (Kosmin & Keysar, 2009). Because of the vast number of religious groups and an individualized approach to spirituality, most likely there will never be a universal definition of spirituality that is agreed upon in the United States or other parts of the globe (Schulz, 2005). Some researchers have stated that spirituality involves an individual connection between the self and a higher power (Canda & Furman, 1999). Others feel that spirituality is the unity of every individual and all things in the universe to a higher being or cause-of-all (Matt, 1995; Schulz, 2005). With the complexity of various religions, denominations, and individual definitions for spirituality, the perspective on this matter involving individuals with ID may get lost in the discussion (Arc of the United States, 2010).

Definitions of spirituality may vary, and they are also typically different from the definition of *religion* (Wilding et al., 2005). Pargament (1997) deemed spirituality as "the search for significance in ways related to the sacred" (p. 34). Religion is deemed by some

as a systematic or dogmatic base of faith and social values that serves or governs one's

beliefs (Nelson-Becker, 2003).

In this study, *spirituality* refers to an individual's sense of connection to the

universe, including a higher power (which higher power might consist of the collective

unconscious as formulated by Jung in 1959), and his or her meaning and purpose in life

(Canda & Furman, 1999; Ross, 1995; Schulz, 2005). Many spiritual principles and

practices found in the major religious and philosophical traditions are similar to those of

elementary Kabbalah, as depicted in Table 1.

Table 1

Major Philosophical and Religious Traditions and Their Major Principles and Practices in Common With Kabbalah

Philosophical & Religious Traditions	Major Principles in Common With Kabbalah	Practices in Common With Kabbalah
Buddhism	Reincarnation, enlightenment, karma, realm of divine beings, higher heavens	Meditation, incantation, fasting
Christianity	Essence of the soul, realm of divine beings, indescribable creator of all things spirit and matter	Prayer, incantation (within Catholicism), exorcism, fasting
Hinduism	Essence of the soul, a supreme being with supporting spiritual beings overseeing forces, fortunes, and diseases, essence of the soul, karma, morality	Meditation, incantation, prayer
Islam	Essence of the soul, realm of divine beings, indescribable creator of all things spirit and matter, direct experience of the creator (Sufism)	Prayer, incantation, fasting
Native American	Supreme being as creator of all things spirit and matter, realm of divine beings, human connection to everything existing, actions having relevance to metaphysical self-retribution (i.e., karma)	Incantation, fasting
Taoism	Connection to everything existing, relationship to the cosmos, divination, goal to achieve ecstasy or immortality, compassion for fellow human beings, indescribable point or creator of the universe, concepts of illusions, humans as microcosm of the universe	Meditation, incantation, exorcism
Voodoo	Realm of divine/demonic beings, relationship to the cosmos, a single, indescribable creator with supporting beings overseeing forces, fortunes, and diseases, all that exists has divine purpose	Incantation, exorcism, intercessory

Spirituality as a Therapeutic Tool

Spirituality and religion can be challenging in therapy. The concept of spirituality can be complex, and a specific definition that can be used universally is evasive. Psychologists, counselors, and therapists who do not have adequate training and education in spirituality or religiosity pose a risk of undermining a patient who purports this to be relevant in their lives (Delaney, Miller, & Bisono, 2007). Religion and religious beliefs can be more problematic because of the psycho-emotional and doctrinal aspects that many allow to become attachments (Broberg, Granqvist, Hagekull, & Ivarsson, 2007). Although their research was inconclusive, Broberg et al. (2007) found that adults can become so focused in their religious dogma that they may forfeit others in their lives or their own daily activities. In addition, they tend to pass these attachments to their children. Even prior to this study, psychologists often diagnosed clients with pathologies if they wanted to pursue spirituality to help with their problems (Plante, 2007). Therefore, a search for a basic, universal spiritual component such as Kabbalah may be useful in psychotherapy to help all individuals improve their personal outlook.

Spirituality (and religiosity) has been very influential in many individuals' and groups' lives and society for millennia and continues today (Azar, 2010). For example, it is well documented that spirituality is instrumental in many African-American communities, especially when times are stressful (Frame & Williams, 1996). In certain parts of Africa, the Caribbean, and North America, it is common practice for individuals with various physical or psychological ailments to visit traditional healers who practice voodoo or shamanism (Moodley & Sutherland, 2010). In various Jewish cultures,

spirituality is the driving force of the society in mysticism, tradition, and the social order (Rietveld, 2004). Many families use spirituality as a coping tool to care for a family member with ID (Treloar, 2002). Questions such as "Why did G-d allow this to happen?" are sometimes posed in frustration, largely in part to societal stigmas (McGee, 1990). Even the individual with mild to moderate ID may ask the same type of questions when their self-esteem becomes low and they experience depression.

Researchers have demonstrated that spirituality is a viable tool when used in psychotherapy, either alone or as part of another theory or technique, with various individuals, groups, or populations (Pargament, 2007). The research has dealt with a plethora of groups and populations with depression, addiction, anxiety, and posttraumatic stress disorder (McGee, 1985/1990). There has also been extensive work with individuals with severe mental illnesses such as schizophrenia, psychotic disorder, and borderline personality disorders (Rohricht et al., 2009; Verghese, 2008). Spirituality—not associated with a specific religion—has been a useful therapeutic tool with these populations. Therapists have used spiritual practices in conjunction with cognitive behavioral therapy, cognitive therapy, and rational emotive behavioral therapy (Ellis, 2000; Plante, 2007). Therapists have reported positive outcomes for integrating spirituality into those modalities (Pargament, Murray-Swank, & Tarakeshwar, 2005). Of the all the major psychoanalytic giants in psychology, Jung was a major influence in discussing spirituality and mysticism in therapy, particularly Kabbalah, in his later years (Drob, 1999; Joseph, 2007).

Crossley and Salter (2005) used grounded theory in researching how clinical psychologists, therapists, and counselors comprehend and utilize spirituality in the therapeutic session. Crossley and Salter found that psychologists should develop a compatible spirituality that can be applied to therapy. This is similar to the goal of this study to find out if elementary spirituality can be used with individuals with mild to moderate ID in therapy. In a related ethnographical study, Pesut and Reimer-Kirkham (2010) demonstrated that, in addition to being knowledgeable in the basic aspects of spirituality, a provider of medical and psychological services should have a keen awareness of cultural implications of the manner in which spiritual dialogue is conducted. However, the participants for Crossley and Salter (2005) were clinical psychologists and included only their views and opinions of spirituality, thus not including those with any disabilities or ID. The participants in Pesut and Reimer-Kirkham's (2010) study regarding spirituality encompassed a culturally diverse number of professionals, administrators, families, and patients, but none with ID.

Models Useful for the Present Study

The models investigated and listed in this literature review have a goal of helping individuals reach an optimized level of personal functioning and have a common relation with spirituality. The theoretical perspective of Gaventa and Coulter (2001) relates to Heidegger's phenomenological view of *being* (Wilding et al., 2005) and served as a guide to this study.

A modified version Fitchett's (2002) 7 x 7 model for spiritual assessment also served as framework for open-ended discussions in the study. Fitchett's 7 x 7 model for

spiritual assessment is based on two assessments with seven dimensions each. The first is holistic assessment that examines an individual's overall life. It is divided into the biological/medical, psychological, family, psychosocial, cultural (ethnic/racial), social issues, and spiritual dimensions. I did not use the holistic assessment in this study, only the spiritual dimension. The spiritual assessment examines the seven dimensions of the individual's spiritual life. It includes beliefs and meaning, vocation and obligations, experience and emotions, courage and growth, rituals and practice, community, and authority and guidance dimensions (Fitchett, 2002). The spiritual dimensions of Fitchett's 7 x 7 model of spirituality demonstrate the meaning and experiences of spirituality for the individual.

Alcoholics Anonymous' (2013) 12-step program is a familiar model of using spiritual principles such as a higher power (Step 2), recognition and restitution when having wronged others (Steps 5, 8, & 9), humility, honesty (Step 10), prayer/contemplation/meditation (Step 11), and bringing spiritual principles to bear on daily life (Step 12). Similarly, for the present study, I focused on common spiritual concepts, without a mandate for adherence to specific details of belief or practice that would potentially conflict with existing religious or spiritual traditions.

Spirituality as a Coping Tool for Individuals and Their Families

Persons with ID use many coping strategies to improve their self-esteem. One element often overlooked that may be important to an individual with ID is spirituality. The Arc, a national advocacy group that began over 50 years ago to help promote educational awareness, services, and civil rights by concerned parents of individuals with

ID and DD, has taken a positive position regarding individuals with ID and spirituality. In addition, the American Association on Intellectual and Developmental Disabilities (AAIDD), another advocacy group, recently endorsed the rights of individuals with ID to implement spirituality in their lives as a coping strategy for both personal use and in therapy (Arc of the United States, 2010).

The importance of spirituality in the lives of the families and individuals with ID relates to their potential for a pessimistic outlook such as depression and low self-esteem. Factors such as the family structure, occupation, and personal goals play important parts in the use of spirituality in the lives of many individuals with mild to moderate ID (Treloar, 2002). The literature review provided insight into the many models of spirituality that could have guided this study. However, some of the models focus on the coping skills of the individuals with ID and their families, meditation, and prayer to reveal the divinity within the individual as well as to enhance self-esteem through spirituality and vocation and to combat depression. Currently, the literature reviewed demonstrated that there is no universally accepted spiritual model that could be used in therapy with individuals with ID or with the general population.

In this section of the literature review, I provided insight into spirituality in the lives of individuals with ID and their families and spiritual or meditation models favorable with spirituality. In the early 2000s, the American Psychological Association took greater interest in religion and spirituality and established Division 36, the Division of the Psychology of Religion (McMinn, Hathaway, Woods, & Snow, 2009). Gaventa and Coulter (2001) provided a short compilation of data from other researchers that deal

with spirituality and disabilities as a whole. However, this information is minimal compared to other research that deals with spirituality and other segments of the population and with various cultures.

Pargament, Magyar-Russell, and Murray-Swank (2005) found that one of the many challenges in psychotherapy was undervaluing of spirituality by clinicians, not only in individual therapy but family therapy as well. These authors postulated that many caregivers, whether biological family members or staff from group home providers, tend to look at their service to individuals with ID as a calling from a higher source. This may be strongly related to the search for meaning in life, a core item in defining spirituality. Pargament et al. supposed that individuals with mild to moderate ID may realize their cognitive limitations and quest for their own search for meaning to answer such questions as "Why was I born with this disability?" This question, according to some elements of spirituality, is one of the first steps in becoming spiritual in the search for personal service in this life.

In addition, Pargament et al. (2005) showed that while spirituality and religiosity tend to be different for everyone, including individuals with mild to moderate ID, the religious aspect may or may not be traditional because "religion appears in many forms, traditional and nontraditional, functional and dysfunctional" (p. 668). Their argument, however, rooted in studies by Allport (1961) and Pargament, Koenig, and Perez (1998), also indicated that most individuals who use spirituality as a coping mechanism for physical and mental health receive their perspectives and belief systems of religion and spirituality from their families, churches, synagogues, and so forth, to help answer

questions of meaning and being. In essence, the study showed that although some individuals with or without ID may develop their own perspectives of spirituality or religiosity, most will accept transmission of traditional doctrines and perspectives and use these aspects to help overcome life's stressors or enjoy the positive facets of life (Pargament et al., 2005). The essential meaning of the lived experience for most of the participants in the studies presented by Pargament et al. is association with the divine or even sacred objects that could be used as positive or negative enforcers to shape their lives. However, the literature reviewed here did not specify whether the meanings of the lived experiences were innate or handed down from the views or traditions of the family or the community.

In a qualitative, interpretive study by Treloar (2002), the meaning and lived experiences of spirituality among family members and individuals with ID revealed that spirituality meant accepting what G-d has given them and to utilize their strengths to reveal a greater purpose in their family and community. Drawing from a majority Caucasian population from the southwestern United States, the study found that individuals with mild to moderate ID experience greater challenges—such as being marketable for employment and being able to live independently—than those without disabilities, which also poses a challenge to their families or caregivers.

Treloar (2002) found that positive experiences that most families see in spirituality in daily coping includes how a deity, G-d, or higher power has created every human being for a specific reason or to help create positive change in the individual, family, or members of their community. Similar to other studies, this study showed that

there are questions asked by individuals with mild to moderate ID and caregivers alike

relating to their situation as to why they were born this way. These are general questions

that may be presented from a western Christian perspective, as the population of the

study was primarily Christian. However, from other research Treloar presented, these

same questions are asked across cultural and religious boundaries, particularly Judaism

and Islam. It was demonstrated in Treloar's study that regardless of the span of cultures,

families or caregivers use their own version of spirituality or religion to cope with

questions such as these and to improve their psychological state.

Treloar (2002) also showed some positive connections with caregivers and

families when they utilized spirituality as a coping tool. Yet Treloar presented evidence

that other caregivers, families, and individuals with mild to moderate ID may see their

situation as a type of punishment for a previous negative deed from either the family or

from a previous lifetime, depending on the person's belief system. This view can include

negative perspectives from the family or the individual that included such questions as

"Why was I born this way?" or "If G-d is merciful, why did G-d create people this way?"

A similar statement could be, "It was just meant to be" (Treloar, 2002). Treloar provided

insight into what the families believed or perceived as spirituality rather than the

perspective of the individual with ID. In addition, there was no distinct specification

whether the individual with ID had an innate sense of spirituality.

In a qualitative study that featured focus groups from a participatory action

research standpoint, Poston and Turnbull (2004) stated that in some ethnic communities

and cultures, a family member with some type of deformity, mental illness, or intellectual

disability is seen as some type of trial from G-d, a result of sin in a previous lifetime or even a parent's sins. The meaning of spirituality or religiosity for most of the participants was to accept what G-d blessed them with and to perform G-d's will from their perspective. This study was consistent with other studies in that, regardless of one's religion, there is a belief that there is a reason, whether positive or negative, why people were born a certain way. Poston and Turnbull also argued that despite the positive or negative viewpoint, spirituality and religion are used to bring families together to work toward a common goal in taking care of their family member(s) with intellectual or developmental disabilities. In addition, this study showed that spirituality can be "expressed through religion and religious practices" (p. 96), but it is separate from religiosity because of spirituality's freedom from institutionalization and its typical expression as a personal connection to a higher being or purpose.

Individuals with varying disabilities may find their religious or spiritual beliefs to strengthen their ability to handle obstacles and overwhelming situations (Poston & Turnbull, 2004). For most individuals with disabilities, including intellectual disabilities, prayer and focus on a search for meaning in life is a major element of the role of spirituality in their families. The families may then turn to their community for spiritual aid and social support. Using *Ethnograph* (5.0), a type of qualitative software, the resulting theme of the study demonstrated that, across cultures, spirituality is a major coping component in the dynamics of a family that has a member with intellectual or developmental disabilities (Poston & Turnbull, 2004). Yet, little emphasis was employed to find out the meaning of spirituality among the individual with ID. For counselors,

therapists, and psychologists who are looking for a way to address a religious family or individual with respect to culture, a broad knowledge of spirituality is helpful because, as this study shows, spirituality transcends religiosity in almost every culture group.

Although there is currently little data regarding spirituality and individuals with ID in Asian countries such as China and Japan, Xu, Wang, Xiang, and Hu (2005) performed a study in China regarding the personal, familial, and societal outlook regarding individuals with ID. The data showed an increase of awareness among participants in these countries regarding their quality of life. The study centered on four basic principles that include the involvement of spirituality: *fu* refers to good luck and mental health, *lu* refers to financial and physical stability, *shou* indicates a healthy and long lifespan, and *xi* means overall happiness. If these principles are met, then the personal outlook for an individual with ID is good, and the person can function as an individual without ID. In the case of individuals with ID who have not demonstrated the ability to perform daily functions independently, often there are siblings who may be willing to take on the responsibility of caring for the individual with ID (Xu et al., 2005). There is also an emerging trend from this study that the stigma of having a family member with ID is lessening, and awareness is moving more to advocacy and education, as in most western countries. Even with this movement, spirituality and the four principles mentioned above remain at the core of coping skills and functioning in Chinese culture. As with other research, this study focused primarily on the families' traditions regarding spirituality. Therefore the concept of spirituality for the individual with ID may

be a result of their families. These authors contended that the spirituality is not only a focus for the family but the community as well.

Chang and McConkey (2008) also found in their study that many people of Chinese heritage tend to believe that a person's mental and physical health depends on spirits' influences and karma, in other words a belief that what a person does wrong in one life will affect her or him in the next life. Therefore, many families who have a family member with ID or DD believe the disability could be the result of negative actions from parents or ancestors. This belief could end in positive measures, but the view is more often negative. The study showed that some parents feel that there is a certain amount of burden and stress that comes along with having a family member with ID. The participants' perception of the stressors include, but are not limited to (a) other people who may tend to ridicule the individual with ID and the family, (b) the individual's action and behaviors, (c) a negative outlook for their family member's future, and (d) difficulty with emotional coping of the individual, such as low self-esteem. Even though many families whose children have ID usually do not want others to know about the specific disability because of the belief of sins by the individual or sins of the family, parents and caregivers still feel a spiritual bond with the child and help take on necessary responsibilities to teach life skills to the individual with ID (Chang & McConkey, 2008). Therefore, the positive side of many Asian families who have a family member with ID is that, drawing from their spiritual traditions, the family can (a) become stronger and appreciative for specific aspects of life and (b) accept the individual for who they are and what they were born for instead of being sorrowful. Chang and McConkey

contend that a child with ID may even help family members find their own individual spiritual nature.

In a qualitative, grounded theory study that was diverse across socioeconomic lines, Borum (2008) proclaimed that some families and individuals with intellectual or developmental disabilities even feel that they are closer to G-d or their deity than many people without disabilities. To demonstrate the importance of spirituality for families, Borum (2008) found that in many African American families, and particularly for women, spirituality is the chief factor in stress coping for almost every malady. When a member in an African American family has a disability, spirituality appears to become a primary focus on dealing with issues related to the disability. One theme that evolved from Borum's study is that the perception of most African American families concerning the connectivity of all things in the universe. The theme of connectivity includes all human beings, regardless of the circumstances. Therefore, the families in this study relied heavily on spirituality, with some reflections on religiosity, in coping with challenges for the individual with intellectual or developmental disabilities in an optimistic manner.

Borum (2008) found that religion was important, and it varied across culture and subculture groups, although spirituality was the main factor in coping for the family as a whole. Another theme that resulted from the study was the underlying meaning of spirituality for the participants. The overall perspectives of spirituality entailed that G-d is the cause of all things in the universe; G-d designed all things and humans for a specific reason; and that G-d is the binding Force, Greater Spirit, or higher power that holds the universe together. A key element to this perspective is that the family's viewpoint of

spirituality is normally transferred to the children with ID. This viewpoint may also reflect a finding similar to that of other studies, that religious and spiritual beliefs are passed down or superimposed on the individual with ID.

Research has shown that across other cultures, the name of G-d is essentially replaced with the equivalent name of their higher power, but the meaning of the term is the same (Mirza, Tareen, Davidson, & Rahman, 2009). These authors, in a mixed-method study that featured focus groups and in-depth interviews found that many Pakistani families who have a family member with ID or DD rely heavily on Allah, the Supernal Being and Creator of All, to get through troubling times. Mirza et al. demonstrated that some of the individuals with ID and their parents often fear the societal stigma and possible mistreatment by others. Mirza et al. (2009) found that many of the parents reported that their children with ID often have low self-worth because the general public does not respect them and people often knock them down in the streets. Certain families will also enlist the services of local spiritual healers to channel good spirits for positive energy and healing. To help educate and raise awareness to the public, Mirza et al. (2009) recommended community-based services to help the parents and individuals with ID or DD similar to those used in western nations. However, the majority of these families continue to use spirituality as a base for emotional support in order to maintain resilience. Though the use of spirituality and religiosity are varied among different factions and groups, the traditions of the families and communities regarding the former and latter are found to be passed along to the subsequent generations.

The following literature review revealed that spirituality may be one of the reasons why some families with children with ID may function at a higher level than others. In a cross-cultural study, Bayat (2007) suggested that families with a member with various symptoms of autism that come together to involve the individual on a spiritual, cognitive, and community level appear to have a more positive personal outlook than families who are less involved with their member with some type of disability. One resulting theme was that the families tended to appreciate the overlooked things in life that stemmed from having an individual with autism because of the limitations of independent living. The tendency to look at life in a positive manner helped to improve their own spiritual connectivity to their child, other people, and their lives in general. The results of an improved spiritual experience helped families cope with adversity. Some of the families in the study felt that having such an individual may or may not be the fault of anyone but that G-d is sovereign over all and that they are here to help serve the individual with ID and autism for a reason. This study did not indicate whether the families' spiritual beliefs were transmitted to the child.

In a qualitative, phenomenological study by Phelps et al. (2009) that examined the lived experiences of spirituality among family members, caregivers proclaimed that their spiritual and religious level increased as a result of the caregiving, and they were more appreciative for their children for being an integral part of their own transformation. The study utilized a biopsychosocial and systemic strategy, along with open-ended interviews to gather and conceptualize the information from these families with children with autism, as in the former study. One of the purposes for this study was to find out how, if

applicable, their family life and situations had changed since having a child with ID or autism.

Phelps et al. (2009) demonstrated seven themes that emerged: psychological implications, familial implications, social implications, services rendered, spiritual benefits, economic challenges, and a focus on the future for their child. With regard to spiritual benefits, most of the families in this study attributed their resilience to spirituality and thanked G-d for their child. Most of the participants felt that G-d sent their children with ID for a reason. One family stated they felt uncomfortable with members of the community looking at their child and attributed it to the community members' misunderstanding of ID and autism. The findings also indicated a lowered self-esteem and self-confidence in many of the families and their children.

The possibility of overwhelming demands and rigors of responsibilities that come with caring for an individual with ID, such as medical costs and interdependence of the individual with ID, can lead to depression in family members (Reilly, Huws, Hastings, & Vaughan, 2008). Reilly et al. (2008) utilized an interpretive phenomenological analysis to discover how mothers who had a child with ID cope during the life of the child and afterward. Their coping methods included a variety of methods including, but not limited to, activity-based problem focusing, and an inclusion of spirituality. For the majority of the parents interviewed, prayer was the most widely used form of spirituality as a coping mechanism. The death of their child propelled many of the mothers into believing in an afterlife. When a child passes away, family members—especially mothers or the primary caregivers—often rely on spirituality and members of the community for support.

Overall, the study did not focus on whether the spiritual or religious traditions were

passed along to their child prior to their death. It did demonstrate that spirituality was an

important part of coping skills for both the individual with ID and parents, prior to the

child's death.

The findings of the presented studies all share commonalities. One factor is

individuals with ID or their families that have members with ID, regardless of the culture,

have some type of framework regarding how spirituality and religiosity help them to cope

with life stressors. In addition these studies show how as society changes, the

perspectives of spirituality as a coping or maintenance strategy mirror the current state of

the society. The search for individual significance, meaning of life, and sense of purpose

spans across cultures as well. Sense of purpose varies mainly with the individual rather

than across groups. Notwithstanding the wealth of information, research is limited that

addresses the particular problem of interest in the present study.

Brief Introduction to Kabbalah

Kabbalah's basic tenet is *receiving*, meaning receipt of spiritual knowledge of the

universe passed down from masters to disciples (Dunn, 2008; Freeman, 2004; Matt,

1995; Gonzalez-Wippler, 2004). Kabbalah stems from mystical Judaism. Its practice also

includes Christian Cabala and Muslim Sufism (Dunn, 2008; Freeman, 2004; Matt, 1995;

Gonzalez-Wippler, 2004). Although dogma and ritual are not to be promoted in the

clinical setting, presenting basic principles of Kabbalah in the context of this dissertation

allows the principles to be understood as a cohesive system of thought. The principles

understood as a cohesive system have richer meaning than when presented as abstract

principles shared with other major religions and spiritual traditions. (The commonalities

of these shared principles among religions is detailed in Table 1.) With the

acknowledgment that the ritual and metaphysical aspects of Kabbalah would not be an

appropriate focus of psychotherapeutic work and the explanation that much of this

section constitutes religious detail that would not be appropriate for the purpose of

counseling, the following description of Kabbalah is presented as background

information.

Kabbalah has its roots stemming from the Fertile Crescent of today's Middle East

(Matt, 1995). Tradition has it going back as far as the first man in the Garden of Eden

(Gordon, 2002). According to some sources, it has no religious connotations (i.e.,

necessary practices), and tradition tells that it was spread by the Patriarch Abraham, who

taught it to many known nations at that time (Freeman, 2004; Gordon, 2002; Matt, 1995).

Presently, most cultures have some form or knowledge of Kabbalah (Freeman, 2004;

Laitman & Laszlo, 2007; Schaya, 2005; Weiss, 2005).

Learning to master Kabbalah as a whole is complex. Kabbalah can become

complicated with incantations, meditations, and levels of discipleship (Dunn, 2008;

Gordon, 2002; Matt, 1995). Kabbalah is a spiritually-based method of attaining a higher

level of consciousness to get closer to the Source of All Creation, known as *Ein Sof* in

Judaism, Islam, and Gnostic Christianity (Holzman, 2006). Kabbalah primarily teaches

that there are two main souls of a person, one fashioned from the Creator and the other

the natural or animalistic soul. Within the human soul there are purported to be five levels

of the soul and three expressions.

The five levels consist of what is called *nefesh*, the lowest of the souls, then *ruach, neshamah, chayah,* and *yechidah*, the latter being the highest level of the soul that most people do not access (Berg, 2003; Kaplan, 1997). The three expressions are thought, speech, and action. Kabbalah also centers on the *tree of life* and the 10 segments of the universe and soul called *sefirot*. The sefirot are *shekinah*, usually related to as the lowest sefirot and with divine presence; *yesod*, associated with foundation; *netzakh*, associated with eternity; *hod*, known as splendor; *tiferet*, normally connected in the middle of the sefirot and with beauty; *hesed*, associated with love; *gevurah*, connected to divine power or judgement; *binah*, or understanding; *chokmah*, associated with divine wisdom; and *keter*, represented as the crown from out of nothingness (Berg, 2003; Dunn, 2008; Kaplan, 1997; Matt, 1995; Unterman, 2008). Some Kabbalists posit three types of Kabbalah: *theoretical Kabbalah*, the aforementioned *meditational Kabbalah*, and *practical Kabbalah*.

Theoretical Kabbalah primarily focuses on the system of Kabbalah, the Creator or Cause of All, and the structure of the spiritual and physical universe. Kabbalists drawing from this type of Kabbalah generally depicts information from texts such as the Torah, Talmud, and the Zohar, the main text from which the mystical teachings of Kabbalah derive. Kabbalists who use this form of Kabbalah express that the basic knowledge of Kabbalah is good for every human because this understanding is essential for the world to return to peace and harmony and to understand what human purpose and meaning in life entails.

Meditational Kabbalah consists of instructions for reflecting on principles of numerology. This can also include specific techniques of breathing, chanting, and head movements.

Practical Kabbalah has been deemed as the part of Kabbalah that uses magic or angels and demons to perform acts to change nature or the structure of something physical. This form has been strongly discouraged because the majority of people are not psychologically ready or responsible to manage this power. According to Dunn (2008), many have demonstrated that this aspect of Kabbalah is extremely dangerous, and only a few individuals have been able to master it without being harmed or losing their life. In order to master practical Kabbalah, one must be extraordinarily rigorous in purifying the body and soul and understand how to permutate all of the divine letters in all arrays to make up the one giant name of the Creator. This will enable the initiate to call on angels and demons to do his or her bidding (Berg, 2003; Dunn, 2008; Kaplan, 1997; Matt, 1995; Unterman, 2008). Righteous Jewish individuals such as Jesus and Moses were said to have mastered this power and became known as Bali Shem, Masters of the Divine Name or Sons of G-d (Berg, 2003).

One of the elemental teachings of Kabbalah regarding the beginning of the universe and all within it is that "the only reality was infinite nonphysical energy that expanded endlessly" (Berg, 2003, p. 17). Purportedly, all energies and pleasures that a person longs for were already contained in this single point of light that continues to expand. Ein Sof began, and continues, with no boundaries to time and space. This is similar to the theory that the universe began as a single point before it expanded, called

the *big bang* (Primack & Abrams, n.d.). In addition, Primack and Abrams have noted correspondence between modern theories of quantum physics, especially the concepts of dark matter and dark energy, as similar in description to Kabbalistic teachings.

Kabbalah can become complicated due to its extensive and sometimes exhaustive forms of meditations and prayers in order to attain knowledge and mastery of sefirot (Alexenberg, 2006). The Torah is said to be one gigantic name of the Infinite and encompass 10 sefirot. These 10 are *ayin* or *keter* (nothingness), *chokmah* (wisdom), *binah* (understanding), *chesed* (love), *gevurah* (power), *tiferet* (beauty), *netsah* (eternity), *hod* (splendor), *yesod* (foundation), and *shekinah* (presence). According to Kabbalistic traditions, one cannot attain the highest level of the unknowable Ein Sof, only to certain levels according to a person's spiritual nature, and the sefirot are actually intertwined with each other (Alexenberg, 2006; Dunn, 2008; Freeman, 2004; Gordon, 2002; Matt, 1995).

Kabbalists placed strict requirements for people who want to explore Kabbalah to some of the deepest levels attainable. For instance, some traditions state that a person must be at least 40 years of age, be married, have children, have high moral characteristics, be psychologically stable, and have a good understanding of the Torah (Matt, 1995). The age prerequisite varied by Kabbalistic teachers, some even lowering the age requirement to 20. Because of the potential for unwarranted, dangerous motives such as controlling nature and inability to comprehend the power within us, Kabbalists in preceding centuries preferred to keep the secrets of Kabbalah until the time was right for humanity.

Although elements of Kabbalah were traditionally spread to other nations during the time of Abraham, the vast knowledge remained in Judaism. Through such teachings from Jewish mystics and rabbis such as Rabbi Akiva and Yehoshua ben Yosef (known to western society as Jesus), Kabbalah eventually spread in its current form to Europe, particularly Spain and Italy, where it had a profound influence on the Catholic clergy (Matt, 1995). Kabbalah was also introduced to Islam through interaction between Jewish and Muslim mystics. This form of Kabbalah is known as Sufism. According to Matt, the mysticism of Kabbalah is established in the three major religions of the western world with influences in eastern religions.

Previously known by small circles and people who met certain qualifications, called *disciples* for millennia, Kabbalah is purported to hold the secrets to the beginning of the universe, its workings, help from spiritual beings, and methods of healing (Dunn, 2008; Laitman & Vinokur, 2006; Matt, 1995). In addition, the elements of Kabbalah state that the focal point of human suffering is the human ego, the same ego of personality that Freud proposed in his psychoanalytic theory of the id, ego, and superego (Schneider & Berke, 2008). One aspect of Freud's theory of ego is that the ego is in charge of maintaining harmony between the id, or animal drive, and superego, or moralistic ideals and conscience. A feature of Kabbalah is that the person, or the soul which the personality is part of, should take responsibility for all actions and behaviors (Matt, 1995). Freud, as well as many psychoanalysts, theorized that a child usually develops the ego between the ages of two to three (Schneider & Berke, 2008). Dunn (2008), deriving

from biblical sources and spiritual writings, stated that Kabbalists maintain that an individual's personality was already formed prior to being born.

Freud postulated that the ego was the intermediary of the instinctual drives in animals and the material world (Dunn, 2008). Moreover, the ego was thought to have "its own psychic energy that propels it, and as being a separate entity from the conflictual drive/instinctual energy of the id" (p. 151). Ego psychology, a derivative from Freud's early psychoanalytic theory, supposed that a person's ecological system is influential in shaping an individual's growth, both normally and psychopathologically, according to Dunn. In Kabbalah, the individual's impulses are brought on by the ego, which is rarely satisfied because of the drive of primal human instincts. Berg (2003) added that most of the physical troubles of the world such as war, murder, theft, terrorism, adultery, and divorce can be attributed to the human ego and human hatred of others.

A Kabbalistic teaching is that an individual should let go of the ego and be satisfied with what one is given by the Creator at varying amounts in various times and to fulfill their mission while living in the material world (Berg, 2003). Matt (1995) stated, "The purpose of the soul entering this body is to display her powers and actions in this world, for she needs an instrument" (p. 148). Spiritual problems such as despair, depression, and anxiety come from the individual's lack of insight into the majesty of the Creator (Matt, 1995). Kabbalah also teaches that a person seeking the Light of the Creator should be aware that the light is already there, and such problems as depression should be viewed as opportunities to grow spiritually and materially (Berg, 2003). The individual is taught to see that maladies such as these are usually a consequence of the

soul's unfulfilled missions, responses to the ego's desires, or repercussions for the manner in which the individual has treated others.

As with many Eastern philosophies such as Buddhism and Taoism, purity of the heart is a step in bringing about spiritual change (Berg, 2003). The Fourteenth Dalai Lama (2005) stated of the *four noble truths*: "within the realm of impermanent phenomena there is suffering, suffering has an origin, the cessation of suffering is possible, and there is a path to the cessation of suffering" (p. 105). Once a positive spiritual change begins, the physical and material transformation begins also. This provides the individual the opportunity to let the light back in and embrace life's problems and challenges in order to allow change or miracles to take place (Berg, 2003; Matt, 1995). Berg (2003) mentioned that Kabbalah postulates that every human was born with elements of the Creator within them. In order for the individual to fully solve personal problems such as self-esteem and depression, each must tap into the power that our higher power has instilled within each person.

One method of tapping into that power is to channel positive energy and spread it to others. This positive energy can be used to inspire others, to bring about happiness. In performing great acts of kindness and generosity, inspiration and happiness will return to the person who provided the positive energy in the first place. This is similar to Eastern and Oriental philosophy of karma (Fourteenth Dalai Lama, 2005). Similarly, if the person has huge amounts of doubt, jealousy, or hatred within them, these negative energies can be introduced to others. In return for acts of negative behavior, a person can be afflicted with spiritual energies such as depression and anxiety or even physical ailments such as

poverty or bad health. These are comparable to elements of Buddhism where the root of

suffering takes place in the mental realm (Fourteenth Dalai Lama, 2005). The mental

realm includes "psychology, consciousness, the afflictions, and karma" (p. 105). This

approach also relates to the basis of dialectical behavioral therapy, a version of cognitive

behavioral therapy that utilizes mindfulness (i.e., metacognition) as the basis for

discovering and overcoming dysfunctional beliefs (Arnold, 2008). In Kabbalah, negative

forces can be overcome by forgiving yourself and others, thereby cleansing the heart and

soul (Berg, 2003). In Kabbalah, one of the first steps to removing so-called negative

energy—or in terms used in cognitive therapy, *dysfunctional beliefs*—is through

forgiving others and oneself. It is recognized in Kabbalah that all human beings have

their own type of suffering, and forgiveness is the key to overcoming suffering

(Unterman, 2008). This is similar to the theoretical basis of a version of cognitive therapy

called *acceptance and commitment therapy* (Suffolk Cognitive Therapy, 2006), which

emphasizes acceptance of life circumstances as they currently are, regardless of whether

the plan is then to change the circumstance or allow them to remain as they are.

To reiterate the beginning of this section, this introduction to Kabbalistic beliefs is

given as a background for understanding the principles I refer to as elementary Kabbalah.

The detail presented in this section would be considered religious dogma and would not

be an appropriate topic for use in psychotherapeutic counseling.

Spiritual Models Congruent With Kabbalah in Therapy

The literature review provided several models of spirituality that are culturally-

friendly and available to use, primarily in westernized countries, in therapy. Almost all

models have a tendency to overlap or are intertwined in some capacity. These spiritual

models were construed in a manner for use in therapy for all clients. These models can

also be tailored to demonstrate meaning of spirituality among individuals with mild to

moderate ID.

In one qualitative literature review, some authors have stated that spiritual models

may not be understood or used by mental health practitioners in therapy with individuals

with disabilities (Specht et al., 2005). They found that behavioral therapies and

psychopharmacology have been the norm of management of symptoms instead of

boosting self-esteem and self-worth (Crossley & Salter, 2005; Ellis, 2000; Mactavish &

Iwasaki, 2005; Meichenbaum, 2010), where many of the depressive symptoms start.

Specht et al. (2005), using no particular spiritual model, demonstrated in their study that

spirituality as a coping strategy can improve self-esteem and that the central theme of

their participants' statements was that G-d runs their life. This is not to imply that these

specific dogmatic beliefs are necessary for therapeutic benefit. In fact, Specht et al.

(2005) demonstrated that most of the individuals interviewed used their own versions of

spirituality to understand who they are and why they were born with disabilities. In this

study by Specht et al. (2005), the participants relied on spirituality or religion to improve

their relationships with others, be thankful or resilient, and realize the meaning of life.

For many of the individuals with disabilities, they turned to performing good deeds for

others. These strategies have some commonality with Kabbalistic beliefs about showing

empathy and concern to others and acceptance of who they are. However, Specht et al.

(2005) stated that the counselor must err on the side of caution in using spirituality in

therapy. They cited that there are a minority of instances when spiritual coping mechanisms can be counterproductive in therapy for individuals with or without ID.

However, some applications of spirituality, if broken down in an elementary capacity, could apply to individuals with mild to moderate ID (Underwood, 1999). Underwood presented a spiritual model based on van Kaam (1991) that is commended to individuals with many disabilities. The working model for inclusion that Underwood proposed showed that a common thread among those affiliated with the three major religions and those who profess no religious affiliations. The soul or the core of the human has four spiritual dimensions: functional, interpersonal, transcendent, and vital aspects of a functional and phenomenal experience (p. 53). At the outset, the first dimension is the necessary mission of the individual to execute any physical and mental task to keep the body alive and thinking, thereby "functioning" (p. 53). For the second dimension, according to Underwood (1999), psychological coping skills and the individual's search for meaning are found in the interpersonal spiritual dimension. Depression, anxiety, and other mental states and stressors occur in the interpersonal spiritual dimension and can affect the physical body—that includes the major systems of the body such as endocrine, cardiovascular, and nervous—thereby causing depressive symptoms and other mental illnesses (Underwood, 1999). In addition, physical pain and diseases can also be caused or exacerbated by stressful interpersonal relations (Lovally, 2005). Similar to Bronfenbrenner's ecological theory of development, the interpersonal dimension contains the socio-cultural elements of the community that play a role in shaping and molding the person (Lovally, 2005). The third dimension, the transcendent

dimension, features the religious or spiritual aspect of the person. It includes, but is not limited to, praying, inspiration, appreciation, questions to life's situations, and elevation to a higher consciousness (p. 61). The vital aspect of the spiritual dimension deems that the body and soul are tied together, as physical health and the emotional state tend to affect each other.

The psychological model presented by Underwood (1999) can be compared to elementary Kabbalah where the practice of prayer, meditation, learning from others, practicing good deeds, and self-evaluation are used to improve one's character and even physical health (Dunn, 2008). Underwood proposed that the psychological state of an individual with ID can vary greatly, often more so than individuals who do not have ID. Underwood demonstrates that resources such as spirituality and psychotherapy can greatly benefit a person with ID physically, psychologically, and spiritually.

Two other spiritual models presented by Anandarajah (2008) are the 3 H model (mind, heart, & hands) and the BMSEST model (body, mind, spirit, environment, social, & transcendental). Anandarajah demonstrated that, in healing the whole person, the 3 H model is similar to Maslow's hierarchy of needs. Anandarahah (2008) stated, "Maslow's lesser known, later work describes a state beyond the commonly accepted pinnacle of self-actualization, termed self-transcendence, which is consistent with the inclusion of the spirit as part of the whole person" (p. 450). Anandarahah provides examples of the cognitive (head or mind), experiential (heart), and behavioral (hands).

Anandarahah (2008) correlates the cognitive aspects with beliefs, values, ideals, meaning, purpose, truth, wisdom, and faith. The experiential aspect of the 3 H dimension

of spirituality is associated as love, connection, inner energy, inner peace, hope, trust, and transcendence. The final aspect of the 3 H model of spirituality is behavioral or hands. It contains the elements of duties; choices; specific spiritual practices such as prayer, meditation, and yoga; and participation in the religious community. The BMSEST spiritual model is utilized by the practicing medical provider, psychologist or counselor, and the patient by finding the common bond between the body, mind, and spirit (through Maslow's hierarchy of needs triangle) along with elements of the environment and social factors of the individual (pp. 452-453).

Transcendence is also added for therapists or patients who subscribe to a secular humanist view or no belief in a higher power. Anandarajah (2008) believes that either model can enable both parties to find some commonality regardless of culture or beliefs in order to make treatment positive and productive in healing the person in a holistic manner. Anandarajah also cautions that a foundation for treatment is built through the practitioner. The attitude of the counselor, medical professional, or psychologist has to be positive at the outset with the patient or client in mind as the focal point of therapy. Kabbalah contains all facets of both these models presented by Anadarajah. Kabbalah teaches that all individuals should set aside their differences and engage in spiritual, not religious, activities that help elevate the human soul (Berg, 2003). Kabbalah demonstrates that no one person is an island. Dunn (2008) demonstrated that all within the human race are interconnected and depend on each other for substance as indicated by Maslow's hierarchy of needs and Anadarajah's models of spirituality.

Silberman (2003), in a commentary on Oman and Thoresen (2003), discussed that a simple spiritual model that is related to Bandura's social learning theory could be the most simplified version of a spiritual model most anyone can follow, that is also congruent with the basic elements of Kabbalah. Silberman stated that this spiritual modeling is simply using a Biblical source that human beings are created in the image of G-d and that G-d wants humans to emulate the characteristics of the divine. These positive qualities include, but are not necessarily limited to, "mercy, wisdom, understanding, loving kindness, power, beauty, endurance, majesty, foundation, and sovereignty" (p. 177). Recommendation of these attributes can be found and applied in almost all, if not all, cultures, societies, and ethnic groups. In a counseling session, this spiritual model can be used to improve self-esteem and self-worth of an individual with ID by simply being a positive doer and giver to other members of society, thus being a role model to members of their community by doing good deeds to others and showing empathy, concern, and compassion for their fellow human beings. Even though studies have shown that spiritual modeling can be positive, Silberman also cautions that one must be aware that individual and some cultural spiritual beliefs can be harmful or negative to other members of society. Silberman cites how some individuals and groups involved in the 9/11 attacks were influenced greatly by their own spiritual and religious leader, Osama bin Laden. This demonstrates that some individuals can actually damage other human beings in the name of spirituality or religiosity. Although Silberman does advocate the positive use of spiritual modeling, a counselor must be knowledgeable about the cultural background and spiritual beliefs of the individual, and possibly the family in

the case of individuals with ID, in therapy prior to applying spiritual modeling or any

other model.

The literature review here presented spiritual models, and one study that utilized

defragmented spiritual coping strategies to demonstrate that there are spiritual models

that have many common facets. These facets are also contained in the philosophy of

Kabbalah. Using them in a simplified and practical form that fits an individual may

promote progression in self-esteem and alleviate depression or anxiety for any individual,

including individuals with ID. Although other therapies such as CBT have been shown

effective to address self-esteem or self-worth (Morton, Roach, Reid, Stewart, & Hallam,

2012), Kabbalistic principles may add to the therapeutic toolset, giving a therapist

additional options when other modalities appear less than optimal.

Meditation as a Spiritual Tool in Therapy

The literature review found that, aside from traditional prayer, meditation may be

the most common technique of spirituality that the majority of individuals utilize to find a

meaning for their personal existence and being. Bell (2009) found that meditation, a

spiritual practice for elevation to a higher consciousness, is relevant to many cultures.

Meditation is prevalent among eastern religions such as Buddhism, Taoism, and

Hinduism and among Middle Eastern philosophies such as Sufism and Kabbalah. Bell

presented various techniques for meditation in therapy, ranging from simply going into a

trance (similar to hypnosis in psychoanalysis) to complex lifting of the consciousness in

an out-of-the-body experience. Bell's study presented other research that demonstrated

how Kabbalah uses meditation as a technique not only to dispel negative thoughts and

energy, but to attain a higher level of consciousness and ascension to the spiritual world. In addition, Bell presented evidence that meditation can be used to help quiet or clear one's mind, thereby separating oneself from activities of the world, surroundings, and ruminations, in order to break down psychological defense mechanisms and relieve psychosomatic symptoms and emotional disturbances.

Bell (2009) presented evidence that meditation is compatible for most forms of cognitive, behavioral, and couples therapy. Bell warned that meditation should be monitored since, in other studies cited, meditation can produce unwarranted past memories that can be overwhelming or possibly inflate one's ego, which can be a source of feeling grandiose. The inflation of the ego is one of the aspects of the self that a person must control or conquer to remove selfishness. Bell also demonstrated that although meditation is very helpful and rewarding, culture must be taken into account because some societies accept meditation as a common practice while others tend to shun the word meditation, preferring the term *relaxation therapy*. Overall, this study provided insight into the commonality meditation has with Kabbalistic meditation and the benefits that can be attained through it, provided it is used and monitored consistently. Bell recommends adequate training in various forms of meditation including, but not limited to, Kabbalistic meditation, eastern traditional meditation, music meditation, and breathing exercises, prior to administering any form of meditation.

Two common threads found in most meditations are reflection with music and breathing exercises, as described by Unterman (2008). Music, particularly rhythmic and instrumental music, has been said to be the universal language to all human souls,

regardless of culture. Many people involved with meditation use varying forms of instrumental, rhythmic music. Unterman suggests that a simple form of musical meditation is for the person to find a calm tune while wearing earphones that the individual can block out worldly static and chaos, even while walking around among other people.

Another universal technique for meditating is focusing on rhythmic breathing in order to empty the mind (Noble, 2005). In this study by Noble, breathing exercises based on some Kabbalistic and Eastern methods are used in helping bring about focus in mediation cases in the courts. Noble demonstrates that meditation can help bring about better cognition, decision-making, and positive change for all parties instead of going into a case in a high emotional state with the possibility that mistakes can be made in the decision-making process. Once the mind is clear, the individual can focus on removing negative energies and even help remove ailments in certain parts of the body.

Noble (2009) stated, "Meditation is pursued to foster greater unity, integrity, and health" (p. 296). Noble proposed that the mediator can often conform to either or both parties' emotional state. The use of meditation can enable a mediator to make a fair and equitable decision in cases and help prevent the mediator's own biases from affecting a decision. The study facilitates the positive change that meditation can help improve a person's mental state even in the advent of court cases. Noble also cautions that mediators should learn the practice of meditation from experienced teachers prior to engaging in meditation practices in the courts or involving others in the mediation process with meditation.

Meditation has been used effectively with individuals with ID. According to Singh et al. (2008) the use of meditation and mindfulness training improved the overall personal outlook and focus among their participants with ID who evidenced anger issues in their multiple-baseline measures of emotional state. Singh et al. made it a point to teach their participants—three Caucasian males, one African-American male, and two Hispanic males—with ID to (a) meditate on their behaviors, negative thoughts and attributes, and their lives in general and channel the negativity out some part of the body or to (b) focus on attributes of a higher power. These practices were effective in reducing deviant behavior, anger, and depression, as well as increasing self-esteem. The study included meditation as a part of CBT strategies, since relaxation techniques are counted as part of CBT. Their participants also took part in psychopharmacotherapy prior and during the study.

Though the literature Singh et al. (2008) presented is small regarding the use of meditation with individuals with ID, it appears that meditation among this group shows positive results, thereby providing evidence that meditation may be used as a method of psychological treatment either alone or in conjunction with psychotherapy. Singh et al. found that physical and verbal aggression decreased significantly among their participants who participated in the meditation and mindfulness practices. Their findings also showed that although the use of psychopharmacotherapy and CBT reduced anger in the individuals, the addition of meditation and spirituality improved the overall outcome, including with physical aggression. Singh et al. also stated that meditation may or may

not be difficult for an individual with ID, because it depends on the amount of exposure of their culture and community's traditions.

In an earlier, but similar version of the previous authors' study, meditation was demonstrated to improve the overall outlook in individuals with ID and severe aggression (Singh, Wahler, Adkins, & Myers, 2003). In a case study, these authors demonstrated how mindfulness training, another variation of meditation, in addition to the participant's previous psychopharmacotherapy and CBT, was used to successfully and significantly reduce verbal and physical aggression. Singh et al. provided a simple form of meditation that was termed *soles of the feet* that calmed the participants and diverted their attention away from impulsive thoughts. Supervised practices were held on a 30-minute basis in order to teach the participants how to be still and clear the mind. Singh et al. illustrated to the participants ways to recognize their core triggers (CBT), then to sit still and take deep breaths, concentrating primarily on the breaths prior to shifting focus to the feet then progressively upward until the mind was envisioned as cleared. Afterward, the participant was instructed on how to walk away in a positive mood without verbally or physically harming anyone. Therefore, Singh et al. provided valuable insight on how to simplify the process of meditation for individuals with ID.

In meditative practice, an individual must be still for an unspecified amount of time and use some type of method to clear the mind (Carroll, 2005). In this phenomenological study, Carroll found that various forms of meditation, including a Christian version of Kabbalistic meditation, helps the individual ascend to higher worlds in order for enlightenment on making positive changes in the person's life, including

increasing self-esteem (Carroll, 2005). One of the sole purposes of meditation, whether in a Kabbalistic method or otherwise, is to find new joys, information, and understanding for the meaning of life.

Carroll (2005) provided a two-component theory on how to implement meditation in therapy. Because this study was based primarily in the United States, the first component was a Christian meditative practice that was split into two experiences, *kataphatic* and *apophatic*. The second component was to incorporate a conglomerate of other-worldly meditative practices that includes Kabbalah. Carroll showed how, when practicing meditation with someone of Buddhist faith, prayer using material from Thich Nhat Hanh can offer an enriching experience. Similarly, someone of Islamic faith or an individual practicing Sufism can benefit from verses by Rumi, and someone from the Jewish faith can relate to Kabbalah. Carroll showed the benefits of meditation in therapy but also stated that meditation may not be helpful for everyone. Carroll cited that an individual may be afraid to see within themselves or face doubt about the experiences, thus prayer should be a focal point in meditative practices.

In order to attain enlightenment through meditation, however, the individual must focus on channeling the Light of the Creator through strong mental energy that brings on divine wisdom (Bell, 2009). In this study, Bell demonstrated that meditation in therapy works best when the therapist can bring a "clear mind and a settled state of awareness into the room" (p. 131). The study provided information on how to be trained to observe professionals from other cultures who meditate before implementing a multicultural meditative practice in their own therapy. The trained therapist must be able to guide their

clients to be mindful and strengthen their ability to have a meditative experience. As with other cases, Bell warned that sometimes clearing the mind can lead to unwanted and painful experiences from the past or even build up the ego. When this happens, the therapist must be knowledgeable enough to steer the client away from those memories and focus on the present and positive mental energy.

To empty the mind of thoughts can be a daunting task for novices, and finding the right technique may vary among individuals and groups, as some researchers found (Vaitl et al., 2005). Mastery of meditation takes time and practice, even when training with a master of meditation. With mastery of meditation, a person can attain higher states of meditation that can be compared to those of certain drug induced states or positive states of schizophrenia as Vaitl et al. have found. Their research with altered states of consciousness during EEGs, meditation increased alpha activity, although the researchers cautioned that his may be attributed to a number of other factors. Yet their research, along with other studies cited, provided insightful information in slow-wave theta activity. According to Vaitl et al., the waves were found to be more prominent in their subjects who practiced meditation for at least 3 years as opposed to those who were involved for only 6 months. Moreover, these waves tended to be more prominent in the prefrontal and posterior association cortex (Vaitl et al., 2005). Their conclusions appear to be similar in nature to other studies wherein meditation appears to be promising for both psychological and physiological health and that meditation should be utilized by professionals who have been trained for an extensive amount of time.

From a cognitive therapy perspective, meditation practice could be the equivalent of training the mind to observe then "let go" of ruminations, obsessions, and worries. Psychologists are beginning to seriously explore meditation as an alternative or co-treatment in therapy for mental illnesses such as depression or behavioral problems (Apsche, Bass, & Backlund, 2012; Hill & Updegraff, 2012; Kumar, Feldman, & Hayes, 2008). For psychologists and therapists who prefer practices with empirical evidence of efficacy, practices such as mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and mindfulness-based cognitive behavioral therapy (MBCBT) utilize basic elements that have proven effective in reducing stress and depression (Butler et al., 2008). Butler et al. provided information in this study, along with references from other studies, to show how meditation combined with another psychotherapy, in these cases cognitive or cognitive-behavioral therapy, is effective for reducing maladaptive symptoms of depression, anxiety, self-esteem, and anger by at least 50% in clinical cases. Overall, Butler et al. found that their participants highly benefitted from a combination of meditation, psychotherapy, psychoeducation, and group therapy that used yoga or hypnotism.

Integrating Spirituality in Therapy

Spirituality, including Kabbalah, was found to yield the most individual and personal information during therapy from a qualitative approach as therapeutic tool (Crossley & Salter, 2005; Drob, 1999; Pargament, 2007; Wilding et al., 2005). A humanistic perspective and grounded theory methods are the two most widely used approaches that focus on spirituality. Drob found that the phenomenological approach

was the most comparable strategy used to examine individual perspectives. Elkins (2001) showed that some humanist theorists believe that prior to integrating spirituality into therapy, the therapist must know his or her own spiritual nature. Elkins indicated that since the humanistic belief is that the soul is part of the healing process, the client must be able to learn how to be in touch with the soul as well. Therefore, the therapist and client must be able to work together to find out what works for the client in activating his or her awareness of the soul. This may be achieved through meditation, music, yoga, journaling, or other techniques. Elkins (2001) showed that once the client finds what his or her soul needs for growth, the activity must be utilized on a consistent basis to maintain psychological health.

Drob (1999) found that few well-known psychologists were interested in or applied spirituality in their practice. Drob mentioned work of theorists that included, but were not limited to, Gordon Allport, William James, and Carl Jung. Drob also posited that Jung relied heavily on Kabbalistic (and sometimes Gnostic) symbolisms in his view of the individual person and the cosmos. Drob argued that Jung was so inclined toward Kabbalah's theoretical interpretations that it formed part of his motivation to create a new individual psychology, one of the differences that led to the split between Freud and Jung. The study provided insightful information for therapists who prefer to use Jungian therapy.

Frankel (2001) also builds upon the similar imageries from Jung and Kabbalah in psychotherapy as a guide for clients to view the world as broken and that he or she is available to help fix the world through repentance and giving. In addition, Frankel, a

feminist theorist, utilized the concept of the self and meditation to help treat individuals with low self-esteem and depression when medications failed to yield any results.

Positive psychology is a theoretical application designed to improve self-esteem, self-worth, meaning and purpose in life, and integrity (Schueller, 2009). Positive psychology actually may be a better fit for the inclusion of spirituality than other theories and therapies. It builds on a foundation that a person needs to be fulfilled and thriving and involves any and all environmental frameworks such as communities, institutions, and family, according to Schueller. Comparison between the facets of positive psychology listed in this study and Kabbalah show similarities. Kabbalah suggests that in order for an individual to grow spiritually, one must attempt to remove as much negative energy coming from thoughts, people, or environment as possible and act upon positive attributes given by the Light (Kurzwell, 2007). That may include giving positively to the community, giving charity, giving your best effort at your job, to your family, peers, and most importantly, to oneself. Schueller (2009) stated Kabbalah shares similar tenets to positive psychology, which encourages clients to be mindful, thankful, and have a sense of meaning in life to help improve self-esteem.

Cognitive-behavioral therapy (CBT) is the most popular and empirically supported psychological application in use that (a) demonstrates efficacy in almost all cultural and age groups and that (b) other therapeutic approaches, including spirituality, can be combined with in therapy to treat the person as a whole (Whitehouse, Tudway, Look, & Kroese, 2006). Whitehouse et al. proposed that the clinician should tailor the client's treatment planning to each individual's needs. This includes simplifying

terminology and strategies used. Even though spirituality can be a component of CBT, it must be tailored as well to the individual's needs. Whitehouse et al. demonstrated how CBT, along with other psychotherapies, demonstrated the potential for high efficacy.

Inclusiveness (oneness): Everyone is invited. A person does not require a special invitation, birthright, ritual, or certificate to announce their qualifications (Laitman & Canright, 2007). Ashlag stated that the creator *is* nature (2007). Kabbalah teaches us how to receive the creator, which means for the creature (person) and the creator (all the universe) to merge, to understand oneself as intimately connected to all that is in the universe, rather than as an isolated individual striving against others and the environment. Laitman and Canright (2007) found the result is an experience of tremendous beauty and joy.

The notion of "how" of reception in Kabbalah is about perceiving the spiritual (Gonzalez-Wippler, 2004; Laitman & Canright, 2007). According to the authors, we do not need to look for anything outside of ourselves, but we need to cultivate a perception that already exists within us but it is dormant. In Kabbalah, this perception is called the sixth sense (Laitman & Canright, 2007). Instead of focusing so much on personal interests, if our five senses were focused on the needs and experience of others, we would perceive the world in a different way. This is similar to the Christian teaching that it is better to give than to receive (Gonzalez-Wippler, 2004; Laitman & Canright, 2007), and that G-d is love. Further, Terhart and Schulze (2007) explain that in Kabbalist tradition, letters of the alphabet correspond to numbers, and the numerical equivalent of the name

of G-d makes it the equivalent of the word love, thus equating the concept of G-d and love or oneness.

Change in perception: The reason people act differently is *not* because the outside circumstances are different, but because we *perceive* the outside circumstances differently. Different people are sensitive to different things. Although our senses of perception work the same way—they hear, see, and taste—we *interpret* the sensations differently (Dunn, 2008; Gonzalez-Wippler, 2004; Laitman & Canright, 2007). These authors found that interpretations are so different that what is tragic to one healthy, normal person may go completely unnoticed by another, or even be a source of joy.

Enjoyment: Kabbalah does not promote asceticism and austerity as means to achieve spirituality (Dunn, 2008; Gonzalez-Wippler, 2004; Laitman & Canright, 2007). Rather, it encourages living life to the fullest, receiving the bounty of the giving force.

In summary, the literature review revealed many different religious coping strategies and spiritual models that have commonality with Kabbalah. However, there was no clear cut universal method postulated for use in psychotherapy nor specific meaning of spirituality from the individual with ID that were not handed down from the family or community. Some literature suggests that Kabbalah may be a spiritual concept with commonality among most cultures (see Table 1). Many families and individuals harness religious or spiritual methods handed down by culture or traditions (Littlewood, 2006). The search for significance and meaning among individuals with ID may be slightly more prevalent with this group than the general population. It is evident that spirituality has a positive impact on the lives of individuals with ID and their families

(Xu, Wang, Xiang, & Hu, 2005). The literature also shows that spirituality helps to improve self-esteem and self-worth with this population as well. In addition, a cross-examination of the research shows that the spiritual models, cultural elements of spirituality, and coping strategies presented are also found in the philosophy of Kabbalah. What is missing in the literature, as stated earlier, is a global method of spirituality, not religiosity, for use across cultures in psychotherapy.

While the literature review demonstrated that spirituality among the general population, cultures, and with individuals with ID is relevant to improve self-esteem, self-worth, and overall psychological functioning (Chang & McConkey, 2008), it is still not widely used in psychotherapy (Pargament, 2001). The literature review also shows that the awareness of Kabbalah is on the rise due to its non-denominational or religious aspects, Kabbalah centers, commonality among spiritual methods used in most cultures, and the internet (Weston, 2006). No information was found using it alone as a global method of spirituality in therapy.

Kabbalah may be an ideal philosophy as a universal spiritual method for use in psychotherapy. However, research is needed to substantiate this theory, especially in relation to individuals with mild to moderate ID. The present study lays the groundwork for those who might attempt to substantiate this theory.

Chapter Summary

The literature reviewed described that spirituality has been used overall to improve self-esteem and self-worth by individuals with mild to moderate ID. Despite the wealth of information on spirituality as an aspect of therapy, no specific psychological

theory or type of universal spiritual method for use in psychotherapy with individuals with mild to moderate ID was found in the literature review. By exploring the meaning of spirituality among individuals with ID in the present study, more insight into the use of a universal spiritual tool in therapy can be gained from these participants.

Another aspect of the literature review is the examination of how spiritual models are used in therapy as well as the commonality the models have with Kabbalah. Integrating and implementing spirituality was also explored, with emphasis on meditation and therapy. A final element of the literature review provided a brief introduction into elementary Kabbalah and its congruence with spirituality among other cultures.

Chapter 3: Research Methodology

The preceding chapters described how individuals with mild to moderate ID use spirituality as a coping strategy for low self-esteem and depression. The literature review provided insight into how the family traditions of spirituality play an important role in a family with an individual with ID. In addition, I provided key components of Kabbalah as a base of spiritual commonality among various denominations and cultures. In this chapter, I summarize the qualitative method I used to assist in understanding the spiritual experiences of individuals with mild to moderate ID and whether elementary spirituality can be useful for the counselor in therapeutic sessions.

This phenomenological study was intended to examine the meaning of spirituality as lived by individuals with mild to moderate ID. The purpose of this study was to gain an understanding of spirituality from the point of view that individuals with ID have on their own accord, with the intent of shedding light on whether spirituality can be useful in therapy with this population. I assumed that their own intrinsic understanding of this phenomena can lead to spirituality being used in therapy to help improve their personal outlook.

The need to provide spiritual care in the mental health field has been addressed by many leading authorities, associations, and governing bodies (American Psychological Association, 2002, § 36; Arc of the United States, 2010). However, few studies have specifically addressed how individuals with mild to moderate ID perceive spirituality from their own perspective. In addition, few studies have compared these perspectives with a uniform set of spiritual perspectives to be used in therapy as well. This study

explored the meaning of spirituality as experienced by the participants of this study. The results of this study revealed the importance of having spirituality in therapy to improve the overall personal outlook of individuals with mild to moderate ID.

Gordon (2002) described Kabbalah as "more phenomenological than philosophical" (p. 967). Spirituality is mainly an individual phenomenon, in contrast to religiosity as a shared and culturally based phenomenon. An individual's religious experience might contain spirituality but might focus more on religious practices and dogma (Dierendonck & Mohan, 2006). The elements listed here make a qualitative, phenomenological approach appropriate for this study rather than one of quantitative nature. According to Creswell (2009), a qualitative study "is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem" (p. 4). Currently, Kabbalah is not utilized in therapy sessions because it is not readily understood by most counselors or the general population. Many explanations are likely for not implementing Kabbalah, including the lack of exposure and knowledge (Gordon, 2002). But the main reason is that most individuals, including psychology professionals, hold steadfast to religious beliefs handed down through family generations, more so than universal spiritual beliefs (Delaney, Miller, & Bisono, 2007). Yet, spirituality is fast becoming a method of treatment in psychological treatment. Researchers can compare individual experiences of spirituality—in this study, individuals with mild to moderate ID—with the basic components of spirituality in order see if there are common threads of their experiences and perspectives of spirituality to those of their parents, caregivers, or other family traditions. In addition, other researchers can investigate the spiritual

experiences of individuals with ID among Eastern and Middle Eastern cultures to determine whether their experiences are similar in nature.

Research Design and Approach

The phenomenological design of a study helps to unravel a total experience or experiences of an individual or group in which researchers can obtain information to apply to an existing knowledge base (Padgett, 2008). Because the focal point of phenomenology is the lived experience of an individual or group, this study is the most appropriate of the designs, particularly of the comparison of the lived experiences of individuals with mild to moderate ID as related to the basic principles of Kabbalah and other forms of spirituality.

In the phenomenological method, the data of experience, perception, as well as the researcher's thinking, intuiting, reflecting, and judging are regarded as the primary evidences of scientific investigation (Padgett, 2008). Creswell (2009) stated that phenomenology is a "philosophy as well as a method" (p. 13). Phenomenology seeks to find the meaning or description of a particular experience, whether from a natural experience or from a conscientious perception (van Manen, 2002).

Other methods that I considered would likely not have produced enough information to elucidate what the experiences mean in terms of using a universal spiritual application in therapy. For example, I considered the following methods:

- Ethnographical studies are inquiries related to cultural descriptions (van Manen, 2002). This method was not appropriate to answer the research questions for this

study since I was not studying a person's culture directly; such an approach may be included as a point of discussion related to religious tradition.

- For some, hermeneutics is used as an inquiry base to avoid any major confusion or misinterpretation of an experience (Padgett, 2008). Hermeneutics typically entails reading a text in order to gain insight and understanding into the meaning of an experience. Van Manen (2002) also stated that hermeneutics is interpretation of experience via some text or via some symbolic form.

- The narrative inquiry is geared toward taking the stories of the individuals in the study and comparing the experiences with those of the researcher (Clandinin & Connelly, 2000). Narratives, however, generally investigate the lives of individuals and not necessarily their experiences (Creswell, 2009).

- Case studies were ruled out because they are used mainly to explore the experiences of individuals regarding aspects of their life's surroundings such as activities, systems, or programs (Creswell, 2009). In addition, case studies are not widely accepted as an inquiry method for dissertations (Rudestam & Newton, 2007).

- The last of qualitative methods considered was grounded theory. Grounded theory is a strategy used to help develop a theory during the process of study. Creswell (2007) recommends for grounded theory "a large number of participants" (p. 63). This strategy is close to the phenomenological research strategy, but I determined that the present study needed more in-depth data and would necessarily be limited to fewer participants.

Justification for Using the Phenomenological Methodology

Although hypotheses may be generated during the study, the focus was geared toward what spirituality means to the individual with ID from their experiences to answer the research question, "What is the meaning of spirituality as experienced by individuals with mild to moderate ID?" I then compared their experiences to the basic elements of Kabbalah. This comparison offered a basis to suggest whether spirituality could be used as a universal spiritual technique in psychotherapy. In addition, I also examined the information gathered to see if participants' experiences are handed down through family traditions or experiences or through their own innate experiences. As stated previously, a researcher using a phenomenological inquiry attempts to understand a particular lived experience and construe those experiences in order to comprehend the essential components of the phenomenon in question (Padgett, 2008). Finally, the phenomenological inquiry was demonstrated as effective with individuals with ID and spirituality by Mactavish and Iwasaki (2005). Mactavish and Iwasaki studied the lived experiences and perspectives of how spirituality, and other psychosocial components of stress-coping, improved their participants' overall coping ability and well-being. Their experience of spirituality, though different in each individual, had a common theme that a Supreme Being was there to comfort them in times of stress (Mactavish & Iwasaki, 2005). Many methods of qualitative measures are helpful in acquiring data, but in order to gain a personal, lived experience, the phenomenological approach is more appropriate.

Role of the Researcher

Creswell (2009) demonstrated that in a qualitative design, researchers may unintentionally introduce their interpretations that are rooted in their own background and biases. Creswell wrote:

> With these concerns in mind, inquirers explicitly identify reflexively their biases, values, and personal background, such as gender, history, culture, and socioeconomic status that may shape their interpretations formed during a study. In addition, gaining entry to a research site and the ethical issues that might arise are also elements of the researcher's role. (p. 177)

For this phenomenological inquiry, my role as the researcher was to act as a medium to transmit the communications and conversations regarding the experiences of spirituality of the individual with ID to the inscription process (Padgett, 2008). I coded the conversations using NVIVO 10 computer software to find common themes. I then categorized and integrated these themes to develop findings related to the research questions. The findings of the study could have applicability to other studies or studies for replication. Themes such as spirituality used as a coping strategy, a belief in a higher power, and all people are connected spiritually can be applicable to studies by Singh et al. (2008) regarding mindfulness and reducing negative stress, Phillip and Stein (2007) with spirituality as a technique for treating individuals with serious mental illness, and Schulz (2005) with understanding the meaning of spirituality for individuals with disabilities.

Most researchers, if not all, have biases that should be explicitly reflected in the study. Reflecting biases in the research is imperative in qualitative studies. A qualitative study can be interpreted in various ways by different audiences, according to Creswell. The following is a description of my background as a brief summary of relevant experience to allow for an increased awareness of any potential biases of interpretation during the study.

I have past experiences with elementary Kabbalah, a form of Jewish, Christian, and Islamic mystical spirituality. I was exposed to the basic tenets of Kabbalah more than 20 years by studying with Chabad rabbis in New Orleans, Louisiana and through researching literature and books. My background includes a family of both Baptist and Methodist denominations. However, I broke away from religious denominations to focus more on spirituality rather than religious dogma or doctrines at the age of 20.

I also have worked with individuals with ID for more than 16 years. All of the participants were from my immediate work setting. Oftentimes, this can lead to difficulties and breaches in validity of the study (Glesne & Peshkin, 1992). The reason that I derived the participants from my work setting is that it is difficult to establish a pool of individuals with ID in the general population. The majority of individuals with ID in south Mississippi utilizes some type of service through either the Mississippi Department of Mental Health and Bureau of Intellectual and Developmental Disabilities or through a local community mental health center, in this case, Pine Belt Mental Healthcare Resources. Following

ethical, confidential, and privacy guidelines, I accessed this population easily after

necessary training and authorization.

Research Questions

In this phenomenological study, I investigated the following questions:

1. What does spirituality mean to an individual with mild to moderate intellectual

    disabilities?

2. How is spirituality, as experienced by individuals with mild to moderate ID,

    related to their families' or communal perspective of spirituality?

3. Could basic principles of spirituality be used in psychotherapy for individuals

    with mild to moderate ID in helping to improve self esteem and self worth even if

    their meaning of spirituality is not based on religiosity?

In examining this phenomenon, I differentiated the issue of religiosity from

spirituality. In relation to the first two research questions, I postulated that (a) the

participants would have a basic understanding of spirituality and (b) this understanding

would be somewhat based on their families' and communities' perspective of spirituality

but might also be somewhat differentiated from specific religious tenets based on

personal experiences. In relation to the third research question, I postulated that basic

spiritual principles would both be understood by participants and would be helpful in

improving their sense of self-esteem or self-worth. Another postulation—as a potential

basis for future studies—was that the resulting themes from the participants could

comprise spiritual principles that are incorporated in the basic tenets of Kabbalah (as with

spiritual principles of other major religious traditions and philosophies) to determine whether such tenets might be useful as therapeutic tools.

Criteria for Selecting Setting and Sample

Some phenomenological inquiries do not necessarily have predetermined selection criteria (Padgett, 2008). However, to ensure this study met or exceeded ethical and moral standards, this study had prestudy criteria in selecting participants. The participants in this study consisted of 10 individuals with mild to moderate ID who have a formal or informal diagnosis, past or current, of depression, low self-esteem, or self-worth. The participants were divided into two groups: a group who came from families with religious traditions and values and a group who came from families with no religious background. These individuals receive community mental health services from Pine Belt Mental Healthcare Resources. The participants had an ID that was diagnosed prior to age 18 as demonstrated by the AAIDD of 2008 (American Association on Intellectual & Developmental Disabilities, 2011). Although the majority of the participants at Pine Belt Mental Healthcare Resources are Caucasian and African-American, I made an effort to include participants with a variety of demographic characteristics, as suggested by Padgett (2008).

I selected individuals for the study from a predetermined pool of potential participants who use spirituality as a personal guide or are aware of spirituality. I work at the facility and have established a level of trust and familiarity with the potential participants. I collaborated with the clinical coordinator to determine which participants are most likely to find participation in the study a positive and helpful experience. The

participants had already reached the age of 21 and had the consent of their caregiver, if

applicable, to participate in the study. In addition, since the interviews was audio

recorded, the individuals had to be able to speak audibly and clearly enough for the

information to be recorded and transcribed. Permission to conduct the study with human

subjects was also obtained through Pine Belt Mental Healthcare Resources in addition to

Walden University. Although it was preferable that the individuals selected for the study

have a more spiritual background rather than a dominant, religious affiliation, it was not a

requirement that they meet this criterion, and they were not be screened for this criterion.

Data Collection Procedures

One of the most used techniques for collecting data is the *epoche* process

(Padgett, 2008). This particular process allows for a researcher to produce a relaxing, yet

engaging environment to establish rapport with the participant. For this study, I used the

following procedures as a guide in recruiting and informing participants, then collecting

data:

1. I contacted Pine Belt Mental Healthcare Resources, Public Information and

   Human Resources department, to provide information regarding the study and

   requested permission and help in selecting the pool of participants. I sent a letter

   via e-mail that described the nature of the study to the respective coordinators of

   the PBMHR Intellectual & Developmental Disabilities Program. The letter can be

   found in Appendix A.

2. Once the Walden University IRB responded in the affirmative to give permission to conduct the study, I scheduled a meeting with a clinical coordinator of the program in order to collaborate to build a participant pool.

3. Before presenting informed consent information, I asked the screening questions (Appendix B) to determine a potential participant's interest level and comfort level (i.e., suitability for the participant pool). Once Pine Belt Mental Healthcare Resources replied with consent to give permission to conduct the study, I planned a meeting with the coordinators of the program in order to arrange for them to send out my research invitation to clients (and caregivers, if applicable) on my behalf. At that point, clients or their caregivers contacted me to express interest in the study. This screening interview has another purpose. First, I was able to obtain two groups: a group who came from families with religious traditions and values and a group who came from families with no religious background. This allowed for important comparisons. Second, the screening interview enabled me as the researcher to detect individuals who were more religiously inclined (i.e., devoted to the practices and rituals of their denomination) but did not evidence much of a spiritual inclination (i.e., did not express an interest in concepts such as human interconnectedness or transcendence of negative human tendencies). This process was not intended to exclude participants if they belonged to a religious entity. The individual merely had to demonstrate a dominant spiritual tendency as opposed to a dominant religiosity. The initial screening questions included asking questions regarding a religious or spiritual influence (Appendix

B). Third, the screening interview enabled me to detect and bypass individuals whose religious beliefs might cause them to feel disloyalty or guilty if they were to engage in a discussion of spiritual principles that were not discussed in the context of their particular practices and belief set.

4. If a potential participant indicated interest, family or other close caregivers also received a letter regarding the nature of the study as well as a face-to-face explanation. If the participant lived independently, they received a letter describing the study and was be allowed to have the notifications independently described to them by a staff member at PBMHR (see Appendix C). A simple difference between religiosity and spirituality, as given by Plante (2007), was provided to the participant and caregivers if they indicate they do not understand the difference between the two concepts.

5. Out of the initial candidates considered, I selected 10 participants for interviews. Participants, prior to the interview, signed confidentiality/informed consent agreement (Appendix D). If a participant, family member, or other care provider indicated an interest in receiving a report of the results before the study is published, I made note of it in order to later present them with it. See Appendix F: Participant Family or Caretaker Analysis-Report Letter.

6. The interview took place in a quiet setting on PBMHR's premises. I intended to keep the atmosphere relaxed and casual, so that seriousness would not be a potential source of anxiety for participants. The letter of invitation to the participant stated, "If you would like to do so, you are welcome to invite a family

member, friend, caretaker, or another staff member to join our discussion" (see

Appendix C). The open-ended, semistructured interviews took place in single

sessions but were subject to the participants' own pace (see Appendix E:

Interview Questions for Semistructured Interviews). This allowed for the attention

deficits that are characteristic of this population. Interviews lasted between 15 to

30 minutes, depending on the attention level and patience of the participants. The

time between interviews was adequate for audio recorded data to be analyzed and

transcribed. These questions in this study were implemented through

horizonalizing, a method in which every statement of the participant is highly

valued and clustered once the horizons are extracted from the study so that the

main themes can emerge (Padgett, 2008).

7. For confidentiality purposes, I assigned pseudonyms in place of real names that

are mentioned in the interviews. I pitched my language and tone of voice to

someone without ID in order to avoid a patronizing attitude, unless the participant

asked for clarification or for the interview to be broken down into simpler terms

(Padgett, 2008).

8. In order to extract valid themes from the interviews, I first analyzed transcript text

using qualitative the coding software, NVIVO 10. Data analysis was followed by

a modification of listing, grouping, and so forth (Padgett, 2008). The most

relevant points of statements, if not all, were taken from the groups and assigned

to codes and later organized into themes. The structural statements of the

participants' experiences of spirituality and its impact upon self-esteem were

constructed to develop a description of their experience. The clinical coordinator

of the program from Pine Belt Mental Healthcare Resources served as a peer

reviewer to establish trustworthiness.

9. After this initial analysis, I provided a written description of findings to those

    participants, family members, or caregivers who indicated that they would like to

    receive the description (Appendix F).

Instrumentation, Materials, and Coding Procedures

For this qualitative study, I used NVIVO 10 software. NVIVO 10 is a qualitative

software system designed to assist in coding unstructured data from audio, video,

spreadsheets, or other documents in order to form a valid analysis and classification of

data (Leech & Onwuegbuzie, 2011). A researcher transcribes the information, in this case

from audio recording equipment, into NVIVO 10, then the data is automated to generate

repeating themes. The theme or idea here can help the researcher understand relationships

of the experiences of spirituality among individuals with intellectual disabilities with low

or negative self-esteem.

One of the first steps in data analysis is to understand what theme the information

is expressing. Listing and preliminary grouping are used to obtain the statements of

individuals with ID to understand how they experience spirituality when they have or

have had low self esteem (Padgett, 2008). A researcher should list these expressions that

are pertinent to each individual's experience separately. When each experience has an

important aspect of the experience, they have the potential to be labeled. This step is

defined as reduction and elimination (Padgett, 2008). NVIVO 10 has the capability of

completing these steps in addition to the last stages of clustering and thematizing, finalizing the invariant constituents, and construction of the descriptions as noted by Padgett. Data was cross-referenced with similar, qualitative studies on the perspectives of individuals with ID and spirituality.

Every participant was assigned a number for identification. Following this assignment, the participants were identified as P1-P10 and coded as such. This method has long been used in qualitative, phenomenological research and will allow other researchers or readers to follow each participant and develop an awareness of each participant's meaning and experience (Padgett, 2008).

Protection of Human Participants

All principles and standards of the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct 2002 were honored, with particular attention to the fact that individuals with mild to moderate ID are classified as a vulnerable population (Sieber, 1998). Careful measures regarding the nature of the study and objectives were explained to caregivers, responsible parties at Pine Belt Mental Healthcare Resources, and the participant. The participant held the sole right to include anyone they wish in the interview if it makes them feel more comfortable. Ethical issues here included special attention to Principle E: Respect for People's Rights and Dignity (American Psychological Association, 2011). Care was taken not to guide the participants in the study into any preference for a religious denomination or culture.

The participants were informed of their rights, as well as the right to withdraw at anytime during the course of the study, before they give signed consent to the study. In

addition, the participants and caregivers, if applicable, were allowed to see the results of

the study if they choose. The raw data was stored on a password-protected portable hard

drive and will be held for at least 5 years under a lock and key vault that will be available

only to the researcher at his home. The participants were given cover names during audio

recordings to further protect confidentiality. There were no physical applications such as

touching, medications, or exercise involved in the study. Minimal risk was involved with

this inquiry. No deceptive practices, whether physical or psychological, were used in any

manner, and the researcher stated at the beginning his desire to address any concerns or

misconceptions at any time during or after the open-ended interview (Padgett, 2008). A

caregiver was either in the room or adjacent room during each interview, which was

arranged so that the interviewee would have a comfort level of feeling supported, in case

the interviewee might develop a feeling of discomfort with the personal nature of the

questions. Candidates had the option for follow up discussion during business hours at

the same interview site.

Dissemination of Findings

In order to demonstrate the significance of spirituality in the lives of individuals

with ID, plans for dissemination of the results of the study include presenting during

poster sessions sponsored by Walden University during residencies. The outcome of

findings will also be shared through lectures in psychology and spirituality courses taught

at a local university in which I am currently a part-time adjunct instructor. If possible and

accepted, I will publish the findings in scholarly journals including, but not limited to, the

Journal of Humanistic Psychology, Psychology Today, and Journal of Theoretical and

Philosophical Psychology. Although there are a number of journals dedicated to various

segments of psychology, the Journal of Humanistic Psychology contains valuable articles

dedicated to spirituality and psychology. If publication in scholarly journals is not

possible, I will examine the possibility of establishing the findings on the internet through

a paid, personal website or through the institution of higher learning where I am part of

the faculty. If warranted, I may publish findings in a book.

In addition, my plan for sharing results with the participants and community

stakeholders is to prepare a one-page report of the findings that includes an invitation for

readers to seek further information from the researcher, as well as to request that the

researcher provide detailed information to the participants' therapist should the

participant be interested in further exploring the concepts presented in the interview. This

one-page report will be provided directly to participants and will be available to

participants and other patients generally by placement on a bulletin board in the office of

the institution(s) at which participants reside or receive therapy.

Chapter Summary

This chapter described the methods for this qualitative, phenomenological study.

A proposed total of no more than 10 participants divided into two groups were selected

for the project from a pool who receives services from Pine Belt Mental Healthcare

Resources. Semi-structured interviews with open-ended questions were suggested to

reveal the lived experience of spirituality in the lives of individuals with ID who either

have had issues with self-esteem or self-worth. Data instrumentation and analysis was

used to utilize audio recordings and was analyzed using a computerized qualitative

software, NVIVO 10. With the use of this computerized software coding, the main

themes were produced in a manner that data was analyzed and substantiated in a similar

fashion to most quantitative studies. Chapter 4 presented the findings of the study and

show how themes emerged.

Chapter 4: Results

Introduction

For this study, data was obtained from 10 individuals with mild to moderate ID who receive counseling and other services at Pine Belt Mental Healthcare Resources in Jones and Wayne counties. This study had three research questions and 16 interview questions. The research questions were: (a) "What does spirituality mean to an individual with mild to moderate intellectual disabilities?" (b) "How is spirituality, as experienced by individuals with mild to moderate ID, related to their families' or communal perspective of spirituality?" (c) "Can basic principles of spirituality be used as a spiritual tool in psychotherapy for individuals with mild to moderate ID in helping to improve self-esteem and self-worth even if their meaning of spirituality is not based on religiosity?"

The principal purpose of this study was (a) to find out the meaning of spirituality among individuals with mild to moderate ID who at times experience low self-esteem and (b) to investigate whether elementary spirituality can be used in psychotherapy with individuals with mild to moderate ID who at times experience low self-esteem. The phenomenological approach involves the explanation of a phenomenon through an individual's personal experience and to obtain information about a certain experience right from the source, in other words, from representative individuals (Finlay, 2011; Langdridge, 2007; Padgett, 2008; Smith, 2008).

The data analysis section of this chapter describes how the data were gathered and recorded and NVIVO 10 was used to code, track, and develop themes from the responses.

A section on evidence of trustworthiness of the study notes that after the response of every interview question by each participant, the researcher evaluated the conclusions. The results section presents the themes generated by NVIVO 10 that were also sustained and cited by current literature.

Setting

The interviews were administered during the month of March 2014. All of the interviews were conducted at a Pine Belt Mental Healthcare Resources facility for the Intellectual and Developmental Disabilities Program in Jones and Wayne counties. The interviews averaged 15 minutes and were held in a quiet semi-private setting.

Demographics

A purposeful sample was the method to select the participants for this research. The participants all were recipients of mental health and intellectual disabilities services in Jones and Wayne counties in the Pine Belt region of South Mississippi. With the exception of Participants 5 and 10, all of the participants in this study were identified as having mild to moderate intellectual disabilities at birth. Participant 5 had an onset of mild intellectual disabilities prior to age 18 due to a scooter accident that lead to traumatic brain injury. Participant 10 developed mild intellectual disabilities after his mother physically abused him at age 5, which involved her throwing him against a wall that lead to traumatic brain injury.

Data Collection

There were 16 questions administered in a free-flowing, flexible manner to each of the 10 participants. In keeping with the spirit of the phenomenological method, it is

admissible for the researcher to add, subtract, or modify questions as the interview

procedure advances. There were no significant variations in the data collection or unusual

circumstances encountered during this procedure. A description of each participant's

specific diagnosis is located in Appendix G. Six were African American and four were

Caucasian. Four were male and six were female. The participants in this study were

primarily middle adults or under. Only one participant was over the age of 50, with

females outnumbering males. Ages ranged from 21 to 52. All identified as Christian,

though four did not specify a denomination.

It was mentioned prior to the interview that they could take a break if necessary

or even terminate the interview and reschedule. However, all went through the interview

process with no problems. The interviews averaged 15 minutes for each single interview.

All of the participants in the research study shared similar experiences.

Data Management

I used several approaches in order to manage the information in the most effective

manner. One method was to transcribe the data to the computer as quickly as possible

after the interview was over. The audio data was furthermore secured in a place where

only I had access. Second, I was able to take notes of the thoughts and perspectives that

were associated with the study. Using NVIVO 10, I coded the participants' responses in

relationship to the research questions. For example, the participants were coded P1 to P10

for the research questions 1 to 16. Furthermore, a reflective field log was used to put my

reflections down as they occurred, regardless of how simple they seemed, to potentially

include in the findings of the study. In keeping with rapport-building recommendations, I

did minimal documentation during the interviews so that the participants would not become sidetracked and lose focus. The interview transcripts are located in a safety deposit box in a secure area of my home, where they will remain for the next 5 years.

Role of the Researcher in the Data Collection Process

I began the interview sessions by welcoming the participants. I then asked how they were and told them they were dressed well for the occasion. I also told them that the occasion was expected to be relaxed and if they needed something to drink or eat prior to the actual interview questions that they could do so. Through my prior experience with individuals with intellectual disabilities, I was aware that the participants could become uneasy or skeptical at any time.

In order to obtain the meanings of the participants' perspectives and experiences of spirituality, I bracketed my comprehension and experiences of spirituality. The questions were mostly open-ended and flexible, with a few starter questions to get them going, and more conversational to maintain rapport and elicit the distinctive experiences of each participant. I asked questions or repeated questions when further explanations were needed to fully grasp their experiences. Moustakas (1994) mentioned this type of examination when using phenomenological information. In addition, the participants' body and facial responses were also noted for explanatory purposes on each question.

Data Analysis

During the study, the participants articulated their personal, moral, and confidential ideas and experiences to the best of their knowledge and understanding of spirituality. Regardless of the diversity and ethnicity, there was a common and consistent

perception of spirituality that developed from the data. The participants were coded as P, thereby P1 through P10. I kept a verbatim transcript (Appendix H) to help keep track of the participants' responses. I used NVIVO 10 to enter the codes and categorize the final four themes. I then moved all transcripts into NVIVO 10 and entered the themes as nodes. These nodes act as coding units. I related relevant portions of content to nodes in NVIVO 10. At this time, I considered the meaning of each highlighted part of text and made my final decision with the four essential themes that emerged. Van Manen (1997) recommended selective highlighting to build themes directly from transcribed interviews. I used four colors to denote common words, phrases, and meanings to build upon themes. Some themes tended to overlap with others, and the meanings could be a representation of two or more themes. All four themes express some relationship with all three research questions while maintaining a specific relation with each question. In my notes, Theme 1, innate belief in a higher power or G-d, was highlighted in turquoise with reference to research question 1. Theme 2, spirituality as a coping strategy on a daily basis, was highlighted yellow with reference to research question 3. Theme 3, people are connected spiritually, was highlighted bright green to indicate a cross-reference of research question 1 with Theme 1. Theme 4, spirituality as both innate and family oriented, was highlighted pink to denote reference to research question 2. The central theme that linked the participants was that there is a higher power that people are all connected to.

Evidence of Trustworthiness

Groenwald (2004) discussed several methods in which a researcher can develop and maintain both reliability and validity in a qualitative, phenomenological study. They

include, but are not limited to, peer examination, researcher bias, long-term observation, and collaborative modes of research.

Credibility

The integrity of the findings and analysis of this study depended on being attentive to establishing trustworthiness (Padgett, 2008). In order to establish trustworthiness, I spent adequate time at the research location paying close attention to each participant. I observed them in order to understand aspects of their behavior that might relate to questionnaire responses, which might contribute to trustworthiness of the study. However, as this also related to my normal work functions, this observation was informal and not noted as part of the study data collection procedures.

Credibility means confidence in the truth of the findings (Cohen & Crabtree, 2006). A member or validity check and peer examination were the most beneficial for this study. A member check is when a person conducting research submits data to the persons involved in the study for verification (Creswell, 2009; Doyle, 2007). The participants were encouraged to review the transcripts and interpretations by themselves or with their approved caregiver in person with me. During the interviews and member checking, I asked questions such as, "Am I understanding this right?" and "So is this is what you meant?" Although this phenomenological study is primarily based on Husserl's ideas of transcendental phenomenology, the epoche method—bracketing of a researcher's perceptions, biases, and preconceived notions of phenomena—was kept in mind with a goal to bracket my own views in order to comprehend the experiences of the participants.

Transferability

Transferability means showing that the findings have applicability in other contexts (Cohen & Crabtree, 2006). This aspect may have limited applicability for this study. As mentioned in the limitations section, the participant group was relatively homogeneous in cultural background and location. I am unable to determine whether this samples' responses would be similar to the responses of persons meeting the inclusion criteria who had different cultural, religious, and location contexts.

Dependability

Creswell (2009) stated that qualitative reliability shows that a researcher's approach is constant across various studies and research. Qualitative reliability is generally different than the normal term *reliability*. Reliability in a study is when that study can be repeated and achieves the same result (Creswell, 2009; Padgett, 2008; Smith, 2008). In qualitative studies, a similar concept is described as dependability.

Dependability means showing that the findings are consistent and could be repeated (Cohen & Crabtree, 2006). The number of participants interviewed was small, so the findings cannot be assumed to generalize across the population. However, the data collected from the participants were generally consistent across this particular study, with many respondents giving similar responses to particular questions (see Appendix H: Verbatim Responses to Interview Questions). One similarity across responses was that participant affect was relatively consistent. Of the 10 participants, one became emotional and happy during interview, especially after the question, "Do you feel you have a purpose in life? . . . What do you think that purpose is?" The other participants

demonstrated fair emotional posture during the interview. With the exception of the participant mentioned above, all seemed happy as indicated by their facial expressions and verbal statements, but did not seem overly emotional.

Confirmability

Confirmability means the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Cohen & Crabtree, 2006). This relies on a degree of neutraility or *bracketing* on the part of the researcher, which was attempted by the researcher. I paid attention to not asking leading questions. I gave the participants verbal support to encourage attention to detail in the responses, but some nevertheless did not give detailed responses. As recommended by qualitative researchers (Creswell, 2009; Groenwald, 2004), during the course of the study, I requested that co-workers familiar with the population give comments on the findings (not mentioning participants by name) as they materialized, which illuminated the researcher's postulations. None of the cases were considered discrepant, as all participants made statements that fit with the general themes.

<div align="center">

Results

</div>

All participants were given time to answer in their own manner and capacity. Selections from the participants' responses are provided in Appendix H that demonstrates their experience and understanding related to the interview questions. The descriptions below are organized in relation to the interview questions, which are related to the research questions as follows:

1. What does spirituality mean to individuals with mild to moderate intellectual disabilities?

2. How is spirituality, as experienced by individuals with mild to moderate ID, related to their families' or communal perspective of spirituality?

3. Can basic principles of spirituality be used as a spiritual tool in psychotherapy for individuals with mild to moderate ID in helping to improve self-esteem and self-worth even if their meaning of spirituality is not based on religiosity?

Interview questions 1 through 6, and 14, are related primarily to research question 1. Interview question 15 is related directly to research question 2. Interview questions 7 through 13, 16, related primarily to research question 3. For simplicity, some of the wording of the interview questions below is not exactly the same as listed in Appendix E, but is conceptually the questions are the same.

Interview Question 1

What does spirituality mean to you? This was deemed a "starter question" in order to ease the way to describing their experience of spirituality. Some of the participants were unsure what the actual definition of spirituality was in order to describe what it meant to them. Of the 10 participants, three participants said they believed that spirituality meant anything having to do with or a belief in a G-d or a higher power. Three said that they did not know what the word *spirituality* meant but had a feeling it had something to do with G-d. Four participants felt that it meant something other than a belief in G-d or a higher power. For example, Participant 7 stated, "It means to clear my mind and focus on what's going on in the world and the community." Participant 5 said,

"It's like your church you go to." Participant 4 mentioned, "It means feeling ok and not having any problems, you know, if you got G-d." Finally, Participant 2 said, "It makes me feel happy." Although the last four statements do not necessarily mention a specific belief in G-d, a higher power, or even a power within the individual, there are indications that there may be some type of reflection of spirituality. These individuals may not have the cognitive capability to express their perspectives on the word *spirituality* as candidly as participants 1, 9, and 10. Of the seven participants who were able to provide some type of answer, none had a reflection of spirituality as a meaning of something significant existing only within individuals (Pargament et al., 2005). Schulz (2005) stated that individuals with intellectual disabilities have varied definitions and meanings of spirituality, as other populations do. Exclusive of the three participants who did not know a definitive meaning or answer to spirituality, the findings of the seven participants regarding the meaning of spirituality were consistent with Schulz's findings that some individuals with ID have some idea what spirituality may be through their families. There are indications in the proceeding questions that spirituality may also mean some type of spiritual connectivity to all people of the world (Schulz, 2005). Dierendonck and Mohan (2006) stated that spirituality can encompass a positive attitude and an overall happiness. The response of Participant 2 was consistent with these authors. All of the participants were provided the opportunity to reflect and answer this question within their own personal time and to the best of their cognitive abilities.

Interview Question 2

Do you believe in G-d or a higher power and if so, what does G-d or a higher power expect of you? The participants appeared settled after the first interview question. Interview question 2 was designed not only to inquire about their belief in a higher power, but to provide them an opportunity to self-check their own meaning of spirituality after Interview Question 1. Question 2 provided an opportunity to show what they belief the higher power expects from each one of them.

Interview Question 2 aimed to find out if they believed in G-d or a higher power and their belief about what their higher power expects from them. All of the participants unanimously stated they believed in G-d or a higher power. Part two of interview question two was "What does G-d or a higher power expect from you?" Although there were varying statements from the participants on what G-d or a higher power expects from them, the common denominator of all the participants was that good behavior and doing good toward other people were mentioned. The participants also gave similar responses that their experience and meaning of a higher power was to pray for and talk to people in a positive manner because G-d was supreme and watches over everyone. Participant 1, 2, and 7 talked about how G-d expected them to pray in order to receive assistance for situations that were beyond their control. Mactavish and Iwasaki (2005), in a study on stress coping, found in a third of their sample that spirituality was a factor in maintaining resilience and renewing the meaning of life for their participants. This was a similar experience of participants 1, 2, and 7 in their statements regarding what G-d expects from them. Bayat (2007) also demonstrated that spirituality helped individuals

with disabilities and their families with being resilient through adversity and coping with stress. In addition, most individuals with disabilities and their families found positive meanings in life and improved their compassion for others who face similar adverse situations (Bayat, 2007). In a study by Chang and McConkey (2008), an improvement in self and social awareness, appreciation for the meaning of life, and a spiritual strengthening of the family were consistent with these three participants' statements.

Interview Question 3

Do you feel you came in this world by accident? Interview Question 3 was intended to determine if the participants felt they had a purpose for being born or felt they served a purpose in life in general. Elkins et al. (1988), in their third component of spirituality, stated that most spiritual individuals have a sense of a purpose, vocation, or reason for being born physically. Poston and Turnbull (2004) and Treloar (2002) also had similar results from families with individuals with disabilities and their meaning of life and purpose for every human born.

All of the participants felt that they came into this world for a purpose. Participants 3, 7, 9, and 10 could not answer why they came into this world. They just said they believed they were here for a reason. Participants 1, 2, 4, 5, 6, and 8 had similar responses that they came to do G-d's will or to serve him, make others happy, learn and improve themselves, and to be good toward others. Participant 2 had an interesting comment in that she believed that people should have children to continue to pass along the benefits of being born and giving others a chance to do good. For the latter participants, the similarities of their statements reflect a Kabbalistic phenomenon termed

tikkun. Tikkun is the process of gathering all the fractions of the Infinite One, or G-d, including every human being by the good deeds and positive changes of the soul or the self (Berke & Schneider, 2006). In addition, all the participants reflected on their own individual disability and at some point during the interview stated they wished they could hold jobs or be "normal" like other people in their community. As stated earlier, however, all felt they still had some type of purpose. Participants 1, 2, 4, 5, 6, and 8 stated their beliefs and meaning of their lives. Responses fit with a study by Treloar (2002) that demonstrated how spirituality can help individuals with disabilities cope with stress related to their disabilities and find a meaning in their lives.

Interview Question 4

Do you feel you have a purpose in life? Interview question 4 relates directly to interview question 3. It was designed to be asked in a different way to see if the participants would drift from their original statements about their reason for being born or their purpose in life. Participants 1, 2, 4, 5, 6, and 8 reiterated their statements that they were born to do G-d's work, be with friends and family during times of stress, and to better themselves. Participants 3, 7, 9, and 10 previously could not answer if they were born by accident. They were able to respond on interview question 4. Participants 3 and 10 responded by saying they were here to serve G-d in some capacity. Participants 7 and 9 shared similar statements in that people are here to help each other when they are down and to tell them G-d is on their side. These views are also shared by families or individuals who rely on spirituality to guide them through daily activities or feel connected with each other or the universe, whether the situations are positive or negative

(Chang & McConkey, 2008; Dunn, 2008; Fourteenth Dalai Lama, 2005; Poston & Turnbull, 2004; Weiss, 2005). Given the responses of the participants from interview question 4, it appears that all share similar perceptions that they are here to serve G-d and to be positive toward other people. Spirituality also helps the participants during times when they are down or depressed because of their own situations, which includes their disabilities.

Interview Question 5

Do you believe in "What goes around comes around?" Interview question 5 seeks to find out if the participants believe that if you do good or bad things to other people, the same will return. This is similar to the Buddhist view of *karma* in which the deeds of an individual will affect the individual's future in some form or fashion (Fourteenth Dalai Lama, 2005). Terhart and Schulze (2007) found that karma is also a key concept in Hinduism, Sikhism, and Taoism.

The word *karma* was not used in interview question 5. However, all of the participants shared similar beliefs that if they did bad things to other people, the same negative situation will happen to them at some point. Even though the concept of karma stemmed from ancient India and is a theme of most Eastern religions, it is also an idea in Christianity, Judaism, and Islam (Terhart & Schulze, 2007). Interestingly, all of the participants admitted that it is hard to do good to many people because members of their community tend to look down, make fun, or take advantage of them because of their intellectual disabilities. Dijker and Koomen (2007) demonstrated in their study that members of a community can be biased or have negative opinions of individuals with

intellectual disabilities. Depending on the diagnosis (Axis I) of the individual, most individuals with intellectual disabilities, including Down and William Syndrome, are normally associated with friendliness and are sociable to others with or without disabilities (Solish, Perry, & Minnes, 2010). All the participants stated that they try their best to be nice to people as much as they can despite the negativity they receive at times.

Interview Question 6

Do you feel that you and all people are connected spiritually? Interview question 6 seeks to find out the meaning and experience of the participants' sense of connection spiritually to other people in their community and around the world in general. Spiritual connection between humans and other aspects of the universe tied to a higher power is a major element of spirituality among most cultures around the world (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Freeman, 2004; Gonzalez-Wippler, 2004; Terhart & Schulze 2007).

Although the responses varied as expected, all of the participants, with the exception of Participant 8, stated they felt connected to other people spiritually in some manner. The participants were not able to expand on their responses specifically but felt that the feeling came from within or innately. Some of the participants felt that some people are so bad that they didn't think they should come from G-d. However, when these participants reflected that G-d created all things and people, they felt that bad people are still part of G-d's creation. These participants felt they did the work of "the devil." Shtulman (2008) discussed the advent that the belief in cosmic or supernatural beings is found in almost every culture and society. As stated earlier, a spiritual

connection of all people is a major component of Kabbalah and other spiritual ideas from around the globe (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Freeman, 2004; Gonzalez-Wippler, 2004; Terhart & Schulze 2007). Berke and Schneider (2006) discussed how Jung in his analytical psychology postulated that the self, or soul, of each person is "the unifying principle within the human psyche" (p. 334).

Interview Question 7

Do you have a lot of negative thoughts about yourself? Interview question 7 was asked to find out if the participants think negatively about themselves due to their perceived disabilities. This question goes back to the summary of question 5 regarding the way some members of the community view them in a negative manner. According to some authors, many individuals with intellectual disabilities tend to have a pessimistic view when others treat them badly, which leads them to experience depression and anxiety (Dijker & Koomen, 2007; Solish et al., 2010).

Participants 2, 3, 4, 5, 7, and 9 all said they do not feel negative about themselves. They attributed their positive feelings to both spirituality and their family members making them feel good about themselves through G-d. In addition to their home environments, one common thread of these participants was that the members of their immediate neighborhood accept them as who they are and as contributing members of their society. Conversely, Participants 1, 6, 8, and 10 held a negative view of themselves in some manner. Although they have family members who accept them as they are, these participants mentioned that members of their community look at them differently than other people. Participant 8 and 10 both held traumatic experiences when other people

verbally or physically treated them badly in the past. Although both mentioned spirituality does help them, they still struggle for more days than not on changing their views about themselves. Dijker and Koomen (2007) illustrated that family and the immediate community is instrumental in creating a positive outlook and future for individuals with intellectual disabilities.

Interview Question 8

Do you have a lot of negative thoughts about others? Interview question 8 was asked to find out if the participants think negatively about others who treat them badly in some manner due to their perceived disabilities. Another tenet of Kabbalah and spirituality in other cultures is the notion of "Do unto others, as you want them to do unto you," regardless whether other people treat you negatively (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Freeman, 2004; Gonzalez-Wippler, 2004; Terhart & Schulze, 2007). These authors also postulate that this notion reflects back to karma in which good deeds merit good rewards in the future.

Participants 2, 3, 4, 5, 7, 9, and 10 all figured that G-d or a higher power expected humans to be good and charitable to each other. Therefore, their responses reflected their experiences to follow this concept. Being good to others was something that apparently came from within, given these participants' responses. Participants 1, 6, and 8 did hold others in a negative view in spite of their spiritual beliefs. Participant 1 stated there was an initial view of another person who has done something bad, but then she is reminded of her commitment to G-d and eventually releases her negativity. Participant 6 and 8 tended to harbor negative feelings despite their spiritual experiences. Both did mention at

some point that they tried their best to be positive-minded. All of the participants felt that

on a spiritual level that they should be optimistic about others. Participants 1, 6, and 8

had the toughest time with implementing what they believed, in that respect.

Interview Question 9

Does spirituality help you if you are feeling as if you don't belong? Self-esteem

and self-worth problems are not uncommon among individuals with intellectual

disabilities (Dijker & Koomen, 2007). This is especially frequent when groups or cliques

exclude individuals with intellectual disabilities from socializing within that group.

Generally when a group norm rejects an individual with disabilities, the individual will be

inclined to socialize with other individuals with like disabilities or no one at all. Interview

question 9 was implemented to see if spirituality as part of their lived experience helps

them overcome any periods of negative self-esteem and self-worth to increase their

personal outlook overall.

Participants 2 and 9 stated that spirituality does not help them at all in this way.

They mentioned that when their feelings are hurt, there is nothing that spirituality can do

at that point to help their self-esteem. Both shared similar experiences that time and

forgetfulness helps them get over that negative view. In addition, family and other

positive-minded people help them to overcome those hurtful feelings. Participants 3, 4,

and 8 declared that if the group does not want them, they would not bother to be around

negative-minded people. These three participants essentially prayed about their situation

and then turned their attention elsewhere. Participants 1 and 6 said that spirituality does

help to improve their self-esteem, but similar responses indicated that they would still

like to be a part of a group of people to socialize with. Participant 7 also likes to socialize with groups but added that if the group is negative toward her, she would leave because negative people cause her to become depressed. Both participants 5 and 10 shared similar views and experiences that since people are all connected spiritually, they are just as important as the individuals in the group that may not want to include them.

Interview Question 10

If people make fun of you, do you feel spirituality can help you? Interview question 10 provides support to interview question 9 regarding self-esteem and self-worth issues in the way that others view and treat them negatively. Participants 4 and 7 stated that spirituality does not help them at the current moment when someone makes fun of them. As stated in interview question 9, time and positive family and peers take their mind off hurtful messages. The rest of the participants reflected on their experiences to respond that spirituality does help them both initially and long-term with helping with their self-esteem after negative speech hurt their feelings. Participants 1, 2, 8, 9, and 10 all added that praying to G-d or a higher power should be used to help everyone involved in the situation. Participant 10 also added the concept of karma to the discussion. Participant 10 said that the individuals who hurt others will receive the same scenario at some point.

Interview Question 11

Does spirituality help you if you are sad or depressed? Interview question 11 continues to provide information regarding the relation between spirituality and a positive

outlook for the participants. Interview question 11 expands on the previous two questions that address self-esteem and depression.

Of the participants, only participants 7 and 10 were not unanimous in their responses about whether spirituality helps them when they are down or depressed. Their responses were consistent with interview questions 9 and 10. Participant 7 thought about it then said spirituality helps, but does not help sometimes when people say very hurtful things that take her mind off spirituality for a while. Participant 10 mentioned similar responses in that, depending on the circumstances and situations, people can be very bad and say vicious things about others, enough to remove thoughts of spirituality from the mind. Overall, spirituality aids the participants in times of depression.

Interview Question 12

Does spirituality help you feel positive or good about yourself? Interview question 12 mirrors interview question 7 and continues from interview question 10 with regards to self-esteem. Interview question 7 was asked to see if the participants have a lot of negative thoughts about themselves. Interview question 12 inquires if their spiritual experiences actually makes them feel at ease about who they really are and their purpose in life.

Participant 8 was the only one who had only a partially affirmative response to this question. She had stated that at times that spirituality does not help with feeling good about herself all the time. Participant 8 was forthcoming that she was sure at some point everyone feels down about themselves regardless of their spiritual orientation. The other participants believed that the way they were raised and being taught about spirituality that

they should feel good about who they are and why they are here on the planet. All of the participants were allowed to reflect and answer at their own pace to provide as accurate reflections on their experiences as possible.

Interview Question 13

Does spirituality help you feel positive about others? Interview question 13 mirrors interview question 8 regarding how they feel about other people regardless of how other people view the participants. Interview question 8 inquires if the participants have negative thoughts and views about others, and similarly interview question 13 queried the participants whether spirituality makes them feel positive about other people overall.

With responses similar to interview question 8, all of the participants stated that spirituality does help with having a positive outlook toward others. A common thread among the participants was that if people become too negative toward them, they would tend to shy away from the negativity. The participants also reflected back to their responses regarding the spiritual connection of all people through a higher power or G-d. Some of the participants even questioned how people can be so negative toward each other. Regardless of the situation, the participants generally had a positive perspective of other people unless there is too much negativity toward them. The participants shared common views that it takes a little time to build back that positive outlook toward others once negativity happens to them.

Interview Question 14

Do you think you need to become more spiritual, and if so, what does that take? Interview question 14 turns from the similarity of interview questions 9 through 13. A point of commonality in cultures who embrace spirituality is that every individual is responsible for spiritual and moral growth (Berg, 2003; Berke & Schneider, 2006; Dunn, 2008; Frankel, 2007). Interview question 14 is designed to explore the meaning of innate spiritual growth among the participants.

Participant 2 was the only participant who felt no more spiritual growth was necessary. Participant 2 felt that the only thing she needed was to remember to love G-d and her fellow human beings as best as she could. She also stated that doing good to others and herself was what G-d expected her to do. Participant 2 said that was all she could do, so she did not need to improve spiritually. Although the other participants shared the same experience and view of Participant 2 in doing good deeds to others and believing in G-d, all said they still needed to improve spiritually and morally. With the exception of Participant 2, the common thread to improve their spiritual outlook was to pray to G-d, go to church to keep learning, and to read the Bible. It is interesting to note the latter response because the highest level of reading comprehension among the participants was a sixth grade level. Participant 8 also added that it would be a good thing to venture to other places to see how other people and cultures view spirituality and that we can learn from each other culturally.

Interview Question 15

How is your experience of spirituality related to the beliefs of your family or community? Interview question 15 is one of the core questions to find out if the participants' experience and views of spirituality come from within, from their family or community, or a combination of both. Most cultures have some form of spiritual belief that at one point in time before the physical universe was created; all souls were together collectively (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Unterman, 2008). These beliefs state it is within the physical creation where religion was created among humans to manifest a lost memory of the actual spiritual nature of people, and this in turn divided people amid religious lines and left interpretations mainly under the guise of the clergy (Berg, 2003; Dunn, 2008; Nelson-Becker, 2003; Pargament, 2007; Unterman, 2008).

Participant 9 was the only participant who stated spirituality was learned from family solely. The other participants all responded that their experiences led them to believe they had a sense of spirituality from within and from the beginning. The common thread here was that their families and community's beliefs helped add to and shape their core spiritual belief system. This is consistent with most cultures regarding the connectivity of all souls and people at some point in time (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Unterman, 2008). However, the participants' responses are also consistent with such social and psychological theories that family, community, and cultures also help shape the individual, such as Bronfenbrenner's ecological theory of development (Lovally, 2005). Therefore, the finding here is that many individuals with

intellectual disabilities have both an innate sense of spirituality as well as a belief system shaped by their ecosystems.

Interview Question 16

Which of the beliefs you've mentioned helps you most on a daily basis? Finally, interview question 16 was intended to culminate the interview and give an opportunity to describe their experiences of spirituality in their daily lives overall. It also gave the participants an opportunity to add to their views, beliefs, and experiences of spirituality that they had not reflected on earlier in the interview.

Most of the participants stated that praying and doing good deeds to other people were the overall aspect of their spiritual life on a day-to-day basis. Participant 6 mentioned that meditation occasionally helps her as well. Interestingly, Participant 6 also mentioned watching Steve Harvey, an African-American comedian who also hosts Family Feud, as part of learning spiritual material. When asked why Steve Harvey, Participant 6 responded that, despite his oft vulgar comedy shows, Steve Harvey offers some advice on spiritual growth and how he is using it to gradually transform into a better person. Overall, the participants' common threads in their responses regarding daily spirituality were praying to G-d, learning from each other, doing good to each other, and using it to cope with stress.

Themes

Four major themes resulted from evaluating this study. The themes developed from the participants' responses are: an innate belief in G-d or a higher power, spirituality connecting people, spirituality as a coping strategy, and a belief that spirituality is both

innate and family oriented. Every theme is supported by passages from interviews and

literature.
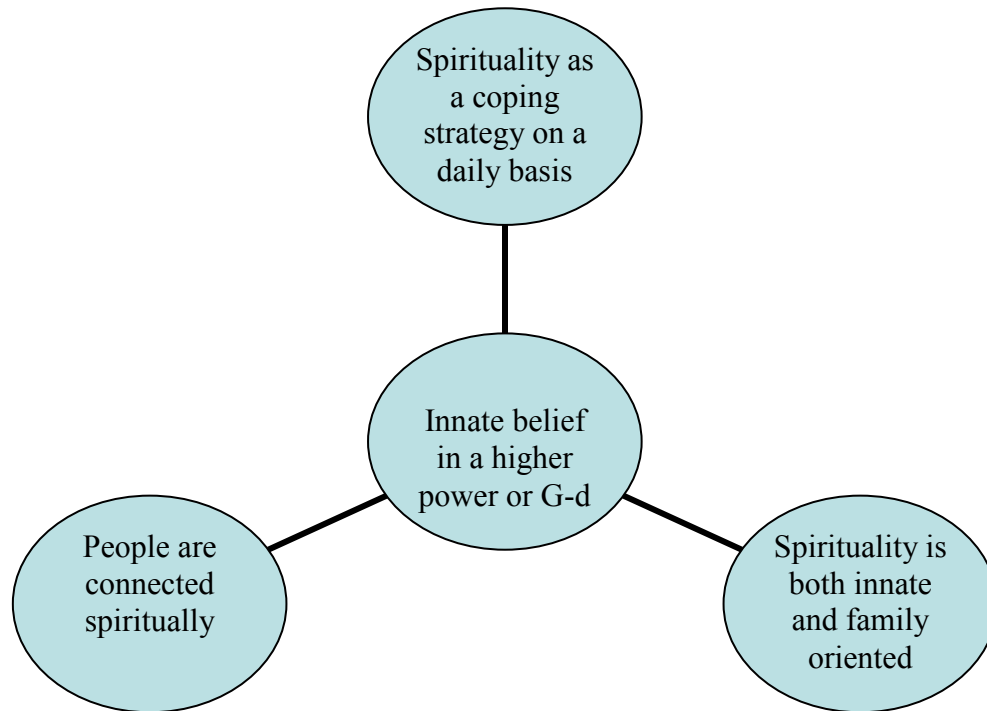
Figure 1. Thematic description of the major themes.

Theme 1

Meaning of spirituality or innate belief in a higher power or G-d. When asked the

meaning of spirituality, the participants gave their own interpretations of spirituality.

Participant 2 initially did not know the meaning of spirituality. This is not an uncommon

phenomenon. There have been debates on the actual definition of spirituality and

religiosity and the difference between the two (Canda & Furman, 1999; Jung, 1959;

Pargament, 1997; Ross, 1995; Schulz, 2005; Wilding et al., 2005). I provided a simple

meaning of spirituality as based on authors: a belief in a higher power and the

individual's view of the meaning of life (Pargament, 1997; Schulz, 2005). Participant 2

then realized she knew something that led her to believe that spirituality had to do with

her belief in G-d. She was then able to elaborate her beliefs and experiences of the

meaning of spirituality in depth. The common word among the participants led back to a

belief in G-d or a higher power since the time before they could remember anything.

Watts (2011) believed that all human beings have a spark of a Divine Soul and are

created in the image of G-d. Watts also infers that individuals with intellectual disabilities

and their understanding of spirituality depend on their current intellectual and cognitive

functioning (p. 236). The participants understood the meaning of spirituality as relating to

a higher power, or G-d, in their own interpretation and experiences. The participants also

related that with G-d, they can overcome most obstacles, such as when people treat them

bad by excluding them from group participation or talking negatively about their

disabilities. This concept transitions to Theme 2 and also correlates with Theme 4. With

the exception of interview questions 1 and 2, snippets of all of the interview questions

were instrumental in developing this theme. Interview questions 1 and 2 are the main

questions for this theme. The questions are: (1) "When you hear the word spirituality,

what does that mean to you?" (2) "Do you believe in G-d or a higher power?"

Theme 2

Spirituality as a coping strategy on a daily basis. All of the participants'

experiences of their own belief in spirituality helped them on a day-to-day basis with

coping with stress, depression, and anxiety in some manner. The participants noted that, currently or in the past, they have been subjected to insults and negative speech regarding their intellectual disabilities, including their physical appearance. Participants 4 and 7 stated that spirituality does not help them cope initially when their feelings are severely compromised. Both admitted that since being subjected to rudeness since they were children, it can be hard to overcome such negative language and treatment. Participants 4 and 7 shared similar opinions, based on past experience, that time helps to get over their depression and self-esteem first, and then they use their spiritual beliefs as a secondary strategy to overcome harsh treatment. Phillips and Stein (2007) found in their study that many individuals with serious mental illness are also likely to use spirituality and religiosity in working out similar problems. Pargament (1997) demonstrated that the general population in the United States typically relies on spirituality to help with situations beyond their control. The other participants' responses were similar in nature and words. For instance, Participant 1 stated, "When people talk bad about you or do ugly things to you, you can always talk to the Lord and he'll help you look at the positive things you do." When depressed about matters other than the way people treat her, Participant 1 commented, "When things are bad and you can't help the situation, G-d will not forsake you. He won't give you more than you can handle." The participants also shared similar views that spirituality makes them feel at ease when a group of their peers or members of the community do not include them in social interaction. Participant 5 said, "I don't know why people have to be mean to me. I may be different, but we're all different. Yet G-d made us equal in His Eyes." Participant 10 even added, "People

shouldn't treat others bad, because the way I see it, what goes around comes around."

Although Pargament (1997) also showed that too much reliance on spirituality can have

negative effects on an individual such as more stress if a higher power does not help

resolve problems beyond the human capacity. The participants here did not report any

negative effects when their prayers were not answered. The participants equally felt that

if their prayers were not heard by G-d, then it must have been his Will for whatever

negative situation was given. The theme here was designed to emerge from interview

questions 3, 4, 7, 8, 9, 10, 11, 12, and 13. The interview questions are: (3) "Do you feel

you came into the world by accident?" (4) "Do you feel you have a purpose in life" (7)

"Do you have a lot of negative thoughts about yourself?" (8) "Do you have a lot of

negative thoughts about others?" (9) "Does spirituality help you if you are feeling as if

you do not belong?" (10) "If people make fun of you in a harmful way, do you feel

spirituality can help you?" (11) "Does spirituality help you if you are sad or depressed?"

(12) "Does you spirituality help you feel positive about yourself?" (13) "Does your

spirituality help you feel positive about others?" As stated earlier, the participants'

responses were comparable in that they used spirituality to remind them how to cope and

act toward other people. Participants 4 and 7, however, had to reflect later to determine if

spirituality actually helped them in stressful times.

Theme 3

People are connected spiritually. One of the aspects of spirituality across cultures

is spiritual connectedness (Carroll, 2005; Poston & Turnbull, 2004; Weiss, 2005). All of

the participants, with the exception of Participants 3 and 5 felt that all people, regardless

of race, ethnicity, or denomination, are connected spiritually. Participant 8 stated that even though she felt all people are connected spiritually in some way, she could not provide a definite answer to why they are connected. The other participants shared similar experiences and reasons why people are bound together under the same higher power. This is similar to the findings of prior research (Gonzalez-Wippler, 2004; Laitman & Vinokur, 2006; Watts, 2011). The participants felt that everyone came from G-d and when they die, they will return to G-d. This concept of spirituality is also found in most cultures as well (Dunn, 2008; Fourteenth Dalai Lama, 2005; Schaya, 2005; Weiss, 2005). This rationale led the participants to ponder why people do each other wrong if we came from the same G-d. Because of past traumatic experiences from other people, Participants 3 and 5 felt that all people are not bonded by spirituality. They felt that good people came from G-d but bad people came from the "devil." Participants 1, 4, 6, and 7 even felt that their purpose in life was to do good for all people as best as they can after reflecting on their views of interconnectedness among people spiritually. These participants believed that people are here to help take care of each other in good and bad times. All of the participants thought that if a person is bad, the rewards in the future will be in the same measure. This theme developed from interview questions 5, 6, and 14. The interview questions influential in the development of this theme are: (5) "Do you believe that 'what goes around comes around?'" (6) Do you feel that you and all people are connected spiritually?" (14) "Do you think you need to become more spiritual?"

Theme 4

View of spirituality is both innate and family oriented. All the participants with the exception of Participant 9 stated they felt they knew something about spirituality and G-d when they were either infants or old enough to remember. The participants shared similar experiences that they could not describe specifically. They all reported knowing there was something governing them and other people on a plane that they could not see. This is consistent with other spiritual concepts found in most cultures and sects from various forms of spiritual mysticism (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Frankel, 2001; Gaventa & Coulter, 2001; Schaya, 2005; Treloar, 2002). The other aspects of their spirituality or religiosity were learned from their family members. The family and community is normally where the inception and shaping of religious beliefs begin, according to some authors (Borum, 2008; Frame & Williams, 1996; Omo-Osagie II, 2007; Poston & Turnbull, 2004; Speraw, 2006). Participant 9 said she had no recollection of spirituality, a higher power, or G-d prior to learning from her mother. Of the participants, all except Participant 3, 4, 5, and 8 identified themselves as within a particular Christian denomination. Participants 6 and 7 stated they were from the Methodist denomination and Participants 1, 2, 9, and 10 mentioned they grew up in Baptist households. After reflecting near the end of the interviews, most of the participants also provided similar conclusions during the interviews that they felt that spiritual growth is needed for themselves and others. Their meaning of life and spirituality meant happiness and doing G-d's will by making other people happy and telling them about G-d's works. The participants who knew their purpose in life felt they

knew this instinctively. This is the main theme that was expected to develop from the participants. This theme was designed to mostly come from interview questions 1, 2, 15, and 16. The questions were: (1) "When you hear the word spirituality, what does that mean to you?" (2) "Do you believe in G-d or a higher power?" (15) "How is your experience of spirituality related to the beliefs of your family or community's perspective of spirituality?" (16) "Which of the beliefs you've mentioned helps you most on a day-to-day-basis?" The participants' responses are interconnecting and similar in nature with other interview questions as well. However, these are the core interview questions from which the theme emerged (see Appendix I: The Relationship of the Interview Questions to the Four Themes).

Summary

Themes that developed from the study were: innate belief in G-d or a higher power, spirituality as a coping strategy on a daily basis, people are connected spiritually, and spirituality is both innate and family oriented. The following four themes materialized from the information from the participants and reflected the lived experiences of the participants and their spirituality.

- Innate belief in G-d or a higher power. The participants all believed in a higher power. For the participants, this meant the Western name G-d. Their belief in G-d meant being joyful in His Presence and doing His Will. The participants shared similar views that G-d's Will was to make others happy by telling them about G-d and doing good deeds. With the exception of Participant 9, the participants felt they knew something about a higher power or spirituality at least from the time of

their first memories. This theme related closely with research question 1: What does spirituality mean to individuals with mild to moderate intellectual disabilities?

- Spirituality as a coping strategy on a daily basis. The participants realized they had disabilities and were not equal to the population norm. They all stated they faced discrimination, exclusion, or negative labels, which made them feel sad and depressed, and experience low self-esteem. In relation to spirituality, the participants felt that all people are equal in G-d's view no matter what color, race, or disability a person had. This made them wonder why they had to be treated differently. Still, the participants knew everyone had a spiritual purpose in life. Therefore they relied upon their faith and spirituality to cope with times of sadness, anxiety, or depression. This theme related closely with research question 3: Can basic principles of spirituality be used as a spiritual tool in psychotherapy for individuals with mild to moderate ID in helping to improve self-esteem and self-worth even if their meaning of spirituality is not based on religiosity?

- People are connected spiritually. As mentioned in the previous theme summary, the participants felt that all people are interconnected through G-d in some way. Some of the participants thought that some people are so bad that they must come from the devil instead of G-d. These participants felt that G-d is good and there is no way that people who are racist or discriminatory because of their disabilities can come from G-d. Nevertheless, the participants felt something spiritually among people whether good or bad that binds all humans. This theme related

closely with research question 1: What does spirituality mean to individuals with mild to moderate intellectual disabilities?

- Spirituality is both innate and family oriented. Parallel to Theme 1, Theme 4 reflects the participants' view of G-d and spirituality was within them from their time of earliest memory. Participant 9 was the only participant not to have any memory or feeling that spirituality was within her from her birth. The other participants felt that something was within them that gave them knowledge of G-d or a higher power. The other aspects of spirituality were learned from their parents. Lovally (2005) demonstrated that this concept is consistent with Bronfenbrenner's ecological theory of development where family and the community can be instrumental in shaping and molding the person spiritually and religiously. This theme related closely with research question 2: 2. How is spirituality, as experienced by individuals with mild to moderate ID, related to their families' or communal perspective of spirituality?

Chapter 4 provided a narrative of the lived experiences and description of the data along with a brief summary of each theme that emerged. A modified version of Fitchett's 7 x 7 model for spiritual assessment was helpful for initiating qualitative measures for this study and served as base for open-ended discussions. Only the spiritual dimension of Fitchett's 7 x 7 model for spiritual assessment was utilized in this study. As mentioned earlier, the spiritual assessment examines seven dimensions of the individual's spiritual life that includes beliefs and meaning, vocation and obligations, experience and emotions, courage and growth, rituals and practice, community, and authority and guidance

dimensions (Fitchett, 2002). The spiritual dimensions of Fitchett's 7 x 7 model of spirituality include the meaning and experiences of spirituality for the individual.

In Chapter 5, the discussion includes more detailed interpretation of the findings discussed in this chapter, the limitations of this study, recommendations for practitioners and for future research, implications of the findings, ending with a thorough synopsis of the phenomenon of spirituality as experienced by the participants in this study.

Chapter 5: Summary, Interpretation, Conclusion, and Recommendations

Introduction

The principal purpose of this study was to find out the meaning of spirituality among individuals with mild to moderate ID who have low self-esteem and to investigate whether elementary spirituality can be useful in psychotherapy with individuals with mild to moderate ID who have low self-esteem. As a phenomenological study, the intent was to comprehend the significance of the lived experience, understanding, and perspective of spirituality by 10 individuals with mild to moderate intellectual disabilities with the objective of bringing some lucidity to the position of spirituality in the field of mental healthcare and counseling. Past research and literature have shown that spirituality helps improve a positive outlook for most individuals in therapy and is culturally-based, but there has not been specific literature that addresses spirituality and positive self-esteem in individuals with mild to moderate ID (Bayat, 2007; Bell, 2009; Gaventa & Coulter, 2001).

Findings indicated that spirituality might have an impact on individuals with intellectual disabilities during therapeutic sessions for depression, anxiety, or low self-esteem. The four main themes that came from the findings are as follows:

- Theme 1: Meaning of spirituality and innate belief in G-d or a higher power
- Theme 2: Spirituality as a coping strategy
- Theme 3: People are connected spiritually
- Theme 4: Belief that spirituality is both innate and family oriented

Appendix H provides a list linking the interview questions with the themes that originated mainly from those questions.

Interpretation of the Findings

Over the last three decades, the American Psychological Association (2000) has suggested that discussion of spirituality be available for individuals with ID in therapy or counseling sessions if it is within their request, strength, or scope of benefit. This study indicates that participants found value in spiritual concepts and used them at times to assist their coping skills.

This study was performed under the lived experience, phenomenological method. Similar to that of two studies cited earlier, namely Elkins et al. (1988) and Groenewald (2004), this theoretical framework enabled the participants to reflect on their individual and personal meaning of spirituality as they experienced it in their lives (van Manen, 2002). Reflecting on Husserl's transcendental phenomenology, I concentrated on extracting my own thoughts and knowledge of the subject matter in order to allow the participants' experiences to manifest and develop in my study (Moustakas, 1994; van Manen, 2002). In this method, "each experience is considered in its singularity, in and for itself" (Moustakas, 1994, p. 34).

Theme 1, *meaning of spirituality/an innate belief in G-d or a higher power*, was not thoroughly addressed, if at all, in past research. The participants shared similar perspectives that their meaning of spirituality was doing G-d's will by making others happy by telling them about G-d and doing virtuous acts. The participants, except Participant 9, all felt they knew something about G-d and his will of doing good deeds for

each other as far back as they could remember. Elkins et al. (1988) proposed nine components of spirituality. The second and third components suggested that most spiritually conscious people know that life has meaning and each individual has a mission in life (Elkins et al., 1988). Each mission or missions will vary from person to person.

Some individuals with ID find meaning of spirituality by telling others and advocating about their disabilities (Gaventa & Coulter, 2001; McCarthy, 2003; McGee, 1990; Niesz, Koch, & Rumrill, 2008). Three of the participants, 1, 2, and 7, named Jesus as one of their perspectives of spirituality as a means of belief in addition to G-d. Similar to one group of participants in a study by Schulz (2005), some participants relied upon the name of Jesus as part of spirituality and hope. The participants in that study felt that having faith and trust in the Lord helped give meaning to their lives. This is consistent with the experiences of the participants in my study. The participants described their experiences as best as they could within the scope of their cognitive abilities.

Participant 9 aside, they felt that something inside them was driving them to do good and to look at all people as equal under G-d regardless of race, ethnicity, or religious background. A familiar word that occurred was *happy* or *happiness*. Many authors have similar studies and perspectives of the meaning of spirituality (Berg, 2003; Chopra, 2009; Dunn, 2008; Fourteenth Dalai Lama, 2005; Frankel, 2001; Gaventa & Coulter, 2001 Schaya, 2005; Treloar, 2002). The participants believed that their innate sense of G-d or spirituality involved this phenomenon. In addition, the participants shared the Western name for a higher power, G-d, with spirituality synonymously.

Theme 2, *spirituality as a coping strategy*, and Theme 3, *people are connected spiritually*, are detailed and consistent with past studies and literature. Theme 4, *belief that spirituality is both innate and family oriented*, was partially accounted for in past research, primarily through family oriented religiosity. Theme 1, *an innate belief in G-d or a higher power*, was not directly proposed in the provided literature. During this study, Husserl's Epoche method was used to "set aside prejudgments regarding the phenomenon being investigated" (Moustakas, 1994, p. 22).

Interview questions 1 and 2 were the main questions for Theme 1, *an innate belief in G-d or a higher power*. The questions are: (1) "When you hear the word spirituality, what does that mean to you?" (2) "Do you believe in G-d or a higher power?" For interview question 1, the participants believed that they felt connected to higher power either since they were born or from the time they started having memory. Although Watts (2011) shared a belief that every person has a spark of a Divine Soul, there were no other studies that specifically dealt with an innate connection to a higher power within individuals with mild to moderate intellectual disabilities. Watts also made it clear that an understanding of spirituality depended on the cognitive level of the individual with intellectual disabilities (p. 236). As mentioned earlier, the participants comprehended the meaning of spirituality as some connection to a higher power, or G-d, and happiness.

The finding of Watts (2011) was taken into consideration during the study. Because this theme was not specifically addressed in prior literature, this finding may add to the body of knowledge already in existence regarding spirituality and individuals with mild to moderate ID. However, it must be noted that more investigations are necessary to

confirm this result of this theme and study. I am fully aware that these results require careful interpretation, caution, and cannot be universal to the total population. This is due to the research being a phenomenological study. In addition, the participants were chosen through a purposeful sample. Yet these results can demonstrate an understanding of the participants' lived experience and show the importance of spirituality in counseling sessions with individuals with mild to moderate ID.

Theme 2, *spirituality as a coping strategy*, is consistent with the existing body of research. The majority of the participants spoke about how spirituality helped them in stressful situations such as depression or anxiety. They talked about how they have been ridiculed for their cognitive and, occasionally, physical disabilities. Participants 4 and 7 mentioned that spirituality normally offers little help in the onset of depression, anxiety, or self-esteem issues. These participants noted how hard it was to get over the harsh treatment and verbal abuse as children. Both participants found that spirituality was only helpful at a later time in as much as a week later.

Spirituality as a coping technique has been found in numerous studies for individuals with ID and the general population in all cultures that have a spiritual and religious base (Dierendonck & Mohan, 2006; Phillips & Stein, 2007; Pargament, 1997; Specht et al., 2005). Most of the other participants noted that their higher power would help them in times of need if they focused their attention on His Will and their mission in life. Schulz (2005) found in her study that some of their participants viewed their disability as G-d's will, a blessing from G-d, and having served a purpose. Some of those participants even felt comfortable with their disabilities because they felt it came from G-

d. The participants in my study even felt that their higher power would ease their discomfort when their peers or members of the community exclude them from social participation. The participants felt that under G-d, everyone is supposed to be equal in value or worth. Participant 5 and 10 clearly mentioned this in the interviews.

Overall, the participants felt that when people treated them negatively, G-d would send something negative in their life at some point. Participants indicated a belief in justice and in the consequences of treating others in a negative manner. Participant 6 talked about meditation as a way of reaching a higher level of spirituality. Three other participants 3, 4, and 5 did not mention the word *meditation* specifically, but they did say they do like to be alone to just sit still.

As the researcher, I did not interrogate them on the subject matter of their thought processes during this time. There is a body of literature that is positive on the use of meditation as a way of attaining a higher conscious or spiritual level, healing, or relaxation for individuals with ID (Bell, 2009; Butler, 2008; Hill & Updegraff, 2012; Singh et al., 2008; Weston, 2006). The subjects also discussed that if their prayers were not answered by G-d, then the situation must have been his Will for the particular negative situation they were in. They did not account for any negative outcomes when their prayers were not fulfilled. In some studies (Ekas, Whitman, & Shivers, 2009; Pargament, 1997; Underwood, 1999) it was demonstrated that too much dependence, reliance, or expectation from spirituality or religiosity can be harmful to a person's emotion and mental health.

The theme here was designed to emerge from interview questions 3, 4, 7, 8, 9, 10, 11, 12, and 13. The interview questions are: (3) "Do you feel you came into the world by accident?" (4) "Do you feel you have a purpose in life?" (7) "Do you have a lot of negative thoughts about yourself?" (8) "Do you have a lot of negative thoughts about others?" (9) "Does spirituality help you if you are feeling as if you do not belong?" (10) "If people make fun of you in a harmful way, do you feel spirituality can help you?" (11) "Does spirituality help you if you are sad or depressed?" (12) "Does you spirituality help you feel positive about yourself?" (13) "Does your spirituality help you feel positive about others?" As stated earlier, the participants' responses were comparable in that they used spirituality to remind them how to cope and act toward other people. Participants 4 and 7, however, had to reflect later to determine if spirituality actually helps them in stressful times.

Theme 3, *people are connected spiritually*, is consistent with the existing body of research. The participants, with the exception of Participants 3 and 5, felt that people are connected spiritually in some form. The participants had collective experiences and rationales as to their belief regarding a spiritual connection. The responses varied from positive social interaction and relationships with others to performing good deeds to demonstrate reasons why people are tied together under the same higher power. Having interpersonal relationship with people on a spiritual level and showing acts of kindness is one of many spiritual foundations among many individuals with ID and most cultures with spiritual and religious beliefs (Carroll, 2005; Fourteenth Dalai Lama, 2005; Poston & Turnbull, 2004; Weiss, 2005). A spiritual connection, especially with family and

community that an individual with ID resides within, is crucial in social, interpersonal, personal, and societal development (Gaventa & Coutler, 2001; Gonzalez-Wippler, 2004; Laitman & Vinokur, 2006; Watts, 2011). Galvin stated, "Members of circles often find it comforting to know that other people are also involved in assisting the person who has a disability and that their participation is based on what is possible for them" (as cited in Gavena & Coulter, 2011, p. 168). The author defined a *circle of friends* as "a gathering of individuals around a person with a disability (focus person) in order to support his/her goals and dreams" (p. 168).

Participants 3 and 5 stated they had prior traumatic experiences with teasing and negative stereotypes so they felt that these people came from the "devil." They did mention they understood that all things came from G-d regardless of how they acted. These participants felt bad people would ultimately have some type of punishment in the future. Participants 1, 4, 6, and 7 discussed how having a positive relationship between a higher power and other people was instrumental for binding people on a spiritual level.

All of the participants felt that helping in times of need was everyone's mission in life to show a spiritual interconnectedness among people spiritually. This theme expanded from interview questions 5, 6, and 14. The interview questions significant in the development of this theme are: (5) "Do you believe that 'what goes around comes around'?" (6) Do you feel that you and all people are connected spiritually?" (14) "Do you think you need to become more spiritual?"

Theme 4, *belief that spirituality is both innate and family oriented*, was partially addressed in the form of family oriented religiosity and spirituality. With the exception of

Participant 9, the participants stated that they knew something about spirituality or a higher power since the time they started having memories. The participants could not be exact on what they felt or knew from within about spirituality or a higher power. Their perception of having some knowledge of spirituality or higher power is consistent with other spiritual ideas in many cultures (Berg, 2003; Dunn, 2008; Fourteenth Dalai Lama, 2005; Frankel, 2001; Gaventa & Coulter, 2001; Schaya, 2005; Treloar, 2002). They reported knowing right from wrong since they were children.

The participants also conceded that they learned other views and traditions of spirituality and religion from their family, caregivers, and community. Some researchers demonstrated that most ideas of religious and spiritual perspectives begin within the home and local community (Borum, 2008; Frame & Williams, 1996; Omo-Osagie II, 2007; Poston & Turnbull, 2004; Speraw, 2006). One participant, Participant 9, mentioned she had no memory of a higher power. This participant said she learned about G-d from her mother. Overall, the participants' meaning of spirituality meant happiness and do G-d's will with making other people happy, helping others when needed, and telling them about G-d. There were participants who knew their mission in life instinctively. Chopra (2009) stated that a person's soul connects him or her to G-d or higher power. The author goes on to state that a person's mission in life was already in place since the moment of creation. As previously mentioned, this is the primary theme to answer the research questions that emerged from the study.

The interview questions geared for this theme to develop were 1, 2, 15, and 16. The questions were: (1) "When you hear the word spirituality, what does that mean to

you?" (2) "Do you believe in G-d or a higher power?" (15) "How is your experience of spirituality related to the beliefs of your family or community's perspective of spirituality?" (16) "Which of the beliefs you've mentioned helps you most on a day-to-day-basis?" There were other interview questions and participants' responses that helped build this theme.

This study demonstrated that the idea of spirituality played a significant part in the lives of individuals with mild to moderate intellectual disabilities. The study also showed that the participants in this study had a basic understanding of the phenomenon of spirituality. They could not define spirituality in an academic manner, but after describing their lived experience of spirituality, it became clear they understood it on basic level. These participants experienced spirituality as a coping mechanism during stressful times that may lead to depression, self-esteem, and anxiety.

Overall, spirituality helped the participants to view their disabilities as a part of their mission, and it assisted the participants to perceive themselves as equal in value to those without intellectual disabilities. In addition, these participants have been empowered enough to function on a personal level to understand the meaning of their lives and a sense of purpose or belonging in their community despite some negative attitudes toward them by uninformed people. For instance, 8 of the 10 participants stated they had no negative thoughts about other people when they remember their purpose in life. Participant 6 and 8 felt it was much harder for them to get over negative talk by other people; and that it takes more time for them to remove their negative feelings for the offending people. Overall, the participants' felt that spirituality helped them move on

emotionally when their peers or members of their community excluded them from social interaction. Participants 3, 4, and 5 felt that they use their understanding of spirituality to either remind themselves that they are equal to those who reject them socially or to walk away from negative situations.

Spirituality also helped some of the participants cope with the advent of death. Participants 1, 4, and 6 were the only participants who had lost a close family member or loved one. Participant 1 stated, "When I lost my momma a few months ago, I didn't know if I could make it. But I had to remember that G-d has a plan for all of us and I needed to keep going ahead for my own daughter." Participant 4 shared his experience after losing his mother at age 19, "I cried and cried and cried. My mother was all I had. My dad beat us. G-d had brought me through. I had to keep thinking He wouldn't let me down." Participant 6 responded on her father's death, "After crying a lot, I became angry. Then one day something came in my head and told me that Dad is ok. Keep his spirit going by trying to do good to other people. And be happy at that." The study provided enough information to discern that spirituality as a coping strategy may not always be immediate in effectiveness for all of the participants. However, as a long-term strategy, spirituality leads the participants to positive outcomes such as helping with situations that could be a factor in the onset of depression or self-esteem problems. The participants' lived experience of spirituality and religiosity from family, caregivers, or community provided them with enough understanding of spirituality to provide coping mechanisms. This lived experience perspective—by use of the phenomenological framework—allowed

me as the researcher to detect themes that I otherwise may not have considered or asked about, thus validating the importance of this approach.

Limitations of the Study

The concept of spirituality varied little among cultural and ethnic lines, potentially due to the small sample size and cultural homogenaity of the sample, which limitations were mentioned in Chapter 1. Therefore, the results of this study should not be used to generalize the whole populace of those with ID within the United States.

Three respondents actually had no clear answer to question 1, which was, "When you hear the word spirituality, what does that mean to you?" The other seven answered similarly to each other, stating that spirituality had to do with G-d or a higher power. The three participants who answered differently permitted me to be aware that some individuals with intellectual disabilities may not know what the word *spirituality* means, even in their own perspective. Still, their other responses indicated they sensed a spiritual connection with G-d or a higher power even though they did not seem to know what the word *spirituality* means. Padgett (2008) stated that a comprehensive study should address any deviant cases. As stated earlier, there were no significant discrepancies since the participants' responses were similar in nature.

There are numerous ethical issues involved in research with individuals with ID. The approach, structure, and implementation of spirituality involving this population in Western countries can be challenging that include, but not limited to, government regulations, advocacy policies, and even the belief systems of the caregivers, if applicable. Modifications may be necessary in the type of research performed with

individuals with ID regarding the education of spirituality and the benefits of its effect on treatment in therapy sessions. Another limitation of this study was the focus on only 10 individuals with intellectual disabilities. While the study was indicative of the current demographics of the Pine Belt area, it would be ideal if there was a more diverse population in terms of ethnicity and cultural background. Since spirituality is generally individualized and perceived by the perception of the individual, it can be complicated to research, compiled, and applied to the general population. There were themes that developed from the participants' responses and experiences and interpretations were provided. However, other researchers may develop dissimilar perspectives from the same data and provide differing understandings. In other words, the understanding that spirituality can instill positive meaning and give a sense of purpose in a person's life, as well as specific details on how individuals connect to and experience their version of spirituality each day, could be interpreted differently by others.

Recommendations

The findings of this study present opportunities for action on the part of researchers, psychologists, therapists, and counselors regarding the role of spirituality and treatment among individuals with mild to moderate intellectual disabilities. More research is needed to validate the data from previous studies in order for the findings to be integrated and implemented into the field of psychology, counseling, and mental health with respect to individuals with mild to moderate ID. This study showed the advantages of understanding how spirituality is derived and what spirituality means to an individual with mild to moderate ID.

Recommendations for practical application. This information can be used in developing a simple spiritual base such as basic Kabbalah to use in therapy alone or in combination with another psychological modality. Recommendations are as follows:

1. Workshops, seminars, or classes can be offered by mental health agencies, counseling programs, or psychological associations to all staff to include aspects of basic spirituality as part of treatment planning in counseling sessions for individuals with mild to moderate ID. For an individual who is receiving psychotherapy, regardless of the individual's religious or spiritual background, the therapist may face challenges in session when the issue of spirituality is presented. The present study offers indications as to how these topics might be used to improve a person's personal outlook such as self-esteem or alleviating depression (Pargament, 2007)

2. An explanation or clarification of the notion of basic spirituality is necessary in order to be incorporated into the field of psychology and counseling. Spirituality is an important part of how many people experience meaning in their lives (Schulz, 2005), and this present study indicates how it may be important to individuals with ID.

3. Individuals that struggle with self-esteem and self-worth can oftentimes become depressed, exhibit behavioral problems, generate symptoms of anxiety, and become dependent on others for various reasons (Hogue et al., 2007), thus those in the mental health field would do well to understand multiple ways of approaching self-esteem and self-worth issues. The concept of basic spirituality as

a counseling method should be introduced in undergraduate and graduate

psychological courses in order for students entering the field of mental health and

counseling to become familiarized with the concept. Further, the present study

indicates that individuals with mild to moderate ID may benefit from this

approach.

4. All staff in the field of psychology and counseling should become more aware of

and assess their own comprehension and perspectives of basic spirituality—

including Kabbalah as a less-understood but potentially rich source of spiritual

concepts and metaphors (Gordon, 2002)—and encourage others to do the same. In

this way they can better comprehend the worldview of many persons of various

spiritual traditions, as suggested by Azar (2010), as well as developing tools to

work with clients to improve their outlook from within their particular

worldviews.

The findings of this study show that data can be gathered straightforwardly from

individuals, evaluated, and the information organized into themes so that the

significances of the individual with the lived experiences are not imprecise, reduced, or

segmented.

Recommendation for future research. Grounded in the strengths and

limitations of the current study as well as the literature reviewed in Chapter 2, the present

findings suggest fruitful areas for further research into the topic of utilizing principles and

perspectives of spirituality such as Kabbalah as therapeutic tools for presenting general

spiritual principles and perspectives. The patterns or themes that materialize from the

present study might lead to further studies, including empirical studies, concerning the impact of spirituality or Kabbalah in therapeutic sessions; more research is necessary to assess clients' meaning, lived experiences, and perspectives of spirituality in therapy. Since entities such as the American Psychological Association mandate that spirituality be a part of their treatment if clients so desire, continued research is needed to address other spiritual models referenced in this study that could be identified by individuals with mild to moderate ID to ensure that their spiritual needs are met. Future studies might evaluate the results of individuals with mild to moderate intellectual disabilities who have their spiritual needs integrated into their therapy versus those who do not have spirituality assimilated into their sessions. More research that is inclusive of other ethnic groups and religious denominations is necessary. This study featured African and Caucasian-Americans from South Mississippi and primarily a Christian (Baptist/Methodist) background. Similar studies might seek a different cultural group or more culturally diverse group to study. This phenomenological study could usefully be replicated in other regions of the United States. Replicating this study across other Western and non-Western cultures could offer a better perspective of how other cultural groups integrate their forms of spirituality into improving the lives of individuals with mild to moderate ID.

Past research and literature have shown that spirituality helps improve a positive outlook for most individuals in therapy and is culturally based (Bayat, 2007; Bell, 2009; Gaventa & Coulter, 2001). Although this study helped set a foundation for future study, quantitative studies using greater numbers of participants would be necessary to establish

a correlation between spirituality and positive self-esteem in individuals with mild to moderate ID. More research is necessary to authenticate the indication that there may be an innate spiritual component of individuals with mild to moderate ID.

Additional research could compare groups with and without providing spiritual components in counseling sessions, which would be essential for understanding the consequences and possible advantages of discussing spiritual concepts as coping methods for individuals with ID and spirituality as a sense of empowerment and purpose in their lives (Borum, 2008; Omo-Osagie II, 2007; Poston & Turnbull, 2004; Schulz, 2005; Speraw, 2006). In the advent that these findings are sustained in other research, suggestions can be made to integrate the findings in other aspects of mental healthcare occupations such as vocational, community programs, and marriage counseling for individuals with ID.

As previously mentioned, this study has added to a limited body of knowledge regarding spirituality such as Kabbalah in therapy sessions to improve the personal outlook of individuals with mild to moderate ID. This study demonstrated a potential benefit for spiritual inclusion in therapy sessions for individuals with mild to moderate ID to help improve their overall personal outlook as well as ongoing knowledge regarding spirituality in psychology and mental health among counselors, psychologists, and therapists. This also includes students who are pursuing careers in this field at both undergraduate and graduate levels.

Many individuals and families seek a therapist that shares or understands their spiritual or religious tradition, with the hope that their basic worldview will be supported

(Plante, 2007; Poston & Turnbull, 2004). This study affirms that it could be advantageous for counselors to obtain an understanding of the basic components of the world's five largest religious/spiritual entities than to learn religious dogma of the various denominations. Such knowledge would allow a counselor to better serve a potential client when a referral may not be feasible.

Implications

All cultures have some form of spirituality to worship a higher power, serve as a coping mechanism, attain a higher level of consciousness, or as a source for inspiration (Bayat, 2007; Bell, 2009; Gaventa & Coulter, 2001). William James, Gordon Allport, and Carl Jung were all fascinated by spirituality and saw its importance to the field of psychology (Plante, 2007). Psychology and spirituality combined is becoming more accepted, and treatment of individuals and families for many conditions with both modalities together shows promise (Bayat, 2007; Hogue et al., 2007; Plante, 2007). This integration can offer a stronger theoretical base to improve a client's resilience and response to treatment better and faster.

This study can add to the body of knowledge in psychological research and to the fields of psychology and mental health counseling since two of the four themes have a direct relationship in these fields. Theme 1 demonstrates how individuals with mild to moderate ID perceived and experienced their meaning of spirituality and a sense of purpose. Theme 1 also addressed Research Question 1: *What does spirituality mean to an individual with mild to moderate intellectual disabilities?* Theme 2 illustrated how individuals with mild to moderate ID use spirituality as a coping strategy in times of

duress and negativity. The practical implication is that for therapy with individuals with ID, spiritual concepts should be included in the toolkit for assisting these individuals in developing positive self-concepts and coping with negative social experiences. Because the participants in this study report that they derived some benefits of spirituality when they are depressed, developing a relationship with a higher power, or even as guidance in everyday living, then this implies that individuals with mild to moderate ID can improve their personal outlook both in counseling sessions and daily living using spirituality. Themes 2 and 3 addressed Research Question 2: Can basic principles of spirituality be used as a spiritual tool in psychotherapy for individuals with mild to moderate ID in helping to improve self-esteem and self-worth even if their meaning of spirituality is not based on religiosity? As a methodological implication, the present study was not optimal for exploring the potential for use of a variety of spiritual themes and traditions, because the sample was homogenous, primarily Christian. To specifically address the potential for use of basic spiritual but non-religious (i.e., non-dogmatic) concepts in therapy with individuals having ID, a hypothesis-testing type of study would need to be employed, rather than an exploratory type of study. Theme 4 addressed Research Question 3: How is spirituality, as experienced by individuals with mild to moderate ID, related to their families' or communal perspective of spirituality? The theoretical implication for this theme is that individuals with ID are not simply absorbing the beliefs of their families and communities. While they sometimes share such beliefs, they also derive some spiritual understandings from their direct experience.

In summary, this study involved a phenomenological examination into the meaning of spirituality among individuals with mild to moderate ID. Spirituality as a coping strategy for the individual with ID and their families were discussed regarding the meaning of life and their disabilities. Various models of spirituality were discussed in Chapter 2 that included examples by Anandarajah (2008), Silberman (2003), and Underwood (1999) that were similar to Kabbalah. The findings of this study could be used to motivate and inform the use of spiritual discussions in counseling sessions to help improve the self-esteem and self-worth of individuals with mild to moderate ID.

Although I have had experience with this population prior to the study, I was never involved with the spiritual needs of individuals with mild to moderate ID. Review of this research may help clinicians, families, and other care providers obtain a deeper insight into what spirituality means to the participants and possibly others with mild to moderate ID and how it can affect them in their daily lives. Individuals who work in the field of psychology and counseling should not underestimate the value of spirituality in treating individuals with mild to moderate ID in a time where evidence-based treatments such as cognitive-behavioral therapy are the norm and mandated by insurance and third-party payers.

Conclusion

This study has provided new knowledge and understanding of the meaning of spirituality, coping methods, and an inner sense of a higher power or spirituality among individuals with ID. Research has demonstrated that the relationship of spirituality and individuals with ID is constantly advancing (Plante, 2007; Schulz, 2007; Watts, 2011).

Because the overall aspect and acceptance of spirituality and religiosity in psychology, it is imperative that a counselor understand some basic knowledge of both (Pargament, 2007). A counselor may have to become knowledgeable in many diverse religions and sub-cultures within religious entities to provide therapeutic services to a potential client with or without intellectual disabilities (Hogue et al., 2007; Pargament, 2007). Similar steps may be taken with spirituality. However, spirituality encompasses a universal belief of a higher power and a connection of all things in the universe without religious dogma (Fourteenth Dalai Lama, 2005; Freeman, 2004; Laitman & Laszlo, 2007; Pargament, 2007; Schaya, 2005; Weiss, 2005). Spirituality, including Kabbalah, can demonstrate a capable method of treatment that has not been examined on a specific basis for persons with mild to moderate ID.

An understanding of basic Kabbalah can offer this common bond to a counselor with limited time and resources to provide spiritual counseling alone or in conjunction with other psychotherapies (Gaventa & Coulter, 2001; Hathaway, Scott, & Garver, 2004; Singh et al., 2008). There are several spiritual models that are respective to cultural differences and viable for use in therapy in westernized countries (Laitman & Laszlo, 2007; Pargament, 2007; Singh et al., 2008). These spiritual models are construed in a manner for use in therapy for all clients, including individuals with mild to moderate ID (Kosmin & Keysar, 2009; Treloar, 2002). Kabbalah contains all the elements of these spiritual models that can be used in counseling sessions to help improve self-esteem and reduce depression for individuals with mild to moderate ID (Freeman, 2004; Laitman & Laszlo, 2007; Schaya, 2005; Weiss, 2005). The outcome in this study was positive; the

field of counseling, psychology, and mental health should attempt to study the possibility to include Kabbalah into the aspects of spirituality.

This study supports previous research regarding spirituality as a connecting force in most cultures with individuals with or without intellectual disabilities. Spirituality helps bind families together, integrates individuals with intellectual disabilities into their local community, and helps them understand their individual purpose and meaning in life. These results also show that more explanation is needed in order for these aspects to be addressed.

The following four themes developed from this investigation:

- Theme 1: Meaning of spirituality/innate belief in G-d or a higher power

- Theme 2: Spirituality as a coping strategy

- Theme 3: People are connected spiritually

- Theme 4: Belief that spirituality is both innate and family oriented

There was no single theme that came from one research question, although there were specific research questions that related more specifically to each theme. All research questions had some effect in the development of each theme. The results indicated that the participants shared similar meanings of spirituality, and these meanings were presented in a manner commensurate to their cognitive abilities. The findings in this study could contribute to the field of psychology and mental health as mandated by accrediting, professional, and advocacy agencies. Therefore, individuals with mild to moderate ID and their families or caregivers can have some comfort in knowing that they can have their spiritual needs met in counseling sessions if it is requested.

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Appendix A: Request for Approval to Conduct Research

Walden University

155 Fifth Avenue South

Minneapolis, MN 55401

Part I: Identifying Information

Project Title

This is a phenomenological inquiry into the meaning of spirituality among individuals with mild to moderate intellectual disabilities.

The course that this study is conducted through

Course Number and Title	Dissertation Research PSYC 9000
Academic Year and Quarter	Spring 2014
Dissertation Committee	Dr. Brent Robbins-Chair
	Dr. Jay Greiner-Methods
	Dr. Jack Apsche-URR Committee member

Name	Contact Information
Tony Terrell Lee	[removed for privacy]

Anticipated Commencement Date	March, 2014
Anticipated Conclusion Date	April, 2014

If principle research is a student:
Mentor's name: Dr. Brent Robbins
[contact information removed]
Part II: Research Description

Ten individuals with mild to moderate intellectual disabilities from Region XII Community Mental Health Center (Pine Belt Mental Healthcare Resources) that serves nine counties in the Pine Belt region of South Mississippi will participate in an interview that will focus on their meaning, perspectives, and experiences of spirituality. The

participants will be given an interview during the week of February 28th 2014 through March 4th 2014. The study will investigate the meanings of their lived experiences.

1. Data collection instruments/method

   A.   Interview

   B.   Attached: Interview questions (Appendix E)

1. Abstract

   The participants of this study will be asked to respond to questions regarding the meaning of spirituality from their perspectives and experiences. The interview will consist of nine open-ended interview questions of the problem that will be researched. The interviews will consist of fifteen to thirty minutes of semi-structured interviewing.

2. Description of study groups (Religious Background/No Religious Background)

   A.   Participants Age Range

         21 to 80 years

   B.   Inclusive of gender and ethnicity

         Characteristics of participants

         Recipients of community mental health services
         Early to late adulthood

   C.   Institutional permission

         Agency permission form will be delivered face to face

   D.   Recruitment of participants

         The participants of this qualitative, phenomenological research are recipients of community mental health services through Pine Belt Mental Healthcare Resources. The researcher, Tony Lee, a doctoral student at Walden University, has requested the Office of Sponsored Research and IRB to allow an on-site interview with the participants. After another staff member invites participation and clients agree to participate, the researcher will meet with each participant individually at Pine Belt Mental

Healthcare Resources to inform them more specifically about the focus of research.

E.   Data collection schedule

Data collection will be performed throughout the day between 8 am to 4 pm Monday through Friday at agreed upon times at Pine Belt Mental Healthcare Resources. Open dates and times will be available to the participants in the event the scheduled appointment cannot be honored.

F.   Initial contact

The Coordinator of Clinical Services for the Intellectual and Developmental Disabilities Program of Pine Belt Mental Healthcare Resources will make the initial contact with the participants. He will inform the participants of my interest in conducting the study as part of the requirement for doctoral studies. He will request that they meet with me during business hours at times of their convenience. The participants will be informed that participation is voluntary and they can withdraw at any time during the study. The participants will be given a brief overview of the study and any questions that they may have concerning the study will be answered and clarified.

3. Confidentiality of data

Data accumulated will be used as a part of the requirement for completing doctoral studies at Walden University. The participants will be assured of confidentiality and written consents will be obtained. The participants will be informed that a digital audio recorder will be used during the interview.

4. Informed consent process

Informed consent to participate in the study will be obtained from participants subsequent to the nature of the study being explained in their cognitive and developmentally appropriate language. The explanation will be delivered verbally with participants also verbally acknowledging their understanding of the provided information.

Part III: Submission and Approval

Doctoral Dissertation, Spring 2014, Tony Lee, Human Subjects

Attestation and Assurance

I, Tony Lee, student enrolled at Walden University attest to the fact that:

1. I will act in a professional manner to implement stipulations described in this Request for Approval to Conduct Research in a Course.
2. The information provided with and on this form is correct.
3. Unexpected or significant adverse events in the course of this study will be promptly reported to the Committee Chair.
4. Any significant new findings which develop during the course of this study and which may affect the risks and benefits to participation will be reported in writing to the Committee Chair and to the participants.
5. Data collection may not and will not be initiated until the Committee Chair grants the final approval. This research, once approved, is subject to continuing review and approval by the Committee Chair and Associate Vice President for Academic Affairs.
6. As a student involved in this research project, I will maintain complete and accurate records of this research.
7. I am aware that as a doctoral student involved in this research project, I am required to individually submit the above attestation via e-mail to the Course Instructor for approval before data collection can be conducted.

Submission

Doctoral Dissertation Study, Spring 2014, Human Subjects

Please find the subsequent attachments:

1. This form with all relevant sections completed
2. Interview protocol
3. Research title, purpose, and demographic information
4. Approval letter from Pine Belt Mental Healthcare Resources will be sent via e-mail or fax
5. Request for Approval to Conduct Research (Appendix A)
6. Participants Consent Form (Appendix B)
7. Thank You Letter and Validation of Themes (Appendix C)
8. Interview Questions (Appendix D)
9. Curriculum Vitae

Appendix B: Screening Questions

Before presenting informed consent information, the following questions will be asked to determine a potential participant's interest level and suitability for the participant pool. These questions are intended to allow the potential participant to determine whether or not it might be uncomfortable to discuss spiritual principles that might (a) conflict with currently held beliefs or (b) cause feelings of guilt. In order to ensure that the trust relationship between the researcher and potential participants does not pose a risk of coercion, the researcher will reiterate that the study is strictly voluntary and that no present or future services at Pine Belt Mental Healthcare Resources will be taken away.

Preface script: I am interested in hearing about the spiritual beliefs of you and others here, and how spiritual beliefs play a part in how you feel about yourself. In addition, I am interested in knowing about if spiritual beliefs could be important as a part of counseling. These are spiritual beliefs that are common to many different religions and cultures.

1. Are you interested in *talking* about spiritual beliefs? (If yes, continue. If no, go to end script for declined participation.) You and I (the researcher) could talk alone, or someone else could join in if you would like.

2. Would you be interested in *talking* about your perceptions or opinions of spirituality with me (the researcher)? (If no, go to end script for accepted participation. If yes, go to end script for declined participation.)

3. Would you be interested in being in a study about your opinions of spirituality if your name and information is not used? (If yes, go to end script for accepted participation. If no, go to end script for declined participation.)

End script for accepted participation: Thank you very much for your consideration to be a participant. Although I will explain this further, I will leave a consent form for you and your caregiver (if applicable) to look over and check back in a couple of days to make sure you're still interested in participating. (I, the researcher, will allow two days to pass so that the potential participant has a chance to think it over and possibly decline.)

End script for declined participation: That's okay. I understand that many people feel that spiritual beliefs are very personal and prefer not to discuss them often or only with persons very close to them. I respect that. Thank you for answering my questions.

Appendix C: Letter of Invitation for Research Project Participation

Note. This letter is in simple language suitable for ID patients to comprehend.

Date: _____

Dear Pine Belt client, <will use whatever term they are used to being called

I am planning to find out about what clients here at Pine Belt Mental Healthcare Resources believe about spiritual ideas. I am interested in writing about how these beliefs affect how clients feel, especially how they feel about themselves and others. I am inviting you to share your ideas, especially to help me understand what spiritual ideas are helpful to you. I invite you to talk with me about your personal experiences of spirituality if you would like to share them. In this study, I will be the only researcher and your name will be kept private. No one else will hear what you say. I will write about some of the things you and others say, but I will not use your name and no one will know who made those statements. If you would like, you are welcome to invite a family member or friend to join our discussion. If you get tired of talking or just want to end the discussion at any time, just let me know. We can talk again another day if you choose to. I hope you will free to be completely honest with me, but you can also keep to yourself whatever you feel is private and do not want to share. If you have any questions about what these conversations will be like, I will be happy to answer them. Thank you for taking the time to think about this, and I look forward to talking with you if you decide to.

Tony T. Lee

Appendix D: Consent Form for Participants and Guardians

This project is in partial fulfillment of the requirements for my Ph.D. degree in clinical psychology at Walden University under the supervision of Dr. Brent Robbins (IRB approval #02-19-14-0072063; expiration January 29, 2015). Your participation in the study will provide valuable insight and information regarding how spirituality is viewed by persons with mild intellectual disabilities. The potential benefits will be to find out if spirituality in basic form can improve their overall, personal outlook in therapy sessions in the field of mental healthcare. The researcher would like to talk to clients in a relaxed setting about personal beliefs and experiences of spirituality and how it is related to their personal outlook on life. In this study, I will be the only researcher and your name will be kept confidential (private). Clients (participants in the study) are welcome to invite a family member, friend, or caretaker to join our discussion if that helps them feel more comfortable. Participation in this study is entirely voluntary (by choice) and you can choose to stop the discussion at any time. As my gratitude for your participation in the study, a $5 gift card from Wal-Mart will be given at the conclusion of the study. The information from these interviews is for research only. The researcher does not expect that there will be any harm or much discomfort caused by the talk together (interviews). You are completely free to say whatever seems true for you. I'll ask that after reading the agreements below, you will sign this letter as a statement that you understand what is written here and would like to participate by sharing your beliefs and experiences.

If you have any concerns or questions, please contact me at --------------. If I cannot provide you with the information you are seeking, feel free to withdraw from the study at any time. Thank you very much.

Sincerely,

Tony Lee

Consent Form for Participants and Guardians (p. 2)

I consent to participate in a study conducted by Tony Terrell Lee of the School of Social and Behavioral Sciences at Walden University under the supervision of Dr. Brent Robbins. I understand that even though Mr. Lee works at Pine Belt Mental Healthcare Resources, this study is completely separate from his professional role.

I consent to participate in one or more (up to four) interviews lasting 15 to 30 minutes each (within the next 2 months) regarding personal experiences of spirituality and self-esteem. I give permission for the interviews to be audio-taped, typed up, and for notes to be taken by the researcher during the interviews. I understand that I can withdraw from the study at any time I wish, without negative effect, simply by telling the researcher or sending a letter to the researcher that tells him I decided not to continue.

The researcher can contact me after the interview to tell me about what he found from the interviews of me and others, and I can comment on that or even decide not to have my interview included in the information from the study.

I also understand that my real name will not be included in any part of the study or publications. I understand that all recorded and written interviews will be kept in a safe private location and destroyed in 5 years after all publications regarding this study have been completed.

I have made my decision based on the information I read in this letter and have been given a chance to ask about details of this study. I also understand that this study has been reviewed by a group called the IRB at Walden University that determines whether or not the study might benefit or harm participating clients like myself (IRB approval #02-19-14-0072063; expiration January 29, 2015). I understand that if I have any questions about my rights or privacy, I can contact Dr. Endicott at -------------. I have been given a copy of this letter to keep.

Participant's Name: _____

Participant's Signature _____

Date: _____

Legal Guardian/Authorized Individual (if needed): _____

Witness's Name: _____

Date: _____

Appendix E: Questions for Semi-Structured Interviews

1.   When you hear the word spirituality, what does that mean to you? (SQ)

2.   Do you believe in G-d or a higher power? (if yes) What does G-d or a higher power expect from you? (SQ)

3.   Do you feel you came into this world by accident? (if yes) Why? (SQ)

4.   Do you feel you have a purpose in life? (if yes) What do you think that purpose is? (SQ)

5.   Do you believe that "What goes around comes around?" (if yes) What does that mean to you? (SQ)

6.   Do you feel that you and all people are connected spiritually? (if yes) What does that mean to you? (SQ)

7.   Do you have a lot of negative thoughts about yourself? (if yes) Why?

8.   Do you have a lot of negative thoughts about others? (if yes) Why?

9.   Does spirituality help you if you are feeling as if you don't belong? (if yes) Why?

10.   If people make fun of you in a harmful way, do you feel spirituality can help you? (if yes) How?

11.   Does spirituality help you if you are sad or depressed? (if yes) Why?

12.   Does your spirituality help you feel positive or good about yourself? (if yes) How?

13.   Does your spirituality help you feel positive about others? (if yes) How?

14.   Do you think you need to become more spiritual? (if yes) What does that take?

15.   How is your experience of spirituality related to the beliefs of your family or your community's perspective of spirituality? (if yes) In what ways?

16.   Which of the beliefs you've mentioned helps you most on a day-to-day basis? Why?

Appendix F: Participant Family or Caretaker Analysis-Report Letter

Date:
Name:
Title:
Address:

RE: Therapeutic Spirituality for Individuals with Mild Intellectual Disabilities: Experience of Elementary Spiritualistic Perspective and Doctrine.

Dear _____,

I would like to extend my gratitude for your participation in this study. The time you volunteered to this work is priceless. The results from the study have revealed some interesting and detailed information regarding the perspectives and experience of spirituality among individuals with intellectual disabilities.

As mentioned earlier, I would welcome your feedback on the main themes that emerged from this phenomenological study. I would like to know if you agree, disagree, or are indifferent with the themes that were revealed. Attached is a summary of the main themes that emerged from this study. When all of the information is analyzed and documented, I will share this information publicly through journal articles, presentations, and other means and media. If you would like your comments to be considered as affecting the conclusions of the study, please provide a verbal or written response within 2 weeks of today's date.

If you would like further information or would like to request a summary of the results of this study after it is completed, please contact me at --------------------. In addition, this study was reviewed and approved by the Institutional Review Board at Walden University. Should you require further questions or concerns that I cannot provide, please contact Dr. Brent Robbins at -----------------. Thank you for your time.

Sincerely,

Tony Terrell Lee
Clinical Psychology
Walden University

Appendix G: Demographics of Participants

Participants	Diagnosis	Ethnicity	Gender	Age	Religion
1	300.4	C	F	52	B
2	311	C	F	31	B
3	311/300.02	AA	M	31	CND
4	311	AA	M	27	CND
5	312.34/300.4	AA	M	41	CND
6	300.4	AA	F	37	Me
7	311	AA	F	36	Me
8	300.4	AA	F	43	CND
9	300.4	C	F	21	B
10	300.4	C	M	21	B

Note. 300.02 = Generalized Anxiety Disorder, 300.4 = Dysthymia, 311 = Depressive Disorder NOS, 312.34 = Intermittent Explosive Disorder AA = African American, C = Caucasian, B = Baptist, CND = Christian No Denomination, Me = Methodist, F = Female, M = Male,

Appendix H: Verbatim Responses to Interview Questions

Participants' Response to Question 1: Meaning of spirituality

When you hear the word spirituality, what does that mean to you? (SQ)
Participant 1

Well it means to me and my point of view that me and if there's a G-d or you know and I truly strongly believe in spirituality.

Participant 2

Well it makes me feel happy.

Participant 3

Mmmm. I don't know.

Participant 4

Umm, it means feeling ok and not having many problems, you know, if you got G-d.

Participant 5

Umm, like what church you go to.

Participant 6

I don't know. Nope.

Participant 7

It means to clear my mind and focus on what's going on in the world and the community.

Participant 8

Mmm. I really don't know about that one.

Participant 9

G-d. All that He does for us.

Participant 10

Belief in G-d.

Participants' Response to Question 2

Do you believe in G-d or a higher power? (if yes) What does G-d or a higher power expect from you? (SQ)
Participant 1
Yes I do. He expects from me to do things right. And I believe that He would, ah, that He would be there for me in all things like when my mom passed, I depended on Him to get spiritual help to see me through that.

Participant 2

Yes. Well when you're feeling bad you know you can like pray to make things better. He helps you through stuff.

Participant 3

Yeah. Blessing me to get up and be good.

Participant 4

I do. He expects me to do unto others as that you want them to do unto you.

Participant 5

Yes sir. To do good to others.

Participant 6

Yeah. To be good. Good behavior and stuff. He watches everything from you so be good.

Participant 7

Yes. G-d or higher power, He do things for me when I need it. And like when I be in a bind or something like that all I need to do is to get on my knees and pray and talk to him. He expects me to do whatever He asks me to do like being good.

Participant 8

Yep. Mmm. He want me to believe in yourself and mostly from your heart.

Participant 9

Yes. I don't know what He expects from me. I guess to be good.

Participant 10

I believe in G-d and a higher power. The way I act around people and the way I dress. Like I say, it's the way I act. He expects me to act good.

Participants' Response to Question 3

Do you feel you came into this world by accident? (if yes) Why? (SQ)

Participant 1

No sir, I don't. I feel that He gave me this very special lady to bring me into this world so I can do good for others.

Participant 2

Do you feel you came into this world by accident? (if yes) Why? (SQ)
No not really. I came into this world because of my parents. You know they have children to hopefully make the world better.

Participant 3

Nope. Came for a purpose. G-d brought me here for a purpose.

Participant 4

No. I say for a purpose. By good blessings and, uh, doing good by mama and the good Lord.

Participant 5

No. To maintain and do His will.

Participant 6

No. I'm here for a purpose. To thank the Lord you're here and be good to others.

Participant 7

No. For a purpose.

Participant 8

Mmm. I would say coming into this world, for a purpose.

Participant 9

Nope.

Participant 10

No.

Participants' Response to Question 4

Do you feel you have a purpose in life? (if yes) What do you think that purpose is? (SQ)
Participant 1

Yes I do. That purpose is for me to be here for my family, for my grandkids, and my friends.

Participant 2

Yeah. To spend time with others like my friends.

Participant 3

Yeah. To serve Him.

Participant 4

To do good for the Lord.

Participant 5

To do good for G-d.

Participant 6

To do good to other people and to G-d.

Participant 7

The purpose is, um, when I came into this world, well number one, if G-d wanted me in this world, I'm here now. If He don't, I wouldn't be here. There's a purpose for

everything. Like He got me here, I like talking to different people and stuff. And some people I don't even know they be feeling down, I go talk to them to build their strength and stuff up. Basically to help other people.

Participant 8

It's like you want to, come in this world and be like focus, do stuff, and help others.

Participant 9

For a purpose. G-d made me. To help others. To get better with friends and people.

Participant 10

A purpose. I came here for a purpose. To tell everybody else about G-d.

Participants' Response to Question 5

Do you believe that "What goes around comes around?" (if yes) What does that mean to you?

Participant 1

Yes sir, I do. That to me means if you do someone wrong, it's going to come back on you more than them.

Participant 2

I do. Well when you do bad things to somebody else it will, as the old saying goes, it comes back to you twice as bad.

Participant 3

Yeah. What goes around comes around. If someone does something bad to you just walk away. Yeah, something bad will happen to them.

Participant 4

Well yeah because you either do right by other people or you do wrong. Better to do right, though. You do bad by a person, it will come back to you as well.

Participant 5: Yes sir. Whenever you mistreat somebody it goes right around you and turns on you like you did to that person.

Participant 6: Yeah. When you're bad something will be bad to you. So everything should be good.

Participant 7: Yes. Okay if what goes around comes around just say if I do something to somebody, and I'm thinking I'll get away with it, it going to fall back on me.

Participant 8: Yep. It's like coming around is more especially more if you, like, expect you to do stuff. I like to do stuff to get good to come to you and respect myself more than others. I heard about this saying but some of them might not understand it.

Participant 9: Yes. Like when people starting stuff, they get the consequences. If they do bad, bad will come to them.

Participant 10: Yes. If you do something it comes back around. Anything in a wrong way it will come back. Whether good or bad.

Participants' Response to Question 6

Do you feel that you and all people are connected spiritually? (if yes) What does that mean to you? (SQ)

Participant 1: I do. That means that I can go to them and talk to them when I'm down and out or sad or if I need someone to talk to, they're there for me.

Participant 2: Yeah. Well, some have different personalities and some have spiritual personalities.

Participant 3: Some of them. I don't want to lie. Some people are real bad.

Participant 4: Well, yeah because we all should treat each other right.

Participant 5: Not really. Some people are bad.

Participant 6: Yeah. We are all one. To be like a family.

Participant 7: Yes. Well we bond and connect to each other.

Participant 8: Yeah. Mmm. That one is not coming to my mind.

Participant 9: Yes. It means we all good.

Participant 10: Yep. It means that we all should believe in G-d.

Participants' Response to Question 7

Do you have a lot of negative thoughts about yourself? (if yes) Why?

Participant 1: Sometimes I do, sometimes I do. Well, I feel like that I wasn't there for someone when they needed me. And it's just someone in general in some point in life.

Participant 2: No, not really.

Participant 3: Naw, not really.

Participant 4: Not really.

Participant 5: Not really. I believe G-d wants me to care about myself

Participant 6: Sometimes. I don't know, I get nervous around a lot of people. It could be my nerves.

Participant 7: No.

Participant 8: Yep. Because sometimes I'm up in here stuck like they be talking, folks call you names, and sometimes you ask people if they call you and they say no, I hear stuff like that and most times I try to block it out because they talk about you. And sometimes it be hard to block it out.

Participant 9: No.

Participant 10: A lot. Because of what happened to me a long time ago. But when I think about G-d, sometimes I feel better about myself.

Participants' Response to Question 8

Do you have a lot of negative thoughts about others? (if yes) Why?

Participant 1: Sometimes, but, you have to let that go. At some point in your life, I mean, you just have to let it go and let G-d take care of it.

Participant 2: No, not really.

Participant 3: Naw, not really. It helps me to think good about people.

Participant 4: Not really.

Participant 5: Not really. G-d wants me to be good to other people.

Participant 6: Sometimes. Because I just don't like them. They make me mad.

Participant 7: No. Spirituality helps me feel better about myself and other people and feel stronger.

Participant 8: Yeah most of the time I hear them talk negative about folks. Yeah, sometimes I don't like it.

Participant 9: No. I try to think positive about other people.

Participant 10: No.

Participants' Response to Question 9

Does spirituality help you if you are feeling as if you don't belong, like in a certain group? (if yes) Why?

Participant 1: Yes it does but it's better for me to be around other people, you know, and I can talk to other people about my different situation.

Participant 2: No, not really.

Participant 3: They don't want me, I just walk away.

Participant 4: Yes. I just pray about it and walk away.

Participant 5: I feel we are all equal.

Participant 6: Yeah. I try to talk about it like why they want to be a certain way.

Participant 7: Yes. Well like if I be in a group or something and they start talking negative to one another about me, it's time for me to push away from it cause I don't want to be involved with it.

Participant 8: Mmm. Sometimes it won't click with other folks so yeah. I just don't be around them.

Participant 9: No.

Participant 10: Yes. I think about how G-d made us all and they're not any better than me.

Participants' Response to Question 10

If people make fun of you in a harmful way, do you feel spirituality can help you? (if yes) How?

Participant 1: Yes, I do. Because you can always go, I mean you can always speak to the Lord, you know, talk to the Lord and He'll help you through it. You just have to set it aside and let go.

Participant 2: Yes. Well if they make fun of you just go and, you know, pray and ask for them to not make fun of you.

Participant 3: Yes. It helps me to walk away.

Participant 4: Not for something like that. Not really because the old saying says whatever it says about it's not going to hurt you because it's not like they have done something to you.

Participant 5: Yes. Don't talk bad just leave them alone.

Participant 6: Yeah. I don't know. Maybe by helping to talk to somebody.

Participant 7: No. My spirituality then makes me feel down. Sometimes I feel let down.

Participant 8: Yeah. Most of the time I talk to my pastor and she'll tell me how to do it and help myself by being quiet and I'll go calm myself down, pray, or listen to music and relax.

Participant 9: Yes. If they make fun of me I go tell someone and reflect on what they did later. Try to learn from it as part of my spirituality.

Participant 10: Yep. The way I look at it don't make fun of anybody because what goes around comes around.

Participants' Response to Question 11

Does spirituality help you if you are sad or depressed? (if yes) Why?

Participant 1: Very much. Because you can talk to G-d any time, you know, and He's there. He'll never let you down or forsake the matter or situation you're facing or the consequences or whatever, you know. He'll guide you in the right way.

Participant 2: Yes. Well if you're sad, you can go and pray and ask, you know, G-d to, you know, help you through it. If you're depressed, you can do the same thing.

Participant 3: Yes. G-d helps me when I'm down. I pray.

Participant 4: I would say both. Sometimes it does and sometimes it don't.

Participant 5: It does. Just don't focus on the bad and focus on being yourself.

Participant 6: Yeah. Same thing. Just talking to someone about your problems and G-d. It helps.

Participant 7: Sometimes it do and sometimes it don't. Sometimes I can avoid the problem like, just say, if someone's talking about me and stuff like that sometimes words do hurt and sometimes and can kind of overcome and overlook stuff like that.

Participant 8: Yes, sort of when I be sad and depressed, yes. It helps me in the same way, yeah.

Participant 9: Yes. It helps me when I get sad. I think about why G-d has me here. And I talk to good people when I'm sad.

Participant 10: Not most of the time. Or sometimes maybe.

Participants' Response to Question 12

Does your spirituality help you feel positive or good about yourself? (if yes) How?

Participant 1: Well it helps me to feel good about myself knowing I can go to Him.

Participant 2: Yes. Well, just pray about it and ask Him to help you deal with things you're going through.

Participant 3: Yep. Well, just pray about it and ask Him to help you deal with things you're going through.

Participant 4: I would say positive. It makes me smile knowing things can get better with me.

Participant 5: Yes. When depressed or people don't like you or care for you, you know who does care for you.

Participant 6: Yeah. To be to myself and meditate or talk to somebody.

Participant 7: Yes. Umm. Sometimes, like umm., Like when stuff's going down, people talk good toward me or somebody it make me feel good but when somebody talk negative toward me or somebody it make me feel down.

Participant 8: Most of the time it help me feel good about myself. Most of the time I'll do stuff to help people or think about good stuff. If I have something good to do, I'll be alright.

Participant 9: Yes. In a good way. Like everything concerning myself, I remember that G-d has me here for something.

Participant 10: Yep. Because the way I act.

Participants' Response to Question 13

Does your spirituality help you feel positive about others? (if yes) How?

Participant 1: Yes it does, to a point; to a point. To a point, if, you know, if I think, maybe or if I see that maybe they need talking to, or they're, just, you know, think bad about themselves you know. I can go to them and talk to them.

Participant 2: Yeah. If they will ask G-d to do the same things then things will be better later on.

Participant 3: Sometimes. I walk away if they're bad.

Participant 4: I would say yes. By knowing we are all together as sisters and brothers.

Participant 5: Yes. If you feel good about them and they come along, they might feel the same way.

Participant 6: Yeah. I try to think about how we can get along.

Participant 7: Yeah. I try to think about how we can get along.

Participant 8: Yeah. Talk to them. Like saying good things to them.

Participant 9: Yes. By helping other people. And remembering that G-d has them here, too.

Participant 10: Yes. Well the way people talk about everybody, I think about how they shouldn't be doing that but then I think about how we all can have some good in us.

Participants' Response to Question 14

Do you think you need to become more spiritual? (if yes) What does that take?

Participant 1: I believe in some way. I, yeah. I mean everybody-everybody needs to be very spiritual. You know, have G-d in their lives. Yeah G-d can help anybody if they are willing to go to Him and give their problems to Him then you'll have a clear heart and a clear mind, you know and, give or feel proud you know, feel proud in a way that you went to the Lord when they need help, you know.

Participant 2: Not really.

Participant 3: Yep. Pray and help people out more.

Participant 4: I would say yes because we all need to get better with ourselves.

Participant 5: Yes. Be good and time.

Participant 6: Yeah. To be stronger or something. To be nice to everybody.

Participant 7: Yeah. What it would take me to do that would get to know people more better and get better at what I do and put jokes and stuff to the side and move on with my life, see, as long as I got Jesus on my side, I try not to let nothing get to me and focus on what I supposed to do.

Participant 8: Mmm. Yeah. Mmm, look at the Word more and stuff. Visit other places and stuff and see how other people do it.

Participant 9: Yes. More help from staff, my peers, my family, and G-d.

Participant 10: Yep. Pray, getting up every morning or so to go to church.

Participants' Response to Question 15

How is your experience of spirituality related to the beliefs of your family or community's perspective of spirituality? (if yes) In what ways?

Participant 1: I learned this from my parents by taking us to church. And some I believe I had in me already but mostly from my parents.

Participant 2: Well, I love my family, and, you know, the community when you go out into the community, you know, they help teach you things. Well, I knew some of it already but my family helped me, you know, to learn more.

Participant 3: I learned from my family. I felt I knew some things but mostly from my family.

Participant 4: Well I would say I already knew some and what we were taught by my momma. And when momma passed, we already knew some more and what we had to do.

Participant 5: I think I knew some of it myself from the beginning but I learned a lot from my mother.

Participant 6: I learned from my family. But I think I knew some of it when I was a kid. So yeah, I learned from both myself and my family.

Participant 7: Most of it I learned from myself and most of it I learned from my family. So both.

Participant 8: Mmm. Most of it is between both. Yeah. I learned from my family and some I already knew.

Participant 9: My family.

Participant 10: Well, I learned it from my family. Some I already knew about. I had a feeling about it.

Participants' Response to Question 16

Which of the beliefs you've mentioned helps you most on a day-to-day basis? Why?

Participant 1: Well that would be coming from Jesus up above. 'Cause he gives you life cause we're not promised tomorrow. And it, it pays to be ready. And it really helps me a lot this past month going through the death of my mom. And like I said, I had to trust in Him to help me get through this. And when I talk to my friends and my staff, they help me feel positive about some things. Yes sir, they do. They really do. And I'll feel better about myself.

Participant 2: Pray every day. Praying everyday helps me, yes.

Participant 3: Well, keep on praying. Praying helps me out.

Participant 4: Well by being right and doing good in everything I'm doing.

Participant 5: When I wake up I pray. Wake up I be thinking about having a good day instead of a bad day.

Participant 6: Spirituality helps me to go to sleep, meditate, walk, and stuff like that. I even watch TV like Steve Harvey when he talks about G-d.

Participant 7: Cope and deal with, ah, people out in the community and stuff and socialize more with people.

Participant 8: Mmm. Might as well say pray every night. Most of the time, I'll crochet and listen to music, mostly gospel.

Participant 9: Getting help from other people. We can learn from each other. Pray more.

Participant 10: Reading the Bible and praying and keeping to do better again.

Appendix I: The Relationship of the Interview Questions to the Four Themes

Theme 1: Meaning of Spirituality or Innate belief in a higher power or G-d

- 1: When you hear the word spirituality, what does that mean to you?

- 2: Do you believe in G-d or a higher power? (if yes) What does G-d or a higher power expect from you?

Theme 2: Spirituality as a coping strategy on a daily basis

- 3: Do you feel you came into this world by accident? (if yes) Why?

- 4: Do you feel you have a purpose in life? (if yes) What do you think that purpose is?

- 7: Do you have a lot of negative thoughts about yourself? (if yes) Why?

- 8: Do you have a lot of negative thoughts about others? (if yes) Why?

- 9: Does spirituality help you if you are feeling as if you don't belong, like in a certain group? (if yes) Why?

- 10: If people make fun of you in a harmful way, do you feel spirituality can help you? (if yes) How?

- 11: Does spirituality help you if you are sad or depressed? (if yes) Why?

- 12: Does your spirituality help you feel positive or good about yourself? (if yes) How?

- 13: Does your spirituality help you feel positive about others? (if yes) How?

Theme 3: People are connected spiritually

- 5: Do you believe that "What goes around comes around?" (if yes) What does that mean to you?

- 6: Do you feel that you and all people are connected spiritually? (if yes) What does that mean to you?

- 14: Do you think you need to become more spiritual? (if yes) What does that take?

Theme 4: Spirituality is both innate and family oriented

- 1: When you hear the word spirituality, what does that mean to you? (SQ)

- 2: Do you believe in G-d or a higher power? (if yes) What does G-d or a higher power expect from you?

- 15: How is your experience of spirituality related to the beliefs of your family or community's perspective of spirituality?

- 16: Which of the beliefs you've mentioned helps you most on a day-to-day basis? Why?

Curriculum Vitae

Tony Terrell Lee

PROFESSIONAL PROFILE

A committed and proactive professional who specializes in providing counseling and therapy to individuals with developmental and intellectual disabilities. Works well in teams to assimilate new ideas, concepts and cutting-edge technologies and therapies while demonstrating a logical and analytical approach to solving complex problems and issues related to individuals with serious mental illnesses and developmental/intellectual disabilities. A motivational and inspirational member of the Developmental Disabilities Program at Pine Belt Mental Healthcare Resources, who enjoys being part of a successful and productive team that works to help consumers develop into positive and productive members of society.

OBJECTIVE

To continue providing individual, family, and group therapy to various populations in order to assist those receiving services in achieving an optimal level of community and personal functioning as well as instructing undergraduate and graduate students in applied methods and theories in psychology.

EDUCATION AND QUALIFICATIONS

- ➢ Currently enrolled in Clinical Psychology Program 2007-present
- ➢ Doctoral of Philosophy
- ➢ Walden University-Minneapolis, MN

- ➢ Masters of Science in Christian Counseling, 2005
- ➢ William Carey University-Hattiesburg, MS

- ➢ Bachelor of Science in Sports Administration, 1992
- ➢ Minor: Management
- ➢ University of Southern Mississippi-Hattiesburg, MS

CAREER SUMMARY

ADJUNT INSTRUCTOR   2011-present
WILLIAM CAREY UNIVERSITY   Hattiesburg, MS
Responsibilities include, but not limited to, program and course design, development and teaching graduate research methods and applied statistics, supervision of research projects, and applied psychological theories.

CAREER SUMMARY cont.

COUNSELOR   2006-present
PINE BELT MENTAL HEALTHCARE RESOURCES   Ellisville, MS
Provide advocacy, individual, family, and group therapy to clients encompassing all socioeconomic backgrounds. Services also include marital, serious mental illness, individual and developmental disabilities, and anger management.

CONTRACT ADVISOR   1997-2001
NATIONAL FOOTBALL LEAGUE PLAYERS ASSOCIATION
Provided contract negotiations, salary cap and benefits counseling, career counseling, tax and investment referrals, and marketing to student-athletes and aspiring artists.

EMPLOYMENT SPECIALIST/CASE MANAGER   1995-2006
PINE BELT MENTAL HEALTHCARE RESOURCES   Hattiesburg, MS
Assisted in developing training curriculum for intellectually and developmentally disabled adults, aids and materials to instruct staff in program operations, trained staff and consumer employees to implement program policies and procedures, maintained on-going personnel development in knowledge of current practices, increase job performance skills and maintained quality assurance for Employment Related Activities program operations, complied with JCAHO, EEOC, and ADA regulations, recruited quality personnel to the program, helped administered consumers' budget, payroll, and personnel for Pine Belt Industries Janitorial and Greenhouse Programs, worked in partnerships with Area Development Partnership and The University of Southern Mississippi Institute for Disability Studies, compiled statistical data and reports for Employment Related Activities Program and Bureau of Intellectual & Developmental Disabilities, compiled and delivered program presentations, helped write Employment Related Activities Program Manual for Bureau of Intellectual & Developmental Disabilities, secured employment opportunities for developmentally disabled adults, assessed consumer needs and recommended appropriate training to fulfill employment goals, investigated, compiled, and monitored on the job accidents and serious incidents, served as public relations representative for the Intellectual & Developmentally Disabled Program, liaison for janitorial contracts to ensure customer satisfaction, assisted in training staff on crisis prevention, assisted with camps and programs for Individuals with Intellectual Disabilities-Adolescents and Adults, accessed services for consumers to enhance inclusion in the community, provided links to community services for individuals with intellectual disabilities and serious mental illness.

SALES ASSOCIATE   1994-1996
GAYFERS   Hattiesburg, MS
Coordinated sales efforts for house wares, linens, and china, sold merchandise, developed ongoing customer relationships and enhanced future sales, developed special seasonal sales, handled cash transactions, trained new employees, purchased materials, provided customer service via telephone, tracked and expedited orders, cooperated in team endeavors.

CAREER SUMMARY cont.

EMPLOYMENT SPECIALIST/COACH 1993-1994
JOBS FOR MISSISSIPPI GRADUATES, INC. Jackson, MS
Developed employment training materials and implemented employment sessions for high school students, compiled statistical data for employment, terminations, drop out rates, and employer surveys, sought and secured employment opportunities for high school students, counseled and advised students concerning future educational and employment opportunities, taught employment, administration, computer skills and programs, OSHA standards, and employee benefits, served as public relations representative for Jobs For Mississippi Graduates, Inc., organized field trips to various businesses for high school students, coached Jr. high and high school football at Winona High School, served as assistant director and administrator of alternative school for "at risk" students.

ASSISTANT MANAGER 1990-1993
KENTUCKY FRIED CHICKEN Hattiesburg, MS
Compiled payroll and inventory data reports, assisted in overall budget planning, and employee scheduling, recruited, trained, and supervised staff of eighteen employees in all aspects of food services, implemented crisis prevention/solutions and disciplinary actions when necessary, complied with EEOC and OSHA standards.

ASSISTANT MANAGER 1986-1988
THE FITNESS GYM Kilmichael, MS
Compiled gym inventory reports, assisted in purchasing gym equipment and health products, maintained gym facility, assisted clientele with membership and exercise programs, compiled budget reports and related data to general manager.

Certifications and Organizations

➤ American Counseling Association since 2014

➤ Certified in Cognitive Behavioral Therapy since 2007

➤ American Psychological Association-Student Affiliate since 2008

➤ Psi Chi-Walden University Chapter since 2010

➤ Mississippi Counseling Association since 2011

➤ Mississippi Licensed Professional Counselor since 2011

➤ National Board of Certified Counselors since 2011

INTERESTS AND ACTIVITIES

Currently include: Health and fitness, Kabbalah, mysteries of the cosmos, and Jungian spirituality as a component of the human.