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Response to "Commentary on 'Existential Well-Being

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Published in:
JOURNAL OF NERVOUS AND MENTAL DISEASE

DOI:
[10.1097/NMD.0000000000000653](https://doi.org/10.1097/NMD.0000000000000653)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Final author's version (accepted by publisher, after peer review)

Publication date:
2017

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Visser, A., Garssen, B., & Vingerhoets, A. J. J. M. (2017). Response to "Commentary on 'Existential Well-Being: Spirituality or Well-Being?'. *JOURNAL OF NERVOUS AND MENTAL DISEASE*, 205(3), 249-250. <https://doi.org/10.1097/NMD.0000000000000653>

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This paper was published as Visser, A., Garssen, B., & Vingerhoets, A.J.J.M. (2017). Response to “Commentary on ‘Existential Well-Being: Spirituality or Well-Being? The Journal of Nervous and Mental Disease, 205(3), 249-250. DOI: 10.1097/NMD.0000000000000653

Running title: Response to commentary MacDonald

Response to “commentary on “Existential well-being: Spirituality or well-being?””

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Conflicts of Interest and Source of Funding

No conflicts of interest declared.

A fuller understanding of human functioning can only be achieved through the dialogue between scholars and we are, therefore, very grateful to dr. Douglas MacDonald for his commentary on our article regarding the conceptual boundaries between (non-theistic) spirituality and well-being and to the JNMD for facilitating this dialogue. MacDonald offers a brief overview of the context of our article and then highlights several issues with the interpretation of our findings that we admittedly have struggled with ourselves. However, we – and evidently the JNMD and its reviewers with us – had decided to publish our findings in the hopes that they would be sufficient to advance the dialogue on the conceptualization and measurement of spirituality. Looking at MacDonald’s commentary, we seem to have succeeded at that.

We will limit our response to three concerns raised in the commentary. First, we will briefly elaborate on the inconsistency in representation of constructs that MacDonald observes. Then we will address what seems to be a misinterpretation of the correlations as presented in Table 6 (not 5) of the article. Finally, we will briefly elaborate on the implications for scale construction and use of viewing some aspects of spirituality as ‘mechanism’ and some as ‘outcomes’.

Representation of constructs

Our exploration of the problem of gaining more insight into conceptual boundaries between spirituality and well-being consisted of two approaches: (1) a confirmatory factor analysis (CFA) to explore conceptual overlap; (2) an examination of the relative strength of correlations to explore ‘behavioral’ overlap. MacDonald observed that in the CFA we have presented both the aspects of the Spiritual Attitude and Involvement List (SAIL) and the aspects of the Joy in Life scale (JiL) as representing a higher-order unitary construct, whereas in our correlational analyses we present these aspects as being separate components that might or might not be part of a

unifying construct. According to MacDonald, this presentation represents a theoretical problem. However, we fail to see it. Our intention was not to test whether the two domains – spirituality and well-being – as a whole were similar or different, but whether some of their components might show overlap. So, in the comparison of the conjoint models, we investigated whether some components might not only have ties to the domain they were assumed to belong to, but also to the other domain. This seemed to be the case, especially for the SAIL aspect Trust and to a lesser degree for the aspects Meaningfulness, Acceptance and Caring for Others. Because we were not primarily interested in the domains as a whole, there was no reason for us to include a total SAIL score in the correlation analysis to match the ‘spirituality as a unitary construct’ assumption.

Correlations

As indicated, the second approach we took concerned correlation analyses. The findings are displayed in Table 6 (not 5) of the article. We are under the impression that MacDonald may have misunderstood what we have done there, so we will try to explain this a bit further. The statistics in Table 6 represent the correlations between changes over time in (on the one hand) either the aspects of the SAIL or the aspects of the JiL and (on the other hand) changes in pain or fatigue and the number of negative life events experienced during this time. So, the number in the first cell of Table 6 (-0.398) is the strength of the correlation between the change in Vitality score and the change in fatigue score over the first six months of the study, the number in the cell below this (-0.024) represents the strength of the correlation between the change in Meaningfulness score and the change in fatigue score over this time period, etc.. Because of this, the correlations of the SAIL subscales with fatigue, pain and negative life events are repeated three times; they represent the exact same correlation.

The significance values represent the significance of the test comparing (a) the correlation coefficients of the change scores of a SAIL subscale with either the change scores of pain or fatigue, or negative life events with (b) the correlation coefficients of the change scores of a JiL aspect with either the change scores of pain or fatigue, or negative life events. So, the significance value in the second cell of the first column represent the significance of the test of the difference between the correlations -0.398 and -0.024. Below this it represents the significance of the difference between -0.398 and -0.100. This also explains why the correlation coefficients are repeated every three columns, but the significance value changes. For example, in the fourth cell of the second row, the significance value indicates the significance of the difference between -0.110 and -0.024. Obviously this significance value would be different than of the comparison in the first cell of this row.

What we had expected was that changes in aspects of well-being would be more closely related to changes in physical symptoms or life events, than would changes in aspects of spirituality. This hypothesis seemed to be supported for the comparison with Vitality and Pleasure, but less so for Peace. To us this analysis provides more insight into similarities and differences in the ‘behavior’ of aspects of spirituality and well-being, which may be a further indication of their possible conceptual boundaries.

Domain-specific outcomes

It is always a pleasure when someone else phrases your thoughts more clearly than you are able to do yourself and this, we feel, has been done by MacDonald in the final section of his commentary. Indeed, our article reflects our developing ideas about what spirituality might entail and how we could view its relationship with well-being. These ideas are partly based on our current findings regarding the structure of the JiL and its relation to the SAIL (however tentative

this investigation may have been), but also on findings from interviews we held with several participants in this study and on the general body of literature in this field. But we will not elaborate on that here. Instead, we want to address the implications of these ideas.

As MacDonald points out we are moving toward the understanding that spirituality isn't just a 'thing' with certain biological, psychological and social attributes, but that it is a 'field' containing within it more static attributes but also more flexible processes, which influence each other in intricate ways. This spiritual field/domain of functioning exists alongside and in interaction with the biological, psychological and social fields. This view also means that, even though some components of a model of spirituality may share boundaries with another construct – in this case emotional well-being – they might still be considered specific to the spiritual domain because of their content. We used the model by Jeserich (2014) to illustrate this thought and in his commentary MacDonald uses his own factor analytic studies to elaborate on the likelihood of such a structure. Furthermore, we have seen the development of this idea reflected in the addition of spiritual/religious well-being scales to existing well-being questionnaires such as the FACIT (e.g. Brady, Peterman, Fitchett, Mo, & Cella, 1999; Webster, Cella, & Yost, 2003) and the WHOQOL (WHOQOL SRPB Group, 2006), and in suggestions for a redefinition of what constitutes health (Huber et al., 2011, 2016). Nevertheless, these developments still leave open the question on the position of spiritual outcomes in relation to biological, psychological and social outcomes. MacDonald found that they all seem to be part of an overarching well-being/health/quality of life construct, but do they also influence each other? In other words, does spiritual well-being influence our sense of physical, psychological, and social well-being and vice versa? And would this be an appropriate question to ask if we consider the issue of tautology that our conversation started with?

So we are back to where we began: Current theoretical models and operationalizations of spirituality have yet to properly distinguish between what MacDonald refers to as the ‘mechanisms’ and the ‘outcomes’ of not only the spiritual domain, but also of other domains. This lack of distinction seems to underlie the confusion about tautology. The studies by both MacDonald and ourselves provide some clues toward describing the intra-domain and inter-domain relations of aspects of spirituality. Given the findings in our article – however tentative they may be –, we are hesitant to consider trust to be part of the spiritual domain. Meaningfulness, acceptance and caring for others might belong to the spiritual domain, but might better be considered outcomes rather than mechanisms, as is also suggested by the factor analytic findings by MacDonald.

To take things a little further, for scale construction and use this discussion means that researchers should very carefully consider what the purpose of the scale is: To assess a person’s position in the spiritual domain (in which case both mechanisms and outcomes could be included); to assess a person’s standing on attributes of spirituality in order to predict physical, psychological, social or spiritual health or well-being (in which case it might be best to only assess mechanisms); or to assess the functioning of a person within a domain (in which only outcomes could be assessed). We encourage other researchers to join our and MacDonald’s efforts to clarify spirituality and the spiritual domain.

For now, we repeat our earlier advice (Garssen & Visser, 2016; Garssen, Visser, & De Jager Meezenbroek, 2015): Anything labelled or looking like spiritual or existential well-being is not appropriate for investigating causal relationships between spirituality and health or well-being.

- Brady, M. J., Peterman, A. H., Fitchett, G., Mo, M., & Cella, D. (1999). A case for including spirituality in quality of life measurement in oncology. *Psycho-Oncology*, 8(5), 417–428. [http://doi.org/10.1002/\(SICI\)1099-1611\(199909/10\)8:5<417::AID-PON398>3.0.CO;2-4](http://doi.org/10.1002/(SICI)1099-1611(199909/10)8:5<417::AID-PON398>3.0.CO;2-4)
- Garssen, B., Visser, A., & De Jager Meezenbroek, E. (2015). Examining whether spirituality predicts subjective well-being : How to avoid aautology. *Psychology of Religion and Spirituality*, 8(2), 141–148. <http://doi.org/10.1037/rel0000025>
- Garssen, B., & Visser, A. (2016). Spiritual wellbeing predicting depression: Is it relevant? *Journal of Behavioral Medicine*, 39(2), 369. <http://doi.org/10.1007/s10865-016-9719-9>
- Huber, M., Knottnerus, J. A., Green, L., Horst, H. v. d., Jadad, A. R., Kromhout, D., ... Smid, H. (2011). How should we define health? *BMJ*, 343(jul26 2), d4163–d4163. <http://doi.org/10.1136/bmj.d4163>
- Huber, M., van Vliet, M., Giezenberg, M., Winkens, B., Heerkens, Y., Dagnelie, P. C., & Knottnerus, J. A. (2016). Towards a “patient-centred” operationalisation of the new dynamic concept of health: a mixed methods study. *BMJ Open*, 6(1), e010091. <http://doi.org/10.1136/bmjopen-2015-010091>
- Jeserich, F. (2014). The coherence hypothesis: Critical reconsideration, reception history and development of a theoretical model. *Archive for the Psychology of Religion*, 36(1), 1–51. <http://doi.org/10.1163/15736121-12341281>
- Webster, K., Cella, D., & Yost, K. (2003). The Functional Assessment of Chronic Illness Therapy (FACIT) measurement system: Properties, application, and interpretation. *Health and Quality of Life Outcomes*.
- WHOQOL SRPB Group. (2006). A cross-cultural study of spirituality, religion, and personal beliefs as components of quality of life. *Social Science & Medicine*, 62(6), 1486–1497. <http://doi.org/10.1016/j.socscimed.2005.08.001>