

Spiritual Seeking, Narcissism, and Psychotherapy: How Are They Related?

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This study used data from a long-term longitudinal study of men and women to examine the relations among spirituality, narcissism, and psychotherapy. The findings indicated that in late adulthood (age late 60s/mid 70s) spirituality was related to autonomous or healthy narcissism but was unrelated to willful (overt) or hypersensitive (covert) narcissism, two pathological forms of the construct. Autonomy in early adulthood (age 30s) was a significant predictor of spirituality in late adulthood (a time interval of close to 40 years) and this relation was mediated by involvement in psychotherapy in midlife. Autonomy was related positively, and hypersensitivity was related negatively, to concern for the welfare of future generations. These findings are discussed in light of current concerns about the social implications of the therapeutic culture.

INTRODUCTION

A growing proportion of Americans express no religious denominational preference (Hout and Fischer 2002), report a "personal religion" (Smith 2002), and define themselves as spiritual but not religious (Fuller 2001). This trend was foreshadowed by Philip Rieff (1966:2), who prophesized the rise of a "spiritual man" desirous to "preserve inherited morality freed from its hard external crust of institutional discipline." Since then, a number of cultural critics (e.g., Bellah et al. 1985; Lasch 1979; Wuthnow 1998) have expressed concern that a therapeutic, self-centered, and narcissistic individualism is displacing the socially responsible individualism that historically characterized American culture. Bellah and co-authors (1985) contrast the communal ties and responsibilities fostered by traditional forms of religion such as church attendance with the self-serving (narcissistic) quest promoted by a deinstitutionalized spirituality. In this changing cultural landscape, a self-focused psychotherapy is seen as displacing external religious authority as the dominant method of social control (Beit-Hallahmi 1992). The growth of interest in both psychotherapy and spirituality is portrayed as reflecting a desire for immediate gratification among individuals for whom feeling good has become the prime goal in life in an era when the self is threatened by diminished social and personal expectations (Lasch 1979) and a decline in traditional supportive relationships (Bellah et al. 1985).

Writing from within a different paradigm, humanistic psychologists, by contrast, see the focus on the self as a positive personal and social development. Scholars such as Fromm (1947), Maslow (1964), and Rogers (1961) argue that the established social order, tradition, and conventional religion alienate individuals from their fundamental purpose in life, that is, from personal growth and self-realization. In their view, it is only when individuals reclaim their personal freedom (Fromm [1941] 1947, 1965) and self-actualize that altruism/generativity and a mature

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individuated spirituality can flourish (Maslow 1964, 1970). They say little, however, about how the transformation of self-interest into social concern is to be achieved (Wallach and Wallach 1983). Unlike Rieff (1966) and Bellah et al. (1985), humanistic psychologists share Jung's (1943, 1953) belief that the function of psychotherapy is not to prop up a depleted self but to facilitate the growth and development of a vibrant person (see Elkins 1995; Vitz and Modesti 1993).

These alternative views of the links among spirituality, narcissism, and psychotherapy have not been tested empirically. The purpose of this study is to begin to untangle these relations and in doing so to clarify some of the complexity in the relation between spirituality and narcissism. We use data from a 60-year-old longitudinal sample of men and women born in California in the 1920s. The study has extensive social and personality data spanning these individuals' lives as well as the cultural changes associated with the post-1960s' spiritual and therapeutic turn. It thus provides a unique opportunity to explore the connections between spirituality, narcissism, and psychotherapy. The task of empirically investigating these links is difficult, however, because of the conceptual ambiguities associated with both spirituality and narcissism and because scholars from different disciplines or working from within different paradigms construe and evaluate these terms in different ways.

Spirituality

The complex and multifaceted nature of spirituality means that no one definition can account for its many uses (Moberg 2002). Nonetheless, there is a convergence of findings indicating that when asked to describe themselves using closed-response self-report questions, (a) the majority of Americans identify themselves as both religious and spiritual (Hout and Fischer 2002; Zinnbauer et al. 1997), and (b) a distinct minority of around 20 percent report being spiritual but not religious (Fuller 2001; Roof 1993; Zinnbauer et al. 1997). This latter group, labeled by Roof (1993) as highly active seekers, is distinguished from highly religious individuals by a stronger emphasis on the experience of connectedness/oneness with a higher power or nature (Zinnbauer et al. 1997); seeking of personal/existential meaning (Zinnbauer, Pargament, and Scott 1999); rejection of traditional organized religion in many instances in favor of New Age religious practices; and greater individualism and personal autonomy (Roof 1993; Wuthnow 1998). The main source of overlap between self-reported religiousness and spirituality is that high scorers on both tend to share a belief in the importance of private aspects of religion, such as belief in a higher power and prayer (see Hill et al. 2000).

In our research we have operationalized spirituality in terms of the importance of noninstitutionalized or non-tradition-centered religious beliefs and practices (Wink and Dillon 2002, 2003) in the life of the individual (e.g., emphasis on sacred connectedness with God or nature; blending of diverse religious and mythical traditions). Our definition was designed to measure spiritual seeking that, as described by Roof (1993, 1999) and Wuthnow (1998), is characterized by an emphasis on individual autonomy and negotiation among diverse resources in the search for sacred meaning. In our usage, spirituality involves a search for sacred rather than secular or existential meaning, it requires that the individual engage in intentional practices aimed at relating to the sacred, and it overlaps moderately with a more conventional form of religiousness associated with acceptance of traditional religious authority (Wink and Dillon 2003). We believe that operationalizing spirituality in terms of seeking is particularly apt for testing alternative views of the spirituality-narcissism-psychotherapy connection because it captures the privatized, individualistic, and questing aspects of spiritual seeking evoked by both cultural critics and humanistic psychologists, characteristics that are also associated with many forms of therapeutic engagement (e.g., Bellah et al. 1985; Beit-Hallahmi 1992; Wuthnow 1998).

Narcissism

Narcissism, too, is a complex concept. In popular usage following the destructive fate that befell the mythological Narcissus, it is customary to think of narcissism in negative terms. Yet in the clinical literature, narcissism is evaluated in a more differentiated way (Jacoby 1990; Stone 2000). Construed broadly as self-investment, narcissism constitutes one of two fundamental personality constellations (Blatt and Shichman 1983; Freud [1914] 1953; Rank 1945). What clinicians refer to as psychologically "healthy" or "normal" narcissistic processes include creativity, wisdom, and empathy that express a robust and autonomous level of self-investment (Kohut 1977; Stone 2000). Pathological or unhealthy narcissistic processes include an exaggerated self-entitlement, exploitativeness, and grandiosity (Kernberg 1986). Among the pathological forms, overt or "willful" narcissism is characterized by external grandiosity and exhibitionism, and covert or "hypersensitive" narcissism is characterized by resentment, depletion, lack of well-being, and relational problems due to the individual's covert sense of entitlement and grandeur (Cooper 2000; Gabbard 1989; Kernberg 1986; Wink 1991a). The contrasting personality type to narcissism is other-directedness, which ranges from a psychologically healthy emphasis on maintaining warm and unconflicted relations with others and upholding rules of social conduct, to a less psychologically healthy overdependence on others, repression of needs, and bland conventionality (see, e.g., Rank 1946).

Among the three types of narcissism, hypersensitive narcissism crystallizes that evoked by Bellah et al. (1985:138–39), who discuss individuals whose relationships are primarily based on therapeutic self-interests and feelings. They use others to mask and hide from their own fragmented (or empty) self (Lasch 1979; Sennett 1977). Hypersensitive narcissists also display the despair, fragility, and the search for deliverance from self-pain portrayed as characterizing spiritual seekers (Beit-Hallahmi 1992; Wuthnow 1998). Hypersensitive narcissists, moreover, unlike their willful (overtly grandiose) counterparts, tend to be introverted (Wink 1991b, 1992) and, therefore, may opt for privatized solutions to their problems that involve a reliance on psychotherapy and/or spirituality.

Healthy or autonomous narcissism is different. It, too, focuses on the self but the self-investment does not derive from vulnerability but from an openness to new experiences and an interest in personal growth (Wink 1991b, 1992; Stone 2002). The self-seeking is driven by a quest to discover new aspects of the self and, especially in mid-life (Jung [1943] 1953, 1963), to integrate different aspects of the self rather than deliver the self from despair. For autonomous narcissists, then, recourse to spirituality would be an outgrowth of their self-exploration and self-realization (e.g., Jung [1943] 1953; Maslow 1970). This process may be abetted by involvement in psychotherapy in middle adulthood because, according to Jung ([1943] 1953), the focus of psychotherapy typically shifts at midlife from concern with adaptation to external reality to an emphasis on questions of personal meaning. It is, perhaps, not accidental that following the cultural stress on conformity and personal adaptation (other-directedness) of the 1950s (Riesman 1950), the 1960s witnessed a compensatory shift in focus to self-directedness or narcissism.

Psychotherapy

During the interval that our study participants were in early and middle adulthood (the 1950s to the beginning of the 1980s), the American psychotherapeutic scene was dominated by long-term psychoanalysis aimed at personal growth through the process of resolution of repressed conflicts, and short-term behavior therapy designed to provide solutions to well-defined problems in psychological functioning (Bergin and Garfield 1994). The late 1950s also witnessed the popularization of the humanist "third force" movement, including client-centered (Rogers 1961) and gestalt (Perls, Hefferline, and Goodman 1951) therapies aimed at promoting the process of

self-actualization. In addition, Americans had access to various types of counseling therapies focused on the resolution of marital and family problems.

In this study, we measured involvement in psychotherapy on a three-point rating scale assessing the length of participation in therapy or counseling without attempting to differentiate between the various therapeutic modalities. The rating scale has the advantage of providing a parsimonious measure of the nonspecific effects of psychotherapy. It has the disadvantage, however, of not allowing us to make inferences about the specific mechanism that may account for any effect of psychotherapy on spiritual development. This interpretive ambiguity is further heightened because most individuals seek psychotherapy due to personal turmoil and stress. As a result, involvement in psychotherapy may serve as a proxy for the experience of emotional pain that propels the individual to seek counseling. Thus, a positive relation between involvement in psychotherapy and spiritual seeking may be attributable to the experience of personal turmoil rather than reflecting the beneficial effect of therapy. In previous research, the presence of negative life events was related to positive personal growth, including the development of wisdom (Kramer 1990) and spirituality (Wink and Dillon 2002).

Hypotheses

Our first hypothesis tests the relation between spirituality and narcissism in late adulthood, a time when, according to both Jung ([1943] 1953) and cognitive theorists (e.g., Sinnott 1994), spirituality should be strongest. If our interpretation of the “cultural criticism” thesis is correct, we should expect spirituality to be associated with hypersensitive narcissism. If the self-growth/self-realization thesis is correct, we should expect a positive relation between spirituality and healthy or autonomous narcissism. In our analyses, we control for (a) religiousness, because the partial overlap between spirituality and religiousness (Wink and Dillon 2003) may dampen the self-focus of spirituality and consequently obscure its link with pathological narcissism; (b) social class and gender, because high social status (Wuthnow 1998) and being female (Beit-Hallahmi and Argyle 1997) are positively associated with spirituality; and (c) cohort, because the younger-age participants in our study (born in 1928–1929) may have been more influenced than the older-age participants (born in 1920–1921) by the cultural changes associated with the 1960s (e.g., the increased prevalence of psychotherapy (Bergin and Garfield 1994), narcissism (Lasch 1979), and spirituality (e.g., Wuthnow 1998)).

Our second hypothesis tests a developmental (mediational) model of the temporal relation between narcissism, psychotherapy, and spirituality. If there is a significant association between hypersensitive narcissism in early adulthood and spirituality in late adulthood, path analysis will be used to test whether this relation is mediated by psychotherapy in middle adulthood. If there is a positive relation between autonomous narcissism in early adulthood and spirituality in late adulthood, path analysis will be used to test whether psychotherapy in middle adulthood mediates this relation. We do not expect willful narcissism in early adulthood to be related either to spirituality in late adulthood or psychotherapy in middle adulthood. In the path analyses, we will control for religiousness, spirituality, and psychotherapy in early adulthood to assess their influence on the hypothesized developmental relations between narcissism in early adulthood and spirituality in late adulthood, and to establish whether there are additional developmental paths to spirituality in late adulthood.

Finally, we test the relation between narcissism and concern for the welfare of future generations, what Erikson (1963) called generativity (see also Bellah et al. 1991). We hypothesize that generativity in late adulthood will be negatively related to hypersensitive narcissism but may be positively related to autonomous narcissism. We do not hypothesize a relation between willful narcissism and generativity. Establishing the nature of the association between narcissism and generativity will strengthen our ability to comment on the social implications of the purported link between narcissism and spirituality.

Sample

The data come from the Intergenerational Studies established by the Institute of Human Development (IHD) at the University of California, Berkeley in the 1920s. The original sample was a representative sample of new-born babies in Berkeley (California) in 1928/1929 (the Berkeley Guidance Study), and of preadolescents (ages 10–12 years) selected from elementary schools in Oakland (California) in 1931 and who were born in 1920/1921 (the Oakland Growth Study). Both samples were combined into a single study in the 1960s (Eichorn 1981). The participants were studied intensively in childhood and adolescence and interviewed in depth four times in adulthood: in *early adulthood* (age 30s; interview conducted in 1958), *middle adulthood* (age 40s; 1970), *late middle adulthood* (age 50s/early 60s; 1982), and *late adulthood*, when the participants were in their late 60s or mid 70s (1997–2000). At each interview phase, the participants also completed self-administered questionnaires.

Three hundred individuals took part in at least one of the three assessments conducted between early and late middle adulthood. By late adulthood, 26 percent of these individuals had died. Of the remainder, 1 percent had become seriously cognitively impaired, 7 percent were noncontactable, and 5 percent declined to participate. Of the available participants (neither dead, noncontactable, or severely cognitively impaired), 90 percent ($N = 184$) were assessed in late adulthood. Prior analyses indicated very little bias due to sample attrition other than a slight tendency for lower participation rates among individuals with lower levels of education (Clausen 1993; Wink and Dillon 2002).

Characteristics of the Sample

In the current sample, 53 percent are women and 47 percent are men; 36 percent were born in the early 1920s and 64 percent were born in the late 1920s. All but six of the participants are white, a reflection of the small number (less than 4 percent) of nonwhites living in the Bay Area in the 1920s when the sample was drawn (Eichorn 1981). Forty-seven percent are college graduates, a figure that is substantially higher than for same-age Americans nationwide, which is approximately 20 percent (Smith 2003:3), but slightly more typical of educational levels in California (Stoops 2004:9). In late middle adulthood, 59 percent of the participants (or their spouses) were upper middle class professionals or executives, 19 percent were lower middle class, and 22 percent were working class. In late adulthood, 71 percent (85 percent of men and 55 percent of women) were living with their spouse or partner (paralleling same-age national census data: 77 percent of men and 53 percent of women (Smith 2003:3)), and 69 percent of the sample's couple-households had an annual income over \$40,000—higher than the comparable figure (49 percent) for same-age married households nationwide (Smith 2003:4). The study participants resided primarily in Northern (69 percent) or Southern (12 percent) California, and the Western or Southwestern states (12 percent).

The majority of the sample (73 percent) grew up in Protestant families (similarly, 68 percent of Americans born in the 1920s are Protestant); 16 percent grew up in Catholic households, 5 percent grew up in mixed religious households, and 6 percent came from nonreligious families. In late adulthood, 58 percent of the study participants were Protestant (and of these, 78 percent were members of mainline denominations, primarily Presbyterian, Episcopalian, and Methodist); 16 percent were Catholic, 2 percent were Jewish, and 24 percent were not church members. Forty-nine percent of the participants self-identified as Republican, 30 percent as Democrat, and 21 percent as independent; this distribution closely approximates political affiliation data for mainline Protestants in the Pacific region where the respective percentages are 51 percent, 36 percent, and 18 percent.¹ Forty-five percent reported weekly church attendance and 81 percent

said that religion was important in their lives. These figures closely parallel national polls; 52 percent of Americans in the 65- to 74-year age category attend church weekly and 90 percent say that religion is important in their lives (Gallup and Lindsay 1999:10, 14–15). In sum, with the exception of race, higher education and income, the religious and other social characteristics of the sample closely resemble their population peers.

Measures

Spirituality

Spirituality was defined in terms of the importance of noninstitutionalized or non-tradition-centered religious beliefs and practices in the life of the individual (Wuthnow 1998; Roof 1999). It was coded on a five-point scale independently by two raters using responses to structured open-ended questions on religion from transcripts of interviews conducted with the participants at each of the assessments (see Wink and Dillon 2002, 2003 for a more detailed description of the ratings and the rating process). A high score indicated that noninstitutionalized religion or non-tradition-centered religious beliefs and practices played a *central* role in the individual's life. The person expressed awareness of sacred connectedness with God, a higher power, or nature, and systematically engaged in intentional spiritual practices (e.g., Eastern meditation, Shamanistic journeying, centering, or contemplative prayer) on a regular basis. The Kappa index of reliability for the two sets of ratings of spirituality was 0.74 for ratings in early adulthood and 0.63 for ratings in late adulthood, $p < 0.001$. In late adulthood, spirituality correlated moderately ($r(156) = 0.34$) with the nonorganized religious activities subscale of Koenig et al.'s (1997) Religious Index. Using a cut-off score of 2.5 on the five-point scale, 24 percent of the study participants were rated as high in spirituality, a number that approximates the 20 percent of individuals who describe themselves as spiritual but not religious in self-report surveys (e.g., Fuller 2001).

Narcissism

Three types of narcissism (autonomous, hypersensitive, and willful) were assessed with scales developed by Wink (1992) for the California Adult Q-Sort (CAQ; Block 1978), an observer-based, ipsative measure of personality and social behavior that requires raters to sort a deck of 100 items into nine forced categories ranging from extremely characteristic to extremely uncharacteristic. Independent panels of three raters used the interview transcripts for the assessments in early and late adulthood to provide composite CAQ ratings of personality and social functioning for each participant at each of the two assessment points. The *CAQ Autonomy Scale* assessed autonomous (healthy) narcissism and identified it as consisting of 11 items (8 positive and 3 negative), including "values own independence and autonomy," "has high aspiration for self," and "has a wide range of interests," and (negatively) "is genuinely submissive," and "judges self and others in conventional terms and social pressure." The *CAQ Hypersensitivity Scale* measured covert pathological narcissism and identified it as consisting of 12 items (7 positive and 5 negative), including "is thin skinned and sensitive to slight," "has hostility toward others," "is sensitive to demands," and (negatively) "tends to arouse liking and acceptance in people." The *CAQ Willfulness Scale* measured overt pathological narcissism and consisted of 10 items (8 positive and 2 negative), including "is self-indulgent," "shows condescending behavior toward others," "is manipulative and opportunistic," and (negatively) "has a readiness to feel guilt."

In the present study, the alpha coefficient of reliability for the three CAQ narcissism scales in late adulthood ranged from a low of 0.75 for the willfulness scale to a high of 0.92 for the hypersensitivity scale. As shown in Table 2, the intercorrelations among the three narcissism scales ranged from low to moderate. In previous research, autonomous narcissism was associated with creativity, empathy, introspection, openness to new experiences, and self realization;

hypersensitive narcissism was associated with marital and family conflict, low need for affiliation, hostility, and depression; and willful narcissism was associated with rebelliousness, aggressiveness, exhibitionism, impulsivity, and extroversion (Wink 1991a, 1991b, 1992).

Involvement in Psychotherapy

Involvement in psychotherapy was coded on a three-point scale independently by two raters using answers to open-ended questions in early and middle adulthood about the individual's involvement in psychotherapy (e.g., psychoanalytic psychotherapy, marriage, and other forms of counseling) and the duration of involvement. Transcripts of interviews conducted with the participants (i) when they were in their 30s (1958) were used to code for *involvement in psychotherapy in early adulthood* (age range early 20s and 30s); and (ii) when they were in their 40s and 50s (1970 and 1982) were used to score *involvement in psychotherapy in middle adulthood* (age range late 30s to mid 50s). A score of 3 indicated that the individual had been in therapy during the specified interval for at least three consecutive sessions. A score of 2 indicated sporadic therapy involvement (e.g., less than three consecutive sessions). A score of 1 indicated that the individual had no therapy. The Kappa index of reliability for the two sets of ratings of therapy involvement was 0.91 for early, and 0.97 for middle adulthood. In middle adulthood (i.e., between 1958 and 1982), 25 percent of the IHD participants indicated at least some involvement in psychotherapy; a figure comparable to national rates of visits to office-based psychiatrists by middle-aged individuals during this time period (20 percent in 1975–1976 and 25 percent in 1980–1981 according to the National Health Survey 1985).

Generativity

The *Loyola Generativity Scale* (LGS), is a well-validated 20-item self-report measure that uses a four-point Likert scale to gauge an individual's concern for the next generation. High scores on the LGS have been positively associated with scores on a behavior checklist of generative acts (e.g., attendance at community or neighborhood meetings; teaching somebody a skill), and the presence of generative themes in autobiographical narratives of recent life experiences (McAdams and de St. Aubin 1992). In this study we included scores on the overall LGS as well as its *Altruism Subscale* because this subscale specifically assesses responsibility for one's neighborhood, and commitment to different social groups and organizations (see Dillon, Wink, and Fay 2003), concerns that are central to our interest in the relation between narcissism and social involvement. The alpha reliability for the LGS was 0.83 and for the five-item altruism subscale was 0.64.

Control Variables

Gender was measured with a 1/0 dummy variable (1 = woman; 0 = man). *Cohort* was measured with a 1/0 dummy variable (1 = belonging to the older age group, born 1920–1921; 0 = belonging to the younger age group, born 1928–1929). *Social class* in late adulthood was measured with the five-point Hollingshead Social Class Index (Hollingshead and Redlich 1958) based on self-report of preretirement occupational status of self or spouse. *Religiousness* in early adulthood was coded reliably on a five-point scale by two independent raters using responses to structured open-ended questions on religion from transcripts of interviews conducted with the participants in early (age 30s) and late (age late 60s/mid 70s) adulthood. Religiousness was defined in terms of the importance of institutionalized or tradition-centered religious beliefs and practices in the life of the individual (Wink and Dillon 2003; Wuthnow 1998). The Kappa index of reliability for the ratings of religiousness in early and late adulthood was 0.68 and 0.70, respectively. As shown in Table 2, the correlation between our measures of religiousness and spirituality was 0.26.

Plan of Analyses

Linear regressions were used to test the relation between narcissism and spirituality in late adulthood while controlling for religiousness, social class, gender, and cohort. The second hypothesis regarding narcissism in early adulthood, psychotherapy involvement in middle adulthood, and spirituality in late adulthood was tested via path analysis using LISREL 8.2 software (Jöreskog and Sörbom 1996). Ideally, the LISREL software is used in structural equation modeling (SEM). In SEM, measurement error is disattenuated from the observed measures of constructs, thus allowing for the estimate and use of the “true” or latent scores in causal modeling. However, we decided to perform a special case of SEM—path analysis—in which the causal model is estimated with observed (not latent) variables. This choice was appropriate because most of our composite measures (e.g., spirituality, religiousness, involvement in psychotherapy) were derived from independent ratings that could not be used as multiple indicators of a single latent construct because of multicollinearity violations. Instead, we chose a path analysis approach and retained these variables in their observed format (e.g., average of ratings). Path analysis using observed variables has been successfully performed by others using the LISREL software (see, e.g., Jöreskog and Sörbom 1996: Example 3; Brage and William 1994).

To test whether psychotherapy in middle adulthood mediated the relation between narcissism (autonomous and/or hypersensitive) in early adulthood and spirituality in late adulthood, we estimated two models (see Figure 1). The first model (i.e., the “primary model”) estimated the effects of narcissism and three control variables (spirituality, religiousness, and psychotherapy in early adulthood) on spirituality in late adulthood without considering the relation between psychotherapy in middle adulthood and narcissism in early adulthood or the relation between psychotherapy in middle adulthood and spirituality in late adulthood. These two paths (shown as dotted lines in Figure 1) were estimated in the second model (i.e., the “mediation model”) to test for the mediating effect of psychotherapy in middle adulthood. If therapy in middle adulthood acts as a full mediator in the relation between narcissism in early adulthood and spirituality in late adulthood in

FIGURE 1
HYPOTHESIZED THEORETICAL MODELS

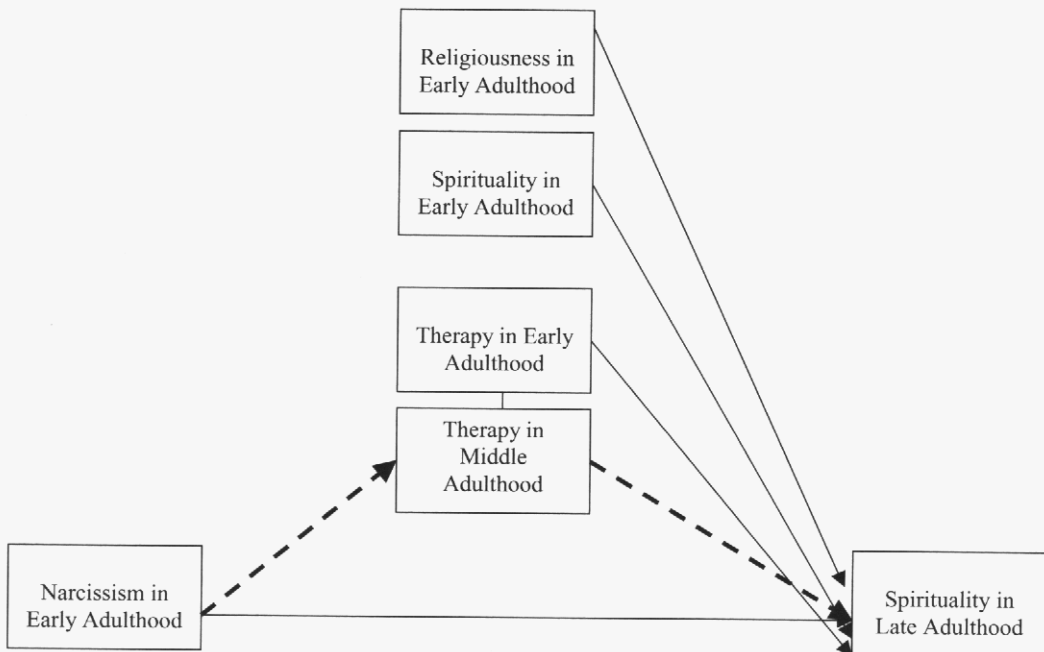


TABLE 1
LINEAR REGRESSIONS PREDICTING NARCISSISM IN LATE ADULthood
FROM SPIRITUALITY AND CONTROL VARIABLES IN LATE ADULthood

| Characteristics in Late Adulthood | Narcissism in Late Adulthood | | |
|-----------------------------------|------------------------------|----------------|---------|
| | Autonomous | Hypersensitive | Willful |
| Spirituality | 0.39** | −0.03 | 0.05 |
| Religiousness | −0.17* | −0.21* | −0.23* |
| Social class | 0.38** | −0.03 | −0.04 |
| Gender | −0.06 | −0.02 | −0.10 |
| Cohort | −0.08 | −0.11 | 0.00 |
| R ² | 0.22** | 0.06 | 0.07 |
| df | (5,137) | (5,137) | (5,137) |

p* < 0.05; *p* < 0.01; two-tailed.

late adulthood, then the path depicting the relation between narcissism in early adulthood and spirituality in late adulthood should be reduced to zero (i.e., statistical nonsignificance) after the addition of the mediating path (i.e., psychotherapy in middle adulthood) to the primary model. Because both models are nested within each other, they are therefore statistically comparable through the general hypothesis testing ($\Delta\chi^2$ comparison). The third hypothesis testing the relationship between narcissism (in early and late adulthood) and generativity in late adulthood was tested using the Pearson product moment correlation coefficient.

RESULTS

Relations Between Narcissism and Spirituality in Late Adulthood

In late adulthood, as shown in Table 1, spirituality was associated positively with autonomous (healthy) narcissism and was unrelated to hypersensitivity and willfulness (the two pathological types).² Among the control variables, religiousness was associated negatively with all three types of narcissism, and social class was positively related to autonomy.

Relations Among Narcissism, Psychotherapy, Spirituality, and Religiousness Across Adulthood

Among the three narcissism scales scored in early adulthood only autonomy correlated positively with spirituality in late adulthood, thus replicating findings obtained using measures of narcissism scored in late adulthood (see Table 2). Hypersensitivity correlated positively with involvement in psychotherapy in early and middle adulthood and autonomy correlated positively with psychotherapy in middle adulthood. Psychotherapy in early and middle adulthood correlated positively with spirituality in late adulthood. Spirituality in late adulthood correlated positively with spirituality and religiousness in early adulthood.

Because neither hypersensitivity nor willfulness in early adulthood was significantly correlated with spirituality in late adulthood, we did not test whether psychotherapy in middle adulthood was a mediator of the relation between hypersensitivity and willfulness in early adulthood and spirituality in late adulthood. To do so would have required a significant relation between either type of pathological narcissism in early adulthood and spirituality in late adulthood (so that we

TABLE 2
INTERCORRELATIONS AMONG MEASURES OF NARCISSISM,
PSYCHOTHERAPY, SPIRITUALITY, AND RELIGIOUSNESS ACROSS
ADULTHOOD

| Characteristics | Characteristics | | | | | | | |
|---------------------|-----------------|--------|-------|--------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Late adulthood | | | | | | | | |
| 1. Spirituality | — | 0.38** | 0.03 | 0.22** | −0.14 | 0.39** | 0.35** | 0.37** |
| Middle adulthood | | | | | | | | |
| 2. Psychotherapy | | — | 0.20* | 0.30** | 0.12 | 0.41** | 0.06 | −0.07 |
| Early adulthood | | | | | | | | |
| 3. Hypersensitivity | | | — | −0.20* | 0.36** | 0.26** | −0.03 | 0.00 |
| 4. Autonomy | | | | — | −0.11 | 0.07 | 0.09 | −0.06 |
| 5. Willfulness | | | | | — | 0.16 | 0.05 | −0.03 |
| 6. Psychotherapy | | | | | | — | 0.17* | −0.06 |
| 7. Spirituality | | | | | | | — | 0.26** |
| 8. Religiousness | | | | | | | | — |

Note: $N = 144$; * $p < 0.05$; ** $p < 0.01$; two-tailed.

could compare the goodness of fit between models including and excluding the indirect path from pathological narcissism to psychotherapy to spirituality), and this was not the case.

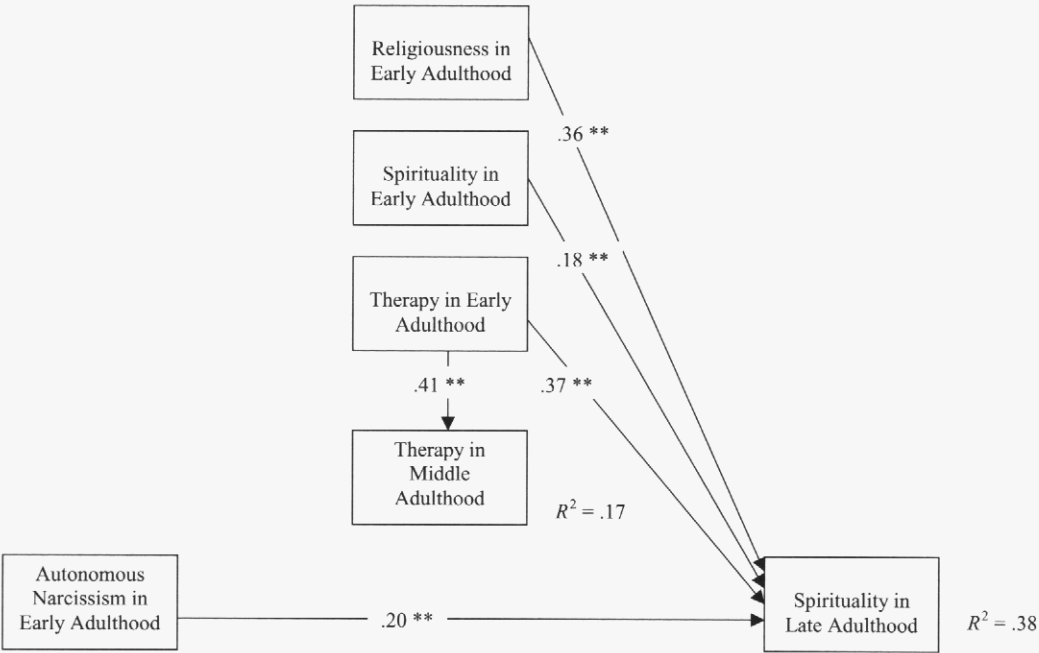
Developmental Relationship Between Narcissism, Psychotherapy, and Spirituality

The standardized results for the path analysis testing the relation between autonomy in early adulthood, psychotherapy in middle adulthood, and spirituality in late adulthood are shown in Figure 2 (for the “primary model”) and Figure 3 (for the “mediation model”). The model summaries and model comparisons are shown in Table 3. The results indicate that the primary model was a relatively poor fit with the data. The χ^2 value of 25.34 ($df = 4$, $p < 0.001$) was statistically significant, which indicates a significant discrepancy between the data and the hypothesized model. The goodness-of-fit indices also indicated a poor fit for this model: GFI = 0.95 and AGFI = 0.73; in a good fit, these indices should be approaching the value of 1.00. Finally, the RMSEA value of 0.18 was well above the recommended cut-off point of 0.05.

In contrast, the mediation model showed a much better fit with the data: a nonsignificant χ^2 value of 0.35 ($df = 2$, $p = 0.84$) suggests that the data and the model were congruent. The goodness-of-fit indices also indicated a better fit for this model: GFI = 1.00 and AGFI = 0.99. The RMSEA value of 0.00 was well below the recommended cut-off point of 0.05. Finally, the results of the $\Delta\chi^2$ comparison (see Table 3) show that, indeed, the mediation model was a significantly better fit with the data than was the primary model.

In further support of the mediation model, the statistically significant path depicting the relation between autonomous narcissism in early adulthood and spirituality in late adulthood ($\gamma = 0.20$, $p < 0.05$) was, technically, reduced to zero ($\gamma = 0.13$, ns) after the mediating (and statistically significant) paths showing the relation between (a) autonomous narcissism in early adulthood and psychotherapy in middle adulthood and (b) psychotherapy in middle adulthood and spirituality in late adulthood were added to the model (compare Figures 2 and 3). It should be noted that all three of the control variables from early adulthood (spirituality, religiousness, and psychotherapy) had a significant path to spirituality in late adulthood.

FIGURE 2
COMPLETELY STANDARDIZED SOLUTION: PRIMARY MODEL (N = 144)



Narcissism and Generativity

As shown in Table 4, autonomous narcissism in early and late adulthood correlated positively with scores on the overall LGS and its altruism subscale in late adulthood. Hypersensitivity in

FIGURE 3
COMPLETELY STANDARDIZED SOLUTION: MEDIATION MODEL (N = 144)

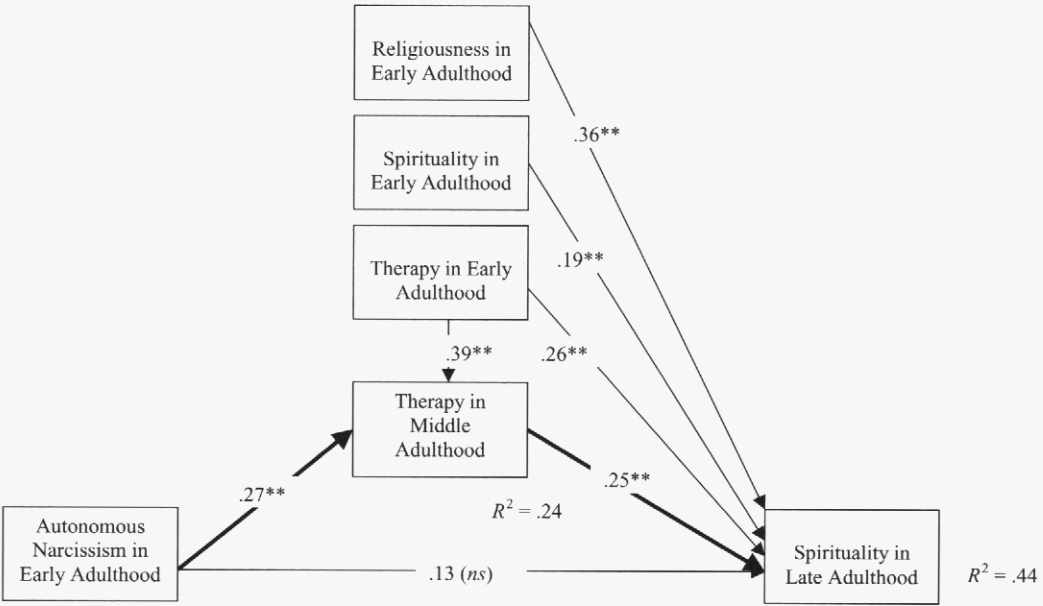


TABLE 3
FIT INDICES SUMMARY AND NESTED MODELS COMPARISON

| Model | χ^2 ($N = 144$) | df | p | RMSEA | GFI | AGFI |
|----------------------------------|------------------------|------|--------------------|-------|------|------|
| Model 1: Primary model | 25.34 | 4 | <0.001 | 0.18 | 0.95 | 0.73 |
| Model 2: Mediation model | 0.35 | 2 | 0.84 (<i>ns</i>) | 0.00 | 1.00 | 0.99 |
| $\Delta\chi^2$ (Model 1–Model 2) | 24.99 | 2 | <0.001 | | | |

late—but not early—adulthood correlated negatively with both the overall LGS and its altruism subscale. Willfulness and generativity were unrelated. These results were unchanged when we redid the analyses using linear regressions in which social class, gender, and cohort were controlled (data not shown).

DISCUSSION

In this study, we used long-term longitudinal data from a sample of men and women born in California in the 1920s to investigate the relations between spirituality, narcissism, and psychotherapy. Our first aim was to establish whether narcissism and spirituality were related and, if so, whether spirituality was associated with pathological (hypersensitive) and/or healthy (autonomous) narcissism. The second goal was to test whether the relation between narcissism in early adulthood and spirituality in late adulthood was mediated by involvement in psychotherapy in middle adulthood. The final aim was to explore the relation between narcissism and generative concern for others.

Our findings offer partial support for the “cultural criticism” hypothesis. Hypersensitive narcissism in early adulthood (the type associated with a depleted self) was positively related to involvement in psychotherapy in both early and middle adulthood, and psychotherapy in middle adulthood was correlated with spirituality in late adulthood. However, we found no relationship between spirituality in late adulthood and hypersensitive narcissism assessed in either early or late adulthood. Spirituality was also unrelated to willfulness, a form of pathological narcissism characterized by an overt expression of self-indulgence, condescension, and impulsivity. The fact that in late adulthood hypersensitivity was negatively related to generativity and altruism supports concerns expressed about the lack of social responsibility related to narcissism (e.g., Bellah et al. 1985), and also suggests that the ability to take care of future generations—an attitude that

TABLE 4
CORRELATIONS BETWEEN NARCISSISM IN EARLY AND LATE ADULTHOOD
AND GENERATIVITY IN LATE ADULTHOOD

| Generativity in Late Adulthood | Narcissism | | |
|--------------------------------|------------|----------------|---------|
| | Autonomous | Hypersensitive | Willful |
| Late Adulthood | | | |
| Loyola Generativity Scale | 0.40* | −0.23** | −0.07 |
| Altruism | 0.44** | −0.32** | −0.14 |
| Early Adulthood | | | |
| Loyola Generativity Scale | 0.26** | 0.03 | −0.01 |
| Altruism subscale | 0.23* | −0.02 | 0.01 |

Note: $N = 144$.
* $p < 0.05$; ** $p < 0.01$; two-tailed.

entails faith in the human species—is premised on a “healthy” sense of self (Erikson 1963; Fromm [1941] 1947, 1965).

The self-growth hypothesis linking spirituality to healthy narcissism (Jung [1943] 1953; Maslow 1970) was fully supported by our data. In late adulthood, spirituality was positively related to autonomy, a type of healthy narcissism or self-investment that is characterized by personal independence, high self-aspirations, and resistance to social pressure. The positive relation between spirituality and autonomy remained when the overlap among spirituality, religiousness, and social class was controlled.

Taken on its own, the fact that spirituality was related to healthy rather than pathological narcissism does not fully deflect the concerns expressed regarding the potentially detrimental effect of spirituality on social responsibility and commitment (e.g., Bellah et al. 1985; Rieff 1966; Tipton 1982; Wallach and Wallach 1983; Wuthnow 1998). It is quite conceivable that spirituality and autonomy are associated with an individual’s healthy, but nonetheless self-focused, tendency to “bowl alone” (Putnam 2000) rather than to engage in communal and social activities. This interpretation is challenged, however, by this study’s findings of a positive relation between autonomy (assessed in early and late adulthood) and generativity in late adulthood. In this sample, autonomous individuals were also likely to be socially responsible and to show concern for the well-being of others and their community. Previous research using the IHD data documented a positive relation between spiritual seeking and various aspects of generativity (Dillon, Wink, and Fay 2003). This study’s results support and strengthen the previous study by demonstrating that spirituality in late adulthood is related to a personality configuration—autonomous or healthy narcissism—that, like spirituality, is also related to concerns for others.

From a developmental perspective, there was a significant direct pathway leading from autonomy in early adulthood to spirituality in late adulthood, a time interval of close to 40 years. However, a model that included psychotherapy in middle adulthood as a mediator of the relationship between autonomy and spirituality provided a better fit with the data. Thus, our results indicated that spirituality in late adulthood was particularly characteristic of individuals who in early adulthood (age 30s) were characterized by independence, high aspirations, and unconventionality, and who subsequently in midlife entered psychotherapy. Although both autonomous (healthy) and hypersensitive (pathological) narcissism in early adulthood were related to involvement in psychotherapy in middle adulthood, only autonomous narcissism was related to spirituality in late adulthood. This suggests that spirituality is an outgrowth of ego strength (autonomy) rather than fragility (hypersensitivity) or a depleted self.

The fact that we used a global measure of psychotherapy that did not differentiate between the various therapeutic modalities prevents us from pinpointing the exact mechanism underlying the positive role played by psychotherapy in the development of spirituality. It may be the case that, as Jung argued, the therapeutic encounter enables middle-aged individuals who have the necessary ego strength and curiosity to develop an interest in the ephemeral and numinous, a concern that tends to be suppressed in early adulthood. We cannot rule out other explanations, however, including the possibility that our measure of psychotherapy served as a proxy for the experience of negative or stressful life events. It may be the experience of personal turmoil rather than psychotherapy per se that is conducive to spiritual growth. The Jungian and negative life events hypotheses are clearly not mutually exclusive because personal autonomy, psychotherapy, and the experience of negative life events may all interact in facilitating the development of spirituality in the second half of adulthood.

The path-analytic model also showed that spirituality in late adulthood was related in early adulthood not only to autonomy but also to all three of the control variables scored using data collected in early adulthood: religiousness, spirituality, and psychotherapy. This raises the possibility that there is more than one developmental pathway to spirituality in late adulthood. It seems of particular interest to know what personal and environmental characteristics facilitate the shift from adherence to traditional forms of religion (religiousness) in early adulthood to a

more “seeker” spirituality in late adulthood. This question, however, falls outside the scope of the present study.

The generalizability of our findings is limited because our sample, though representative of the community from which it was originally drawn, comprises mostly white, predominantly mainline Protestant individuals who were born in California in the 1920s. Although, as indicated, the salient social characteristics of our sample closely approximate national norms (with the exception of race, education, and income), it would be interesting to investigate whether similar results would emerge in studies using more ethnically, religiously, and geographically diverse samples. It is also important to examine whether the relations among spirituality, narcissism, psychotherapy, and generativity that we observed might be modified by some of the generation and age-specific sociocultural experiences of different birth cohorts. It is conceivable that, for example, the spirituality-narcissism-psychotherapy connection is different among baby boomers (born in the 1940s and 1950s) compared to their parents’ generation (the peers of our sample born in the 1920s). Further, our research uses a practice-oriented definition of spirituality; less disciplined forms of spirituality may be more strongly related to the depleted self characteristic of pathological narcissism.

Nonetheless, the significance of this study lies in showing that spirituality, when operationalized in terms of intentional sacred practices, is associated with a healthy form of narcissism characterized by personal autonomy and with concern for the welfare of future generations. Moreover, psychotherapy in middle adulthood mediated the relation between healthy narcissism in early adulthood and spirituality in late adulthood. Although psychotherapy’s focus on the self and an individualized spirituality that is autonomous of institutionalized religious authority may both be seen as outgrowths of secularization, the developmental pathway linking psychotherapy and spirituality indicates that there is still space for religious interests in the self-seeking of the modern autonomous individual. The therapeutic does not displace but coexists and interacts with a quest for sacred meaning. This suggests that the process of secularization is not an all-encompassing process (cf. Weber [1904–1905] 1958). By the same token, the impact of a psychotherapeutically mediated, autonomous spirituality is not necessarily detrimental to social commitment. The rise of the therapeutic is not incompatible with meaningful spiritual engagement. Spiritual seeking is indeed different from participation in institutionalized religion, but both are concerned with relating the self to a reality outside the self (Dillon and Wink 2004). As such, we should not be surprised that social commitment can be an outcome of either religious orientation, though their pathways may differ.

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NOTES

1. These percentages are derived from survey data collected by the Bliss Institute at the University of Akron (1992–2000) and available to the second author as part of the Religion by Region project sponsored by the Leonard Greenberg Center for the Study of Religion in Public Life, Trinity College, Hartford, CT.
2. A drop in the number of participants in the regression and all subsequent analyses from 184 to 144 is because not everyone who was assessed in late adulthood participated in all of the previous assessments. A *t*-test comparison of the 144 participants who were assessed at all time periods with the 40 participants who were not revealed no differences in spirituality, autonomy, willfulness, and hypersensitivity as measured in late adulthood $t(37143) = 1.27, -0.35, 0.46$, and 0.00 , respectively.

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