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SPIRITUALITY, WELL-BEING, AND THE ROLE OF ONENESS

BY

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B.A., Psychology, Dartmouth College, 2011
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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy
Psychology

The University of New Mexico
Albuquerque, New Mexico

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DEDICATION

To the process of asking questions, engaging in self-examination, self-reflection, and self-betterment, finding internal quiet, contentment, and joy, and balancing contemplation with action – in both brief moments and longer-term ways.

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In many ways, this dissertation is a culmination of my academic work, situated within the culmination of my meandering life journey thus far. Given the intertwined nature of this academic work and my life journey, what I say below barely scratches the surface of those who have influenced the latter in ways that have influenced the former. Thus, I want to begin by simply expressing profound gratitude for all of those who have touched my life and the journey that has led me here.

My family: I conceptualize the foundation of this journey built on the freedom, empowerment, and support from my family to meander in the directions that drew me and to flounder. The gift of freedom, empowerment, and the ability to flounder is one that I am continuously understanding the profound effects of and drives me to utilize the freer space in my mind and life for the betterment of society. I conceptualize an additional foundation of this journey entailing my parents sharing their self-betterment journeys with me in vivo and modeling initial ways to begin journeying myself.

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SPIRITUALITY, WELL-BEING, AND THE ROLE OF ONENESS

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ABSTRACT

Spirituality is generally found to have a significant but small positive association with well-being; however, the associations between spirituality and well-being vary greatly. One organizing framework for understanding the varying associations may be the degree to which spirituality and well-being measures capture *connection*, the pinnacle of which may be conceptualized as *Oneness*. The purpose of this paper is twofold: to begin exploring this hypothesis by examining the associations between beliefs in Oneness and dimensions of subjective well-being and to test possible conflating and contributing factors in the associations between beliefs in Oneness and subjective well-being. Results indicated preliminary support for the concept of Oneness as an organizing framework for understanding spirituality and well-being associations. Possible explanations for the results, as well as implications for clinical research, clinical practice, and the field of psychology more broadly, are discussed.

Keywords: Oneness, Oneness beliefs, spirituality, connection, subjective well-being

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Introduction

“...[W]e all have and use world hypotheses” (Pepper, 1942, p. 2); in other words, we all have ontological conceptions of reality. Our experiences and observations form the basis for our ontological conceptions, which, in turn, undergird our metatheories. Our metatheories are the beliefs and assumptions that underlie our perception and, consequently, define the conceptual frameworks in which we develop our scientific theories. Metatheories are not directly testable and are difficult to examine given their constitutive relation to scientific inquiry: “It is just because world hypotheses are so intimate and pervasive that we do not easily look at them from a distance, so to speak, or as if we saw them in a mirror” (Pepper, 1942, p. 2). Due to this difficulty, metatheories are often taken for granted, and in doing so, we can overlook that all of science (e.g., our theories, methods, and interpretations of results) and how we individually conceptualize, perceive, and experience life is embedded within philosophy (D. C. Witherington, personal communication, July 2018).

In clinical science, metatheories influence how clients engage cognitively, emotionally, and behaviorally in life and in therapy. This engagement influences both clients’ well-being and their openness to, ability to, and success in enhancing their well-being. As a result, bringing to the forefront and examining metatheories is critical in clinical science for gaining a deeper theoretical understanding of well-being and for pushing the boundaries of clinician’s ability to foster client well-being. This philosophical examination of metatheories cannot reveal ‘Truth’ *per se* (Pepper, 1942),

but it can help illuminate what or how metatheories have epistemic justification and explanatory power as it pertains to enhancing clients' well-being (Alston, 1993).

The purpose of this dissertation is to advance a metatheory of inherent connectedness, referred to here as *Oeness*, as one avenue for more deeply understanding well-being and spirituality in relation to both clinical science practice and research. This idea of an all-inclusive, inherently connected Oeness is far from novel. It can be found across history and disciplines, including in psychological literature on spirituality, and is therefore hypothesized to be an important underpinning of well-being that is undervalued in modern-day clinical science.

This paper begins to lay the foundation for Oeness by noting the high prevalence of spirituality in the United States populace relative to the low incorporation of spirituality into therapy and research, which facilitates a broader discussion of the current state of the spirituality literature. This paper develops that foundation by highlighting the pervasive underlying themes of connectedness in both the spirituality and well-being literatures and, subsequently, exploring how a 'degree of connection' lens might provide an organizing framework, or explanation, for the varied findings in the spirituality–well-being literature. This paper then introduces the idea of Oeness as one way of conceptualizing a pinnacle degree of connection. Building on this context, this paper aims to further illuminate the nature of the relationship between Oeness and well-being so to begin exploring whether Oeness might serve as a helpful organizing framework for the spirituality–well-being literature, as well as examining the possible clinical benefits of incorporating the concept of Oeness into therapy. This paper initiates said exploration

by studying 1) the associations between *beliefs in Oneness* and *dimensions of subjective well-being*, as well as 2) possible explanations undergirding the associations between Oneness beliefs and subjective well-being.

Importance of Spirituality in Clinical Science

Research indicates that the United States populace overwhelmingly identifies as spiritual. The 2017 Gallup polls found that 89% of the populace answered ‘yes’ to whether they believed in God or a universal spirit (*Gallup.Com*, 2017). The 2018 General Social Survey found that 71% of respondents reported they believed now, and always have believed, that God exists; with an additional 10% reporting that they believed in God now but didn’t use to believe. Within a similarly phrased question, 54% responded that they know God exists, 13% responded that they believe in a higher power of some kind, and 18% said that they believe, but have their doubts. In the 1998 General Social Survey, when asked if they desire to be closer to or in union with God, 87% responded affirmatively (ranging from ‘once in a while’ to ‘many times a day’), and in 2004, 87% also responded affirmatively when asked whether they feel God’s presence (T. W. Smith et al., 2019). Of note, these high percentages of belief in God have remained fairly constant over the last fifty years (Gallup & Lindsay, 1999).

If indeed clients’ spirituality significantly influences their metatheories, and if metatheories significantly influence well-being, this prevalence of spirituality might be a particularly important focus for clinical psychology’s overarching goal of helping clients increase their well-being. Often quoted as central to spirituality is “the personal quest for understanding answers to ultimate questions about life, [and] about meaning...” (Khan,

2019, p. 82). In other words, the model of humanity that researchers, clinicians, and clients hold or adopt has substantial implications ranging from interpretations and conclusions drawn, to understanding the purposes, values, and moralities surrounding life (C. Smith, 2010). As an example, clients may have an etiological understanding of their symptoms informed by metatheoretical spiritual beliefs that they could be unconscious or conscious of and, if not teased out and incorporated into treatment, may hinder therapy or render it ineffective (Borras et al., 2010).

Not only does a substantial majority of the United States believe in a ‘greater power,’ but a host of review studies have found that patients have a strong interest and desire to discuss spirituality (and/or religion) in healthcare settings (Best et al., 2015, 2016; Hathaway et al., 2004; Larimore et al., 2002). Part of this may be due to the declining role of traditional religion and the consequent desire by clients to seek out psychologists, rather than religious figures, with struggles pertaining to meaning (*see* Delaney et al., 2007).

Despite these findings, the incorporation of spirituality (and/or religion) discussion in healthcare settings appears to happen relatively infrequently. Hathaway, Scott, and Garver (2004) found that only 42% of psychologists asked clients about religion or spirituality at least half of the time. Furthermore, of the 42% of psychologists who asked, only 30% reported discussing issues relevant to religion/spirituality in ongoing psychotherapy. In addition, there may often be differences in doctors’ and clients’ perceptions of what constitutes a discussion of spiritual matters and, as a result, whether a discussion of spirituality has taken place (Best et al., 2015).

Problems within the Spirituality (and Well-being) Literature

Based on the prevalence of spirituality in the United States populace, it would seem reasonable to assume that spirituality would have a strong relationship with well-being. However, research trends find a *low* positive correlation between spirituality and flourishing well-being (i.e., life satisfaction) and generally non-significant associations with compromised well-being (i.e., anxiety and depression; e.g., Elmer, MacDonald, & Friedman, 2003; Koenig, 1998, 1999; Migdal & MacDonald, 2013). Additionally, numerous reviews have found the full range of positive, negative, and non-significant associations between the two (e.g., see review by George et al., 2000). What follows is a sampling of the abundant number of problems pertaining to the study of spirituality, well-being, and the two together that provides initial explanations for the messiness of spirituality–well-being associations.

Decoupling Spirituality from Religiosity

There is a relatively brief history of the scientific study of spirituality when looking at the construct decoupled from religiousness (George et al., 2000; Ratnakar & Nair, 2012). Although the relationship and distinction between religiousness and spirituality have changed over time (discussed below; Koenig, 2008), the two constructs continue to have important distinctions. These changes accompany a wide range of definitions for religiousness and spirituality, as well as much discussion pertaining to the difficulty in defining them (discussed below; for an overview see Miller & Thoresen, 2003). As a result, coupling spirituality and religiousness together in research is confounding.

That being said, scholarly interest in the psychological study of spirituality has taken a sharp increase in recent years (Hill & Pargament, 2003; Khan, 2019). A simple perusal of the PsychInfo database using the keyword “spirituality” reflects this increase. Among peer-reviewed articles, there were 13 publications between 1970-1979, 166 publications between 1980-1989, 1012 between 1990-1999, 5299 between 2000-2009, and 8589 publications between 2010-2019 (*as of 10/27/2019*). These numbers exemplify how research on spirituality within psychology is of growing interest (Miller & Thoresen, 2003).

Lack of Consensus for Operationalizing Spirituality

Spirituality may be one of the most “misused and misconstrued” concepts in psychology (Ratnakar & Nair, 2012, p. 1). With its tremendous range of meanings, there is a lack of operational agreement over the definitions and dimensions of spirituality (Hill, 2013; Hill & Pargament, 2003; Kapuscinski & Masters, 2010; Migdal & MacDonald, 2013; Moberg, 2002; Ratnakar & Nair, 2012). This lack of definitional agreement is reflected in the wide diversity among the hundreds of spirituality measures currently available (Migdal & MacDonald, 2013).

Many data-driven (as opposed to theory-driven) attempts have been made to narrow the definitions and dimensions of spirituality. For example, in an aim to conceptualize spirituality across cultures, Lomas (2019) located 200 “untranslatable words” (words that lacked an exact equivalent in another language) from which he identified three key domains of spirituality (p. 131): 1) the sacred – phenomena regarded and their properties/qualities, 2) contemplative practice – activities enabling people to

engage with the sacred, and 3) self-transcendence – experiences of encountering the sacred, usually as a result of contemplative practice.

As a second example, MacDonald (1997, 2000) aimed to identify the core features of spirituality via a conjoint principal axis factor analysis of approximately 20 spirituality measures and related constructs. He found five “robust” dimensions which he labeled (p. 5): 1) cognitive orientation toward spirituality (i.e., beliefs in the validity of spirituality and its applicability to daily living), 2) sense of well-being (i.e., sense of well-being and positive perception of the self as being able to handle the adversities of life), 3) experiential/phenomenological dimension (i.e., spiritual experience), 4) paranormal beliefs (i.e., beliefs in the possibility of paranormal phenomena), and 5) religiousness (i.e., intrinsic religious orientation and religious practice).

As a third example, Kira, Shuwiekh, Al-Huwailah, Zidan, and Bujold-Bugeaud (2019) conducted an extensive review of different spiritual traditions to develop a conceptual framework of interfaith spirituality. They determined that there were five interconnected components: 1) direct connection with the creating force, 2) asceticism, 3) the unity of existence, 4) meditation, and 5) divine love (p. 1). As a fourth example, via a non-exhaustive search, McGinn (1993) identified 35 different definitions of spirituality and classified them into three categories/approaches: 1) theological or dogmatic interpretations that supply a definition from above (i.e., universe/heaven), 2) anthropological understandings that emphasize human nature and experience, and 3) historical–contextual approaches that accentuate experience rooted in a particular community’s history. In addition to these four examples, there is a multitude of additional

classification schemes, particularly when branching out to categories that combine spirituality and religiosity (*e.g.*, see Pargament, 1999).

The blatant disagreement in conceptualizing spirituality only adds to the confusion. For example, Lomas (2019) proposed that conceptualizations of spirituality may be valid cross-culturally. While on the other hand, MacDonald et al. (2015) found that spirituality is “clearly...not a concept that “transcends” culture and holds a firm universal meaning. Rather it seems that the opposite holds true; the scientific meaning ascribed to spirituality appears to be intrinsically bound by culture...” (p. 32). Blatant disagreements like these may simply be explained by factors such as the two studies operating on varying metaphysical levels (for example, focusing on specific spiritual practices/behaviors, which are most likely more culturally dependent vs. core of spiritual beliefs, for which it may be more likely for these to have stronger similarities/themes).

What can be agreed upon is that the concept of spirituality is multidimensional and defies clear-cut boundaries (Miller & Thoresen, 2003). Miller and Thoresen discuss how, because of this, the construct shares similar problems with latent constructs such as ‘character,’ ‘love,’ ‘well-being,’ and ‘health.’ The authors propose two themes that appear to dominate the spirituality research. The first is the notion of “being concerned with life’s most animating and vital principle or quality, often described as giving life or energy to the material human elements of the person” (p. 27). The second is the idea that spirituality includes a “broad focus on the immaterial features of life, regarded as not commonly perceptible by the physical senses (*e.g.*, sight, hearing) that are used to understand the material world” (p. 27).

Regarding the etymology of spirituality, the Latin word for spirit, ‘Spiritus,’ has been defined as “breath of life,” thus pointing to “the thing that separates a living body from a corpse, and usually implies intelligence, consciousness and sentience” (Polzer Casarez & Engebretson, 2012, p. 2100). Spirituality is generally understood to transcend ordinary physical limits of time and space, matter, and energy; i.e., it is something that is *not* material (Miller & Thoresen, 2003). As a comparison, religion has often been likened to dogma and ritual (Barnett & Johnson, 2011) and defined by an institutional body of beliefs and practices (Polzer Casarez & Engebretson, 2012).

Keeping in mind the difficulty in defining spirituality, a definition for the purposes of the study in this paper would be beneficial. Thus, *spirituality* is defined as *pertaining to the spirit; spirit*, in turn, is defined as *a vital incorporeal force or principle*. *Vital*, in this definition, is used in this definition in the sense of *necessary* for a flourishing and thriving life (discussed below; as opposed to, for example, necessary for survival).

Inescapable reductionism

Moberg (2002) expressed eloquently and succinctly: “Reductionism is inescapable in all research on spirituality. The subject is so ineffable that studying it tends to lower sublime realities to mundane levels and to translate whatever is inexpressibly sacred into temporal secular concepts” (p. 54). Moberg explains that it is not possible to measure the phenomenology (i.e., an individual’s experience) of spirituality itself; that measures of spirituality are simply reflectors, accompaniments, or consequences of spirituality (p. 47). Likewise, Freud has commented that “it is not easy to deal

scientifically with feelings. One may [only] attempt to describe their physiological signs” (Freud, 1929, p. 1). Thus, much of the research on spirituality promotes observable data as proxies for the multidimensional phenomena (which, of course, is also occurring within definitional norms and methodological frameworks; Moberg, 2002). Similarly, Bergson (1935) argued for the difficulty of intellectually explaining religious belief . Bergson posits that there are “two sources”: an intellectual source from which there is science and the mechanistic ideal, and an intuition source in which creativity, philosophy, and mystical experience can be known and engaged.

As a result, the task of using words to define spirituality can be, although not impossible, rather difficult. Alan Watts (1963) notes, “...description depends upon the convention that there can be an independent, detached observer who can regard the world objectively. But this is a convention, albeit a useful one within certain limits. The physical situation which so largely slips through the net of factual language is that there is no independent observer. Knowledge is not an encounter between two separate things – a knowing subject and a known object. Knowledge, or better, *knowing* is a relationship in which knower and known are like the poles in a magnetic field” (p. 4).

Miller and Thoresen (2003) additionally address this reductionistic issue. They describe how scientific research is often interested in studying and conceptualizing that which is not directly observable. This research becomes problematic when science then tries to relate these not directly observable phenomena to physical entities. Miller and Thoresen continue with the statement that “the believer, on the other hand, is surely not meaning anything like an underlying neurobiological event or structure when speaking of

what is spiritual” (p. 47). They illustrate with latent construct examples that, as health is not just blood pressure or body temperature and cognition is not just spatial relations or working memory, spirituality cannot be captured by the commonly used psychological scale. In other words, these authors are highlighting that every spirituality scale reflects only limited aspects of a “highly complex multidimensional and largely nonmaterial ontological reality” (Moberg, 2002, p. 56).

Spirituality Relative to Religiosity

Part of the difficulty in conceptualizing spirituality is due to historical shifts in orientations towards spirituality (Koenig, 2008). In this critique, Koenig describes how “traditionally, spirituality was used to describe the deeply religious person, but it has now expanded to include the superficially religious person, the religious seeker, the seeker of well-being and happiness, and the completely secular person. Instruments used to measure spirituality reflect this trend” (p. 349). Koenig elaborated on this by providing four models of spirituality, which are pertinent to well-being, that have emerged over time:

1. The traditional-historical version of a selected group of deeply religious people who have dedicated their lives to the service of their religion or fellow human beings.
2. The modern version of spirituality includes religion in its definition but expands it to those who are spiritual but not religious.
3. The tautological version of spirituality is similar to the modern version but in addition, includes indicators of positive mental health and human qualities such as purpose and meaning in life, connectedness with others, peacefulness, harmony, and wellbeing.

4. The fourth and latest version of spirituality includes religion, spiritual but not religious, positive indicators of mental health as well as secular. In this model, everyone is spiritual including atheists and agnostics.

Simply put, in the traditional-historical model, spirituality resides within the sphere of religion, and the religious sphere is juxtaposed to the secular sphere. On the other end of the continuum is Koenig's fourth model, a larger spirituality sphere, which partially overlaps with constructs like meaning, purpose, peace, well-being, connectedness, and hope, but also contains the religious and secular spheres. In other words, in this fourth model, spirituality is viewed to include everything, and everyone is viewed as spiritual. Not surprisingly, this fourth approach accompanies comments regarding how it is not possible to have a meaningful discussion about spirituality if it is viewed as including everything.¹

Despite much discussion in the literature today on the differences between religiosity and spirituality, as well as varying well-being outcomes associated with religion vs. spirituality (Aldwin, Park, Jeong, & Nath, 2014), the two constructs are still often used interchangeably and are not differentiated in the health care literature (Polzer Casarez & Engebretson, 2012). As a result, there is limited understanding of spirituality's role in well-being because much of the research is based on religiosity (de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Koenig, 2008).

¹ Deliberating over the pros, cons, and implications of the various spirituality models in depth is beyond the scope of this paper. It is, however, briefly touched upon in the Discussion section. It could also be suggested that arguments made in this paper are for a similarly blanketed and tautological all-encompassing form of connection. Addressing the time/place/role of engaging in an all-encompassing connection lens as opposed to a dualistic lens is further discussed below.

Additionally, as one can imagine, spirituality questionnaires and associated definitions fall along the full continuum of Koenig's four models.

Spiritual and Religious Terminology. Associated with recent cultural shifts and the newness of the 'everyone is spiritual' model have been ample complaints over the lack of spiritual research and measures that are independent of religiosity measures. In addition to the independent measures has been a call for measures that are void of religious terminology (e.g., God), as well as of additional baggage laden words (such as divine and higher power; e.g., de Jager Meezenbroek et al., 2012). This complaint is understandable because many of the existing spirituality measures are based upon religious ideologies (Moberg, 2002). A quick review of so-called 'universal spirituality measures,' exemplified by scales such as Underwood's (2011) Daily Spiritual Experience Questionnaire, reveals that many of the measures use the word "God" and similar spiritual language with which participants have reported having aversive associations (Moberg, 2002).

For researchers attempting to measure spirituality according to Koenig's fourth model, this verbiage is problematic. In the United States culture, for example, 'God' is often associated with the Judeo-Christian perspective of God; thus, uses of the word 'God' may result in underrepresentation of broadly defined spirituality. Examples of feedback from a study included "On the question about beauty of 'creation,' if you replaced the word with 'nature' I would have answered 'many times a day'" (Hammer & Cragun, 2019, p. 8). By contrast, a devout theist might aversively react to spiritual language that seems to imply nature is the ultimate source of spiritual experiences (H. D.

Delaney, personal communication, January 10, 2020), thus the need for distinct measures. Additionally, for those who *do* explicitly endorse believing in God (which, as described above, is a substantial portion of the United States), what or who is the God that they believe in (Moberg, 2002)? Miller and Thoresen (2003) speculate that “any scientific, operational definition of spirituality is likely to differ from what a believer means when speaking of the spiritual” (p. 27). They continue to explain that science studies beliefs, feelings, perceptions, behavioral practices, etc., of spirituality, and these more physical manifestations most likely fall short of capturing or representing “the essence of what is experienced as spirituality” for the believer (p. 27).

Adding to this problem is the frequent assessment of spirituality via a single question, such as ‘are you spiritual’ or ‘to what extent are you spiritual’ (de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Hill, 2013; Miller & Thoresen, 2003). This type of single-question assessment is commonly used because much of spirituality (and religiosity) research is conducted via “add-on” variables within other research agendas (Hill, 2013, p. 51). Given the far-reaching ways in which the word spirituality can be interpreted, as well as how it can be an unrelatable word for individuals, individuals might be having more spiritual experiences than theistic items are capturing (Hammer & Cragun, 2019). Moreover, single-item measures can be psychometrically problematic. They are known for being less reliable and containing more measurement error than multi-item measures. This is especially true in instances of cross-cultural adaptation or comparison, because small word changes can yield substantially different results (de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Hill, 2013).

Population Underrepresentation

Lastly, much of psychological research on spirituality and religion is based on convenience samples (Hill, 2013; Kapuscinski & Masters, 2010). These convenience samples tend to be dominated by college students, a population that is disproportionately Caucasian, younger, female, better educated, with higher social and economic status than the overall population. This is particularly problematic because not only do convenience samples represent only a third of the United States population, but research has found significant differences in religiosity (and thus most likely spirituality too) with respect to the former four variables: minorities, older individuals, and women are more likely to be religious, and those receiving a higher education tend to be less religious (Powell et al., 2003).

A Quick Comment on the Immense Well-being Literature

Well-being, just like spirituality, can be considered an equally nebulous, multidimensional, latent construct. As traditional psychology has largely focused on helping relieve individuals of symptoms such as anxiety, depression, and obsessions, ‘well-being’ conceptualization and measures have historically entailed monitoring decreases in these symptoms. In other words, ‘well-being’ was viewed as the absence of disease, which is in line with the today’s medical models. Fueled by the Positive Psychology movement, numerous ‘flourishing’ conceptualizations and measures now exist wherein flourishing is defined as the opposite of pathology, that is, flourishing involves the experiencing of positive emotions, as well as enhanced psychological and social functioning (Seligman, 2011).

One consideration in these two very different well-being conceptualizations is that well-being may not be as simple as the absence of the negative and/or the existence of the positive. It has been found, for example, that positive and negative affect operate on separate axes, such that a person can be both high on happiness and anger at the same time (Diener & Emmons, 1985). Research also suggests that overall happiness and well-being are influenced by factors such as the relative (vs. absolute) degree of positive vs. negative affect and experiencing greater frequency (vs. intensity) of positive affect (Diener et al., 1991). Other research indicates that negative emotion is critical for well-being, because the lack of it tends to be indicative of being numb to one's emotions (Adler & Hershfield, 2012).

A quick review of the literature on well-being illuminates numerous dimensions, theories, and scales aiming to capture well-being (Migdal & MacDonald, 2013). For example, conceptualizations of well-being are as broad-ranging as life satisfaction, hedonic well-being, eudaemonic well-being, subjective well-being, happiness, positive and negative affect, self-acceptance, self-esteem, purpose in life, physical and mental health, the absence of anxiety and depression, etc. Similarly, some examples of frameworks aiming to comprehensively capture well-being are Deci's Self-Determination Theory, Seligman's PERMA (this acronym will be defined below), Diener's tripartite model of subjective well-being, and Ryff's Psychological Scales of Well-being (Deci & Ryan, 2014; Diener, 1984; Ryff, 1995; Seligman, 2011).

This review also illuminates a stark lack of definitions of well-being. Instead, the operational definition of well-being is often inferred via the components of the theory,

which are generally represented by the measurement associated with the theory. For example, Seligman's conceptualization of well-being is that positive emotion (P), engagement (E), relationships (R), meaning (M), and accomplishment (A) are all vital aspects of well-being, i.e., PERMA. Despite this deficit, themes in the literature are that well-being is generally viewed as being comprised of many components (and that no one component defines well-being) and that these components are comprised of both affective components, such as positive and negative emotion, and cognitive components, such as meaning, accomplishment, life satisfaction, etc.

Of note, well-being is generally viewed as also encompassing a health component. For example, dictionary definitions of well-being tend to focus on health, happiness, and prosperity (*Merriam-Webster.Com*, 2020d; *Dictionary.Com*, 2020b). Although health measures are often included in psychological studies, they are generally less emphasized or peripheral in psychological theories of well-being.

An additional complicating factor is that one of the most common ways to measure well-being in psychology is subjectively. Subjective well-being arises from an individual's affective and cognitive evaluations of his life (Diener, 2000). The focus on subjective well-being implies that this subjective evaluation is important for people's perception of life (Diener & Suh, 2003). Subjective measures are influenced by an individual's perceptions, expectations, coping mechanisms, interpretations, situation, culture, etc. For example, objectively, pricking a finger causes a certain amount of a relatively low level of pain. One individual may report pricking their finger as a highly distressing and painful experience, whereas another individual may report a finger prick

as a non-event because they do so several times a day in managing their diabetes. In a more relevant example, one individual may feel supported by their community in attending church, whereas another individual may feel anger associated with being forced by parents to attend church., In general, subjective measures can be more problematic than objective measures because they tend to generate less coherent findings (Gartner, 1996). That being said, the primary way we currently study well-being and spiritual experiences is through subjective reports.

On a related note, well-being is also situationally and culturally defined. For example, a behavior that increases momentary well-being (such as eating ice cream) may not increase well-being long term if frequently repeated to the point of causing diabetes or weight gain, etc. Additionally, developmental psychology analyzes well-being in terms of patterns of growth across a lifespan, clinical psychology views the absence of mental illness as psychological well-being, and personality psychology views well-being through the lenses of Maslow's concept of self-actualization, Allport's maturity, Jung's individuation, and Rogers' fully functioning person (Ryff, 1989, 1995). In a final example, being 'underweight' in a culture where food is plentiful is viewed as healthy and beautiful, whereas being 'overweight' is considered healthy and beautiful in a culture where food is scarce.

In conclusion, all these factors can drastically influence spirituality–well-being associations. Variations in how well-being is measured likely influences its association with spirituality.

Keeping in mind the difficulty in defining well-being, as with spirituality, it is beneficial to provide a definition for the purposes of the study in this paper. Thus, *well-being* is defined as having peace and engagement with oneself and one's community. It is approached via a subjective and flourishing lens holding space for diverse and interconnected dimensions of mental, social, and physical well-being (Naci & Loannidis, 2015). This definition is meant to be representative of how well-being is measured within this study. That being said, it is most likely the case that well-being can manifest on higher levels than is conceptualized by this definition and by existing measures of well-being.

Spirituality in Relation to Well-being

As spirituality is increasingly measured according to Koenig's (2008) third and fourth models, newly developed spirituality measures are becoming contaminated with assessments of positive mental health or character traits (such as optimism, forgiveness, gratitude, meaning, and purpose in life, harmony, etc.; Khan, 2019; Koenig, 2008; Migdal & MacDonald, 2013). When spiritual measures incorporate these aspects and then are found to be associated with well-being, these findings are tautological and meaningless (Koenig, 2008).

Findings from an exploratory survey of eight well-cited journals showed that 26 of the 58 studies of the relationship between spirituality and well-being used a spiritual scale that contained 25% or more of well-being items (Garssen et al., 2016). This survey, along with many other studies, has raised questions about the appropriateness of many spiritual measures for use in exploring the relationship between spirituality and well-

being (e.g., de Jager Meezenbroek et al., 2012; Koenig, 2008; Migdal & MacDonald, 2013).

As a result, it is expected that some spirituality–well-being findings are conflated due to similarities between the two measurements used (Migdal & MacDonald, 2013). Alternatively, if a spirituality measure has items that are similar to positive well-being, given that people seeking physical/mental health treatment are often experiencing anxiety/worry, depression, and general distress, it would be expected that one might find lower or non-significant correlations between spirituality and well-being (Khan, 2019). All that being said, as discussed above, much of the research on spirituality has utilized convenience samples (known often to be less spiritual relative to the general population; Hill, 2013; Kapuscinski & Masters, 2010) and done so via single-item spirituality measures (known to be less reliable; de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Miller & Thoresen, 2003)

Finally, it is important to note that experiences of both positive spirituality and positive well-being can be fleeting (Moberg, 2002). Just as one might be feeling healthy in a specific moment despite having stage four cancer, one might be feeling spiritually elated and connected, despite regularly engaging in deceitful and conniving behavior. As a result, a onetime subjective measure may not be accurately capturing average levels due to the increased or decreased spirituality and/or well-being from situational factors associated with testing, such as taking questionnaires, being in a lab setting, etc.

Despite the messy and conflated condition of the spirituality literature, particularly as it pertains to well-being, Moberg's (2002) optimism provides an apt

conclusion for this section: “In spite of the reductionism that is inevitable because it is impossible to measure spirituality directly and in its wholeness, the attempt to discover additional dimensions, indicators, correlates, sources, and consequences of spirituality is one of the potentially richest challenges for future research in the social and behavioral sciences” (p. 57).

A Theme of Connection

The above highlights some of the numerous difficulties and problems associated with conceptualizing and measuring spirituality, well-being, and the relationship between the two. Arising from these difficulties is the question of how to proceed; that is, how to weed through the disparate findings to draw meaningful conclusions that are clinically applicable for improving well-being. One often utilized approach is looking at the themes found across disparate findings. A theme that appears to be particularly common across the various conceptualizations and measures of spirituality *and* well-being is that of *connection*. In what follows are some examples of this theme in the spirituality and well-being literatures.

Connection Themes within Spirituality

Themes of connection can be found within definitions and conceptualizations of spirituality. Concerning definitions, in their review of spiritual measures, de Jager Meezenbroek et al. (2012) defined spirituality as “one’s striving for an experience of connection with self, connectedness with others and nature, and connectedness with the transcendent” (p. 338). Similarly, Polzer Casarez and Engebretson (2012) describe

spirituality as a part of a person that is a universal concept that entails meaning, purpose, transcendence, connectedness, and energy.

Some of the dimensions in the data-driven attempts to conceptualize spirituality (discussed above) center on connection. For example, two of Lomas's (2019) three key domains were 1) activities enabling people to engage with the sacred and 2) experiences of encountering the sacred. Similarly, two of Kira et al.'s (2019) five domains were 1) direct connection with the creating force and 2) the unity of existence. 'Engaging,' 'experiencing,' and 'unity' could be understood as synonyms for the word connection, entailing acts of connection, and/or acts that result in connection.

Additionally, Koenig's (2008) third (tautological) model of spirituality encompasses that of purpose and meaning in life, connectedness with others, peacefulness, and harmony. Due to the greater prevalence of these constructs in the well-being field, their relation to connection is discussed below.

In a final example, themes of connection are used as criteria for evaluating the utility of spirituality measures themselves. In their review of spirituality measures, de Jager Meezenbroek et al. (2012) used six evaluative criteria, one of which was whether the spirituality scale emphasized connection. To emphasize connection, the authors suggested that a scale needed to address two of their three connectedness themes: connectedness with oneself, the environment, and the transcendent.

Connection Themes within Psychology

Modern-day psychology research illuminates various aspects of connection. Psychology has found that a deeper sense of connection with oneself and/or with others is integral for well-being. For example, in a cross-cultural qualitative study extrapolating themes from lay definitions of ‘happiness,’ the two most prominent ways in which individuals described happiness were via relationships (i.e., connection with others) and inner harmony (Delle Fave et al., 2016). Inner harmony entails congruence, accord/agreement, and tranquility components (*Merriam-Webster.Com*, 2020c), which, in order to experience for prolonged periods, arguably requires a relative amount of spending time with, knowing, and being comfortable with one’s inner self (i.e., connection to self). Psychological research findings regarding well-being largely fall under these two categories of connection with self and others. What follows is a discussion of these two forms of connection.

Connection Themes Pertaining to Others. Psychology has overwhelmingly found that connection with others is vital for our well-being. This is seen in research ranging from cross-cultural well-being studies (e.g., Belic, 2011; Delle Fave et al., 2016), to the factors associated with the greatest changes in therapy (i.e., therapists’ empathy; Miller & Moyers, 2015), the impact of group therapy (Yalom, 1985, p.8), and the protective and recovery factors in addiction (Boisvert et al., 2008; Jessor et al., 2003; Stone et al., 2012; White, 2009). The value of relationships for human development is evident in historical situations marked by the absence of human connection. In Romanian orphanages, for example, where babies lacked human contact and connection, significant physical, emotional, and cognitive deficits were observed as they grew (Chugani et al., 2001; Fisher et al., 1997; Kaler & Freeman, 1994).

Additionally, relationships are a significant theme across well-being theories. For example, three of the five aspects of PERMA theory, developed by the founder of the modern-day Positive Psychology movement, entail or result in social connection (Seligman, 2011): as briefly noted above (see section *A Quick Comment on the Immense Well-being Literature*), ‘R’ stands for Relationships and highlights the importance of social connections. ‘P’ stands for Positive Emotions, which can result in greater openness towards, and connection with others (i.e., as found in the Broaden-and-Build Theory of Positive Emotions; Fredrickson, 2001). ‘E’ stands for Engagement, which entails becoming absorbed in flow (i.e., times of losing a sense of being a distinct self and becoming one with a task or with another individual; Nakamura & Csikszentmihalyi, 2002). Similarly, one of the six components of Carol Ryff’s Scale of Psychological Well-being is called Positive Relation with Others (Ryff, 1989; Ryff & Keyes, 1995) and one of the three components of Edward Deci and Richard Ryan’s Self-Determination Theory is Relatedness (Deci & Ryan, 2014).

Connection Themes Pertaining to the Self. Psychology has created numerous constructs pertaining to the self and has emphasized them as central for well-being, which points to the importance of being connected with oneself. Examples of these constructs include: self-congruence (Rogers, 1961, 1980), true self (Deci & Ryan, 1995), ought vs. ideal self (Funder, 2013), the “spiritual me” (James, 1890), self-actualization (Maslow, 1968), self-concept clarity (Campbell, 1990; Campbell et al., 1996), self-acceptance (e.g., Ryff & Keyes, 1995), self-compassion (Neff, 2003b, 2003a), authenticity (Wood et al., 2008), autonomy (i.e., the ability to stay connected to one’s truth, or core self, despite

influences from others; Deci, 1980; Ryff & Keyes, 1995), and intrinsic self-values (i.e., relative to extrinsic values; Proctor, Tweed, & Morris, 2015).

Additional aspects of well-being research and theory capture the necessity of connection between the self and one's external environment. For example, the 'M' in PERMA stands for Meaning, which requires coherence of one's values and ideas relative to the world. Similarly, in Ryff's subscales of Environmental Mastery, Purpose in Life, and Personal Growth, and the component of Competence in Self-Determination theory all require a degree of being internally in-tune while also engaging and connecting in the world.

Of note, this connection with the self is distinct from an increased focus on the self. For those with the dualistic perspective of self vs. other, it may be that the greatest well-being is achieved through balancing self-connection and outside connection; in other words, not prioritizing self-connection over outside connection. Research on hypo-egoism, for example, has found that focusing less on the self is critical for well-being due to our tendency to default to the negative, and to ruminate, fixate, and amplify situations (Leary & Diebels, 2013; Leary & Guadagno, 2011). Within this dualistic perspective, a balance between 'self and other' connection may also be integral to maintaining a healthy ego, which is discussed next.

Perceived Exceptions. Some aspects of well-being theories appear unexplained by this self/other connection lens. Examples include Internal Locus of Control (Rotter, 1954), and the aspect of Accomplishment found in the 'A' of PERMA and in Self-Determination theory, both of which may result in ego-boosting self-aggrandizement. In

line with this, Neo-Vedanta Yoga philosophies, for example, emphasize decreasing the ego because it is believed to foster a sense of disconnection from others (Sivananda, 1964; Watts, 1989).

The emphasis, however, is on *decreasing* and *being in control* of the ego rather than eliminating it (Whitfield, 2009). Yoga philosophies, broadly speaking, teach that the ego provides our source of agency, motivation, etc., (Vishnu-devananda, 1960; Watts, 1989) – which the theories of PERMA, Self-Determination theory, etc., propose as necessary components in the journey towards greater well-being. In order to embrace the paradox of individualization within connection, understanding our individuality through, for example, locus of control and accomplishment, is vital for experiencing unity (Rohr, 2011).

Additional reasons for finding that a well-being theory, or an aspect of the theory, is discordant with that of connection may arise from the reductionistic approach of looking at the individual as independent of their ecological contexts (i.e., disembodied and disembedded).

The Role of Oneness

The themes of connection within both the spirituality and well-being literature highlight the possibility that connection may play a particularly important role in a life lived in a thriving and flourishing manner. As a result, it may be that a greater understanding of spirituality–well-being associations could be gained through a ‘degree of connection’ lens. Necessary in investigating this hypothesis is a conceptualization of what this ‘greater degree of connection’ means and looks like. For this paper, *Oneness* is

used to represent this pinnacle degree of connection. Thus, simply said, it is proposed that the greater the extent a spirituality measure captures Oneness (and that Oneness is endorsed), the greater the associated correlations with well-being. Similarly, it is proposed that this association may be particularly strong for dimensions of well-being that also capture a greater degree of connection.

Admittedly, the above statements can very easily and quickly turn into meaningless tautology (Garssen et al., 2016). As discussed, spirituality measures and well-being measures can overlap substantially. For example, via a quick perusal, the following items were found in six different spirituality scales: “I feel my life is filled with meaning and purpose,” “I have a sense of mission or calling in my life,” “I am developing meaning in life,” “I experience the things I do as meaningful,” “My life lacks meaning and purpose,” “Life doesn’t have much meaning,” and “I feel that my life has less meaning” (Benson et al., 1993; de Jager Meezenbroek, Garssen, van den Berg, Tuytel, et al., 2012; Ellison, 1983; Gomez & Fisher, 2005; Levenson et al., 2005; Pargament, 1999; Peterman et al., 2002). Similarly, identical questions are found in the often used PERMA scales and Scales of Psychological Well-being (Butler & Kern, 2016; Ryff, 1995; Ryff & Keyes, 1995).

However, many of the commonly used well-being scales that tap into flourishing and thriving (e.g., PERMA, the Scales of Psychological Well-being, and the Positive and Negative Affect Schedule) *do not* have items that directly ask about *connection*. Instead, they have subscales that could be interpreted as capturing connection to a greater extent than other subscales (e.g., items inquiring about relationships or feeling content may be

tapping into forms of connection more than items inquiring about accomplishments or environmental mastery). As a result, with careful selection of spirituality and well-being measures to ensure that, at face value, the items are non-overlapping, it may be feasible to identify whether there are greater associations between spirituality measures and well-being measures when items hypothesized to capture connection are present in both.

In what follows is a defining and discussion of Oneness, focused on the support for the concept due to the prevalent underlying themes of connection within psychology and beyond, the historical context of Oneness and limitations associated with using the concept and word, reasons for why Oneness, if so important for well-being, is not more mainstream, and the existing literature on the associations between Oneness and well-being.

Defining and Conceptualizing Oneness

In psychology research, one of the definitions for Oneness is “a belief in the spiritual interconnectedness and essential oneness of all phenomena, both living and nonliving; and a belief that happiness depends on living in accord with this understanding” (Garfield, Drwecki, Moore, Kortenkamp, & Gracz, 2014, p. 357). Words that have been used to describe Oneness include: Other, Love, God, Energy, Spirit, Truth, Real, Light, pure awareness, collective unconsciousness, higher consciousness, connection, Mother nature, Absolute Existence, Knowledge, and Bliss (Garfield et al., 2014; Miller & C’de Baca, 2001; Sivananda, 1964). Words often found associated with these ideas of Oneness include universal, uniting, and ultimate.

Descriptions of Oneness are easily found in the writings and teachings of individuals who have had mystical experiences (regardless of religious denomination) and/or espouse a spiritual practice such as Buddhism or Yoga: “It is something that one merges with and becomes, not something that is obtained” (Temple, 2009). “Soul of our souls, our very Self, our inner ruler, changeless, cosmic being, the universe, infinite intelligence, pure consciousness, pure silence” (Sivananda, 2013, p. 66). “...a *flow*, a *radical relatedness*, a *perfect communion*,” and “*Being itself* revealed for any mature seeker” (italics in original quotations; Rohr & Morrell, 2016, p. 27 & 43, respectively). “It is at the edge of the lake that we experience the presence of what lies beyond form. Yet there is no ‘what’ that lies beyond form, for there is no beyond, for what *it* is contains all that is” (Dass & Levine, 2013, 142).

Influential spiritual writer and Franciscan priest, Richard Rohr, presents the idea of *circling around* as an apt metaphor for “this mystery that we’re trying to apprehend” (Rohr & Morrell, 2016, p. 26). “Remember, mystery isn’t something that you cannot understand – it is something that you can *endlessly understand!* There is no point at which you can say, “*I’ve got it.*” Always and forever, the mystery gets *you!* ‘Circling around’ is all we can do...All theological language is an approximation...We can say, “*It’s like – it’s similar to...*” but we can never say, “*It is....*” Because we are in the realm of beyond, of transcendence of mystery” (italics in original quotations; Rohr & Morrell, 2016, p. 27).

Many of us have experienced a glimpse of Oneness during moments of feeling incredibly close to another. Often in these moments, the distinction between ‘me and you’ can start to dissolve. At complete “dissolve-tion” this is Oneness (Buber, 1970).

Why Might Oneness be Important?

As just discussed, connection can be viewed as a central aspect of Oneness. In turn, as detailed above, connection can also be viewed as a prominent underlying theme within psychology and spirituality, highlighting a possible central role of connection, and thus potentially of Oneness, in a life well-lived. Further support for the notion and importance of Oneness may be found through illustrations of Oneness currently within psychology as well as across disciplines.

Examples of Pockets of Oneness within Psychology and Beyond. Although much of modern psychology and science is reductionist, research findings on wholism and wholistic metatheories do exist. One such is *Quantum Change* (Miller, 2004; Miller & C’de Baca, 2001). In line with observations and reflections made by prominent psychologists, such as William James, Carl Rogers, Abraham Maslow, and Carl Jung (e.g., James, 1902; Maslow, 1964, 1968; Rogers, 1961, 1980; Whitfield, 2009), Miller noticed how, in addition to the incredibly slow behavioral change often observed in psychology, it appeared that some individuals radically change almost instantaneously. Through a qualitative study, he found that individuals can experience “a sudden and permanent transformation often of profound spiritual character and accompanied with profound sense of love, peace, and safety” (i.e., a mystical-like experiences; Miller, 2004, p. 454). Miller noted the role of connection and unity associated with the feelings of love,

peace, and safety: “Often quantum change seems to connect or reconnect the person directly with that which transcends them and which unites them with all of humanity and life. Consequently, their spirituality is not isolated nor separated from the rest of their life. Rather, it becomes the lens through which they now perceive all of life” (Miller & C’de Baca, 2001, p. 137).

Recent studies on mystical experiences (e.g., Hood Jr., 2017; Wahbeh, Sagher, Back, Pundhir, & Travis, 2018; Yaden, Le Nguyen, Kern, Belser, et al., 2017; Yaden, Le Nguyen, Kern, Wintering, et al., 2017), as well as a newly developed scale measuring beliefs about Oneness (Garfield et al., 2014) provide additional examples of psychology research pertaining to Oneness. Scales that measure individuals’ experience of Oneness, such as Hood’s (1975) Mystical Experience scale, accompany this work. This type of research is infrequent in mainstream psychology, often found in psychology of religion under the label of intense religious experiences (Hood Jr., 1975).

Finally, several stage theories, often found in developmental psychology, also espouse a progression towards experiencing Oneness. Piaget’s theory of cognitive development, for example, stipulates that we are born undifferentiated (i.e., pre-reflective) and through development we differentiate (i.e., view things dualistically). In the final stages of development, however, dualistic perspectives decrease as we view the world as more fundamentally connected (Piaget, 1970). Kohlberg’s final stage of moral development entails making decisions based on decreasing, or annihilating, the perceived separation of self and other; by appealing to logical comprehensiveness, universality, and consistency (Kohlberg & Hersh, 1977, p. 55). Similarly, Fowler’s final stage of faith is

that of an “undifferentiated” or “universalizing” faith, which he also calls “enlightenment.” In this stage, Fowler outlined that an individual would view others as from a universal community and thus would treat them with universal Love (Fowler, 1981). Finally, and more recently, Ken Wilber proposed a framework of human knowledge and experience, called the Integral Theory Model. The apex of this model is that of “formless awareness” entailing a “simple feeling of being” which transcends the phenomenological world (Wilber, 1997, 2005).

The idea of Oneness can be seen through mind vs. body discussions (Kelso & Engstrom, 2006). It is not possible to pinpoint where the mind is, or where thoughts and emotions are, just as it is not possible to identify what part of the body is not the mind (D. C. Witherington, personal communication, July 2018). When living, there is no mind without the body, just as there is no body without the mind. As a result, we are embodied (i.e., our brain is among a system of organs that facilitate the thinking of the organism) and embedded (i.e., we are inextricably intertwined within our context and actions are explained through organism-environment interaction; Gallagher & Zahavi, 2012; Varela, Thompson, & Rosch, 1991; Witherington, 2018).

Finally and briefly, connecting themes of Oneness appear in other disciplines, such as physics (Edinger-Schons, 2019). For example, electricity and magnetism, time and space, waves and particles, and energy and matter, originally conceived of as distinct from one another, are now known as inextricable (Kelso & Engstrom, 2006).

Context and Limitations of Oneness

The aforementioned descriptions of Oneness are derived from Yoga. This context is critically important because Yoga has a long history and texts about Yoga have been subject to a vast array of influences and interpretations. The root of the word Yoga in Sanskrit is the verb *yuj*, which means *to yoke*, as in the piece of wood that joins together two cows. Although the origin of the practice and theory of Yoga is highly debated, it has been interpreted as a product of both Vedic civilization and of strands of pre-Vedic South Asian civilizations. In the 3rd century BCE, Yoga started to appear more in Hindu, Jain, and Buddhist writings. For example, in Buddhism, *Yogācāra* was used to refer to the notion of yoga as a meditative or spiritual practice (Dunne, 2016). That being said, the word Yoga has been found to refer to many things, so some of these references may be using it in a different context than expected. In the 5th century AD, Yoga philosophy and practice, as instantiated in the Yoga Sutra, started to overflow in other Indian philosophical and religious movements. The medieval era of 500-1500 AD marked the emergence of numerous schools of Yoga and the modern era of Yoga began around the 1890s (Feuerstein, 2008).

Leading up to this modern era, from the eighteenth century through 1947, India was governed by British colonial rule. This period of British rule was marked with substantial ‘Western’ influence. The incorporation of this outside influence into Hindu culture resulted in what is referred to as Neo-Vedanta (Halbfass, 1997), the main form of yoga that then came to the United States during the modern era of yoga. As a result, yoga as we know it today was directly influenced by our very own culture before its arrival.

One reason for why this is particularly important is because Yoga, as originally interpreted in the Vedas (often referred to as *Vedanta*), is dualistic: it considers nature and spirit as separate. But Yoga, as reinterpreted by the Neo-Vedanta movement, views nature and spirit as being inherently one.

That being said, the purpose of this paper is to advance the notion of a pinnacle degree of connection in mainstream clinical science within the United States, not to engage in the debate between Vedanta and Neo-Vedanta perspectives. Due to the relatively novel nature of concepts like Oneness in the philosophy, theory, and practice of mainstream clinical psychology, and society at large, teasing apart the Vedanta and Neo-Vedanta perspectives in this study would arguably be distracting and tangential due to the relatively crude levels of specificity in spiritual and well-being psychological measurements today. Understanding the two perspectives, however, is necessary and hopefully fruitful in further understanding the general concept of Oneness and ways in which it can manifest, as well as for establishing avenues for future research when more logistically feasible.

Building on the above context, there are significant limitations in using the word Oneness. As mentioned, words have meaning prescribed to them and are inherently reductionistic. As a result, any word chosen to capture this pinnacle degree of connection is going to fall short. For example, disciples of Vedanta and/or Neo-Vedanta may resonate more strongly with the word Oneness relative to disciples of Buddhism. *Very* broadly speaking, Vedanta talks about *connection* through the lens of presuming that the existence of reality is comprised of the *same core* or *two cores*. Whereas Buddhism tends

to refer to the same idea through the language of *interdependence* and views the existence of reality of *all being a part of the same emptiness* – that it is not possible to separate one thing from another, but there is no final one substance (Garfield et al., 2014; P.-J. Harter, personal communication, December 2, 2019). Of note, there are *large* differences in the teachings across Buddhist traditions, and likewise across Yogic traditions. As a result, the aforementioned ‘broad’ comments are indeed *broad* (e.g., see Dunne, 2016).

These differences have consequences for associations with well-being as well. For instance, Vedanta overarchingly teaches that Oneness is going to lead to liberation, whereas Buddhism would say that Oneness is going to create suffering because it encourages identification with/belief in this ‘one substance’ (as opposed to an emptiness).

An additional consideration within the above discussion is whether Vedanta and Buddhism (and any account of mystical belief across religious traditions) are, in fact, talking about the same ‘thing,’ as well as if experiences of this ‘thing’ are the same. It is clear that world religions have different viewpoints about the nature of existence and beliefs and practices related to achieving the highest level of attainment (Moberg, 2002).

There is also considerable evidence that, with small variations in wording, measures of mysticism (e.g., Hood Jr., 1975) are relevant across cultures, religions, and contexts (Hill, 2013). On par with these latter findings are numerous works arguing for the same core, with various manifestations. In what follows are four such examples. Stace’s (1960) Common Core Thesis stipulates that there is a common core set of components that underly mystical experiences regardless of cultural contexts. Hick’s (1989) writings suggest that the world’s religions use the same source of faith, but simply

interpret, conceptualize, focus on different aspects, and experience it in ways that manifest in diverse ways. Additionally, perennial philosophy, a term popularized by Huxley (1945), views all esoteric and exoteric knowledge and doctrine from the major world traditions as having originated from a single uniting truth. Although it is beyond the scope of this paper to make a concluding statement on this matter, it is important to keep these points in mind throughout what follows.

In weighing the pros and cons associated with the possible words to capture this concept, the word *Oneness* was selected, with the associated intentional focus on *connection* (opposed to, for example, interdependence – despite the implied ‘combining of two parts’ associated with connection). Another reason for this choice was the expectation that the lay American would have an easier time conceptualizing pinnacle degrees of connection relative to an emptiness. Of note, research has found that 150 Buddhists from Shambhala (Tibetan) and Vipassana communities in the Midwest, on average, highly endorse scale items that use ‘Oneness’ language (Garfield et al., 2014). As a result, the limitations associated with the word *Oneness* will hopefully be minimal in this study.

If Oneness Might be so Important for Well-being, Why Is It Not More Prevalent?

Given this discussion of the prevalence and relevance of *Oneness* to well-being, one might ask why *Oneness* is not more prominent in the spirituality literature or mainstream psychological literature. In what follows are a handful of possible explanations.

First, comprehending Oneness may be particularly difficult for a person raised to view the world through an individualistic, dualistic, and reductionistic cultural perspective. It is incredibly arduous and complex for most to transcend dualistic mindsets. This is evident in many self-touted wholistic theories that presume an initial separation and do not tackle undifferentiated Oneness. These partial wholistic theories continue to be caught in dualistic thinking and thus tend to represent monism (i.e., holding one side of the dualism as ‘truth’ and negating the other side) more than Oneness (which could be viewed as the integration and transcending of both sides of the dualism).

One example of this is ‘both and’ (e.g., *both nature and nurture*), which is a thing-based view, rather than the dualistically transcending relationship-based view. A second example is the use of language that implies ‘parts being put together,’ instead of conveying the inherent connectedness of the parts. Two definitions of Oneness exemplify this by using the word ‘interconnected,’ implying ‘parts being put together’: “The main feature and the characteristic of the universe that is *interconnected*, constantly evolving, and guided by patterns which are coherent” (Hollick, 2011) and “A sense of shared, merged, or *interconnected* personal identities” (Cialdini, Brown, Lewis, Luce, & Neuberg, 1997, p. 483).

Not only is comprehending Oneness difficult, but simply believing in it without even trying to comprehend it may be daunting. If raised to believe that the scientific method is the best and only way to identify answers, it seemingly will be a struggle to believe in something that is beyond what the scientific method can currently measure.

Second, the individualistic, dualistic, and reductionistic nature of our culture appears to reinforce greater and greater separation making it arduous to return to connection. An illustration of this, which is particularly resonant within the culture of the United States, is the notion that we should be happy *all the time* because all opportunities and all resources are available to us. Not only is there no reason why we should not be happy all the time, but if we are not, then we must be depressed.

In holding this belief, upon looking inside and not seeing happiness, we tend to turn outward and look to relationships, food, drugs, exercise, work, etc., for our happiness. Because these outward things provide fleeting moments of happiness, we get addicted and caught in a constant stressful cycle of trying to identify where we will find the next moment of happiness. As this cycle perpetuates, we get pulled further and further away from ourselves and thus our ability to recognize our fundamental connectedness (Sivananda, 1964; Vishnu-devananda, 1960). A second example in the separation from holding this belief is that we should be successful in ‘making it’ on our own (i.e., separation from others).

It is impossible, however, to be happy *all the time*. Not only is happiness an emotion, and therefore fleeting, happiness only exists against the backdrop of not being happy (such as sadness, anxiety, and negativity). Yoga philosophy teaches that the goal is not to be happy *per se*, but to be at peace. This consistent peace can be found when we tap into our inherent connection.

Third, not only is comprehending and believing in Oneness difficult, but inner reflection is arguably the hardest kind of work to do and the least prioritized in our

culture. One explanation for this is that our inner experience is the greatest root of our suffering. This suffering manifests, for example, in the form of self-doubt, self-hatred, fear, rumination, and restless thoughts concerned with whether we are good enough, will be accepted, or are happy enough. If looking inward reveals these negativities, the natural response would be to avoid doing so.

Acceptance and Commitment Therapy recognizes this pattern, labels it as *experiential avoidance*, and theorizes that it, in turn, causes suffering (S. C. Hayes et al., 1999). As said by Richard Rohr: "...the only thing that can keep you out of this divine dance [of unity] is fear and doubt, or any self-hatred" (Rohr & Morrell, 2016, p. 194). An added layer is that we live in a fast-paced culture that values doing and achieving. The constant "go" facilitates experiential avoidance and the value of achievement inflates the ego. Inner work, however, requires calm and quiet for reflection and a humble ego to accept one's imperfections (Sivananda, 1964).

Fourth, for most of us, it is neither possible nor desirable to engage in a Oneness orientation for the bulk of our day. Engaging in Oneness may facilitate vast feelings of love, expansion, connection, gratitude, awe, peace, etc. However, these wholeness experiences largely do not help us navigate day-to-day interactions and decisions. We rely on our dualistic orientation to discern and identify consistency, logic, distinctions, fairness, and left from right; in turn, Oneness can keep in check additionally dualistic overcontrolling, lying, limiting, obsessing, repeating, separating, and dividing tendencies (Rohr, 2018). As a result, engagement in Oneness may largely be something that happens 'behind the scenes' during times of reflection for many people rather than something at

the forefront of an individual's behavior for others to observe and from which they can learn.

Fifth and lastly, Oneness does not appear to be prominent in mainstream psychology because spirituality is not prominent in mainstream psychology. There are reasons against bringing spiritual perspectives into clinical science research and practice. The American Psychological Association (APA) Code of Ethics, for example, stipulates that the psychologist's practice is established in *competence, scientific, and professional knowledge of the discipline* (APA, 2017). Not only is incorporating spirituality into treatment absent in clinical scientists' training (thus not a part of our competencies), but spirituality is currently a nebulous concept in research (thus not well scientifically studied or understood).

Of course, there are reasons and explanations for this. Via our history, psychology today views itself as distinct from religion (Barnett & Johnson, 2011; Polzer Casarez & Engebretson, 2012). This perceived distinction applies to spirituality too because spirituality is often bundled with religiosity. Additionally, the rates of psychologists believing in spirituality are significantly lower than the general population: 66% of psychologists report believing in God (as opposed to the approximately 90% of the United States populace; Delaney, Miller, & Bisonó, 2007; Shafranske & Cummings, 2013).

In addition to these arguments and points, the APA Code of Ethics also stipulates respect for, and dignity of, a client's spirituality. It is not possible, however, to truly respect a client's spirituality if we do not understand it. Additionally, spirituality is

arguably important for psychologists to tune into more if our goal is to increase our clients' well-being. This latter point is augmented by the data showing that the vast majority of clients are spiritual, spirituality overarchingly having a positive relationship with well-being, and how clients' spirituality may significantly inform their metatheoretical understandings of life.

'Learning about spirituality' may feel daunting or repulsive for a clinical scientist. This understanding and training, however, can also partially happen via a metaphysical/philosophical lens (exemplified by the beginning of this paper's introduction), as opposed to a spiritual or religious lens. In a similar vein, it may feel less daunting if the focus around spirituality, and Oneness, is away from 'whether or not it is true,' and towards the *utility* of the perspective as it pertains to well-being. Although this can quickly get tricky and sticky (i.e., is it better to have greater well-being and possibly be disillusioned about the reality of existence?), it is one approach to exploring, understanding, and contextualizing spirituality and Oneness.

It arguably would behoove clinicians to increase their competence and comfort in spirituality to overcome issues surrounding boundaries of competence, personal problems, and conflicts of interest. This is particularly important today due to the increasing number of policy shifts at various levels of the mental health field (Khan, 2019). For example, the fifth edition of the DSM outline for the cultural formulation interview references spiritual beliefs under cultural factors affecting self-coping and past and current help-seeking ("DSM," 2013). The DSM 5 also includes a separate code for 'Religious or Spiritual Problem' that can be used when distressing experiences that

involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of non-religious spiritual values are the focus of clinical attention (“DSM,” 2013).

Experiences and Beliefs of Oneness Relative to Well-being

As mentioned above, much of the research on spirituality to date has been done within other research agendas as “add-on” variables (Hill, 2013), p. 51), as well as via single-item measures, such as ‘are you spiritual’ (de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Miller & Thoresen, 2003). It is thus not surprising that research pertaining to the relationships between well-being and more specific aspects of spirituality, such as Oneness, have received little attention.

Potentially the greatest source of insight into the possible associations between Oneness and well-being comes from the literature of those having had Oneness *experiences* (i.e., mystical experiences). Broadly speaking, an experience can be thought of as the process of active participation, such as physical engagement, direct observation, and/or mental engagement, that leads to knowledge (*Merriam-Webster.Com*, 2020b; *CambridgeDictionary.Com*, 2020; *TheFreeDictionary.Com*, 2020). In turn, a mystical experience can be thought of as a subjective experience interpreted through a spiritual framework.

Stace (1960), whose work strongly influenced the modern-day study of mysticism in psychology, based his conceptualization of mystical experiences upon two assumptions. The first assumption was that mystical experiences are universal experiences in terms of the phenomenology of the experience. The ideological

interpretations of the experience, however, vary widely. The second assumption was that there are core aspects of mystical experiences, but not all these aspects need to be experienced in a mystical experience. Ralph Hood's (1975) mysticism scale, which is one of the most well-known and used mysticism scales in mainstream psychology, uses Stace's conceptualization as a framework.

Two of the most common themes from accounts of those having had mystical experiences (e.g., Hood Jr., 1975; W. James, 1902; Miller, 2004; Miller & C'de Baca, 2001) are that of 1) unity/immersion/absorption and 2) a greater peacefulness/calmness. Additional themes entail experiencing a greater sense of well-being, joy, safety, gratitude, fewer but closer relationships, a greater focus on spirituality, a sense of awe in place of fear, and considerable changes in perceptions of self and reality particularly pertaining to being a part of a greater whole (Miller, 2004; Miller & C'de Baca, 2001).

However, it has also been found that greater happiness is *not* associated with mild mystical experiences in churchgoers (Argyle & Hills, 2000). Other research has found that experiences of mysticism can be unsettling and dysphoric for individuals, not surprisingly because losing the boundaries of one's self can be rather uncomfortable (Byrd et al., 2000). This was also reflected in findings that introvertive mysticism (e.g., "something greater than myself seemed to absorb me" and "I was conscious only of a void") had a small but significant positive correlation with depression (Hood, Jr. et al., 2001).

In turn, however, when individuals have an interpretive framework for understanding their mystical experiences (i.e., understanding one's experience through

the lens of sacredness and truth), mystical experiences have been associated with greater life satisfaction (Byrd et al., 2000). A third study on nondual experiences also found inconsistent and mixed results: while subjective well-being (i.e., life satisfaction and positive affect) was significantly associated with nondual experiences (comprised of self-transcendence and bliss subscales), psychological well-being (i.e., purposeful living, positive relationships, and autonomy) was only significantly associated with the bliss subscale of well-being (Hanley et al., 2018).

Adding additional complexity to Oneness vs. well-being associations is teasing apart Oneness *experiences* from Oneness *beliefs*. A belief can be thought of as a trust or confidence in considering something true, particularly in something that is not immediately or easily subject to rigorous and/or scientific examination (*Merriam-Webster.Com*, 2020a; *Dictionary.Com*, 2020a). Importantly, a belief is defined by something – such as a belief *in* Oneness for a yogi, or a belief *in* an emptiness for a Buddhist. Circling back to the beginning of this paper, there are several points worth considering pertaining to beliefs. The first is that some beliefs are more ‘supported’ than others and thus can be considered ‘truer’ than other beliefs. Some of these ‘truer’ beliefs are, for example, the pre-suppositions that our science rests on. As a result, some beliefs are sometimes considered ‘scientific facts.’ Despite having a high likelihood of being ‘true,’ there is still a small probability of that not being the case (e.g., BOLD assumptions in fMRI; Wink & Roerdink, 2006). In addition to being interesting in and of itself, an additional point is that a belief of Oneness is not implying ‘truth’ of the existence of Oneness, but an ascertained level of confidence, or trust, that it might be true.

Research on Oneness beliefs may be of particular clinical importance because of the greater capacity a clinician (and client) might have in influencing and shaping a client's beliefs (i.e., thoughts, perspectives of self, perspective of the nature of existence) relative to a client's experiences. It appears that the study of Oneness beliefs, however, is brand new to modern psychology, initiated by a scale measuring Oneness beliefs published in 2014 (Garfield et al., 2014). An example item in Garfield et al.'s scale is "There is a unifying force through which all of life is brought together in one great whole." The authors defined Oneness beliefs as "a belief in the spiritual interconnectedness and essential Oneness of all phenomena, both living and nonliving; and a belief that happiness depends on living in accord with this understanding" (p. 357). Garfield et al., do not contextualize their definition or scale within a Vedanta vs. Neo-Vedanta perspective. That being said, their definition of Oneness beliefs, as well as their scale items, appear to be roughly derived from more of a Neo-Vedanta perspective.

Only two studies thus far have, cursorily, looked at the associations between beliefs in Oneness and subjective well-being; both used the Oneness Beliefs Scale. In the first study, Garfield et al. examined the associations between beliefs in Oneness relative to anxiety, depression, and positive/negative affect within a sample of college students. They found non-significant associations across the board except for a small significant correlation between Oneness beliefs and positive affect.

The second study (Edinger-Schons, 2019) used a slightly modified and shortened version of Garfield et al.'s Oneness Beliefs scale in relation to life satisfaction (Diener et al., 1985). In two very large non-student samples, including repeated measurements six

weeks apart, Edinger-Schons found a significant positive effect of Oneness beliefs on life satisfaction. Due to the repeated measures component of her data collection, Edinger-Schons was able to test directionality and found that Oneness beliefs were a significant determinant of life satisfaction over time, but that there was no reverse effect of life satisfaction on Oneness beliefs (p. 10).

As a result, Oneness beliefs have been found to be positively associated with measures of well-being, including positive affect and life satisfaction. Additionally, as suggested by the mystical experiences literature, Oneness beliefs might have larger associations with well-being dimensions that capture unity, immersion, absorption, peacefulness, positive emotion, and positive relationships.

One theme among these well-being dimensions is that they capture a relatively high degree of connection with oneself and/or with others. Immersion and absorption suggest a deep engagement with, or connection of, oneself with an activity or with another person. It could be expected that this greater immersion would be associated with feeling greater meaning in one's activities, as well as deeper relationships. Peacefulness indicates a calmness and comfort internally, externally, and inherently between these inner and outer experiences. This calmness and comfort arguably could only be possible with being in tune and connected with oneself and/or the situation one is in. Similarly, positive emotion seemingly requires a similar harmony with self, and with the self within the external environment. Research on authenticity has found that those who have congruence among their conscious awareness, their actual experience (i.e., the true self), and authentic living, experience greater well-being (Wood et al., 2008).

In turn, Oneness beliefs have been found to have insignificant associations with anxiety, depression, and negative affect. It could be suggested that one theme among these dimensions is that they capture a relatively high degree of *disconnection* with oneself and/or with others. Anxiety is often thought of as a heightened response to an unknown threat. One way of interpreting this is a doubting of one's response to the unknown and/or a lack of adequately knowing how one will respond to the unknown. In other words, both point to some level of not being connected with oneself – not knowing, trusting, believing in, etc., oneself. A common central aspect of depression is that of loneliness, i.e., disconnection with one's community (and arguably oneself as well). One of the more effective treatments for depression is Interpersonal Psychotherapy, which directly targets increasing an individual's connection with their community (Klerman et al., 1984). Examples of negative affect are that of being afraid, hostile, nervous, guilty, and scared. The disconnection associated with being afraid, nervous, and scared can be explained similarly to that of anxiety. Additionally, hostility has connotations of perceiving and wanting separation, and guilt has connotations of feeling separated due to perceptions of wrongdoings and fear of what the other might feel.

Summary and Outstanding Questions

In summary, there are numerous problems and complexities in the spirituality literature. Despite a multitude of data-driven attempts to operationalize spirituality, little consensus exists. A significant influencer of the current complexity is due to shifts in orientations of spirituality from solely being descriptive of a deeply religious person to today's model of encompassing the religious, atheist, and agnostic, as well as aspects of

well-being. Accompanying these recent shifts has been a call for spiritual measures that are more universal (i.e., avoid terminology that can be excluding, such as “God” “spirit” “higher power” “divine” etc.), as well as a critique of these new spiritual measures blurring the line between the constructs of spirituality and well-being. Thus, attempts to understand the relationship between the nebulous concept of spirituality relative to the nebulous concept of well-being have resulted in muddled, contradictory, and inconclusive findings. This is exacerbated by much of spirituality research having been conducted via single-item measures and based on convenience samples.

As stated above, it may be that a greater understanding of spirituality–well-being associations could be gained through a ‘degree of connection’ lens, with Oneness representing the pinnacle degree of connection. In other words, it may be that the greater the extent a spirituality measure captures Oneness (and that Oneness is endorsed), the greater the associated correlations with well-being, particularly dimensions of well-being that also capture a greater degree of connection. The rationale behind this idea is corroborated via the prevalence of underlying themes of connection within psychology and beyond.

Much of what we know about Oneness relative to well-being is derived from descriptions of Oneness experiences, with even less known about beliefs in Oneness. As mentioned, it may be particularly fruitful to study beliefs in Oneness. Experiences, despite requiring active engagement, have a passive component – they are things that happen to us; it is not possible to force an experience. As Freud said, “I cannot discover this “oceanic” [a feeling of eternity, limitless, unboundedness] feeling in myself” (Freud,

1929, p. 1). However, it is possible to cultivate a state of mind/create an environment that fosters and encourages an experience to happen. To illustrate: my partner telling me to ‘feel that I love you’ will likely not successfully result in me experiencing their love. Processes, however, such as the mentally appreciating all that my partner does and prolonged gazing into my partner’s eyes, may have a greater likelihood of fostering an experience of love towards my partner. As a result, it might be feasible to increase an individual’s experience of Oneness through targeting malleable mental processes, such as the beliefs about connection that an individual recounts in her/his head.

However, not only is much unknown about the associations between beliefs in Oneness and well-being, but Oneness beliefs relative to experiences do not appear to have been studied. Is it possible, for example, for an individual to believe in Oneness without having experienced Oneness? If so, it could be that beliefs in Oneness and experiences of Oneness may have independent relationships with well-being.

Alternatively, it may be that it is not possible to believe in or understand Oneness without having experienced Oneness first. As a result, it could be that the relationship between beliefs in Oneness and well-being is largely the result of experiences of Oneness (i.e., Oneness beliefs lead to experiences of Oneness which lead to increases in well-being.) Because those who report experiences of Oneness only report one or two short instances in their lives, it is also possible that the reason why experiences of Oneness might lead to greater well-being is because the experience inspires belief in Oneness. It then might be the belief that is then applied in one’s life, or that acts as an interpretive framework for the Oneness experience, that leads to greater well-being (i.e., through the resulting continuous small moments of connection felt).

If the latter possibility is the ‘truer’ relationship, the extent to which a belief is applied in one’s life may be a critical factor for statistically illuminating the relationship. In other words, a belief may be only as powerful or influential as it is utilized in a daily manner. To illustrate: I can express appreciation towards my partner, but that I might not truly feel that appreciation towards my partner until I take the time and space to reflect on the specific ways that appreciation is felt. Simply said, just believing in Oneness may not increase well-being, but the more Oneness beliefs are ‘applied’ during one’s daily life, and thus, the more one feels little moments of connection throughout the day, the more Oneness beliefs may foster greater well-being.

Overarchingly, applying Oneness beliefs in daily life could look like being tuned-in to one’s values and internal state and acting in accordance; such as speaking up about what one perceives as right in a situation, as well as noticing one’s anger and removing oneself from a situation to take a break and reflect on the possible deeper reasons as to why. Applying Oneness beliefs in daily life could also entail looking for, seeing, and feeling the beauty in others, as well as engaging more deeply with others and thus having a greater understanding of others and being potentially less frustrated or annoyed at differences. Exploring the role of applying a belief may be particularly fruitful because, like the malleability of a belief (relative to an experience), the application of a belief is also malleable (for individuals independently, as well as aided by clinicians).

Of additional consideration pertaining to ‘applied beliefs’ is the *content* of belief. As mentioned, a belief is always defined by its object, such as belief *in* a spiritual connectedness of the universe or a belief *in* the guiding force of nature. As a result, it is

possible that, for belief contents that are most likely beneficial for well-being (e.g., believing that the universe is supporting me relative to believing that the universe is ‘out to get me’), the act of *applying* the belief may play a particularly substantial role in well-being, relative to the *content* of the belief. In other words, two people that have different beliefs, but have the same level of applying their respective beliefs may experience similar levels of well-being. Related to this, it thus may be that increased well-being is simply the result of endorsing one (of potentially many) ‘belief content’ that fosters a wholistic perspective; that is, simply strongly believing in something might increase a person’s sense of peace in life. As a result, this adds a layer of complexity pertaining to the associations between various spiritual beliefs and well-being.

In summary, some of the many unanswered questions are: 1) Do Oneness beliefs in fact have greater associations with subjective well-being dimensions that capture connection relative to other subjective well-being dimensions? 2) Do Oneness beliefs have greater associations with connection dimensions of subjective well-being relative to other measures of spirituality? 3) Do Oneness beliefs have an independent relationship with subjective well-being relative to mystical experiences? And 4) is there a greater association between beliefs in Oneness and subjective well-being the more an individual applies their beliefs in daily life?

The Present Study

This paper aims to begin studying this ‘degree of connection’ hypothesis by more closely examining the associations between beliefs in Oneness and subjective well-being. The working definition of Oneness in this paper is adopted from Garfield et al. (2014),

also used by Edinger-Schons (2019): “a belief in the spiritual interconnectedness and essential oneness of all phenomena, both living and nonliving; and a belief that happiness depends on living in accord with this understanding” (p. 357). More specifically, this study looks at 1) the associations between *beliefs in Oneness* and *dimensions of subjective well-being*, as well as 2) possible conflating and contributing factors in the Oneness–well-being associations.

This study has four hypotheses:

Hypothesis 1: Dimensions of subjective well-being that reflect connection to self and connection to others will have higher correlations with Oneness beliefs relative to non-connection dimensions of well-being. The focus of this hypothesis is to begin initial explorations of whether the spirituality literature might be organized through the framework of ‘degree of connection.’ The first step in this process is thus to test whether Oneness beliefs do in fact have greater associations with aspects of well-being that capture connection. Based on accounts of mystical experiences and the associated experiences of self-and-other unity, as well as related qualities of peace, awe, gratitude, decreased fear, fewer but closer relationships, a greater focus on spirituality, etc. (Miller, 2004; Miller & C’de Baca, 2001), it is hypothesized that dimensions of well-being that capture these qualities (such as dimensions pertaining to relationships, engagement, meaning, life satisfaction, and aspects of positive emotions) will have greater associations with Oneness beliefs.

Hypothesis 2: Oneness beliefs will have higher correlations with dimensions of subjective well-being that capture connection to self and others relative to the

correlations between the 'universal/general' single-item measure of spirituality and subjective well-being measures that most capture connection to self and others. This is the second step of initial testing; to determine whether Oneness beliefs are more associated with subjective well-being, particularly the 'connected dimensions' of subjective well-being, relative to the most commonly used single-item spirituality measure.

Hypothesis 3: Oneness beliefs will have a unique association with subjective well-being, after controlling for mystical experiences (i.e., Oneness experiences). This hypothesis begins exploring the second main goal of this study; that is to look at conflating and contributing factors in the associations between beliefs in Oneness and subjective well-being. Of interest, additionally under this hypothesis, was to look at a couple of mediation models to see if mystical experiences mediate the effects of Oneness beliefs or if Oneness beliefs mediate the effects of mystical experiences. If Oneness beliefs do have unique associations with subjective well-being (relative to experiences of Oneness), *and* Oneness beliefs mediates the effects of mystical experiences, then future testing may be warranted to see if it is possible to manipulate/increase beliefs in Oneness to bring about increases in well-being.

Hypothesis 4: The greater the application of Oneness beliefs, the larger the associations between Oneness beliefs and dimensions of subjective well-being. Also pertaining to the second main goal of this study, the purpose of this hypothesis is to begin exploring additional factors that may influence the associations between Oneness beliefs and well-being. It is commonly the case within clinical work that the more a client

practices using a tool (e.g., thought diffusion, thought replacement, etc.) and the greater the client's conviction behind the tool, the more likely the tool will be effective for the client. Given this, it is important to establish whether the same is true for beliefs in Oneness.

Method

Participants

Spiritual Oneness Beliefs were examined via a Mechanical Turk sample (described below). In this sample ($N = 418$), 218 (52.2%) participants self-identified as female, 199 (47.6%) as male, and one (0.02%) as gender non-conforming. The mean age was 39.78 ($SD = 13.33$, $range = 60$). 79.9% of participants self-identified as White, 11.5% Black, 7.7% Latino/Hispanic, 5% Asian/Pacific Islander, 1% Alaskan Native/Native American, and 1.4% Mixed.

Procedures

Data for this study was collected on the survey platform Opinio via Amazon's Mechanical Turk (MTurk). MTurk started in 2005 and has recently seen an increase in use in the behavioral sciences (Buhrmester et al., 2011, 2018). MTurk participants are significantly more demographically diverse relative to the typical convenience sample, and slightly more diverse relative to other internet samples (Buhrmester et al., 2011, 2018; Paolacci, 2010; Paolacci & Chandler, 2014). Research has found that participants tend to be younger, more educated, underemployed, less religious, and more liberal than the general population (Paolacci, 2010), and engage in MTurk due to internal motivation

(e.g., for enjoyment; Buhrmester et al., 2011). Despite the benefits of the diversity of the participant pool, one drawback is that it is not representative of the United States population. Data can, however, be collected quickly and inexpensively, and has been found to meet or exceed the psychometric standards relative to other traditional methods (e.g., undergraduate samples; Buhrmester et al., 2011, 2018; Paolacci, 2010). There are MTurk workers worldwide; the data for this study was limited to those living in the United States.

There is much discussion as to compensation on MTurk (e.g., Buhrmester et al., 2011; Paolacci, 2010; Paolacci & Chandler, 2014). An oversimplified summary of the discussion is that on one hand there is a call for greater pay of workers and on the other hand participants are said to mistrust ‘jobs’ that compensate more than what is average. A review of the current compensation on MTurk reveals that payment ranges from \$15 to \$0.01 dollars, with the greatest number of jobs within the \$0.01 to \$0.50 range (this range is also associated with the greatest amount of participation). These findings include numerous surveys that take 10-30 minutes. As a result, in hopes of paying an amount that would attract the most participation (i.e., on the ‘higher’ end of the ‘average’ attractive amount), this study compensated participants \$0.45.

The following recruitment message, accompanying the Opinio survey link, was posted on MTurk:

This is an approximately 15-minute survey on your thoughts pertaining to the reality of existence, spirituality, and well-being. Your answers are completely anonymous. You will be compensated \$0.45 cents for completing the survey. Thank you sincerely and deeply for your participation, time, and attention!

Data collection opened on February 19th, 2020 and closed on March 3rd, 2020. Of note, data collection closed at the brink of the COVID-19 outbreak in the United States (as a reference point, tech companies and universities in California, one of the first states to experience an uprising of cases, started to cancel classes/require working from home around March 7th, 2020).

Measures

View Appendix A for a full listing of the following measures.

Demographics

The following demographics were measured: age, gender, education, employment, income, ethnicity, religious denominations, and self-identification with spirituality, religiosity, atheism, or being agnostic.

Ontological Measures

In what follows are the five measures used in this study to measure participants' perspectives, beliefs, experiences, and practices. This array of measures (as well as self-identification with spirituality and religiosity measured in demographics) is referred to below as the *Ontological measures*. This label is not because the measures all directly explore the essence or nature of being, but because ontological seemed an appropriate 'catch-all' for the perspectives, beliefs, experiences, and practices that the measures encapsulate.

Belief in Oneness. The Oneness Beliefs Scale (Garfield et al., 2014) was selected to capture Oneness Beliefs. As mentioned above, Garfield et al., do not contextualize

their definition or scale within a Vedanta vs. Neo-Vedanta perspective. That being said, their definition of Oneness Beliefs, as well as their scale items, appear to be roughly derived from more of a Neo-Vedanta perspective.

Item formation of the Oneness Beliefs Scale was largely influenced by a present-day Buddhist writer (Ikeda, 1982). Ikeda is president of Soka Gakkai International, one of the world's largest and most diverse lay Buddhist organizations, and writes in more accessible language relative to many other translations of old texts (Garfield et al., 2014). The Oneness Beliefs Scale has two subscales: beliefs in Spiritual Oneness (8 items) and beliefs in Physical Oneness (3 items), measured on a nine-point Likert Scale.

The purpose of the Spiritual Oneness Beliefs scale was to capture Oneness, as Garfield defined it (and as is defined in this paper). Garfield included the Physical Oneness subscale to measure the endorsement of connectedness of phenomena without a spiritual component. Examples of Spiritual Oneness Belief questions are: “There is a unifying force (in the universe) through which all life is brought together in one great whole” and “The peace and happiness of humankind is founded on being in harmony with the rhythm of the universe.” Examples of Physical Oneness Belief questions are: “The entire cosmos is linked together by complicated and intricate physical laws” and “All parts of the universe—both living and nonliving—are composed of the same fundamental materials.”

As done by Garfield, the Spiritual Oneness Belief scale was used to measure Oneness Beliefs in this paper. Garfield's Spiritual Oneness Beliefs scale avoids words such as God, spiritual, divine, greater/higher power, etc., does not have terminological or

conceptual overlap with subjective well-being measures, and has been found to have good psychometric properties (Edinger-Schons, 2019; Garfield et al., 2014). It has been found that Oneness Beliefs are more than a situation-specific feeling or mood based on a two-time-point measure of Oneness Beliefs and high intraindividual correlations indicating the time-invariance and stability of a personality factor (Edinger-Schons, 2019).

Oneness Beliefs have been examined in two publications, entailing three main demographics. The first was students: three samples of students at a large midwestern state university ($N = 1,311$, $N = 1,153$, and $N = 1,139$). The second demographic was Buddhist-based spiritual practitioners: 150 participants who engaged in Buddhist-based spiritual practice (Garfield et al., 2014). The third demographic was nonstudents: two large scale nonstudent samples ($N = 7,137$ and $N = 67,562$; Edinger-Schons, 2019). Garfield et al. found Oneness significantly correlated with positive affect ($r = .13$) and non-significantly correlated with the Beck Depression Inventory, Beck Anxiety, and negative affect ($r_s = -.03$, $-.02$, and $-.01$, respectively). Edinger-Schons found Oneness Beliefs correlated with empathy, social connectedness, connectedness to nature, and life satisfaction ($r_s = .398$, $.382$, $.613$, and $.183$, respectively). Of note, Edinger-Schons' findings indicated the causal direction of the association between Oneness Beliefs and life satisfaction, with no reverse effects, as well as a positive effect of Oneness Beliefs on life satisfaction over and above the effect of religious affiliation.

In this study, Cronbach's alpha for Spiritual Oneness Beliefs and Physical Oneness Beliefs scale was $\alpha = .95$ and $\alpha = .79$, respectively.

Duke University Religion Index (DUREL). The DUREL (Koenig & Büssing, 2010) is a five-item scale that assesses the three major dimensions of religious involvement identified at the National Institute on Aging and the Fetzer Institute conference (March 16-17, 1995) on Methodological Approaches to the Study of Religion, Aging, and Health. The three dimensions entail: 1) Organizational religious activity – involving public religious activities such as attending church or religiously related groups (captured by the first scale question), 2) Non-organizational religious activity – consisting of activities performed in private, such as prayer, scripture study, etc. (captured by the second scale question), and 3) Intrinsic religiosity – assessing the degree of religious commitment or motivation (as opposed to extrinsic religiosity which is a form of religiosity mainly “for show”; captured in scale questions 3-5; Koenig & Büssing, 2010).

For the purposes of this study, a few words were deleted or added to make the scale more inclusive. For example, in question #1, the original phrasing of “How often do you attend church or other religious meetings?” was edited to “How often do you attend spiritual or religious meetings (e.g., meditation groups, church, etc.)?” Similarly, question #3 was edited from “In my life, I experience the presence of the Divine (i.e., God)” to “In my life, I experience the presence of a greater power (i.e., nature, universal energy, all-encompassing Love, the Divine, God, etc.)” Both the original and altered items are listed in Appendix A.

The organizational (referred to below as *Organized Attend*) and non-organizational (referred to below as *Time Practiced*) questions were used in regression analyses for Hypothesis 1 (referred to Attend/Engage) and the last two intrinsic

religiosity questions, pertaining to applying beliefs (referred to as *Apply Beliefs*) to one's approach and dealings in life, were averaged and used as the moderating variable in Hypothesis 4 analyses. Cronbach's alpha for Apply Beliefs was $\alpha = .883$ in this study.

Mysticism Scale: The Mysticism Scale (Hood Jr., 1975) is a 32-item scale originally created with eight categories pertaining to experiences of mysticism, and four items measuring each category. Further analyses by Hood and colleagues revealed a three-factor solution of the items entailing: 1) extrovertive mysticism (e.g., "I have had an experience in which I realized the oneness of myself with all things"; 12 items), 2) introvertive mysticism (e.g., "I have had an experience in which everything seemed to disappear from my mind until I was conscious only of a void"; 8 items), and 3) religious interpretation (e.g., "I have never experienced anything that I could call ultimate reality" (*reverse coded*); 12 items; Hood, Jr. et al., 2001; Hood, Morris, & Watson, 1993). The former two, experiences of extrovertive and introvertive mysticism, were used to measure experiences of Oneness. Cronbach's alpha for the extrovertive and introvertive mysticism scales combined was $\alpha = .931$ in this study.

Brief Immanence Scale. The Immanence scale (Burris & Tarpley, 1998) was created to measure immanence, defined and captured by the three domains of: 1) motivation to transcend boundaries, 2) awareness and acceptance of experience, and 3) emphasis on the present. The original scale is a 15-item scale with a balance of items from the three domains. For this study, a brief version of the scale was used, entailing one question from the present-orientated domain, one question from the

awareness/acceptance domain, and two questions from the transcending boundaries domain. Cronbach's alpha for the Brief Immanence scale was $\alpha = .70$ in this study.

Paradox and God Above Scales. To measure a more diverse array of ontological perspectives to investigate their associations with well-being relative to Spiritual Oneness Beliefs, two additional scales were created for the purpose of this study. The first scale, labeled the Paradox scale and entailing six items, aimed to capture participants' ability to hold paradox pertaining unity – the ability to see that, for example, “All is one and one is all” and “The universe is me and I am the universe.” In other words, it was an additional measure relative to Oneness Beliefs that, from a different angle, captured a higher order of connection. Additionally, these paradox items highlighted two main ways to think about Oneness/unity in general: that Oneness is the sum of its parts, or that parts integrate and lose themselves into the whole (i.e., that parts come from an undifferentiated whole).

The second scale, labeled the God Above scale, aimed to capture a belief in a higher power that is separate from, and above, the self – i.e., as the Judeo-Christian God is commonly viewed as. The God Above scale originally included six items, however Cronbach's alpha indicated that sixth item (view Appendix A) of the scale did not hang together with the other five, and thus it was removed from data analyses, resulting in a five-item scale. Example items were: “God watches over me” and “A higher power exists that is separate from me.” A purpose of this scale was to measure a belief system that entailed a faith in a greater existence, but that endorsed a separateness between that greater existence and oneself. In doing so, it would be possible to tease apart the relative

importance of the content of belief vs. the extent to which that belief is applied for well-being.

Items for both measures were created by the author of this paper, in consultation with dissertation committee members. In this study, Cronbach's alpha for the Paradox scale was $\alpha = .822$ and $\alpha = .894$ for the God Above (five-item) scale.

Wellness Measures

As the literature indicated that Oneness Beliefs might have large positive associations with positive affect, engagement, relationship, meaning, peace, and general life satisfaction, and insignificant or negative associations with anxiety, depression, doubt, separation, and negative affect, well-being measures were selected to capture these dimensions.

The five subjective measures described below, capturing the aforementioned dimensions, are often referred to generally in the literature as 'well-being' measures. This can become confusing because 'well-being' is also used to refer to just flourishing, and clearly anxiety, depression, etc., do not capture flourishing. Thus, in what follows, the measures/subscales were organized under the labels of *flourishing* and *compromised* to help accurately distinguish between the two (of note, these labels and categorizations are culturally, and sometimes situationally, dependent). Additionally, to avoid confusion, instead of the word well-being, *wellness* was used in association with, and to refer to both, flourishing and compromised measures. When discussing findings more broadly and/or in relation to the literature, however, *well-being* was used, in line with its general

use within the literature. In short, four main labels to remember and distinguish between: wellness, flourishing wellness, compromised wellness, and well-being.

The subjective measures/subscales organized under flourishing wellness entailed: Life Satisfaction, parts of PERMA (the five pillars, health, happiness, and peace), and PANAS's Positive Affect. Compromised wellness was assessed by PERMA's measure of negative emotion and loneliness, PANAS's Negative Affect, HADS Anxiety and Depression, Spiritual Doubt, and Separation Preferred.

Life Satisfaction. The Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) was used to assess life satisfaction, a more cognitive/evaluative aspect of flourishing wellness. There are five items scored on a seven-point Likert scale. An additional reason for selecting this scale was for the purposes of replication and comparison with Edinger-Schons' study. Cronbach's alpha for the Life Satisfaction scale was $\alpha = .921$ in this study.

PERMA. The PERMA-Profiler (Butler & Kern, 2016) assesses various aspects of flourishing and compromised wellness. It was based off of the five pillars of flourishing wellness defined in *Flourish*; a book written by Seligman (2011), a leader in positive psychology. The five pillars, assessed via three items per domain, entail: Positive Emotions, Engagement, Relationships, Meaning, and Accomplishments. The three items associated with each of the five pillars (15 items total) are combined to create the PERMA Total score.

The Profiler also has three items assessing negative emotion, three items assessing health, one general happiness question, and has one question about loneliness. For the

purposes of this study, due to the reported peace felt with mystical experiences, an additional item was added to the Profiler: “In general, to what extent do you feel peaceful?” All items are scored on a ten-point Likert scale ranging from “never” or “not at all” to “always” or “completely.”

The Cronbach’s alphas for the PERMA profiler for this study were as follows: Total = 0.957; Positive emotion = 0.905; Engagement = 0.688; Relationships = 0.887; Meaning = 0.929; Accomplishment = 0.842; Health = 0.902; and Negative emotion = 0.85. Of note, general happiness, loneliness, and peace were used as wellness sub-scales in this study, however, they were one-item sub-scales.

Positive and Negative Affect. The Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988) was used to assess a more emotional/affective component of flourishing and compromised wellness. The PANAS measures positive and negative affect that participants “felt during the past week.” There are ten positive and ten negative affect words scored on a five-point scale. This study’s Cronbach’s alpha for the Positive PANAS scale was $\alpha = .919$ and $\alpha = .952$ for the Negative PANAS scale.

Anxiety and Depression. The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) entails seven items for anxiety and seven items for depression, measured on a four-point Likert scale. It was selected to capture compromised wellness, as well as for replication and comparison purposes. For this study, questions 8 and 14 were mistakenly given a three-point Likert scale, thus were re-coded into values of 1, 2.5,

and 4. This study's Cronbach's alpha for the HADS Anxiety scale was $\alpha = .874$ and $\alpha = .837$ for the Depression scale.

Spiritual Doubt and Separation Preferred Scales. As with the Paradox and God Above scales, these two scales were created for this study to capture a wider presentation of compromised wellness; namely more subtle 'disconnection' domains such as doubt and social distancing. The first scale, labeled the Spiritual Doubt scale, aimed to capture ways in which participants doubt their faith, are unsure of the existence of a greater power, etc. Example items were: "I find myself doubting my spiritual/religious beliefs" and "I believe in Oneness, but often feel alone."

The second scale, labeled Separation Preferred, aimed to capture separatist individualistic perspectives of preferring and prioritizing materialism and one's self over others. Example items were: "Life feels the most satisfying when I prioritize myself before others" and "I feel more meaning in life the more things I own."

Items for both scales were created by the first author of this paper, in consultation with dissertation committee members. Cronbach's alpha for the Spiritual Doubt scale was $\alpha = .845$ and $\alpha = .819$ the Separation Preferred scale.

Attention Checks

Given the nature of the data collection method, there were several 'attention checks' within the survey. These 'checks' were partially inspired by MTurk data collection recommendations (Buhrmester et al., 2018), as well as previous survey studies conducted. Throughout the multiple-choice sections, there were three questions that said:

“Please select 1 = Strongly Disagree.” If participants did not answer the three questions correctly, their data was not included in analyses. Additionally, there was an open-ended question at the end of the survey asking participants to confirm their age. If participants did not type in the same age that they selected at the beginning of the survey, their data was also not included in analyses. Finally, if participants completed the survey in five minutes or less, their data was not included. MTurk participants were paid if they answered all three attention checks correctly and completed the survey in longer than five minutes.

Data Analyses

Eight hundred and sixteen participants agreed to take the survey (none selected “prefer not to participate”). Of these 816, only 418 completed all three attention checks, correctly confirmed their age, and spent more than five minutes on the survey. The average time participants spent filling out the survey was 19 minutes.

For the four scales created for this study (Paradox, God Above, Spiritual Doubt, and Separation Preferred) Cronbach’s alphas (reported above in the description of each scale) indicated that all items hung together well, except for the sixth item the God Above scale; as a result, it was removed from data analyses.

Twenty-one subjective *Wellness Scores* were used (view Table 1). Eighteen *Wellness Sub-scores* were delineated from the five wellness measures and three *Wellness Summary Scores (WSS)* were created *a priori* comprised of the eighteen Wellness Sub-scores. The eighteen Wellness Sub-scores were organized into the three WSS based on the Sub-scores hypothesized to most capture self/other connection (referred to as Strong

Connection, entailing flourishing Wellness Sub-scores), to moderately capture self/other connection (referred to as Moderate Connection, also entailing flourishing Wellness Sub-scores), and to non-significantly or negatively be associated with self/other connection (referred to as Weak Connection, entailing compromised Wellness Sub-scores).

The Cronbach's alpha for the three WSS were as follows: Strong Connection WSS: 0.956; Weak Connection WSS: 0.942; Moderate Connection WSS: 0.937. Due to the Likert scale variations that the wellness measures were scored on (e.g., the Life Satisfaction scale was scored on a 4-point Likert scale, whereas the PERMA scale was scored on a 10-point Likert scale), the Wellness Summary Scores were created via averaging the standardized means of the Wellness Sub-scores that comprised the respective Wellness Summary score (in other words, an individual's scores on the Wellness Sub-scores were converted to z scores and then the z scores were averaged).

In summary, in addition to the four labels of *wellness*, *flourishing wellness*, *compromised wellness*, and *well-being* mentioned above, three more labels that will be used below are: (1) *Wellness Sub-scores* (18 scores; comprised of 11 flourishing Wellness Sub-scores and 7 compromised Wellness Sub-scores), (2) *WSS* (3 composite summary scores), and (3) *Wellness Scores* (21 scores; comprised of the Wellness Sub-scores and WSS).

These 21 subjective Wellness Scores were used in the analyses for all four hypotheses (i.e., analyses were run 21 times, each time changing the Wellness Score dependent variable). Due to the large number of analyses, statistics were predominantly

(i.e., more than conventionally done so) reported in the Tables below, as opposed to embedded within the text.

Statistical Significance

To control for Type I error for the 18 Wellness Sub-score analyses (i.e., to ensure that the cumulative Type I error was below 0.05), a Bonferroni correction was utilized. Thus, the criteria for significance for analyses of the 18 Wellness Sub-scores was 0.0028 (calculated by dividing the standard 0.05 *p*-value by 18; the standard alpha of 0.05 was used for the three Wellness Summary scores).

Statistical Analyses

The statistical analyses were conducted using SPSS Version 26. For both Hypothesis 1 and 2, correlations were conducted between all subjective Wellness Scores and all Ontological scales. For Hypothesis 1, regression analyses were additionally conducted to explore whether Spiritual Oneness Belief's associations with subjective Wellness Scores remained significant after controlling for age, gender, income, spiritual/religious attendance/practice, and spiritual and religious association. For Hypothesis 2, six Fisher's *z* tests of the difference between dependent correlations were conducted to determine if the Oneness–WSSs correlations were significantly greater than the Spirituality–WSSs and Religiosity–WSSs correlations.

For Hypothesis 3, multiple regression was used to examine whether Spiritual Oneness Belief's association with the subjective Wellness Scores was driven by having had a mystical experience, or whether just believing in Spiritual Oneness had unique

associations with subjective Wellness Scores (while controlling for the same ‘control’ variables mentioned above). To further explore Hypothesis 3, two mediation models were used to test whether 1) Spiritual Oneness Beliefs mediated the relationship between Mystical Experiences and subjective Wellness Scores and/or 2) Mystical Experiences mediated the relationship between Spiritual Oneness Beliefs and subjective Wellness Scores. For these mediation analyses, PROCESS macro for SPSS version 3.4.1 by A. F. Hayes (2013) was used along with the Sobel z test of the indirect effect. For the interpretation of the mediation analyses and to compare the two models, the guideline put forth by Baron and Kenny (1986) was used; the guideline states that a stronger mediation is evident by the greater the decrease in the direct effect upon controlling for the mediation variable. For Hypothesis 4, moderation via ANCOVA was utilized to test whether the relationship between Spiritual Oneness Beliefs and flourishing Wellness Scores increased (and compromised Well-being Scores decreased) relative to increases in Applied Beliefs. Applied Beliefs was dichotomized at 3.9 (“unsure”) and below, and 4 (“tends to be true”) and above, and Spiritual Oneness Beliefs was mean-centered so as not to bias the main effect test of the Wellness Scores (mean centering is ideally done when the model is allowing for heterogeneity of regression). When the ANCOVA illuminated heterogeneity of regression (i.e., a significant interaction), tests of simple effects of Applied Beliefs at the grand mean, one standard deviation above the mean, and one standard deviation below the mean of Oneness Beliefs were further conducted.

Of note, in the literature, moderation is commonly analyzed using regression via a multiplied interaction term (e.g., Aiken & West's (1991) paper on exploring interactions has over 44,000 citations on google scholar). The multiplied interaction term in

regression, however, is treated as having a fixed distribution, when in fact it should be random due to the changes/differences across samples. It was proposed that in order to correct for this, it is necessary to do a bootstrap analysis to determine the correct distribution (Liu et al., 2017).

In the spirit of opting for simpler analyses when possible (Lazic, 2008), it was further argued and demonstrated that a bootstrap distribution is not needed if a test of heterogeneity in ANCOVA with a dichotomized moderator variable is conducted; this is because ANCOVA appropriately takes into account the random nature of the covariate (Li et al., 2019). More specifically, it was determined that the randomness of the covariate (i.e., Spiritual Oneness Beliefs) would not interfere with the test of the interaction effect and the subsequent tests of simple effects of the covariate at different levels of the dichotomized moderator – unless there was a very strong heterogeneity of regression, which was not the case in this study’s sample (Li et al., 2019). Exploring the heterogeneity of regression (i.e., interaction) by the simple effect tests illuminates how the distance between the regression lines is changing as the covariate score changes.

Of additional note, there can be a loss of information in dichotomizing variables, particularly if done at an artificial split point. It could be argued, however, that the two-point scale is not significantly less precise than a five-point Likert scale, particularly because the dichotomization was done at a meaningful split point within the Likert scale. Additionally, there is the advantage of greater clarity in understanding the interaction with a dichotomized moderator variable.

Results

Descriptive Statistics

Table 2 displays the sample demographics ($N = 418$). Overall, there were slightly more females than males in the sample and most participants were heterosexual, white, had a college degree, and were employed or volunteering full time. Of note, there were 22 extreme outliers for the Income variable (identified by Stem-and-Leaf Plot and Boxplot). With the 22 outliers included, the mean for the sample was \$55,617.93 (*range* = \$750,000). Due to the plausibility of some of these outliers being accurate and some being typing mistakes (the survey did not accept commas, thus it is possible an extra zero could easily have been added by participants), the median of the 22 outliers ($M = \$177,500$) was substituted for the 22 outliers. With this substitution, the new sample Income mean was \$51,822.47 ($SD = \$39,643.42$).

Table 3 displays the frequencies of participants who ‘strongly’ endorsed (Likert scale ratings “a decent amount” and “a greater deal”) associations with spiritual and religious denominations. Over half of the participants identified as spiritual, just slightly under half identified as religious, and 40% identified as both spiritual and religious. A quarter of the sample identified as atheistic, likewise for agnostic, and about 10% of participants selected both. About a third identified as Protestant and a third identified as Catholic, with ten percent or less of participants identifying with each of the remaining denominations (participants could select multiple spiritual and religious denominations). Less than 10% of participants selected both Spiritual and Mystic, and likewise for both Religious and Mystic.

Table 3 also displays correlations between spiritual and religious denominations and Spiritual Oneness Beliefs, Spirituality, Religiosity, and the WSSs for the purposes of gaining a greater understanding of associations with spiritual and religious denomination in this sample. Spiritual Oneness Beliefs was significantly positively correlated with Spirituality, Religiosity, Protestant, Catholic, Mystic, and negatively correlated with Atheist and Agnostic. Spirituality had the same pattern of correlations, with the addition of being positively correlated with Nontrinitarianism, Greek Orthodox, Muslim, Buddhist, and Yogi. Religiousness was significantly correlated with all spiritual/religious denominations with the same negative correlations with Atheist and Agnostic. Curiously, the three Eastern religion identifications of Hindu, Buddhist, and Yogi, although strongly correlated with Weak WSS, were not significantly related to Spiritual Oneness Beliefs.

Of note, spiritual/religious denominations appeared to have unusual correlations with the WSSs. Strong and Moderate WSS had the same significant positive and negative correlations as Spiritual Oneness Beliefs, with the addition of both having a significant positive correlation with Hindu, and the Moderate WSS with Muslim. The Weak WSS was significantly correlated with all variables other than Spirituality, Religiosity, and Protestant; all these significant correlations, however, were *positively* correlated. In other words, Catholic, Muslim, Hindu, and Mystic were correlated positively with *both* flourishing and compromised WSS. Of note among these significant correlations with the Weak WSS, Catholic's correlation ($r = .264$) was strikingly lower than the others ($r \sim .450$). Additionally, Nontrinitarianism, Greek Orthodox, Jewish, Buddhist, and Yogi had *non-significant* correlations with flourishing WSS and *significant positive* correlations with compromised WSS.

Table 4 displays a five-part breakdown of responses for Spiritual Oneness Beliefs, Physical Oneness Beliefs, Spirituality, and Religiosity relative to demographic variables (age, income, gender, race/ethnicity, education, and employment/volunteering). Relatively few participants endorsed low spirituality (~23% selecting either “not at all” or “a little”), however, about 40% of participants endorsed low religiosity (i.e., there was a bimodal distribution for self-identification with religiosity; “low” = selecting “not at all” and “a little”). Of note, it was generally the case that increases in age were associated with increases in Spiritual and Physical Oneness Beliefs, Spirituality, and Religiosity. Increases in income were associated Spiritual Oneness Beliefs ($r = .793$) and Spirituality ($r = .748$), followed by Religiosity ($r = .615$), and decreases in income were associated with increases in Physical Oneness Beliefs.

Table 5 displays the descriptive statistics for the Ontological and Wellness Scores. The average endorsement of Spiritual Oneness Beliefs on a nine-point Likert scale was between 6 = “*mildly agree*” and 7 = “*moderately agree.*” Endorsements for Physical Oneness Beliefs were slightly higher relative to Spiritual Oneness Beliefs. God Above, Immanence, Paradox, and Mystical Experiences all had lower endorsements relative to Spiritual and Physical Oneness Beliefs. Overall, participants had moderate to large positive Wellness Sub-scores means and small negative Wellness Sub-scores means.

Hypotheses 1 and 2

Table 6 displays the correlations between the Ontological measures and the Wellness Scores. All Ontological measures were significantly positively correlated with all flourishing Wellness Scores, except for the correlation between Mystical Experiences

and PERMA Relationships (116 out of 117 significant correlations). For the compromised Wellness Scores, there were 22 (out of 70) significant correlations with the Ontological variables, 13 of these consisting of positive correlations. PERMA Loneliness was not significantly correlated with any of the Ontological measures. Of the compromised Wellness Score significant correlations with Spiritual Oneness, God Above, Physical Oneness, and Applied Beliefs, all were negative. Paradox and Mystical Experiences had *both* significantly positive and negative correlations with compromised Wellness Scores. Immanence only had significant positive correlations.

Spiritual Oneness Beliefs was significantly correlated with all Wellness Scores except six of the compromised Wellness Sub-scores: PERMA Negative Emotion, PANAS Negative Affect, PERMA Loneliness, Anxiety, Spiritual Doubt, and Separation Preferred (of note, despite the non-significant correlations between Spiritual Oneness Beliefs and these six compromised Wellness Sub-scores, these six Sub-scores were included in all below analyses; i.e., all below analyses were conducted on all 21 Wellness Sub-scores). Additionally noteworthy is that the God Above scale had a similar pattern of correlations with the Wellness Scores as just described for Oneness Beliefs.

Of the significant correlations for Spiritual Oneness Beliefs, all were in the expected direction (e.g., Spiritual Oneness Beliefs was only negatively correlated with the Weak WSS and Depression). Figures 1, 2, and 3 display scatterplots for Spiritual Oneness Beliefs, Spirituality, and Religiosity with the Strong, Moderate, and Weak WSS. These plots display a ceiling effect for Spiritual Oneness Beliefs.

As hypothesized regarding the WSSs (view Table 1), Spiritual Oneness Beliefs, as shown in Table 6, had the largest correlation with Strong WSS ($r = .448$), followed by Moderate WSS (although both the Strong and Moderate WSS correlations were very similar; $r = .438$), and had a small negative correlation with the Weak WSS ($r = -.117$). Of the three WSS, Spirituality and Religiosity had the strongest correlations with the Moderate WSS ($r_s = .363$ and $.317$, respectively), although also had strong correlations with the Strong WSS ($r_s = .348$ and $.299$, respectively). As also hypothesized, relative to all the Ontological variables, Spiritual Oneness Beliefs had the largest correlations with 11 of the 13 flourishing Wellness Scores; Applied Beliefs had the greatest correlation with PERMA Meaning, and God Above had the largest correlation with PERMA Happiness. With the flourishing Wellness Scores, God Above, Applied Beliefs, and Spirituality had the next largest correlations, relative to Spiritual Oneness Beliefs.

Of the six Fisher Z tests of dependent correlations (view Table 7), five were significant. Spiritual Oneness Beliefs had a significantly larger correlation with the Strong WSS ($r = .448$) relative to Weak WSS ($r = -.117$; #2 in Table 7). Spiritual Oneness Beliefs had significantly larger correlations with the Strong and Moderate WSS ($r = .448$ and $.438$, respectively) relative to both Spirituality ($r_s = .348$ and $.363$, respectively) and Religiosity's ($r_s = .299$ and $.317$, respectively) correlations with the Strong and Moderate WSS (#s: 3, 4, 5, and 6).

Regression analyses were conducted with Spiritual Oneness Beliefs predicting Wellness Scores, controlling for age, gender, income, participation in spiritual/religious activities (Organized Attend), engagement in spiritual/religious practice (Time Practiced),

and Mystical Experiences. Regression results are displayed in Table 8. Despite including the control variables, Spiritual Oneness Beliefs significantly predicted 13 of the Wellness Scores. Of the eight Wellness Scores that Spiritual Oneness Beliefs did not significantly predict, seven were the variables non-significantly correlated with Spiritual Oneness Beliefs (view Table 6). The eighth non-significant regression finding was with the Weak WSS.

In summary, these results provided initial support for Hypothesis 1 and 2. Pertaining to Hypothesis 1, Spiritual Oneness Beliefs had a slightly larger correlation with the Strong WSS relative to the Moderate WSS (although this difference did not approach statistical significance) and a significantly greater correlation with the Strong WSS relative to the Weak WSS. In other words, there was initial support that Spiritual Oneness Beliefs had a stronger relationship with Wellness Scores hypothesized to most capture connection to self and others (comprised of Flourishing Wellness Scores). This was still true when controlling for age, gender, income, participation in spiritual/religious activities, engagement in spiritual/religious practice, and mystical experiences.

Pertaining to Hypothesis 2, Spiritual Oneness Beliefs had significantly larger correlations with the Strong and Moderate WSS relative to the correlations between Spirituality and Religiosity and the Strong and Moderate WSS. In other words, there was initial support that Spiritual Oneness Beliefs had a stronger relationship with Wellness Scores hypothesized to most capture connection to self and others relative to Spirituality and Religiosity.

Hypothesis 3

As discussed above and as displayed in Table 8, Spiritual Oneness Beliefs predicted 13 of the Wellness Scores, whilst controlling for Mystical Experiences (as well as age, gender, income, participation in spiritual/religious activities, engagement in spiritual/religious practice).

To further examine the relationships between Spiritual Oneness Beliefs, Mystical Experiences, and the Wellness Scores, two mediation models were tested (the aforementioned control variables were not included in the mediation models): Model 1 = Mystical Experiences mediating the relationship between Spiritual Oneness Beliefs and Wellness Scores and Model 2 = Spiritual Oneness Beliefs mediating the relationship between Mystical Experiences and Wellness Scores.

The PROCESS macro for SPSS (version 3.4.1; A. F. Hayes, 2013) and Sobel test statistics for Model 1 and Model 2 are displayed in Table 9 and Table 10, respectively. The bootstrap confidence intervals and Sobel z statistics were generally in agreement regarding the significance of a mediation. Mediations, that is, tests of the indirect effects, that were significant after the stricter Bonferroni criteria ($p < .0028$) was applied to the Sobel p were included in the final results as significant. Figures 4 and 5 display Models 1 and 2 mediation analyses, respectively, for the three WSS. A reminder is that Mysticism was not significantly correlated with PERMA Relations, PERMA Loneliness, and Depression, as well as Spiritual Oneness Beliefs was not significantly correlated with PERMA & PANAS Negative Affect, PERMA Loneliness, Anxiety, Spiritual Doubt, and Separation Preferred. Perhaps more importantly, recall from Table 6 that Spiritual Oneness Beliefs correlated about .3 with Mystical Experiences; however, whereas

Spiritual Oneness Beliefs correlated about .4 with Strong and Moderate WSS but about -.1 with Weak WSS, Mystical Experiences correlated about .2 with Strong and Moderate WSS *and* about +.25 with Weak WSS.

For Model 1, as indicated in Table 9, seven of the 21 mediation analyses were significant. The seven significant analyses were: Weak WSS, PERMA Negative Emotion, PERMA Loneliness, PANAS Negative Affect, Anxiety, Spiritual Doubt, and Separation Preferred. It is noteworthy that all seven of these variables reflect Compromised Wellness. Also of note, Mystical Experiences had positive relationships with both flourishing and compromised Wellness Scores (i.e., path b). Additionally, the negative direct relationship between Spiritual Oneness Beliefs and all the compromised Wellness Scores became larger relative to the total effects (i.e., path c' was larger than path c) indicating that there may have been a suppressor effect associated with Mystical Experiences. That is, in all seven cases Mystical Experiences seemed to suppress irrelevant variance in Oneness Beliefs and thus variability in Oneness Beliefs that was not associated with Mystical Experiences was more predictive of Wellness than variability in Oneness Beliefs that was shared with Mystical Experiences. As a result, tests of the direct effects of Oneness Beliefs were significant at $p = .0028$ for 16 of the 18 Wellness subscales whereas tests of the total effects on Oneness Beliefs were significant for somewhat fewer subscales (12 of 18). Direct effects were significant for all 11 Flourishing Wellness subscales, though always less than the total effect, and for five of the seven Compromised Wellness subscales, when the direct effect was always greater than the total effect.

For Model 2, as indicated in Table 10, 18 out of the 21 mediation analyses were significant. The three non-significant analyses were: PERMA Loneliness, Spiritual Doubt, and Separation Preferred. Similar to Model 1, Mystical Experience had positive relationships with both compromised and flourishing Wellness Scores, and the positive direct relationship between Mystical Experiences and all the compromised Wellness Scores is larger than the corresponding total effect (i.e., path c' is larger than path c) indicating again that there may be a suppressor effect associated with Mystical Experiences. Of note, in controlling for the effects of Oneness Beliefs, the direct effect of Mystical Experiences on Compromised Well-being was 27% greater than the total effect when Oneness Beliefs was not included. In contrast to Model 1, where the direct effect of Oneness Beliefs on Wellness was almost always significant, in Model 2, we see the direct effect of Mystical Experiences is significant only for Weak WSS and for the seven Compromised Wellness Subscales.

These results provided initial support for Hypothesis 3: Spiritual Oneness Beliefs appeared to have a unique association with the Wellness Scores, after controlling for Mystical Experiences. Findings also indicated that there was initial support for both mediation Models 1 and 2. Model 2, however, had eleven more significant indirect effects relative to Model 1. Further, although for both models it was the case that for all 11 Flourishing Wellness subscales the total effect was larger than for the direct effect, for Model 1 the direct effect of Oneness Beliefs was on average reduced from the total effect by only .02 (or 6% reduction in average) when Mystical Experiences were controlled for, whereas for Model 2 the direct effect of Mystical Experiences was reduced by .24 (or 63% reduction in average value) when Oneness Beliefs was controlled for. In contrast,

with the seven Compromised Wellness subscales, in Model 1 the average total effect for Oneness Beliefs was negative (-.07) as predicted, and the absolute value of the average direct effect was increased to -.15 (or by 104%) when Mystical Experiences was controlled for. On the other hand, the average total effect of Mystical Experiences on the seven Compromised Wellness subscales was positive (.38) and this increased in value to .48 (a 27% increase) when Oneness Beliefs were controlled for. As a result, based primarily on the results with the Flourishing Wellness subscales, it could be argued that there was stronger support for Model 2 – Spiritual Oneness Beliefs mediating the relationship between Mystical Experiences and the Wellness Scores (Baron & Kenny, 1986).

Hypothesis 4

Table 11 displays the ANCOVA F test statistics and the unstandardized b regression coefficients relevant to the analysis of whether the extent to which an individual applies their beliefs in everyday life moderates the strength of the relationship between Spiritual Oneness Beliefs and the Wellness Scores (view Appendix B and C for ANCOVA standardized Beta weights, R^2 , and associated p -values for all hierarchical linear regression steps). Applying Beliefs significantly moderated the relationship between only Spiritual Oneness Beliefs and Spiritual Doubt; the analyses predicting Strong WSS and Weak WSS trended towards significant ($p = .07$ and $.069$, respectively). Of note, as described further below, these trending toward significance and significant findings were in the opposite direction as that hypothesized.

Table 12 displays statistics for the simple slope effects tests of Applied Beliefs at the grand mean, one standard deviation above the mean, and one standard deviation below the mean of Spiritual Oneness Beliefs for Spiritual Doubt, the Strong WSS, and the Weak WSS. A significant simple slope test indicated that there was a significant difference in the respective wellness mean between those high and low on Apply Beliefs, holding Spiritual Oneness Beliefs constant (the three levels of Spiritual Oneness Beliefs held constant were at the mean of Spiritual Oneness Beliefs, one standard deviation above the mean, and one standard deviation below the mean). Each of the three Wellness Scores in Table 13 had two significant simple slope tests and one insignificant: there was an insignificant difference between the means of Spiritual Doubt and Weak WSS at one standard deviation below the mean of Spiritual Oneness Beliefs, and likewise for Strong WSS at one standard deviation above the mean of Spiritual Oneness Beliefs.

These simple slope effect tests are reflected in graphing the three interactions, found in Figures 6, 7, and 8. As can be seen, the regression lines of those high and low on Applied Beliefs cross close to the mean of Spiritual Oneness Beliefs for Spiritual Doubt and Weak WSS, and cross at higher levels of Spiritual Oneness Beliefs for Strong WSS. As a reminder, the moderations predicting the Strong and WSS were not significant, but due to their trending nature, the interactions were further interpreted. As a result, what is displayed in Figures 7 and 8 could be chance findings.

Figure 6 illustrates that for participants high in Applying Beliefs, as Spiritual Oneness Beliefs increased, Spiritual Doubt decreased. In other words, for these participants, there was a slight decrease in Spiritual Doubt as Spiritual Oneness increased.

For participants low in Applying beliefs, as Spiritual Oneness Beliefs increased, there was an increase in Spiritual Doubt. In other words, for these participants, there was an increase in Spiritual Doubt as Spiritual Oneness Beliefs increased. Viewed from a different angle, participants low on Applied Beliefs and high on Spiritual Oneness Beliefs had higher levels of Spiritual Doubt relative to those high on Spiritual Oneness Beliefs and high on Applied Beliefs. In turn, participants low in Applied Beliefs and low on Spiritual Oneness Beliefs had lower levels of Spiritual Doubt relative to those low on Spiritual Oneness Beliefs and high on Applied Beliefs. These results are in the opposite direction as hypothesized because the slope in the low Applied Beliefs group was greater than that of the high Applied Beliefs group. In other words, there was a larger association between Spiritual Oneness Beliefs and Spiritual Doubt for low Applying Beliefs. Of note, in addition to the aforementioned ceiling effect for Spiritual Oneness Beliefs, Figure 6 illustrates a floor effect for Spiritual Doubt. These ceiling and floor effects appear to be more prevalent for those high in Applied Beliefs.

Figure 8, with the dependent variable of Weak WSS, displays a similar interaction pattern as seen in Figure 6. Figure 7, with Strong WSS, displays a very different interaction pattern. For participants who were high in Applied Beliefs, as Spiritual Oneness Beliefs increased, there was an increase in the Strong WSS. For participants who were low in Applied Beliefs, as Spiritual Oneness Beliefs increased there was an even stronger increase in Strong WSS. Viewed differently, participants high on Spiritual Oneness Beliefs had very similar levels of the Strong WSS, regardless of their level of Applied Beliefs. However, for low Spiritual Oneness Beliefs, those low on Applied Beliefs had a lower level of the Strong WSS relative to those who were high on Applied

Beliefs. As described above, these results are in the opposite direction as hypothesized because the slope in the low Applied Beliefs group was greater than that of the high Applied Beliefs group. In other words, there was a larger association between Spiritual Oneness Beliefs and the Strong WSS for low Applying Beliefs. Given these interaction findings, the relationship between Applied Beliefs and Spiritual Oneness Beliefs was further explored: a significant *t*-test between high and low Applied Beliefs relative to Spiritual Oneness Beliefs indicated that those who applied their beliefs (i.e., those who selected “tends to be true” and “definitely true”) had higher endorsements of Spiritual Oneness Beliefs ($M = 7.25$, $SD = 1.53$) relative to those who did not apply their beliefs (i.e., those who selected “definitely not true,” “tends not to be true,” and “unsure”; $M = 5.5$, $SD = 1.9$; $t(1,416) = -10.4$, $p < .001$). Further support for this can be found in the large positive correlation ($r = .554$; see Table 6) between Applied Beliefs and Spiritual Oneness Beliefs.

Overall, these results *did not* provide support for Hypothesis 4. One significant moderation, out of 21 moderations, suggested that there was *not* a stronger association between Spiritual Oneness Beliefs and the Wellness scores the more participants reported Applying Beliefs. That being said, it did appear that those who scored highly on Apply Beliefs had higher endorsements of Spiritual Oneness Beliefs. Thus, although Apply Beliefs did not significantly moderate Spiritual Oneness Beliefs and Wellness Scores, those who applied their beliefs in daily life also had stronger beliefs in Spiritual Oneness.

Discussion

The first purpose of this study was to explore whether ‘degree of connection’ might be a useful organizing framework for understanding the relatively sporadic and low spirituality–well-being associations in literature. More simply said, the first purpose of this study was to 1) explore whether the greater the extent a spiritual measure captures connection, the greater the associations with well-being and 2) the greater the extent a well-being measure captures connection, or unity, with oneself and/or with others, the greater the associations with spirituality measures. Spiritual Oneness Beliefs was used as a proxy for a high level of a connection-oriented worldview. Initial explorations were conducted via the first two hypotheses, both of which were overall supported by the results of this study.

The first hypothesis posited that aspects of subjective well-being that reflected connection to self and connection to others would have a more robust relationship with Spiritual Oneness Beliefs than those that did not reflect connection. Results indicated tentative support: Spiritual Oneness Beliefs had the largest relationship with the Strong connection wellness composite score, followed by the Moderate connection composite score (although the difference between Strong and Moderate connection was non-significant), and had a small negative relationship with the Weak connection composite score. Simply said: individuals with a connection-oriented worldview also experienced higher levels of positive emotion, engagement, meaning, life satisfaction, and peace, as well as greater relationships (i.e., the aspects of the Strong wellness composite score).

Potential explanations for these findings are that Spiritual Oneness Beliefs does indeed have a tentatively more robust relationship with well-being measures that capture

connection. In turn, it could mean that ‘connection’ well-being measures do indeed have more of a connection-like nature. Alternatively, it could simply mean that connection well-being measures and Spiritual Oneness Beliefs have larger relations with each other for reasons other than connection. Replications of these Spiritual Oneness Beliefs–well-being associations in different and larger populations would be critical to trust the findings.

The second hypothesis was that Spiritual Oneness Beliefs would have larger associations with subjective well-being relative to the more often used universal and general single-item measure of spirituality. Results indicated that Spiritual Oneness Beliefs had larger relationships with the Strong and Moderate connection composite wellness scores relative to Spirituality, as well as Religiosity. Simply said, these results suggest that different spirituality measures have varying associations with well-being measures and point to the possibility that connection-oriented spirituality measures, such as Spiritual Oneness Beliefs, might have greater associations with well-being relative to more often used single-item spirituality measure. Potential explanations for these findings are that the meaning of ‘spirituality,’ as well as religiosity, can vastly differ across individuals; thus the single-item measure of spirituality in this paper most likely captured a vast array of concepts, each with varying associations with well-being. As a result, the overall lower wellness correlations associated with the single-item spirituality measure could be a result of lower specificity relative to Spiritual Oneness Beliefs. Speculatively, participants who view spirituality through a connection lens might have a similar pattern of associations with well-being relative to Spiritual Oneness Beliefs.

Building from the first two hypotheses, the second purpose of this study was to further look at conflating and contributing factors in the Oneness Belief–well-being associations. The starting place for doing so in this study was to ensure that the associations were not driven by mystical experiences (i.e., experiences of Oneness). Results indicated that Spiritual Oneness Beliefs and mystical experiences both independently had a relationship with wellness and that mystical experiences may play a role in increasing Spiritual Oneness Beliefs, which in turn increases wellness, with less support for Spiritual Oneness Beliefs increasing mystical experiences. Of note, due to the cross-sectional nature of this study, causation cannot be inferred and, it is possible that, the causal models proposed and tested in this studied may not be the best explain of the relationships between the relevant variables.

One explanation for these findings is that, although experiences can powerfully influence well-being (e.g., research finds that people are happiest when in flow; e.g., Seligman, 2011), the perspective, interpretation, and/or further reflection on that experience may have a relatively more powerful influence on well-being. One way in which this could be is because our moment to moment experience is shaped by our perspectives and interpretations during the time of experiencing. Thus, it may be our mental orientations have a bigger influence on well-being relative to the experience itself. This is on par with what is well known in psychology; as classically exemplified, two individuals can look at the same glass, one call it half-full and be pleased by how much more is left to enjoy and the other call it half-empty and be disappointed that there is not much more to drink. Although people who always view the glass half-full might be a bit delusional sometimes, they are usually happier (Myers, 1992).

An additional interpretation, most likely operating in tandem with the previous one, is that how we reflect on the experience over time may have a bigger influence on well-being relative to the experience itself; although experiences are often fleeting events, our reflection and interpretation of them can take place over long periods. These prolonged reflections would thus influence our perceptions of well-being (e.g., happiness, self-agency, self-worth, etc.), as well as our behavior (e.g., likelihood to exert agency in a situation, pursue a goal, exercise, etc.).

This interpretation is exemplified by Daniel Kahneman's well-known book *Thinking Fast and Slow* (2011). In his book, Kahneman describes an "experiencing" and "remembering self"; the former being a fast, intuitive, unconscious, operating in the present, experiencing mode (i.e., *in* the experience) and the latter being a slow, rational, conscious mode of thinking that tells a story about the experience (i.e., *about* the experience). Kahneman says that the experiencing self lasts only about three seconds and what gets remembered by the remembering self is in the form of a story, shaped by what is filtered in of the experience (e.g., what is perceived as the intense moments, etc.). Of particular relevance here in Kahneman's discussion of these two 'selves' is that he demonstrates how we then make decisions based on the remembering self, rather than the experiencing self.

These explanations for the relationship between experiences of mysticism, Spiritual Oneness Beliefs, and well-being may be helpful in understanding why experiences of mysticism are associated with both flourishing wellness (i.e., life satisfaction, meaning, accomplishment, positive affect, etc.) and compromised wellness

(i.e., anxiety, depression, negative affect, etc.). As noted in the introduction, not only has research also found a similar pattern of results (Argyle & Hills, 2000; Byrd et al., 2000; Hood Jr., 1975; Hood, Jr. et al., 2001; James, 1902; Miller, 2004; Miller & C'de Baca, 2001), but when individuals have an interpretive framework for understanding their mystical experiences, there were greater associations with flourishing well-being (Byrd et al., 2000).

The interpretive framework is a potential further explanation for the mediation analyses: it may be that Belief in Oneness enhances the relationship between mystical experiences and flourishing dimensions of well-being because it serves as an interpretive framework. Said differently, it could be that the 'good' part about mystical experiences is that it can lead people to have greater Spiritual Oneness Beliefs. And in reverse, it could be that the negative aspects of mystical experiences may be buffered by Spiritual Oneness Beliefs; indeed, initial support for this was found in this study – when the effect of Oneness Beliefs was controlled for, the average direct effect of Mystical Experiences on compromised dimensions of well-being was 27% greater than the average total effect when Oneness Beliefs was not included. As a result, controlling for, or removing, the positive influence of Spiritual Oneness Beliefs in mystical experiences may in general reveal more clearly the potential negative influence of mystical experiences in increasing psychological distress.

Of note, implied here is that the interpretive framework is a positive framework. Plausibly, a 'negative' interpretive framework would significantly mediate the relationship between mystical experiences and compromised well-being. A negative

interpretive framework might entail something like fear of losing control of one's mind due to feeling a need to protect oneself from unaddressed fears, shame, guilt, loneliness, etc.

Finally, to further understand the nature of Spiritual Oneness Beliefs, the fourth hypothesis explored whether the relationship between Spiritual Oneness Beliefs and well-being increased the more participants applied their beliefs in their daily life. This was predicted because thought processes/perspectives/cognitive tools may only be effective in improving one's life if they are practiced and applied in daily life (e.g., Huppert & Johnson, 2010). The results in this study suggested that the relationship between Spiritual Oneness Beliefs and well-being did not increase the more participants applied their beliefs. Not only was the hypothesis not supported, but the minimal results were in the opposite direction than hypothesized: there was a larger association between Spiritual Oneness Beliefs and the relevant wellness score for low Applying Beliefs.

It is possible that a lack of support for this hypothesis could be because it is both the case that those who apply their beliefs experience increases in well-being, as well as those who believe in Oneness also experience increased well-being. There may not be, however, much of an additional increase in well-being if an individual scores highly on both scales. In other words, it might be that applying beliefs in daily life is inherent in highly endorsing Spiritual Oneness Beliefs. Additionally, it may be that there is a shared way of seeing things holistically in both applying beliefs and believing in Oneness; that they might be two dimensions of connectivity that result from having to think deeply about one's values and behaviors. It is also possible that the lack of support for the

hypothesis could be due to the ceiling effect observed with those who were high in Spiritual Oneness Beliefs and high in Applying Beliefs for both flourishing and compromised wellness measures. It may be that the combined effects would be greater if we had the ability to measure greater levels of Spiritual Oneness Beliefs and well-being.

The overall lack of support for the hypothesis suggests that the one significant relationship, with Spiritual Doubt, and the two trending relationships, with the Strong and Weak wellness composite scores, were most likely due to chance. In what follows, however, are interpretations of the interactions with Spiritual Doubt (which had a similar pattern of results as the Weak composite score) and the Strong composite score; that being said, these interpretations should be read with caution concerning the legitimacy of the relationships.

The moderation analysis with Spiritual Doubt suggests that if participants apply their beliefs in daily life, then this may hold at bay/counter/etc., spiritual doubt. And in reverse, if participants are not applying their beliefs, regardless of the strength of their belief in Oneness, they may experience greater spiritual doubt. One possible explanation is that spiritual doubt decreases as individuals' practice and apply a belief. Another is that believing in Oneness may not change one's spiritual doubt unless those beliefs are applied in everyday life. Of note, however, is that there is a floor effect: there was a relatively large number of participants who were high in Apply Beliefs and high in Spiritual Oneness Beliefs who reported having no Spiritual Doubt.

The moderation analysis with the Strong wellness composite score suggests that for those who say they do not apply beliefs in everyday life, their Spiritual Oneness

Beliefs may be more important/more directly related to their well-being. For participants who are making a conscious effort to apply their beliefs, it is possible that their increase in wellness was not driven by applying Spiritual Oneness Beliefs *per se*, but *any* (positive) beliefs. In other words, simply believing, if the belief is situationally/culturally beneficial for well-being, may be more important relative to the content of belief.

To illustrate, these results could be driven by those who endorse high levels of theistic beliefs and low levels of Oneness. As a result, these individuals may be consciously applying their theistic beliefs (relative to Spiritual Oneness Beliefs), which is associated with higher well-being. This could fairly simply be tested by collecting data on more specific Apply Beliefs questions; for example, asking the extent to which participants apply their theistic beliefs, as well as asking the extent to which participant apply their Spiritual Oneness Beliefs. Of additional note, similar to Spiritual Doubt, there was a ceiling effect with those who are high in Spiritual Oneness Beliefs and high in Apply Beliefs reporting the highest level of the Strong wellness composite score.

Thus, although to be interpreted with caution, a general interpretation of findings from Hypothesis 4 is that believing in something greater than oneself (i.e., ranging from a Judeo-Christian God to Oneness Beliefs) may be beneficial for flourishing well-being and for decreasing spiritual doubt.

Clinical Practice and Clinical Research Implications

If this large relationship between Oneness Beliefs and well-being is true, as well as if causality flows from Oneness Beliefs to well-being, the implications might be vast. In what follows is a discussion of these implications for clinical practice (i.e., therapy)

and for clinical research (i.e., research pertaining to well-being). Due to the bidirectional way in which clinical practice raises questions for clinical research to pursue and how findings from clinical research influence clinical practices, instead of discussing each separately as is commonly done, this section is organized via topic.

Preliminary support for the first two hypotheses suggests that the relatively sporadic and low spirituality–well-being associations in the literature may indeed be organized via a ‘degree of connection’ framework. It may be that the more a spirituality measure captures a metatheoretical orientation towards believing in, and seeing, connection, as particularly exemplified by Oneness Beliefs, the greater the associations with flourishing well-being measures. As a result, an endeavor to organize the spirituality–well-being literature accordingly, may reveal a much more nuanced picture compared to the current assumed relatively trivial associations.

In particular, organizing the literature accordingly may reveal that some spirituality measures (i.e., those of ‘high connection’) actually have much larger relationships with well-being than the literature currently indicates. If these larger relationships are indeed true, in turn, it would behoove clinical research to specifically look at what forms of spirituality and which spirituality measures capture a greater degree of connection. This could also help identify the various ways in which perspectives of connection can manifest. This process might be notably important because various connection perspectives might have varying well-being associations. For example, Physical Oneness Beliefs had lower associations with well-being, relative to Spiritual Oneness Beliefs. One explanation for this is that the spiritual component of Oneness

Beliefs is integral for greater associations with well-being. Additionally, it would be beneficial to study whether all ‘strong connection’ spirituality measures have larger associations with well-being relatively to ‘less connection’ spirituality measures.

If there is indeed a more nuanced spirituality–well-being picture, with ‘connected spirituality’ more associated with flourishing well-being, there would be numerous clinical practice and research implications. It would behoove clinical research to more deeply study 1) higher levels of well-being, which would go hand in hand with a greater understanding of sources of suffering, 2) more robust causal mechanisms in growth related to connection, which might be further illuminated by studying higher levels of well-being, and 3) the direction of causality in the Oneness/spirituality–well-being associations and whether a connection-oriented worldview/belief in Oneness can be taught by clinicians/learned by clients. Additionally, the findings in this paper suggest 4) there may be substantial benefits of further incorporating connection-oriented spirituality into mainstream psychotherapy, accompanied by the need to research the most effective ways to do so. This further incorporation would in turn have implications for a greater emphasis on 5) therapeutic relationship training and 6) incorporating psychology students’ growth and well-being in clinical psychology programs. Each of these six points is addressed in what follows.

To begin, ceiling effects observed in flourishing wellness in this study suggest that mainstream psychology may not have an adequate theoretical understanding of the full extent of flourishing that can be experienced, ways to measure this high end of flourishing, nor ways of helping clients towards these higher levels of flourishing. This

may be because much of the research on flourishing has been done on mainstream society – i.e., flourishing research has identified what an average level of ‘good’ looks like. This is an improvement, spearheaded by the Positive Psychology movement, from research only focused on the ill of society, but it is a far cry from studying those who are on the far positive end of the bell curve. Potential avenues for gaining a greater understanding of higher levels of flourishing might entail incorporating the study of mystics and other deeply spiritual communities into mainstream research. This research might bring insight into how to then measure higher levels of well-being, as well as higher levels of Oneness Beliefs.

Of note, it may be that, at high levels well-being and spirituality morph into the same construct. In other words, it may be that having a worldview that includes something beyond just the material world is necessary to have higher levels of well-being. Some modern-day perspectives of psychological needs, and thus if true, necessary for flourishing well-being, allude to a spirituality component; for example, “Just as plants need sun, water, and good soil to thrive, people need love, work and a connection to something larger” (Haidt, 2006, p. 222). Additionally, as mentioned in the introduction, many well-being and spirituality measures share overlapping constructs.

If we do indeed need to have a worldview encompassing that beyond the material for higher levels of well-being, based on our current definitions of spirituality, this would be saying that it is necessary to be spiritual in order to experience higher levels of well-being. Important future directions for psychology will be to better define and conceptualize well-being and spirituality in conjunction with and distinct from each

other. Possible directions could be to broaden the definition of well-being to include the immaterial and narrow the definition of spirituality – such as returning to the traditional-historical version of spirituality (Koenig, 2008). Another direction could be to create better categorizations of spirituality; for example, a traditional-historical category and an immaterial category that is an explicit component of well-being.

Applying the theoretical framework of Oneness to well-being theory, pinnacle degrees of connection may be a fruitful avenue for studying greater levels well-being; and in turn, the opposite, disconnection, may bring greater insight into roots of suffering. Although psychology has already found that mind/body and self/other connections are critical for well-being, a more holistic perspective of, for example, yoga philosophy (as largely interpreted through Neo-Vedanta), might bring greater depth to these findings. From the vantage point of Oneness, the ‘self and other’ dichotomy is transcended and connecting with the mind/body/self/others becomes a spiritual practice of *connecting with the unity of reality*. Yoga philosophy calls the disconnection with this unity *spiritual ignorance*, which then manifests into mental suffering (e.g., rumination, anxious and racing thoughts), and in turn into physical suffering (e.g., elevated levels of cortisol, panic attacks, etc., Sivananda, 1964). To illustrate: in forgetting that you and I are inherently connected (i.e., spiritual ignorance), I might experience self-doubt (i.e., mental suffering) due to feeling a need to impress you to receive praise. The elevated cortisol from this self-doubt over the long run may then exacerbate physical suffering, such as heart conditions (e.g., Davidson & Mostofsky, 2010; Merswolken et al., 2012; Stinson et al., 2015).

This ‘spiritual ignorance’ is a possible explanation for why we see such high levels of stress, anxiety, and depression in our culture today. A lack of adequately addressing this disconnection, as well as adequately understanding higher levels of flourishing, could significantly be hindering psychology’s ability to increase clients’ well-being; an explanation as to why psychology can experience such low ceiling effects in helping clients change and grow (such as for substance use disorders and generalized anxiety disorders; e.g., Miller et al., 2001). Addressing disconnection and helping clients transcend the dualism of ‘self and other’ towards greater connection may be integral in psychology experiencing its full potential in fostering client well-being.

As a further illustration, mainstream psychotherapy practices largely focus on helping clients become more connected with themselves (often indirectly), as well as with others. This, however, is generally done without an explanation (arguably due to a lack of understanding or viewing it as important) of the potential overarching root of the client’s suffering (disconnection) or that the overarching trajectory of therapy may be that of increasing connection. It is possible that being more explicit about this goal could be additionally fruitful for improving well-being in therapy. For example, it could be that helping clients see that their goals to decrease their anxiety, drinking, PTSD, may be overarching goals to be more connected and in tune with themselves (e.g., in the form of being comfortable with/accepting/loving one’s own thoughts, emotions, and physical being). This slight difference might aid their growth process due to having a greater explanation for and understanding of their struggles (e.g., disconnection through avoiding or rejecting aspects of themselves, such as fear, shame, guilt, etc.), as well as giving them a tool that they can then use and apply to other aspects of their life. A

connection/disconnection framework of well-being might not only be fruitful for helping clients understand their suffering and how to change it, but it might also be helpful for clinicians in providing a more encompassing understanding of, and roadmap for, how to guide clients towards greater well-being.

Second, if the findings in this study remain large in future studies, it could be worth exploring the extent to which metatheoretical worldviews of connection are causal mechanisms in client change and growth and, in turn, whether disconnection is a causal mechanism for stagnation and suffering. Is it possible, for example, that the general lack of identifying robust causal mechanisms of change in psychology is due to a general lack of exploring ‘degree of connection’? Similarly, but from a different angle, due to the overwhelming prevalence of the belief in a greater power in the United States population, more directly understanding and addressing clients’ spiritual metatheoretical perspectives pertaining to connection in therapy could be critically important for understanding more robust causal mechanisms in clients’ growth and overall well-being.

Third, if an organization of the spirituality–well-being literature reveals a more nuanced picture with larger associations among ‘connected spirituality,’ a next step would be to study the causal direction of the association. As inferred here, a connection-oriented worldview is likely to result in behaviors and perspectives that we know to be beneficial for well-being; such as the ability to see a greater perspective in situations with associated effects such as taking things less personally, decreased fear of rejection or needing to be perfect, etc. In turn, this could decrease feelings of anxiety and increase characteristics like resilience (B. W. Smith et al., 2008, 2016). This directionality has

initially been supported by Edinger-Schons's (2019) findings of Oneness beliefs significantly influencing life satisfaction over time with no significant reverse effect of life satisfaction on Oneness beliefs.

That said, increased well-being is also generally associated with the ability to see the bigger picture in situations, and decreased anxiety and fear of rejection, etc. Thus, it could as likely be that increased well-being influences a greater connection-oriented worldview. It is quite possible that a bidirectional relationship is most accurate, with increased well-being assisting the ability to entertain Oneness Beliefs, and in turn increases in Oneness Beliefs increasing elements of well-being. This could be tested by studying whether an intervention aimed at increasing 'strong connection' forms of well-being (i.e., positive emotion, engagement, relationships, meaning, life satisfaction, peace) increases Oneness Beliefs more, relative to whether an intervention aimed at increasing Oneness beliefs increases 'strong connection' forms of well-being. An additional benefit of conducting the latter intervention would be that it would illuminate whether Oneness beliefs could be learned and thus taught in psychotherapy settings.

Fourth, an implication of the larger associations between belief in God and belief in Oneness with well-being is to further incorporate spirituality and religiosity into mainstream psychotherapy. This is additionally supported by intervention studies finding increased effects in utilizing spiritually integrated or tailored interventions with spiritual and religious populations (Koenig, 2008; VanderWheele, 2017). In particular, spiritual care at the end of life, in its many forms, has been shown to be associated with better

quality of life at the end of life, less aggressive treatment, lower costs, and is desired by patients, however, continues to be given infrequently (VanderWheele, 2017).

Furthermore, other studies have not found increased well-being effects for religiously tailored interventions (Rye et al., 2005). There may be an interaction between religiously integrated therapy and the religiosity of patients – in which the integrated version of therapy is more advantageous for more spiritual and religious patients. Even in cases in which effects do not differ, however, “it may be preferable to use a spiritually integrated or religiously based psychotherapy intervention if it is likely to have broader outreach among certain religious populations who might otherwise be skeptical of, and hesitant to participate in, more secular types of psychotherapy” (VanderWheele, 2017, p. 18). Additionally, it may be that just as spirituality measures appear to have varying associations with well-being, the same may be true for integrating spirituality and religiosity into treatment. In particular, it may be that doing so in a way that emphasizes and encourages connection across areas of life (such as among spirituality, day to day life, one’s internal and external experiences, etc.) is a key component in spirituality tailored therapy for finding increased well-being benefits.

There are numerous models and resources for incorporating spirituality into therapy. A few examples are: Hodge's (2006) review of spiritually modified cognitive therapies, Delaney, et al.'s (2009) guidelines for integrating spirituality into alcohol treatment, Plante's (2009) thirteen specific tools for incorporating spiritual practices into psychotherapy, similarly Miller's (1999) suggestions for how to integrate spirituality into treatment, Shafranske's (1996) comprehensive treatment of religion as a variable in

mental health and psychological treatment, and Sperry's (2016) discussion of the varieties of religious and spiritual treatment.

Also, there are many sources providing guidelines on how to approach, and ways to assess, spirituality and religiosity with clients (e.g., Barnett & Johnson, 2011; Hill & Pargament, 2003; Vieten et al., 2016). In addition, there are abundant resources from American Psychological Association's Division 36 (Psychology of Religion) and their published Preliminary Practice Guidelines for Working with Religious and Spiritual Issues (Hathaway & Ripley, 2009). Doing dismantling studies of these resources and models would be particularly important for identifying what aspects most foster well-being, as well as to see if those aspects are ones that also foster connection. Similarly, it would be fruitful to see if incorporating Oneness Beliefs/a connection framework into these models/resources results in a greater increase in client well-being.

Fifth, it has been well established that the therapeutic alliance is of vital importance for client change. Motivational interviewing, for example, has found that higher levels of compassion, empathy, and acceptance (all of which foster connection), expressed by the therapist results in greater client change in well-being behaviors (Miller, 2017; Miller & Rollnick, 2012). Clinical psychology programs, however, may not adequately incorporate training in fostering this form of connection in clinical psychology programs.

Not adequately incorporating this training may be because the possible power of this connection is not fully understood by the psychology field. It could be, for example, that clients most effectively experience well-being through a strong connection with their

therapist through which they experience their therapist's well-being; "Love is less taught didactically or studied scientifically than it is transmitted through models" (Post, 2003, p. x). For example, it may be that through experiencing compassion from the therapist, a client is then able to exude compassion internally towards, for example, their self-deprecating thoughts, as well as externally (e.g., to their spouse) thus resulting in the well-being changes observed. A lack of truly building a well-established relationship could be an additional reason for the relatively low rates of effective client change in psychology.

This leads to the sixth and final point in this section: clinical training. To begin, for a clinician to engage effectively with a client's spirituality, training in spirituality would need to be more adequately added to the American Psychological Association training curriculum. As with models of incorporating spirituality into psychotherapy, there are also resources and recommendations of spiritual competencies. For example, Vieten et al. (2016) recommended sixteen competencies. They highlight that, of these 16, the three rated as having the greatest relative importance for the practice of psychology are: (1) showing empathy, respect, and appreciation for clients from diverse spiritual, religious, or secular backgrounds and affiliations, (2) ability to conduct empathic and effective psychotherapy with clients from diverse spiritual and religious backgrounds, and (3) cultivating an awareness of how clinicians' own spiritual and/or religious background and beliefs may influence their clinical practice and their attitudes, perceptions, and assumptions about the nature of psychological processes (p. 107).

Additionally, for a clinician to express, for example, genuine empathy, acceptance, and love towards a client necessitates the therapist having deeply cultivated and embodied empathy, acceptance, and love towards oneself. Albeit a bit cliché, the quote attributed to Mahatma Gandhi is relevant here: “Be the change you wish to see in the world.” Not only may this be critical in the extent to which a therapist is effective in helping their clients, but trainees’ personal sense of purpose has been found to increase with spiritual discussions and training (Garner et al., 2017). This, of course, is easier said than done due to the time, energy, and difficulty of self-reflection and self-growth, particularly amidst a Ph.D. program (Best et al., 2016). More holistic helping profession programs may provide a useful model of this; for example, it is more often the case that holistic programs require first-year students to have a lengthy number of sessions with a psychologist before beginning practicing themselves (e.g., *Southwestern College*, 2020).

Applying Oneness to the Field of Psychology

Simply said, one way to roughly summarize the implications discussed above is the application of the theoretical framework of Oneness across various domains of clinical research and practice. The following section explores one more application of Oneness: to the philosophical, theoretical, and scientific approach of the psychology field at large.

There are occasional instances where psychology research recognizes that ‘unity’ is the answer to an originally dualistically or reductionistic question. Oneness is exemplified in present-day reconciliations of historical debates regarding, for example, whether nature or nurture is a greater influence for development, or whether situational

factors or an individual's personality is a better predictor of behavior. We know now that one cannot be totally differentiated from the other. For example, situational contexts are integral in the expression of personality and the presence of a personality in the situation inherently shapes the situational context.

A large part of the reconciliation of these two historical debates was recognizing that context dictated which 'side' was more informative (Epstein, 1979; Fleeson, 2007). For example, situational characteristics are better predictors of an individual's behavior at a given moment, whereas personality is a better predictor of the outcome of a marriage or the contribution of an employee over the long term (Fleeson, 2007). Similarly, common factors (e.g., empathy, genuineness, etc.) may be one of the most vital elements for facilitating client change (Miller & Rollnick, 2012; Rogers, 1951; Truax & Carkhuff, 1967). From the vantage point that common factors simply facilitate a deeper relationship between client and therapist, then yet again psychology has realized the importance of connection.

Despite these prominent instances where mainstream psychology research concludes the answer lies in unification of two sides, and the pervasive themes of connection within well-being research, the field of psychology is still largely reductionistic. This is most obvious in current psychological fads of partitioning variance (D. C. Witherington, personal communication, July 2018). For example, psychology research has trended towards insisting on greater statistical control in order to isolate 'independent' variables; i.e., focusing on 'what' and 'how much' questions instead of the 'how' questions (Witherington & Heying, 2015).

An example of this can be found in the often-strict exclusion criteria of clinical psychology research. PTSD studies, for example, often require participants to abstain from alcohol, and likewise, alcohol studies often require that participants do not have a psychiatric diagnosis of PTSD. There is, however, an incredibly high comorbidity of PTSD and alcohol use and thus studying them in isolation may be significantly hindering psychology's ability to effectively help the large majority who are suffering from both (for a general discussion, see Fava, 2020).

A second illustration of this is in neuroscience research on spiritual experiences. It has been stated, for example, that fMRI data collected on those having a mystical experience has revealed significant loci of activation in the right inferior parietal lobe, which researchers say plays a crucial role in our sense of separation between self/other (Beauregard & Paquette, 2006). Similarly, researchers studying mirror neurons indicate "...that there is no real independent self, aloof from other human beings inspecting the world. We are in fact connected, literally by our neurons" (Ramachandran, 2009). In pointing to the neural activation associated with mystical experiences, the connotation is that Oneness can be reduced to brain activity, or that Oneness originates in the brain (W. R. Miller, personal communication, June 2018; D. C. Witherington, personal communication, July 2018). This, however, is reductionistic and therefore antithetical to the very wholeness of Oneness.

Although partitioning variance is *incredibly* necessary and informative for gaining an initial understanding of the object of study (and ultimately for understanding the connection across objects of study too), psychology may be focusing too much on how

variables have unique variance as opposed to how they have shared variance. As discussed in the introduction, well-being may be best understood not by trying to find the one, or few, variables that have the greatest association and/or impact on well-being, but understanding what the well-being variables share that are already identified by psychology – which is hypothesized in this paper to be a higher order level of connection.

Limitations

There are several limitations with this study that should be considered in the interpretations of the findings. The first is that the sample in this study was not a representative or normally distributed sample. There are couple explanations for this. The study was advertised with a heading of “Spirituality, Well-being, and Oneness.” As a result, it can be assumed that this study largely drew participants with Oneness and spiritual beliefs, as well as those with a religious practice. This can be seen in the binomial distribution for those who identified as religious, which is not normally found in United States samples. Additionally, of the 816 people who started the survey, only 418 completed it. One possible result from this drop-out rate is that those who finished the survey had stronger opinions and perspectives relative to those who did not. As a result, a limitation of this study is that it appears to have overrepresentation at the extremes and thus is not a normally distributed and representative sample.

Accompanying this first limitation is that, as previously known, MTurk is not representative of the United State population – or any population: it tends to be slightly more diverse than other internet samples and significantly more diverse than traditional samples (Buhrmester et al., 2011, p. 4). Additionally, as with many online data collection

methods, there is a lack of control over participants' environment and thus the possibility of deceptive responding because of participants' total anonymity.

One consequence of this first limitation is that the correlations observed between spirituality and well-being variables might have been inflated. It is possible that participants who did not identify as religious, or moderately identified, still listed a religious denomination. This is a possible explanation for why the religious denomination variables had such sporadic associations with well-being. Thus, an associated limitation of this study is that the sample size was not large enough, nor a normally distributed sample, to portray meaningful associations between religious denomination and well-being.

A second limitation in this study is the use of single-item measures for spirituality and religiosity. As mentioned throughout the paper, single-item measures are known for being less reliable and containing more measurement error than multi-item measures (de Jager Meezenbroek, Garssen, van den Berg, van Dierendonck, et al., 2012; Hill, 2013). One implication of that measurement error is that they can attenuate correlations with other measures. As a result, it is possible that the spirituality–well-being correlations were somewhat smaller relative to the Oneness Beliefs–well-being correlations in part because the Oneness Beliefs scale had more items in it. That being said, the attenuation from the measurement error clearly does not account for the extent to which the Spirituality and Religiosity one-item measures had lower correlations relative to the Oneness Beliefs scale.

A third limitation associated with religious denomination was the absence of a ‘Christian’ or ‘other’ category in the survey.

Fourth and similarly, the ceiling effects observed in the well-being and Oneness belief measures could have skewed results due to not allowing for the association of these variables at their highest levels. These ceiling effects could have been due to those who selected to be in the study, positive response bias, and/or due to the limitations in our ability to understand and assess higher levels of spirituality and well-being.

Fifth, the data in this study, along with the vast majority of the research cited throughout the paper, is derived from self-report measures; which, despite having evidence of satisfactory and psychometric properties (Migdal & MacDonald, 2013), provide data only concerning *subjective* spirituality, religiosity, and well-being. It has been noted in a review of the religious commitment and health literature that hard (e.g., indices based upon observable data) vs. soft (i.e., self-report) measures tended to produce different patterns of results, with the former being more consistently supportive of a positive association, whereas soft measures have generated findings that are less coherent (Gartner, 1996).

A key difference between the religious commitment and health literature relative to the spirituality–well-being may be that there are more directly observable behaviors associated with the former. Attempts have been made, for example, to identify underlying physiological markers of pain and specific emotions. These attempts have largely been unsuccessful, however, leading to a return to subjective reports of pain and specific emotions. Akin to pain and emotions, due to the complexity of the spiritual experience,

subjective articulations may continue to be the best form of measurement for these variables.

A sixth limitation in this study are the confounding nature of the items in the Spiritual Doubt measure with the Oneness Belief measure. One of the questions in the Spiritual Doubt measure used the word Oneness and four of the questions were double-barreled, i.e., the four questions touched on two issues, but only allowed for one answer. This limitation further underscores the lack of support for Hypothesis 4.

Concluding Considerations of Oneness: Journeying

Given the noteworthy relationship between Oneness Beliefs and well-being, and the associated range of possible theoretical applications of Oneness, this paper concludes with further considerations of Oneness – discussing the process of journeying, and the various paths of journeying, towards Oneness. The points below will hopefully be fruitful for future theoretical and scientific psychological research on how to learn, embody, and guide others towards a more connected metatheoretical orientation.

Understanding, experiencing, and believing in Oneness, requires a journey – i.e., a *practice*. This practice is often a long journey because forming a new habit of perspective takes significant attention, time, and energy. Likewise, working towards a perspective of Oneness requires forming new habits across all parts of life. It has been said that, for survival reasons, our natural state is a largely self-focused negative orientation (Leary, 2003; Leary et al., 2008; Leary & Diebels, 2013; Leary & Guadagno, 2011). As a result, the journey requires overcoming this negative and dualistic orientation and cultivating a positive and unity-focused perspective.

Richard Rohr (2011) posited that there are two main aspects of the journey which play out in the first and second half of life. The first half of life often entails “falling down” and in doing so, finding our individuality. From the perspective of organization of biology, for example, biology is built upon differentiation of the original whole (von Bertalanffy, 1968). Differentiation, individualization, and falling down are all a necessary process of “falling up,” which marks the second half of life. Without understanding *down* and what individuality is, *up* and unity cannot be known or pursued (Rohr, 2011). In other words, progress is only possible by passing from a state of undifferentiation to differentiation of parts (von Bertalanffy, 1968). As a result, “falling down” in the first half of life, facilitates spiritual growth, letting go of ego, and union with a greater wholeness. Similarly, from a different angle, Hicks writes that the great religious traditions are all focused on evolving from “self-centeredness to re-centering in what...we speak of as God, or as Ultimate Reality, or the transcendent, or the Real” (Hick, 1989).

This journey can be perceived as daunting on several levels, some of which – such as the difficulty in transcending dualism – have been discussed. An additional factor is the aspect of how to live in the world but not of it during this journey. There is, of course, no clear answer, nor any easy way to attempt to provide an answer. Alan Watts (1963), however, eloquently strives to do so:

Now the expansion of consciousness is no other than extending our vision to comprehend many levels at once, and, above all, to grasp those higher levels in which the discords of the lower levels are resolved. This is the greatness of human consciousness, but at the same time it is always posing the practical problem of how to live upon the lower level when one’s understanding reaches to the

higher....Continuing sanity demands a successful answer to this problem. We must be able to live simultaneously upon several levels without getting them confused. We know, for example, that the earth revolves about the sun, but in our everyday mundane life there are still many purposes for which we retain the old geocentric view of the sun rising and setting and moving daily across the sky (p. 43-44).

Many Journeying Paths

There are many diverse ways of journeying. Two metaphors are apt here. The first is that of the ancient Hindu parable where six blind men all encounter an elephant for the first time and describe it differently based on what part of the elephant they are feeling (e.g., trunk vs. tusk vs. ears vs. legs). The second is a saying by Swami Kripalu: “there are many paths up the mountain, but there is only one mountain.”

Together these metaphors convey that our perspectives of reality and our journeys toward that reality may be different, but all perspectives and all journeys may lead to the same reality, or very similar realities (*see, for example*, Hick, 2004). Philosophical inquiry into the nature of reality, religious devotion, and psychology’s focus on increasing connection are three such broad paths up the same mountain – and clearly, each broad path encompasses numerous trails or variations within it. This idea has been captured by various philosophers and psychologists. Pepper (1942) has written: “To the later organicists...there is no single cosmic path to the truth or to the ultimate integration of fragmentary data...There are many paths from error to truth” (p. 294). Hick has argued that the world religions are parts to a greater whole; that all belief systems are legitimate, unique, and equally viable approaches to the greater whole (Hick, 1989, 1995).

Why so many paths? Why the ‘many within the one’ or ‘diversification within unity’? One way to approach this question is from the vantage point that we are all different – from the various backgrounds, experiences, cultures, etc., which influence our different inclinations, interests, pursuits, and perspectives. As a result, each one of us approaches happiness and purpose in life through different words, perspectives, and pursuits. An emotionally inclined individual, for example, may be drawn to the connection found via the devotion in religion, whereas an intellectually inclined individual may be drawn to the connection with others that arises from philosophical discussions and/or the connection with oneself that arises from self-growth reflection. The argument made here is that these different approaches to happiness and purpose, and thus connection, may simply be lower-order conceptions of, or paths to, a higher-order connection, or Oneness.

Yoga philosophy from the modern era Sivananda lineage may provide one, of potentially many, helpful framework for these differences; a categorization for the vast array of practices, from religion to philosophy, that lead to Oneness. In other words, their framework may provide a helpful framework for understanding how practices ranging from psychology’s empirically supported treatments to spirituality, religion, and philosophy, if engagement entails a focusing on connection, can all be ways of journeying towards Oneness. This framework could be particularly helpful for psychology in developing a greater understanding of how a vast range of behaviors that people engage in can foster and lead to connection.

Sivananda teachings summarize behaviors (both actions and thoughts) into four main categories: Raja, Bhakti, Jhana, and Karma Yoga. These four categories have been called the Four Paths of Yoga and are perceived as different practices for leading to the same reality of unity (Sivananda, 1964; Vishnu-devananda, 1960).

Raja Yoga is the yoga of mind control and is the practice of systematically analyzing the mind. The purpose of doing so, according to Raja Yoga, is to achieve greater control over the mind so as to, for example, empty one's mind (i.e., experience peace in the mind) in order to move beyond the distracting and dualistic nature of thoughts to connect with a deeper part of oneself and others/existence (i.e., transcending dualism/reaching higher states of consciousness). Raja yoga encompasses Hatha Yoga, a system of physical techniques – what is practiced in the popularized corner 'yoga' studios – and is the extent of most people's conception of Yoga. Mainstream cognitive therapy techniques could be categorized under Raja Yoga due to the way in which thoughts are analyzed and unproductive thoughts are replaced with productive thoughts. In other words, cognitive therapies are a Raja Yoga practice if the focus of the cognitive therapy is to gain greater control over one's thoughts to empty one's mind to experience a deeper/greater connection.

Bhakti Yoga is the yoga of devotion and is the practice of channeling all emotion into, for example, prayer, chanting, and extending love to all beings. The idea is that emotions can inhibit higher levels of connection. For example, emotions can be dividing (e.g., fear can make us feel alienated from ourselves, anger can make us feel separate from others) or limited in their ability to foster higher levels of connection (e.g., empathy

is a warm emotion towards another, but can be expressed in a slightly distant manner). 'True' love, however, is often viewed as synonymous to Oneness. Thus, intentionally transforming that anger, fear, or empathy into love is said to be a direct path towards experiencing Oneness. Christianity is often considered a Bhakti path, as the large majority of practices associated with Christianity are devotional in nature.

Jnana Yoga is the yoga of knowledge and entails the philosophical approach to discerning what is finite and infinite as a way of determining what is 'real' and 'not real.' Jnana Yoga states that what is finite is that which transcends the dualistic natures of, for example, matter, time, and space, i.e., Oneness. The philosophy of ontology as well as existential therapies in psychology, if focused on discerning what is finite, could be categorized under the path of Jnana Yoga.

Finally, Karma Yoga is the yoga of action and entails viewing all of one's behaviors as selfless actions; that not thinking of personal needs and desires and trying to help all others expands one's heart in realizing the Oneness of self/other. Psychology research, for example, has found that people can be categorized into 'givers,' 'matchers,' and 'takers' (Mehta, 2012). While takers assume that everyone is a taker and matchers do not want to be taken advantage of so match whatever they are given, givers just want to give. This research highlights that giving in a selfless way may be an avenue for achieving higher levels of connection.

Sivananda teachings explain that followers of each path will realize that practicing one path necessitates practicing the other three; in other words, the perspectives from the bottom of the mountain look rather different, but just as there is

less variation in topography towards the top of the mountain, the four paths look increasingly similar with practice. Despite the four paths leading to the same place, the perceived differentiation is critical to provide a range of ways for people to embrace this practice and start a journey towards greater connection.

A Final Remark

We may be slowly moving towards a greater evolution of consciousness, towards realizing the intimate connectedness of all creation; that now we only murkily understand this, but the time will come when we can see it more clearly (W. R. Miller, personal communication, June 2018). Irrespective of which path we choose and where others are along their paths, if we endeavor to incrementally transcend dualism, the world may become increasingly more open: “East, West, South or North makes little difference. No matter what your destination, just be sure to make every journey, a journey within. If you travel within, you’ll travel the whole wide world and beyond” (*Shams Tabrizi, Rumi’s Guru, found in Shafak, 2010, p. 86*).

Psychology was birthed from the parents of philosophy and religion. It could be said that it has experienced its teenage years of rambunctious and rebellious individualization, marked by reductionism, behaviorism, and the scientific method, and is now slowly realizing the wisdom and truths of its parents (Huxley, 1945) and the limitations of its teenage perspectives (D. C. Witherington, personal communication, July 2018).

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Table 1: *Twenty-one subjective wellness scores used as dependent variables in analyses.*

<i>21 Subjective Wellness Scores</i>	<i>Subscales</i>	<i>Original Scale</i>	<i>+ vs. -</i>
Strong Connection Wellness Summary Score: <i>comprised of variables hypothesized to most capture self/other connection</i>	Positive Emotion, Engagement, Relationships, Meaning, Life Satisfaction, Peace		+ WB
Moderate Connection Wellness Summary Score: <i>comprised of variables expected to be moderately associated with self/other connection</i>	Accomplishments, Happiness, Health, Positive Affect		+ WB
Weak Connection Wellness Summary Score: <i>comprised of variables hypothesized to be least, or negatively, associated with self/other connection</i>	Negative Affect, Negative Emotion, Loneliness, Anxiety, Depression, Spiritual Doubt, Separateness		- WB
Wellness Sub-score 1	Life Satisfaction	Life Satisfaction	+ WB
Wellness Sub-score 2	PERMA Total	PERMA	+ WB
Wellness Sub-score 3	Positive Emotion	PERMA	+ WB
Wellness Sub-score 4	Engagement	PERMA	+ WB
Wellness Sub-score 5	Relationships	PERMA	+ WB
Wellness Sub-score 6	Meaning	PERMA	+ WB
Wellness Sub-score 7	Accomplishment	PERMA	+ WB
Wellness Sub-score 8	Negative Emotion	PERMA	- WB
Wellness Sub-score 9	Health	PERMA	+ WB
Wellness Sub-score 10	Loneliness	PERMA	- WB
Wellness Sub-score 11	Happiness	PERMA	+ WB
Wellness Sub-score 12	Peace	Created for study	+ WB
Wellness Sub-score 13	Positive Affect	PANAS	+ WB
Wellness Sub-score 14	Negative Affect	PANAS	- WB
Wellness Sub-score 15	Anxiety	HADS	- WB
Wellness Sub-score 16	Depression	HADS	- WB
Wellness Sub-score 17	Spiritual Doubt	Created for study	- WB
Wellness Sub-score 18	Separate Preferred	Created for study	- WB

Note: “+” = variables hypothesized to capture flourishing wellness. “-” = variables hypothesized to capture compromised wellness.

Table 2: *Sample demographics (N = 418).*

	#	%
Age	39.78 [†]	
Female	218	52.2
Male	199	47.6
Nonconforming	1	.2
<i>Gender/Sex Orientation</i>		
Heterosexual	338	80.9
Gay	3	.7
Lesbian	5	1.2
Bisexual	47	11.2
Queer	4	1
Additional	4	1
Non specified	17	4.1
<i>Race/Ethnicity</i>		
White	334	79.9
Black	48	11.5
Latino/Hispanic	32	7.7
Indian (East)	5	1.2
AI/NA	4	1
Asian/Pacific	21	5
Mixed	6	1.4
<i>Education</i>		
GED	6	1.4
HS	86	2.6
Associates	68	16.3
BA	189	45.2
MA	67	16
PhD	2	.5
<i>Employed or volunteering</i>		
Full time	310	74.2
Part time	55	13.2
No	53	12.7
Income	51,822.47 [†]	

Note: [†] = mean. AI/NA = Alaskan Indian/Native American. Asian/Pacific Islander. GED = General Educational Development, HS = high school, BA = Bachelor of Arts, MA = Master of Arts, PhD = Doctor of Philosophy.

Table 3: Frequencies, percentages, and correlations of participant's endorsement of "a decent amount" or "a great deal" of spiritual/religious denominations.

	Frequency	%	S.Oneness	Spiritual	Religious	S.WSS	M.WSS	W.WSS
Spiritual	224	58.4	.575**		.553**	.348**	.363**	-.062
Religious	198	47.4	.363**	.553**		.299**	.317**	.011
Spirit & Relig	165	39.5						
Atheist	88	21.1	-.421**	-.350**	-.256**	-.127**	-.111*	.388**
Agnostic	96	23	-.195**	-.250**	-.293**	-.108*	-.121*	.419**
Protestant	130	31.1	.209**	.364**	.472**	.169**	.167**	.010
Catholic	121	28.9	.151**	.209**	.453**	.179**	.208**	.264**
Nontrin	36	8.6	.041	.111*	.230**	.084	.091	.482**
GreekOrtho	42	10	.046	.119*	.240**	.062	.068	.486**
Jewish	42	10	.001	.077	.186**	.062	.084	.441**
Muslim	37	8.9	.068	.108*	.298**	.096	.106*	.458**
Hindu	33	6.5	.065	.096	.207**	.104*	.097*	.485**
Buddhist	27	6.5	.071	.124*	.171**	.07	.071	.450**
Yogi	37	8.9	.066	.113*	.148**	.092	.094	.429**
Mystic	44	1.5	.100*	.132**	.163**	.098*	.100*	.442**

Note: Likert scale ratings 4 = "a decent amount" and 5 = "a great deal" of a five-point Likert scale. Participants could select multiple spiritual/religious denominations, as well as associating with both spirituality and religiosity. S.Oneness = Spiritual Oneness. S.WSS, M.WSS, W.WSS = Strong, Moderate, Weak Wellness Summary Scores, respectively. Spirit & Relig = those who endorsed being spiritual and religious. Nontrin = Nontrinitarian. GreekOrtho = Greek Orthodox. Additional duplicate selections: 48 participants selected a 4 or a 5 for both Atheist and Agnostic, 32 participants for both Spiritual and Mystic, and 30 for both Religious and Mystic.

Table 4: Five-part breakdown of responses for Oneness Beliefs, Spirituality, and Religiosity relative to demographic variables.

	Oneness Beliefs: Spiritual					Oneness Beliefs: Physical					Spirituality					Religiosity				
	9/8	7/6	5	4/3	2/1	9/8	7/6	5	4/3	2/1	5	4	3	2	1	5	4	3	2	1
# participants	168	152	47	29	22	179	153	53	26	7	125	119	74	48	52	105	93	59	38	123
% participants	4.19	36.36	11.24	6.94	5.26	42.82	36.60	12.68	6.22	1.67	29.90	28.50	17.70	11.50	12.40	25.10	22.20	14.10	9.10	29.40
† Age	41.37	39.2	39.3	35.48	38.41	41.21	39.22	37.87	36.08	44	42.73	39.26	37.69	38.15	38.38	4.54	4.32	38.73	38.84	39.52
† Income	52.3	55.7	49.7	39.0	42.6	48.5	54.3	53.1	54.3	64.1	53.7	53.4	57.8	43.6	42.8	61.5	54.3	45.6	59.7	42.3
<i>Gender</i>																				
% Female	54.8	53.3	55.3	34.5	4.9	51.4	51.6	54.7	50	71.4	58.4	49.6	47.3	54.2	48.1	52.4	49.5	47.5	52.6	56.1
% Nonconforming				89.7	4.5	.6									1.9				2.6	
<i>Race/Ethnicity</i>																				
% White	76.8	79.6	89.4	6.9	72.7	8.4	79.7	81.1	8.8	57.1	76	79	86.5	79.2	82.7	80	73.1	76.3	81.6	86.2
% Black	17.3	9.9	1.2	3.4	4.5	13.4	11.8	7.5	7.7		16.8	13.4	4.1	12.5	3.8	12.4	20.4	8.5	1.5	5.7
% Latin/Hisp	7.1	8.6	8.5		9.1	5	8.5	11.3	7.7	28.6	8	7.6	6.8	8.3	7.7	2.9	12.9	6.8	2.6	7.3
% East Indian	1.2	1.3			4.5	1.7	1.3				.8	.8		2.1	3.8	1	1.1	1.7	2.6	.8
% AI/NA	1.2	.7	11.2			.6	1.3		3.8		1.6	1.7				1	1.1	1.7		.8
% Asian/Pacific	3	7.9	4.3	3.4	4.5	3.4	5.9	5.7	7.7	14.3	2.4	5	8.1	8.3	3.8	5.7	3.2	6.8	5.3	4.9
% Race Mixed	.6	1.3	4.3		4.5	.6	2	1.9	3.8			.8	2.7	4.2	1.9				2.6	4.1
<i>Education</i>																				
% GED	1.2	1.3	2.1		4.5	1.7	2				.8	.8	1.4	2.1	3.8	1.9		1.7		2.4
% HS	2.2	19.1	1.6	24.1	50	22.9	17	13.2	34.6	42.9	24	16.8	13.5	22.9	28.8	19	19.4	15.3	18.4	26
% Associates	19	17.1	12.8	1.3	4.5	15.6	2.9	7.5	11.5	14.3	20	15.1	17.6	16.7	7.7	17.1	8.6	23.7	15.8	17.9
% BA	39.3	50	57.4	48.3	27.3	39.7	48.4	56.6	46.2	28.6	40	48.7	50	43.8	44.2	41.9	54.8	4.7	47.4	42.3
% MA	2.2	12.5	14.9	17.2	9.1	19	11.8	22.6	7.7	14.3	15.2	17.6	17.6	14.6	13.5	19	17.2	18.6	18.4	1.6
% PhD			2.1		4.5	1.1						.8			1.9	1				.8
<i>Work/Volunteering</i>																				
% Full time	75.6	73.7	74.5	82.8	54.5	71.5	73.9	86.8	73.1	57.1	75.2	76.5	75.7	68.8	69.2	81.9	74.2	78	81.6	63.4
% Part time	12.5	13.8	14.9	6.9	18.2	14.5	15	5.7	3.8	28.6	14.4	11.8	12.2	8.3	19.2	1.5	14	8.5	5.3	19.5
% None	11.9	12.5	1.6	1.3	27.3	14	11.1	7.5	23.1	14.3	1.4	11.8	12.2	22.9	11.5	7.6	11.8	13.6	13.2	17.1

Note: † = mean. % = percentage. Income has been divided by 1,000 in table. AI/NA = Alaskan Indian/Native American. Asian/Pacific Islander. The following cutoffs were used for Spiritual and Physical Oneness Beliefs splits: 9 to 7.5, 7.4 to 5.5, 5.4 to 4.5, 4.4 to 2.5, and 2.4 to 1 (9/8 = 9 to 7.5 cut off, 7/6 = 7.4 to 5.5, etc.). For the Spiritual and Religiosity measures: 1 = not at all, 2 = a little, 3 = somewhat, 4 = a decent amount. A blank cell indicates an absence of the demographic variable for the relevant breakdown section.

Table 5: Descriptive statistics for all ontological and Wellness Scores.

	M	SD	Min	Max	Range	Mid. Scale
Ontological Variables						
Oneness: spiritual	6.52	1.90	1	9	8	5
Oneness: physical	6.82	1.63	1	9	8	5
God Above	6.13	2.25	1	9	8	5
Immanence	5.66	1.78	1	9	8	5
Paradox	4.71	1.97	1	9	8	5
Mystical Experiences	2.89	.95	1	5	4	3
Applying Beliefs	3.57	1.26	1	5	4	3
Wellness Scores						
Strong WSS	.00	.89	-3	1.29	4.29	(standardized)
Moderate WSS	.00	.88	-2.92	1.37	4.28	(standardized)
<i>Weak WSS</i>	.00	.77	-1.36	2.13	3.48	(standardized)
Life Satisfaction	4.85	1.53	1	7	6	4
PERMA Total	7.18	1.98	.27	10	9.73	5
PERMA Pos. Emot.	7.02	2.25	0	10	10	5
PERMA Engage	7.00	1.92	.33	10	9.67	5
PERMA Relations	7.07	2.46	0	10	10	5
PERMA Meaning	7.32	2.35	0	10	10	5
PERMA Accomplish	7.48	2.00	0	10	10	5
<i>PERMA Neg. Emot.</i>	5.79	2.67	0	10	10	5
PERMA Health	7.03	2.21	0	10	10	5
<i>PERMA Loneliness</i>	5.75	3.39	0	10	10	5
PERMA Happiness	6.99	2.46	0	10	10	5
Peace	7.25	2.39	0	10	10	5
PANAS Positive	3.50	.92	1	5	4	1+ ^{††}
<i>PANAS Negative</i>	2.03	1.05	1	5	4	1+ ^{††}
<i>Anxiety</i>	2.02	.73	1	4	3	~25 [†]
<i>Depression</i>	1.77	.65	1	3.86	2.86	~2.5 [†]
<i>Spiritual Doubt</i>	3.82	2.10	1	8.6	7.6	5
<i>Separation Preferred</i>	4.87	1.76	1	9	8	5

Note: ^{††} = Unlike all other scales, the PANAS Likert scale does not have a neutral or middle center: 1 = 'not at all,' 2 = 'a little,' 3 = 'moderately,' 4 = quite a bit,' 5 = 'extremely.' [†] = The Likert scale response options for each question of the HADS is different. Compromised Wellness Scores are *italicized*.

Table 6: Correlations between the ontological measures and the wellness scores (and Spiritual Oneness).

Wellness Scores	SOB	GodAbv.	Spirit.	Parad.	Imman.	Relig.	POB	Myst.	App.Bel.
Oneness: Spiritual		.709**	.575**	.445**	.515**	.363**	.485**	.332**	.554**
Strong WSS	.448**	.409**	.348**	.327**	.321**	.299**	.267**	.219**	.395**
Moderate WSS	.438**	.421**	.363**	.319**	.320**	.317**	.247**	.228**	.384**
<i>Weak WSS</i>	-.117*	-.078	-.062	.244**	.214**	.011	-.066	.250**	-.162**
Life Satisfaction	.360**	.311**	.277**	.293**	.264**	.215**	.220**	.177**	.288**
PERMA Total	.445**	.413**	.347**	.313**	.307**	.298**	.270**	.215**	.400**
PERMA Pos. Emot.	.431**	.401**	.342**	.319**	.303**	.298**	.231**	.207**	.366**
PERMA Engage	.395**	.354**	.286**	.288**	.327**	.259**	.253**	.252**	.370**
PERMA Relations	.356**	.309**	.248**	.290**	.253**	.208**	.228**	.129	.286**
PERMA Meaning	.425**	.424**	.373**	.249**	.255**	.318**	.248**	.211**	.432**
PERMA Accomplish	.398**	.372**	.310**	.260**	.253**	.262**	.258**	.180**	.350**
<i>PERMA Neg. Emot.</i>	.077	.032	.004	-.200**	-.147	-.080	.070	-.242**	-.068
PERMA Health	.314**	.283**	.247**	.257**	.239**	.209**	.177**	.172**	.264**
<i>PERMA Loneliness</i>	.067	.019	.035	-.107	-.133	-.066	.077	-.141	-.067
PERMA Happiness	.402**	.408**	.339**	.274**	.285**	.293**	.197**	.185**	.366**
Peace	.415**	.371**	.325**	.297**	.300**	.289**	.239**	.187**	.355**
PANAS Positive	.422**	.416**	.376**	.328**	.345**	.348**	.235**	.263**	.367**
<i>PANAS Negative</i>	-.096	-.057	.011	.242**	.180**	.085	-.064	.304**	-.100
<i>Anxiety</i>	-.116	-.118	-.064	.132	.131	-.049	-.059	.195**	-.133
<i>Depression</i>	-.244**	-.177**	-.121	.068	.004	-.047	-.199**	.056	-.234**
<i>Spiritual Doubt</i>	.035	-.037	-.084	.354**	.318**	-.109	.013	.207**	-.195**
<i>Separation Preferred</i>	-.067	.020	-.042	.222**	.251**	.031	.096	.207**	-.080

Note: * = $p < .05$ (for WSS), ** = $p < .0028$ (Bonferroni correction for 18 wellness sub-scores). SOB & POB = Spiritual and Physical Oneness Beliefs. GodAbv. = God Above. Spirit. = Spiritual. Parad. = Paradox. Imman. = Immanence. Relig. = Religion. Myst. = Mystical Experiences. App.Bel. = Applied Beliefs. Emot. = Emotion. Compromised Wellness Scores are italicized.

Table 7: Correlations used in the six Fisher's z tests.

#	Correlation #1	Vs.	Correlation #2	Z	p
1	Spiritual Oneness Beliefs <i>with</i> Strong Connection WSS ($r = .448$)	Vs.	Spiritual Oneness Beliefs <i>with</i> Moderate Connection WSS ($r = .438$)	.533	.297
2	Spiritual Oneness Beliefs <i>with</i> Strong Connection WSS ($r = .448$)	Vs.	Spiritual Oneness Beliefs <i>with</i> Weak Connection WSS ($r = -.117$)	7.205	.001
3	Spiritual Oneness Beliefs <i>with</i> Strong Connection WSS ($r = .448$)	Vs.	Spirituality <i>with</i> Strong Connection WSS ($r = .348$)	2.463	.007
4	Spiritual Oneness Beliefs <i>with</i> Strong Connection WSS ($r = .448$)	Vs.	Religiosity <i>with</i> Strong Connection WSS ($r = .299$)	2.988	.001
5	Spiritual Oneness Beliefs <i>with</i> Moderate Connection WSS ($r = .438$)	Vs.	Spirituality <i>with</i> Moderate Connection WSS ($r = .363$)	1.848	.032
6	Spiritual Oneness Beliefs <i>with</i> Moderate Connection WSS ($r = .438$)	Vs.	Religiosity <i>with</i> Moderate Connection WSS ($r = .317$)	2.429	.008

Note: Significance criteria is $p < .05$, one-tailed.

Table 8: Regression statistics for Spiritual Oneness Beliefs predicting the wellness scores and controlling for age, gender, income, Organized Attend, Time Practiced, Spirituality, Religiosity, and Mystical Experiences.

	Beta	R ²
Strong WSS	.345**	.285**
Moderate WSS	.325**	.288**
<i>Weak WSS</i>	-.157*	.201*
Life Satisfaction	.280**	.228**
PERMA Total	.339**	.274**
PERMA Pos. Emot.	.330**	.261**
PERMA Engage	.299**	.216**
PERMA Relations	.316**	.172**
PERMA Meaning	.273**	.269**
PERMA Accomplish	.305**	.232**
<i>PERMA Neg. Emot.</i>	-.158	.171
PERMA Health	.261**	.182**
<i>PERMA Loneliness</i>	-.079	.129
PERMA Happiness	.287**	.231**
Peace	.333**	.246**
PANAS Positive	.286**	.287**
<i>PANAS Negative</i>	-.213**	.200**
<i>Anxiety</i>	-.164	.121
<i>Depression</i>	-.274**	.145**
<i>Spiritual Doubt</i>	.132	.139
<i>Separation Preferred</i>	-.092	.149

Note: View Appendix for Betas for all variables. * = $p < .05$ (for WSS), ** = $p < .0028$ (Bonferroni correction for 18 wellness sub-scores). Emot. = Emotion. Reminder that Spiritual Oneness Beliefs is not significantly correlated with PERMA & PANAS Negative Affect, PERMA Loneliness, Anxiety, Spiritual Doubt, and Separation Preferred. Compromised Wellness Scores are *italicized*.

Table 9: Mediation results for Mysticism mediating the Spiritual Oneness Beliefs–wellness relationship (Model 1).

Wellness Scores	Indirect Effect	95% LLCI	95% ULCI	z	p	a Oneness to Myst.	p(a)	b Myst to Wellness	p(b)	c Oneness to Well (Tot)	p(c)	c' Oneness to Well (Dir)	p(c')
Strong WSS	.012	-.004	.029	1.657	.098	.165	.000	.074	.089	.209	.000	.197	.000
Moderate WSS	.014	.002	.032	1.930	.054	.165	.000	.087	.046	.202	.000	.188	.000
Weak WSS	.044	.026	.066	4.849	.000	.165	.000	.266	.000	-.048	.017	-.091	.000
Life Satisfaction	.017	-.012	.047	1.314	.189	.165	.000	.105	.182	.290	.000	.273	.000
PERMA Total	.026	-.008	.062	1.590	.112	.165	.000	.159	.104	.462	.000	.436	.000
PERMA Pos. Emot.	.028	-.011	.073	1.509	.131	.165	.000	.172	.123	.510	.000	.482	.000
PERMA Engage	.046	.009	.087	2.658	.008	.165	.000	.276	.004	.400	.000	.354	.000
PERMA Relations	.005	-.044	.050	.263	.793	.165	.000	.033	.794	.461	.000	.455	.000
PERMA Meaning	.032	-.008	.077	1.636	.102	.165	.000	.196	.094	.524	.000	.492	.000
PERMA Accomplish	.019	-.016	.054	1.129	.259	.165	.000	.115	.254	.417	.000	.398	.000
<i>PERMA Neg. Emot.</i>	.140	.079	.212	4.624	.000	.165	.000	.852	.000	-.109	.114	-.249	.000
PERMA Health	.030	-.009	.075	1.523	.128	.165	.000	.180	.120	.365	.000	.335	.000
<i>PERMA Loneliness</i>	.109	.042	.200	3.215	.001	.165	.000	.660	.000	-.120	.171	-.228	.013
PERMA Happiness	.025	-.019	.071	1.195	.232	.165	.000	.150	.226	.519	.000	.495	.000
Peace	.023	-.020	.066	1.151	.250	.165	.000	.139	.245	.519	.000	.499	.000
PANAS Positive	.022	.007	.039	2.739	.006	.165	.000	.135	.003	.204	.000	.182	.000
<i>PANAS Negative</i>	.069	.043	.100	5.280	.000	.165	.000	.419	.000	-.058	.050	-.122	.000
<i>Anxiety</i>	.033	.018	.051	4.230	.000	.165	.000	.202	.000	-.044	.018	-.078	.000
<i>Depression</i>	.017	.005	.031	2.831	.005	.165	.000	.105	.002	-.083	.000	-.101	.000
<i>Spiritual Doubt</i>	.081	.036	.132	3.701	.000	.165	.000	.489	.000	.039	.470	-.041	.461
<i>Separation Preferred</i>	.090	.043	.123	4.168	.000	.165	.000	.479	.000	-.062	.171	-.141	.003

Note: LLCI = lower limit of confidence interval; ULCI = upper limit of confidence interval. Well (Tot) = Wellness total. Well (Dir) = Wellness direct. z and p are from Sobel tests. * = $p < .05$ (for WSS), ** = $p < .0028$ (Bonferroni correction for 18 wellness sub-scores). **Bold font** denotes a significant indirect effect as indicated by the significance of the Sobel test. Compromised Wellness Scores are *italicized*.

Table 10: Mediation results for Spiritual Oneness Beliefs mediating the Mysticism–wellness relationship (Model 2).

Wellness Scores	Indirect Effect	95% LLCI	95% ULCI	Z	p	a Myst. to Oneness	p(a)	b Oneness to Wellness	p(b)	c Myst. to Well (Tot)	p(c)	c' Myst. to Well (Dir)	p(c')
Strong WSS	.131	.084	.186	5.631	.000	.668	.000	.197	.000	.205	.000	.074	.089
Moderate WSS	.125	.082	.175	5.538	.000	.668	.000	.188	.000	.212	.000	.087	.046
<i>Weak WSS</i>	-.061	-.096	-.031	-3.848	.000	.668	.000	-.091	.000	.205	.000	.266	.000
Life Satisfaction	.182	.108	.265	5.001	.000	.668	.000	.273	.000	.287	.000	.105	.182
PERMA Total	.291	.187	.415	5.616	.000	.668	.000	.436	.000	.450	.000	.159	.104
PERMA Pos. Emot.	.321	.203	.459	5.531	.000	.668	.000	.482	.000	.494	.000	.172	.123
PERMA Engage	.237	.143	.343	5.148	.000	.668	.000	.354	.000	.512	.000	.276	.004
PERMA Relations	.304	.178	.454	5.090	.000	.668	.000	.455	.000	.337	.008	.033	.794
PERMA Meaning	.328	.205	.467	5.480	.000	.668	.000	.492	.000	.524	.000	.196	.094
PERMA Accomplish	.266	.167	.381	5.329	.000	.668	.000	.398	.000	.381	.000	.115	.254
<i>PERMA Neg. Emot.</i>	-.166	-.292	-.066	-3.191	.001	.668	.000	-.249	.004	.686	.000	.852	.000
PERMA Health	.224	.124	.340	4.539	.000	.668	.000	.335	.000	.403	.000	.180	.120
<i>PERMA Loneliness</i>	-.153	-.303	-.023	-2.367	.018	.668	.000	-.228	.013	.508	.004	.660	.000
PERMA Happiness	.330	.207	.468	5.357	.000	.668	.000	.495	.000	.480	.000	.150	.226
Peace	.333	.206	.477	5.453	.000	.668	.000	.499	.000	.472	.000	.139	.245
PANAS Positive	.121	.080	.168	5.350	.000	.668	.000	.182	.000	.256	.000	.135	.003
<i>PANAS Negative</i>	-.081	-.126	-.042	-3.859	.000	.668	.000	-.122	.000	.338	.000	.419	.000
<i>Anxiety</i>	-.052	-.086	-.022	-3.535	.000	.668	.000	-.078	.000	.150	.000	.202	.000
<i>Depression</i>	-.067	-.101	-.037	-4.561	.000	.668	.000	-.101	.000	.038	.254	.105	.002
<i>Spiritual Doubt</i>	-.028	-.098	.039	-.734	.463	.668	.000	-.041	.461	.461	.000	.489	.000
<i>Separation Preferred</i>	-.094	-.169	-.031	-2.789	.005	.668	.000	-.141	.003	.385	.000	.479	.000

Note: LLCI = lower limit of confidence interval; ULCI = upper limit of confidence interval. Well (Tot) = Wellness total. Well (Dir) = Wellness direct. Z and p are from Sobel tests. Z and p are from Sobel tests. * = $p < .05$ (for WSS), ** = $p < .0028$ (Bonferroni correction for 18 wellness sub-scores). **Bold font** denotes a significant indirect effect as indicated by the significance of the Sobel test. Compromised Wellness Scores are *italicized*.

Table 11: ANCOVA *F* test statistics and regression coefficients for Applied Beliefs moderating the relationship between Spiritual Oneness Beliefs and Wellness Scores.

DV WSS	IV S. Oneness Beliefs		Moderator Applied Beliefs		Interaction Interaction	
	<i>F</i>	<i>b</i>	<i>F</i>	<i>b</i>	<i>F</i>	<i>b</i>
Strong WSS	54.713***	.125**	14.979***	-.335***	3.289 [†]	.081 [†]
Moderate WSS	54.231***	.155**	11.288***	-.294***	.268	.023
<i>Weak WSS</i>	.575	-.057	11.473***	.286***	3.328 ^{††}	.080 ^{††}
Life Satisfaction	35.365**	.221**	5.214	-.363	.350	.049
PERMA Total	51.951**	.283**	17.310**	-.804**	2.470	.158
PERMA Pos. Emot.	52.748**	.332**	9.310**	-.684**	2.398	.180
PERMA Engage	35.967**	.164	16.046**	-.769**	7.352	.270
PERMA Relations	31.069**	.260	8.052	-.721	2.664	.215
PERMA Meaning	41.743**	.332**	24.136**	-1.133**	.821	.108
PERMA Accomplish	4.282**	.325**	12.527**	-.714**	.018	.014
<i>PERMA Neg. Emot.</i>	.957	-.184	1.391	.350	1.971	.216
PERMA Health	26.766**	.261	2.940	-.401	.762	.106
<i>PERMA Loneliness</i>	.658	-.243	1.394	.445	2.787	.326
PERMA Happiness	4.073**	.353**	14.149**	-.929**	.693	.107
Peace	47.822**	.307**	8.597	-.702	3.913	.246
PANAS Positive	53.763**	.178**	6.529	-.236	.009	-.005
<i>PANAS Negative</i>	.475	-.062	6.647	.298	1.858	.082
<i>Anxiety</i>	1.142	-.020	5.335	.185	.017	-.005
<i>Depression</i>	9.176	-.047	11.855**	.238**	.195	-.016
<i>Spiritual Doubt</i>	11.280**	-.061	43.596**	1.447**	19.067**	.503**
<i>Separation Preferred</i>	.560	-.124	1.746	.258	2.873	.172

Note: [†]*p* = .07. ^{††}*p* = .069. * = *p* < .05 and *** = *p* < .001 (for three Wellness Summary Scores): ** = *p* < .0028 (Bonferroni correction for 18 Wellness Sub-scores). Applied Beliefs is dichotomized at 4 and above (i.e., ‘tends to be true’) vs. 3.9 and below (i.e., ‘unsure’) and Spiritual Oneness Beliefs is mean centered. Compromised Wellness Scores are *italicized*. The slope given for Spiritual Oneness is the slope in the High Applied Beliefs group, and the slope for the Interaction is the difference between the slopes in the Low and High Applied Beliefs groups, i.e. the Low group slope minus the High group slope.

Table 12: Simple slope effects tests of Applied Beliefs at one standard deviation below the mean, the grand mean, and one standard deviation above the mean of Spiritual Oneness Beliefs for Strong WSS, Weak WSS, and Spiritual Doubt.

		<i>M-1SD</i>	<i>M</i>	<i>M+1SD</i>
Spiritual Doubt	<i>F:</i>	2.66	43.60	57.99
	<i>p:</i>	0.10	0.00	0.00
	<3.9:	4.04	4.88	5.72
	>4:	3.55	3.43	3.32
Strong WSS	<i>F:</i>	17.09	14.98	2.08
	<i>p:</i>	0.00	0.00	0.15
	<3.9:	-0.55	-0.16	0.23
	>4:	-0.06	0.18	0.41
Weak WSS	<i>F:</i>	1.34	11.47	12.97
	<i>p:</i>	0.25	0.00	0.00
	<3.9:	0.16	0.20	0.25
	>4:	0.02	-0.09	-0.19

Note: There is a trend towards a significant interaction for Strong and Weak WSS. Spiritual Doubt is the only Wellness Score that significantly moderated Spiritual Oneness Beliefs and Wellness Scores. 3.9 = means of the respective Wellness Score for those who are low in applying their beliefs. 4 = means of the respective Wellness Score for those who are high in applying their beliefs. *M* = at the mean of Spiritual Oneness Beliefs. *M-1SD* = one standard deviation below the mean of Spiritual Oneness Beliefs. *M+1SD* = one standard deviation above the mean of Spiritual Oneness Beliefs. Strong & Weak WSS are standardized.

Figure 1a: Scatterplot of Spiritual Oneness Beliefs with the Strong Connection WSS.

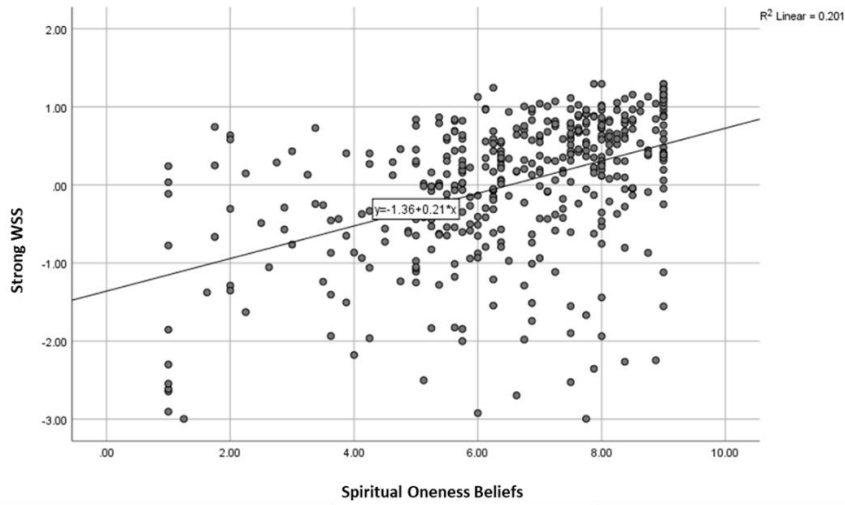


Figure 1b: Scatterplot of Spirituality with the Strong Connection WSS.

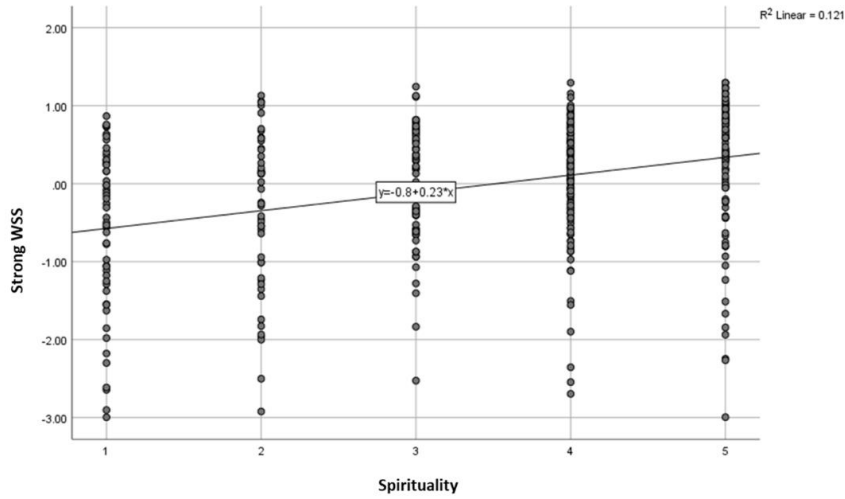


Figure 1c: Scatterplot of Spirituality with the Strong Connection WSS.

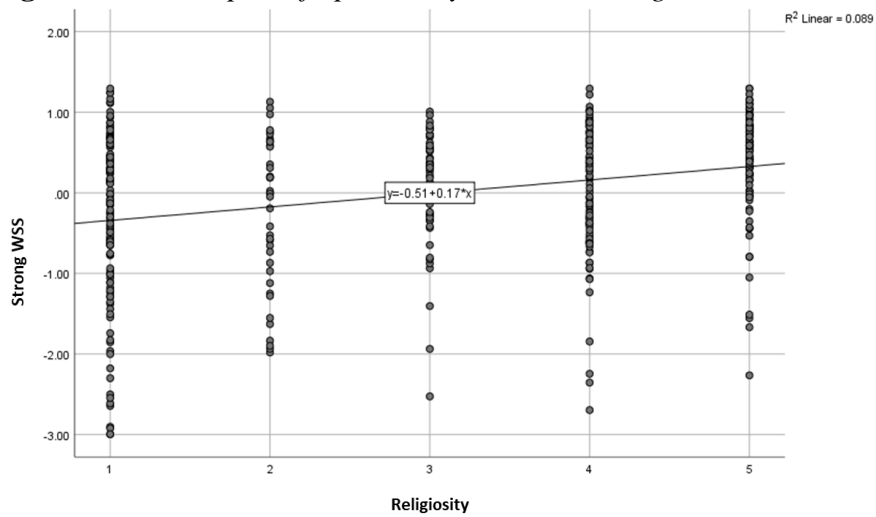


Figure 2a: Scatterplot of Spiritual Oneness Beliefs with the Moderate Connection WSS.

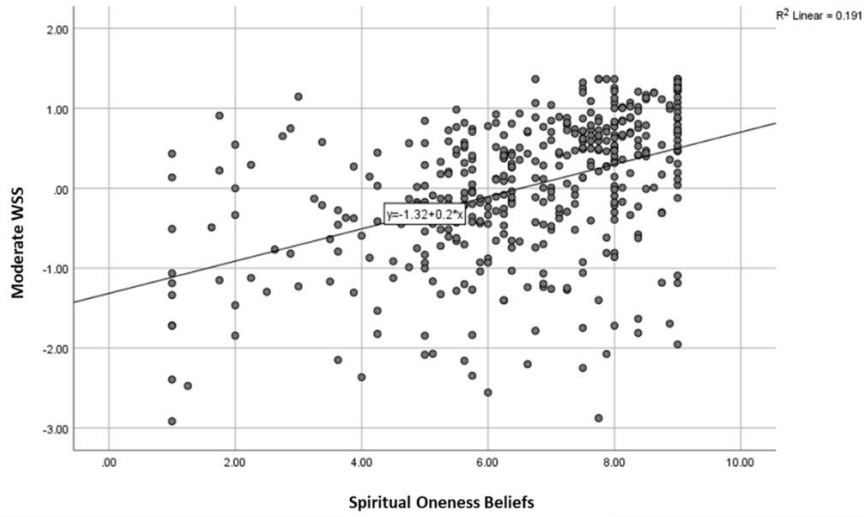


Figure 2b: Scatterplot of Spirituality with the Moderate Connection WSS.

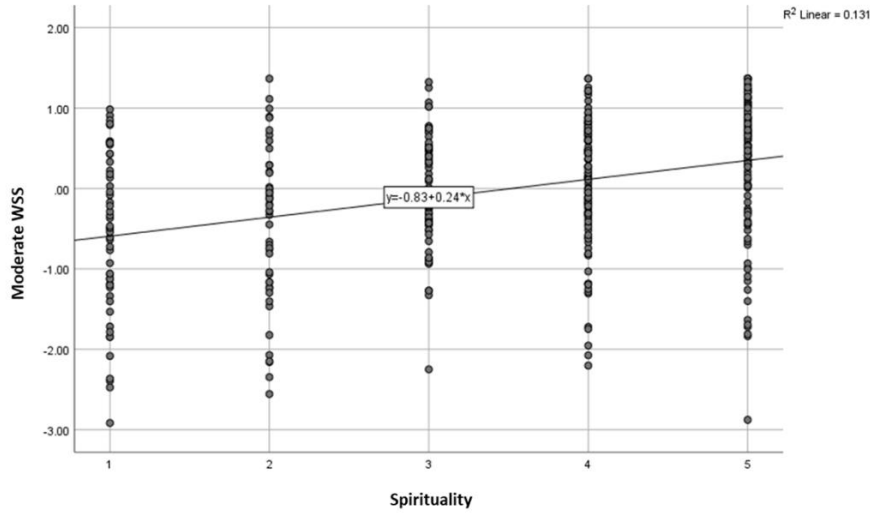


Figure 2c: Scatterplot of Religiosity with the Moderate Connection WSS.

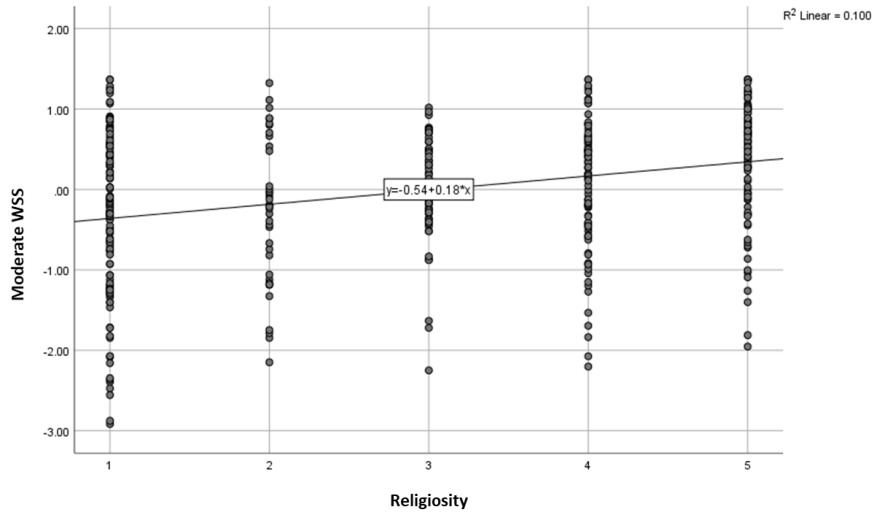


Figure 3a: Scatterplot of Spiritual Oneness Beliefs with the Weak Connection WSS.

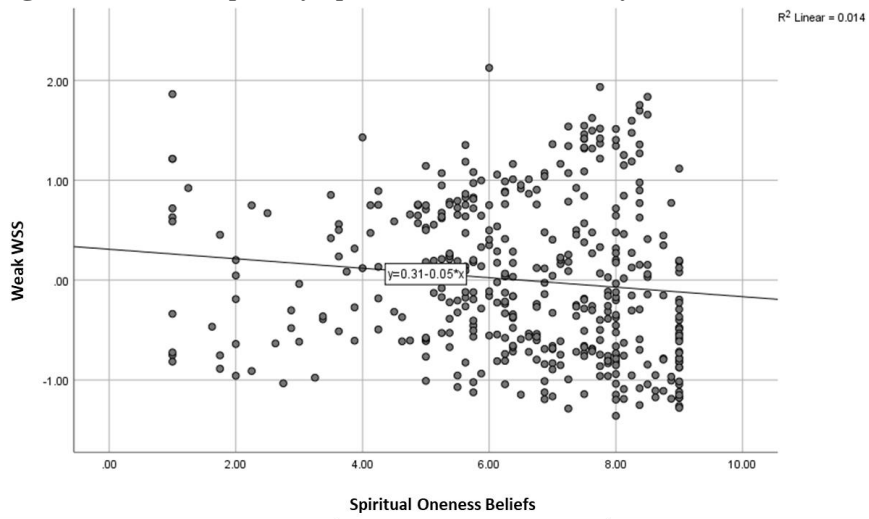


Figure 3b: Scatterplot of Spirituality with the Weak Connection WSS.

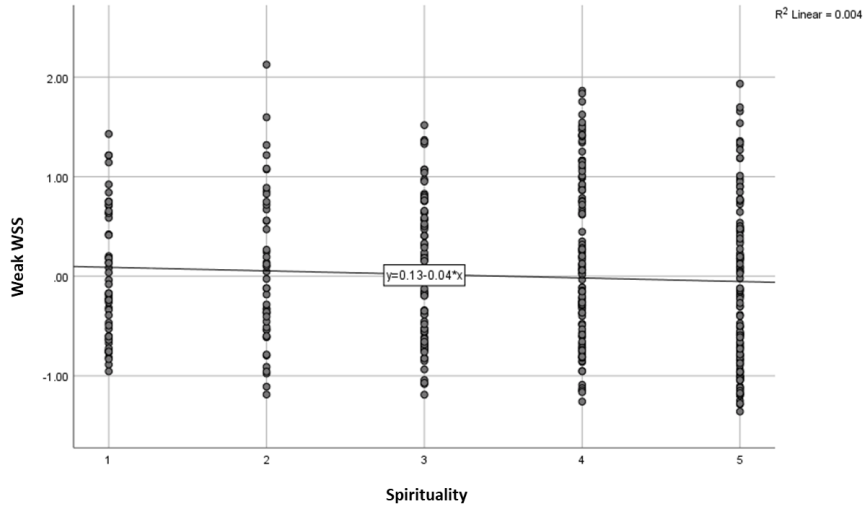


Figure 3c: Scatterplot of Religiosity with the Weak Connection WSS.

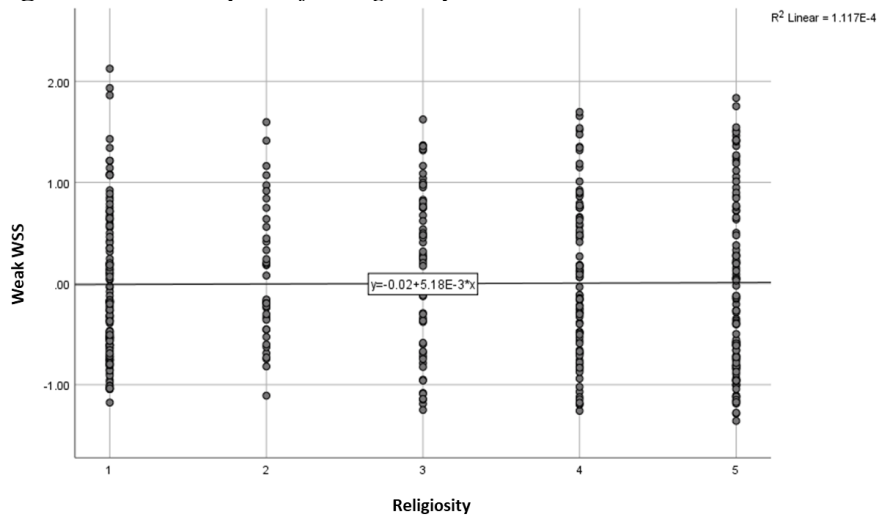
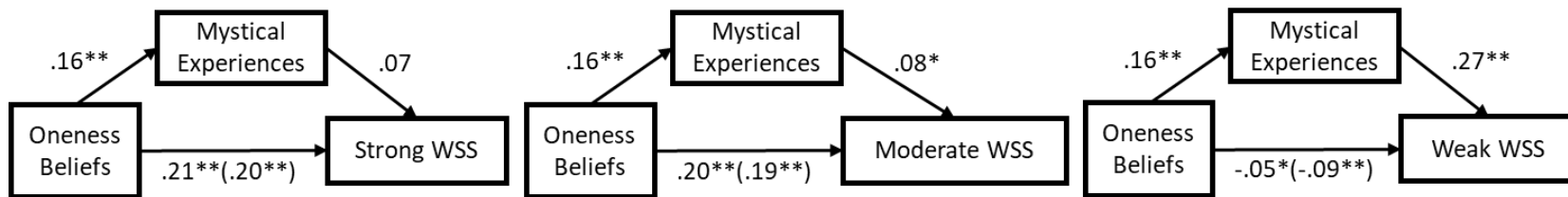
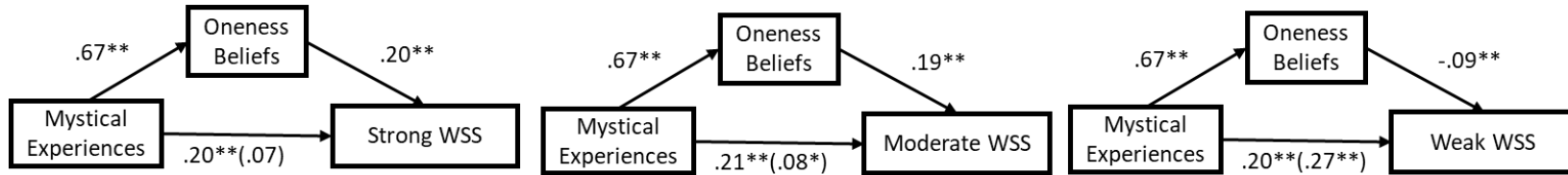


Figure 4: *Mystical Experiences Mediating Spiritual Oneness Beliefs and Strong, Moderate, & Weak WSS (Model 1).*



Note: Oneness Beliefs = Spiritual Oneness Beliefs. ** = $p < .001$, * = $p < .05$. Path a = Oneness Beliefs to Mystical Experiences. Path b = Mystical Experiences to Wellness. Path c = total effect of Oneness Beliefs to Wellness. Path c' = direct effect of Oneness Beliefs to Wellness.

Figure 5: *Spiritual Oneness Beliefs Mediating Mystical Experiences and Strong, Moderate, & Weak WSS (Model 2).*



Note: Oneness Beliefs = Spiritual Oneness Beliefs. ** = $p < .001$, * = $p < .05$. Path a = Mystical Experiences to Oneness Beliefs. Path b = Oneness Beliefs to Wellness. Path c = total effect of Mystical Experiences to Wellness. Path c' = direct effect of Mystical Experiences to Wellness.

Figure 6: Interaction of Applied Beliefs moderating Spiritual Oneness Beliefs and Spiritual Doubt.

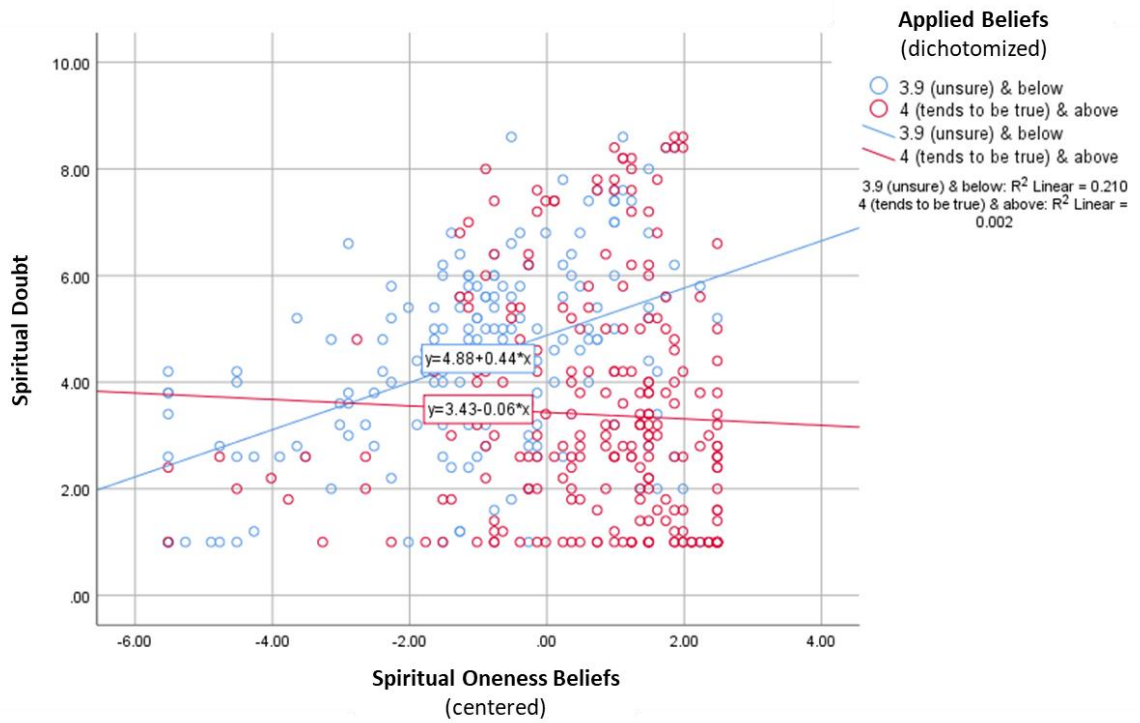


Figure 7: Interaction (trending toward significance) of Applied Beliefs moderating Spiritual Oneness Beliefs and Strong WSS.

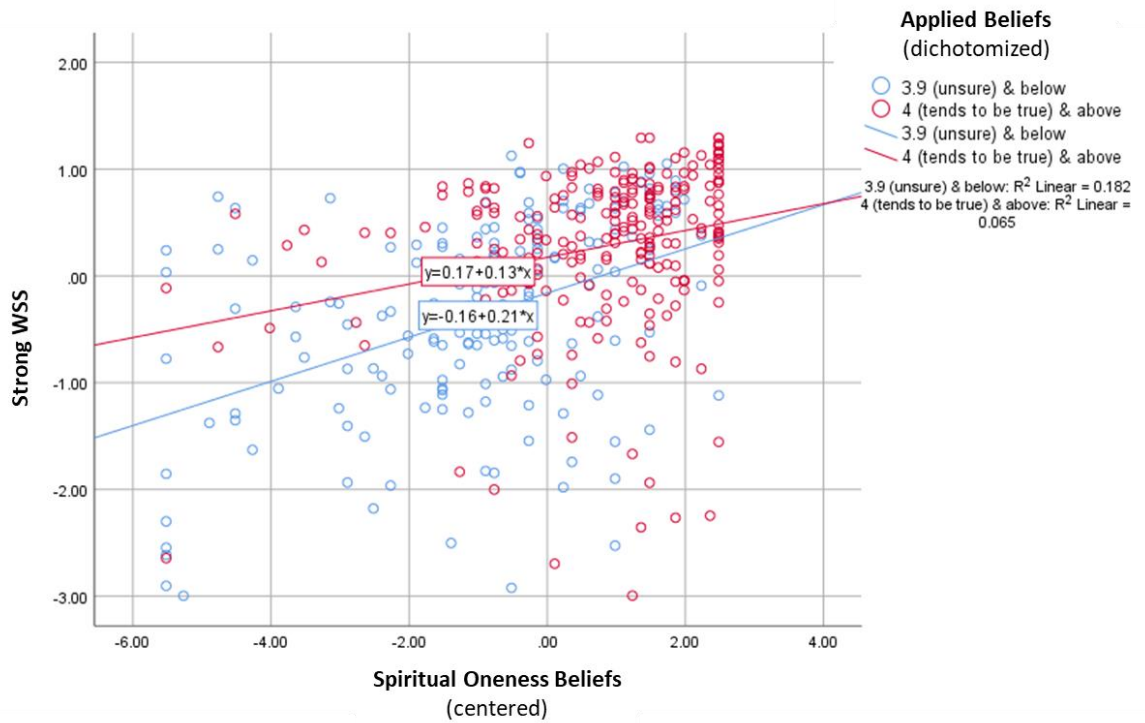
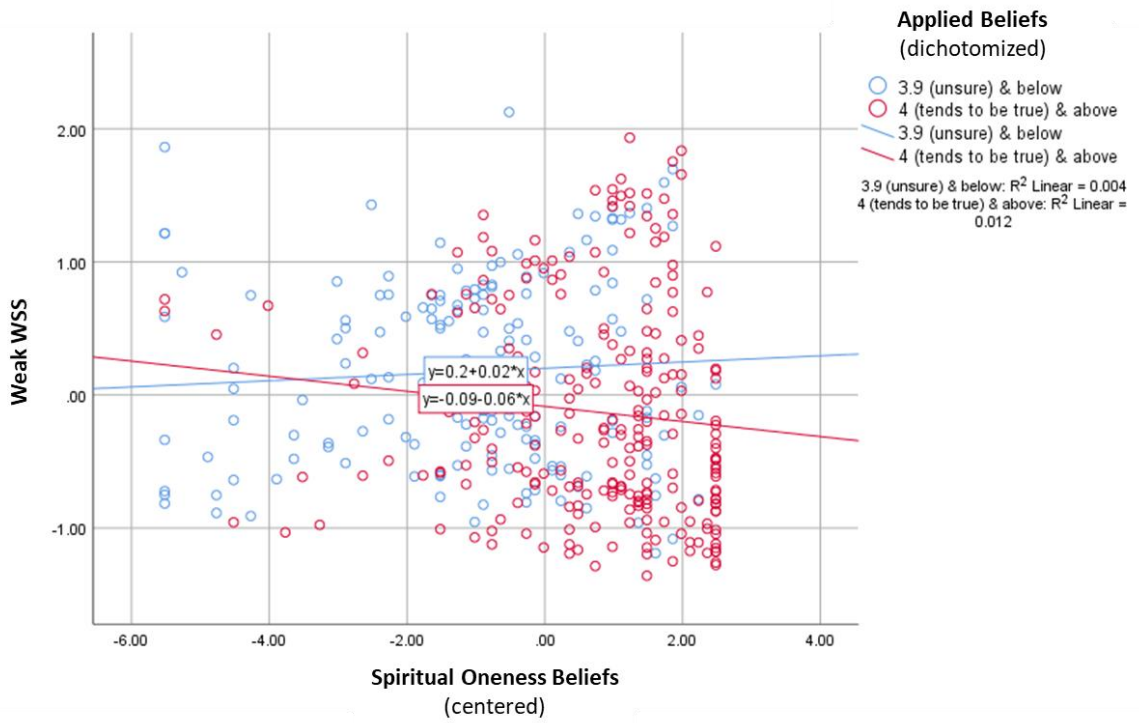


Figure 8: Interaction (trending toward significance) of Applied Beliefs moderating Spiritual Oneness Beliefs and Weak WSS.



Appendix A

Ontological and wellness scales.

Demographics:

1. Age: *fill in*
2. Sex/gender:
 - a. Female, male, transgender or gender-nonconforming, additional
 - b. Heterosexual, gay, lesbian, bisexual, queer, additional
3. What ethnic or racial groups do you identify with (check all that apply)? White, not Hispanic; Black, not Hispanic; Indian (from India); Asian or Pacific Islander; American Indian or Alaskan Native; Mixed
4. What is your highest level of education? GED, HS diploma, associates, bachelors, masters, PhD
5. Are you presently employed or volunteering? Yes (full time), Yes (part time), No
6. What was your annual income last year?
7. To what extent do you consider yourself a religious person? 1 = Not at all, 5 = A great deal
8. To what extent do you consider yourself a spiritual person? 1 = Not at all, 5 = A great deal
9. To what extent do you consider yourself an atheist? 1 = Not at all, 5 = A great deal
10. To what extent do you consider yourself agnostic? 1 = Not at all, 5 = A great deal
11. To what extent do you consider yourself...(select one of the following that you most identify with): Protestant, Catholic, Nontrinitarianism, Jewish, Muslim, Hindu, Buddhist, Greek Orthodox, Yogi, Sufi, Mystic, With many of them, With none of them, Other (fill in).

Ontological Measures

Oneness (Garfield et al., 2014)

Indicate the degree to which you agree with the statements below:

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

Spiritual Oneness:

1. There is a unifying force (in the universe) through which all life is brought together in one great whole.
2. There is a mysterious link, beyond the purely physical, that connects all human beings with each other and with the entire natural world.

3. A vital thread of life joins all objects and beings in the universe.
4. Human beings and nature are both part of a vast symphony of life directed by a single life-force.
5. The peace and happiness of humankind is founded on being in harmony with the rhythm of the universe.
6. All existence in the universe forms one great unified life system.
7. The natural world does not consist merely of physical phenomena but contains spiritual and emotional elements as well.
8. Every living and nonliving thing is an expression of the fundamental life-force of the entire cosmos.

Physical Oneness:

9. The entire cosmos is linked together by complicated and intricate physical laws.
10. All parts of the universe—both living and nonliving—are composed of the same fundamental materials.
11. All living beings are connected because they are produced and nourished by the same diverse forces, such as the pull of gravity in the universe, the flow of energy from the sun, and the web of life in the natural world.

Paradox Scale (created for the purposes of this study)

Indicate the degree to which you agree with the statements below:

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

1. The universe is me and I am the universe.
2. All is one and one is all.
3. I am God and God is me.
4. I am as large as the divine and the divine is as small as me.
5. God cannot be above me nor can I be beneath God.
6. A higher power exists that is separate from me.

God Above Scale (created for the purposes of this study)

Indicate the degree to which you agree with the statements below:

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

1. God watches over me.
2. I am guided by a transcending divine spirit.
3. God existed before me and will exist after my earthly life is over.
4. I can imitate the divine but can never be the divine.
5. *I can work towards perfection, but I will never be perfect in this life

**Item was deleted due to lack of association with other five items.*

Immanence Scale – *shortened version*

Burris, C. T., & Tarpley, W. R. (1998). Religion as being: Preliminary validation of the Immanence scale. *Journal of Research in Personality*, 32(1), 55-79.

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

1. Learning to appreciate one's dark or "sinful" side is essential to spiritual growth.
2. Being in touch with the present moment is for me the heart of religion.
3. My personal religion is more a matter of direct experience than of faith.
4. In matters of faith, I would rather try to understand and reconcile opposing viewpoints than "take sides."

Duke University Religion Index (DUREL; Koenig & Büssing, 2010)

Note: ORA = organizational religious activity, NORA = non-organizational religious activity, & IR = intrinsic religiosity

1. How often do you attend spiritual or religious meetings (e.g., meditation groups, church, etc.)? (ORA)
1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week
2. How often do you spend time in activities such as meditation, prayer, Bible study, etc? (NORA)
1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

3. In my life, I experience the presence of a greater power (i.e., universal energy, all-encompassing Love, the Divine, God, etc.) - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me
4. My beliefs are what really lie behind my whole approach to life - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me
5. I try hard to carry my beliefs over into all other dealings in life - (IR)
1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

Originally phrased items:

1. *How often do you attend church or other religious meetings? (ORA)*
2. *How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)*
3. *In my life, I experience the presence of the Divine (i.e., God) - (IR)*
4. *My religious beliefs are what really lie behind my whole approach to life - (IR)*
5. *I try hard to carry my religion over into all other dealings in life - (IR)*

Mysticism Scale: Three-Factor Structure (Hood Jr., 1975; Hood, Jr. et al., 2001; Hood et al., 1993)

Scored on a five-point Likert scale:

- 1 = *I've never had that experience*
- 2 = *I don't think I've had that experience*
- 3 = *I'm unsure*
- 4 = *I might have had that experience*
- 5 = *I have had that experience*

Extrovertive Mysticism

1. I have never had an experience in which I felt myself to be absorbed as one with all things.
2. I have never had an experience in which I felt as if all things were alive.
3. I have never had an experience in which all things seemed to be aware.
4. I have had an experience in which I realized the oneness of myself with all things
5. I have never had an experience in which time and space were nonexistent.
6. I have had an experience in which I felt everything in the world to be part of the same whole.
7. I have never had an experience in which my own self seemed to merge into something greater.
8. I have never had an experience in which time, place, and distance were meaningless.
9. I have never had an experience in which I became aware of a unity to all things.
10. I have had an experience in which all things seemed to be conscious.
11. I have never had an experience in which all things seemed to be unified into a single whole.
12. I have had an experience in which I felt nothing is ever really dead.

Introvertive Mysticism

13. I have had an experience which was both timeless and spaceless.

14. I have never had an experience which was incapable of being expressed in words.
15. I have had an experience in which something greater than myself seemed to absorb me.
16. I have had an experience in which everything seemed to disappear from my mind until I was conscious only of a void.
17. I have had an experience in which I had no sense of time or space.
18. I have never had an experience which I was unable to express adequately through language.
19. I have had an experience that is impossible to communicate.
20. I have had an experience that cannot be expressed in words.

Wellness Scales: *Flourishing* wellness was assessed by Life Satisfaction, parts of PERMA (the five pillars, health, happiness, and peace), and PANAS's Positive Affect were used to assess flourishing well-being. *Compromised* wellness was assessed by PERMA's measure of negative emotion and loneliness, PANAS's Negative Affect, HADS Anxiety and Depression, Spiritual Doubt, and Separation Preferred.

Life Satisfaction (Diener et al., 1985)

Using the following scale, indicate your agreement with each item.

- 1 = *strongly disagree*
- 2 = *disagree*
- 3 = *slightly disagree*
- 4 = *neither agree nor disagree*
- 5 = *slightly agree*
- 6 = *agree*
- 7 = *strongly agree*

1. In most ways my life is close to my ideal.
2. The conditions of my life are excellent.
3. I am satisfied with my life.
4. So far I have gotten the important things I want in life.
5. If I could live my life over, I would change almost nothing.

PERMA Profiler (Butler & Kern, 2016)

Instructions: Please answer the following questions for the past two weeks.

1. In general, to what extent do you lead a purposeful and meaningful life?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

2. How much of the time do you feel you are making progress towards accomplishing your goals?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

3. How often do you become absorbed in what you are doing?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

4. In general, how would you say your health is?

Terrible - 0 1 2 3 4 5 6 7 8 9 10 - Excellent

5. In general, how often do you feel joyful?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

6. To what extent do you receive help and support from others when you need it?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

7. In general, how often do you feel anxious?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

8. How often do you achieve the important goals you have set for yourself?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

9. In general, to what extent do you feel that what you do in your life is valuable and worthwhile?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

10. In general, how often do you feel positive?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

11. In general, to what extent do you feel excited and interested in things?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

12. How lonely do you feel in your daily life?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

13. How satisfied are you with your current physical health?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

14. In general, how often do you feel angry?

Never - 0 1 2 3 4 5 6 7 8 9 10 - Always

15. To what extent have you been feeling loved?

Not At All - 0 1 2 3 4 5 6 7 8 9 10 - Completely

16. How often are you able to handle your responsibilities?

Never – 0 1 2 3 4 5 6 7 8 9 10 – Always

17. To what extent do you generally feel you have a sense of direction in your life?

Not At All – 0 1 2 3 4 5 6 7 8 9 10 - Completely

18. Compared to others of your same age and sex, how is your health?

Terrible – 0 1 2 3 4 5 6 7 8 9 10 - Excellent

19. How satisfied are you with your personal relationships?

Not At All – 0 1 2 3 4 5 6 7 8 9 10 - Completely

20. In general, how often do you feel sad?

Never – 0 1 2 3 4 5 6 7 8 9 10 - Always

21. How often do you lose track of time while doing something you enjoy?

Never – 0 1 2 3 4 5 6 7 8 9 10 - Always

22. In general, to what extent do you feel contented?

Not At All – 0 1 2 3 4 5 6 7 8 9 10 - Completely

23.* In general, to what extent do you feel peaceful?

Not At All – 0 1 2 3 4 5 6 7 8 9 10 - Completely

24. Taking all things together, how happy would you say you are?

Not At All – 0 1 2 3 4 5 6 7 8 9 10 - Completely

**Item added in to PERMA profile for this study.*

PANAS (Watson et al., 1988)

This scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past week.

1 = Not at all 2 = A little 3 = Moderately 4 = Quite a bit 5 = Extremely

1. afraid
2. excited
3. irritable
4. determine
5. enthusiastic
6. hostile
7. guilty

8. alert
9. upset
10. interested
11. proud
12. nervous
13. inspired
14. distressed
15. strong
16. jittery
17. ashamed
18. attentive
19. scared
20. active

Anxiety and Depression (Zigmond & Snaith, 1983)

Think about the past 2 weeks and check the box that feels most appropriate to you for each statement.

1. I felt tense or wound up
 - a. Most of the time
 - b. A lot of the time
 - c. From time to time, occasionally
 - d. Not at all
2. I enjoyed the things I used to enjoy
 - a. Definitely as much
 - b. Not quite as much
 - c. Only a little
 - d. Hardly at all
3. I got a sort of frightened feeling as if something awful was about to happen
 - a. Very definitely and quite badly
 - b. Yes, but not too badly
 - c. A little, but it didn't worry me
 - d. Not at all
4. I could laugh and see the funny side of thing
 - a. As much as I always could
 - b. Not quite so much now
 - c. Definitely not so much now
 - d. Not at all
5. Worrying thoughts went through my mind
 - a. A great deal of the time
 - b. A lot of the time
 - c. From time to time but not too often
 - d. Only occasionally
6. I felt cheerful

- a. Not at all
 - b. Not often
 - c. Sometimes
 - d. Most of the time
7. I could sit with ease and feel relaxed
- a. Definitely
 - b. Usually
 - c. Not often
8. I felt as if I was slowed down.
- a. Nearly all the time
 - b. Very often
 - c. Sometimes
 - d. Not at all
9. I got a sort of frightened feeling like butterflies in my stomach
- a. Not at all
 - b. Occasionally
 - c. Quite often
 - d. Very often
10. I have lost interest in my appearance
- a. Definitely
 - b. I don't take as much care as I should
 - c. I may not take quite as much care
 - d. I take just as much care as every
11. I felt restless as if I had to be on the move
- a. Very much indeed
 - b. Quite a lot
 - c. Not very much
 - d. Not at all
12. I looked forward with enjoyment to things
- a. As much as I ever did
 - b. Rather less than I used to
 - c. Definitely less than I used to
 - d. Hardly at all
13. I got sudden feelings of panic
- a. Very much indeed
 - b. Quite a lot
 - c. Not very much
 - d. Not at all
14. I could enjoy a book/radio/TV program
- a. Often
 - b. Sometimes
 - c. Not often

Spiritual Doubt (*created for the purposes of the study*)

Indicate the degree to which you agree with the statements below:

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

1. I find myself doubting my spiritual/religious beliefs.
2. I'm unsure of the existence of a greater power.
3. I believe in, but feel unsupported by, a greater power.
4. I believe in Oneness, but often feel alone.
5. I believe in a God, but don't feel connected to God.
6. I believe there is a divine source, but feel its absent in my life

Separation Preferred (created for the purposes of the study)

Indicate the degree to which you agree with the statements below:

1 = strongly disagree; 5 = neither agree nor disagree; 9 = strongly agree.

1. I feel happy when I don't have to help others with the events in their lives.
2. I feel more meaning in life the more things I own.
3. My happiness increases when my income increases.
4. I feel most content when I'm slightly ahead of other people.
5. Life feels most satisfying when I prioritize myself before others.
6. Life feel the best when I'm completely independent and autonomous.

Appendix B

Appendix B1: ANCOVA Beta weights and p-values for all hierarchical linear regression steps for the three WSS, Life Satisfaction, PERMA Total, PERMA Positive Emotion, and PERMA Engage.

Model	IVs	Strong WSS		Moderate WSS		Weak WSS		Life Satisfaction		PERMA Total		PERMA Pos.Emot.		PERMA Engage	
		Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p
1	Age	.029	.548	.02	.681	-.295	0	-.005	.923	.041	.393	.01	.838	.014	.779
	Gender	-.107	.03	-.037	.451	.155	.001	-.12	.014	-.104	.036	-.101	.042	-.143	.005
	Income	.261	0	.245	0	-.092	.051	.304	0	.247	0	.231	0	.168	.001
2	Age	.01	.826	.004	.922	-.289	0	-.016	.737	.02	.665	-.007	.888	0	.992
	Gender	-.102	.028	-.034	.459	.149	.002	-.118	.012	-.098	.035	-.096	.039	-.139	.004
	Income	.202	0	.179	0	-.1	.039	.26	0	.19	0	.171	0	.116	.016
	Organized Attend	.193	.006	.24	.001	.051	.488	.202	.005	.176	.013	.197	.006	.151	.04
	Time Practiced	.036	.584	.017	.788	.001	.985	.03	.654	.051	.439	.015	.823	.013	.848
	Spiritual	.214	0	.228	0	-.047	.428	.18	.002	.209	0	.214	0	.165	.005
	Religious	-.015	.837	-.024	.73	.02	.786	-.09	.214	-.008	.913	.001	.991	.034	.643
3	Age	.022	.628	.016	.724	-.262	0	-.006	.894	.032	.491	.004	.925	.019	.689
	Gender	-.108	.019	-.04	.382	.135	.004	-.123	.009	-.104	.025	-.102	.028	-.149	.002
	Income	.205	0	.182	0	-.094	.045	.262	0	.193	0	.174	0	.121	.011
	Organized Attend	.173	.014	.221	.002	.008	.914	.187	.01	.156	.028	.18	.012	.119	.102
	Time Practiced	.009	.891	-.008	.9	-.057	.395	.009	.892	.025	.708	-.009	.89	-.03	.662
	Spiritual	.189	.001	.204	0	-.101	.082	.161	.006	.185	.001	.191	.001	.125	.033
	Religious	.011	.881	0	.999	.075	.3	-.071	.334	.017	.814	.024	.744	.075	.31
4	Mystical Experiences	.117	.014	.112	.018	.255	0	.091	.061	.114	.017	.105	.029	.187	0
	Age	.005	.903	0	.997	-.255	0	-.02	.661	.015	.731	-.012	.792	.004	.926
	Gender	-.078	.076	-.012	.785	.122	.009	-.099	.032	-.075	.093	-.074	.1	-.123	.008
	Income	.199	0	.176	0	-.091	.05	.257	0	.187	0	.168	0	.116	.012
	Organized Attend	.187	.006	.234	.001	.002	.981	.198	.005	.169	.013	.192	.005	.131	.064
	Time Practiced	-.048	.445	-.062	.325	-.031	.646	-.038	.567	-.032	.62	-.064	.319	-.079	.231
	Spiritual	.04	.499	.063	.286	-.033	.6	.039	.525	.038	.519	.048	.42	-.005	.94
	Religious	.007	.914	-.003	.962	.077	.287	-.073	.302	.014	.843	.02	.768	.072	.314
	Mystical Experiences	.057	.222	.055	.232	.283	0	.042	.388	.055	.243	.047	.314	.135	.006
Spiritual Oneness	.345	0	.325	0	-.157	.006	.28	0	.339	0	.33	0	.299	0	

Appendix B2: ANCOVA Beta weights and p-values for all hierarchical linear regression steps for seven PERMA sub-scores: Relationships, Meaning, Accomplishment, Negative Affect, Health, Loneliness, Happiness

Model	IVs	PERMA Relations		PERMA Meaning		PERMA Accomplish		PERMA Neg. Affect		PERMA Health		PERMA Loneliness		PERMA Happiness	
		Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p
1	Age	.028	.569	.082	.089	.049	.31	-.275	0	-.063	.194	-.26	0	.08	.1
	Gender	-.064	.198	-.077	.117	-.092	.063	.108	.027	.031	.531	.089	.067	-.038	.441
	Income	.215	0	.242	0	.253	0	-.082	.088	.19	0	-.135	.005	.187	0
2	Age	.014	.766	.048	.287	.032	.494	-.279	0	-.068	.156	-.248	0	.063	.18
	Gender	-.06	.22	-.068	.137	-.088	.063	.104	.033	.029	.541	.082	.095	-.035	.453
	Income	.174	0	.187	0	.202	0	-.098	.044	.14	.004	-.156	.001	.127	.007
	Organized Attend	.134	.073	.133	.056	.18	.013	.022	.766	.257	0	.058	.435	.21	.004
	Time Practiced	.02	.774	.13	.045	.045	.502	.043	.536	.012	.854	-.064	.354	.049	.458
	Spiritual	.159	.008	.216	0	.187	.001	-.031	.598	.164	.005	-.049	.409	.2	.001
	Religious	-.018	.808	-.014	.839	-.033	.647	.076	.313	-.099	.18	.125	.097	-.024	.736
3	Age	.02	.682	.058	.201	.041	.383	-.255	0	-.06	.208	-.234	0	.07	.133
	Gender	-.063	.2	-.073	.11	-.092	.05	.092	.053	.026	.594	.074	.126	-.039	.403
	Income	.176	0	.189	0	.204	0	-.093	.051	.142	.003	-.153	.002	.129	.006
	Organized Attend	.125	.097	.117	.094	.165	.022	-.017	.819	.245	.001	.035	.64	.197	.006
	Time Practiced	.008	.914	.108	.098	.025	.712	-.01	.888	-.003	.959	-.095	.169	.032	.634
	Spiritual	.148	.015	.195	.001	.168	.004	-.08	.175	.149	.012	-.078	.191	.184	.002
	Religious	-.007	.93	.006	.929	-.014	.843	.125	.091	-.084	.26	.155	.04	-.008	.913
4	Mystical Experiences	.054	.287	.095	.044	.087	.074	.229	0	.07	.158	.138	.006	.076	.118
	Age	.004	.924	.045	.311	.026	.566	-.247	0	-.073	.119	-.23	0	.056	.216
	Gender	-.036	.454	-.05	.266	-.066	.149	.078	.099	.048	.308	.067	.166	-.015	.751
	Income	.17	0	.184	0	.198	0	-.09	.057	.137	.004	-.152	.002	.124	.007
	Organized Attend	.137	.059	.128	.06	.177	.012	-.023	.753	.255	0	.032	.67	.208	.003
	Time Practiced	-.045	.509	.063	.327	-.026	.692	.017	.805	-.047	.488	-.082	.24	-.016	.808
	Spiritual	.011	.865	.077	.198	.036	.554	-.011	.86	.036	.57	-.044	.498	.059	.336
	Religious	-.01	.895	.004	.958	-.017	.805	.127	.084	-.087	.235	.156	.039	-.011	.879
Mystical Experiences	-.002	.972	.047	.313	.033	.488	.257	0	.024	.624	.152	.003	.025	.597	
Spiritual Oneness	.316	0	.273	0	.305	0	-.158	.006	.261	0	-.079	.182	.287	0	

Appendix B3: ANCOVA Beta weights and p-values for all hierarchical linear regression steps for Peace, PANAS Positive & Negative, Anxiety, Depression, Spiritual Doubt, Separation Preferred.

Model	IVs	Peace		PANAS Positive		PANAS Negative		Anxiety		Depression		Spiritual Doubt		Separation Preferred	
		Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p	Beta	p
1	Age	.025	.611	.004	.936	-.241	0	-.212	0	-.176	0	-.181	0	-.256	0
	Gender	-.062	.215	-.032	.519	.125	.011	.061	.217	.176	0	.126	.011	.156	.001
	Income	.228	0	.232	0	-.043	.377	-.128	.009	-.167	.001	.016	.737	.039	.409
2	Age	.013	.773	-.011	.804	-.239	0	-.214	0	-.176	0	-.158	.001	-.252	0
	Gender	-.059	.213	-.026	.575	.121	.014	.059	.236	.174	0	.119	.017	.148	.002
	Income	.167	0	.161	0	-.063	.198	-.122	.015	-.156	.002	.022	.651	.032	.512
	Organized Attend	.208	.004	.197	.005	.063	.401	.003	.969	-.077	.307	.128	.09	.078	.292
	Time Practiced	-.018	.79	-.045	.485	-.008	.908	.058	.414	.031	.653	-.114	.104	.061	.371
	Spiritual	.205	0	.248	0	-.01	.874	-.031	.608	-.089	.14	.015	.798	-.058	.326
	Religious	.01	.892	.071	.312	.064	.396	-.046	.551	.064	.401	-.138	.071	-.036	.634
3	Age	.023	.627	.005	.904	-.207	0	-.192	0	-.168	.001	-.133	.006	-.233	0
	Gender	-.063	.178	-.034	.449	.105	.026	.048	.327	.17	.001	.106	.028	.138	.004
	Income	.169	0	.165	0	-.056	.235	-.117	.017	-.154	.002	.028	.558	.037	.445
	Organized Attend	.193	.008	.17	.015	.012	.871	-.032	.668	-.089	.238	.087	.239	.046	.532
	Time Practiced	-.038	.57	-.082	.206	-.077	.254	.01	.884	.015	.836	-.169	.015	.018	.793
	Spiritual	.186	.001	.214	0	-.074	.207	-.075	.215	-.104	.088	-.036	.55	-.099	.096
	Religious	.029	.689	.106	.132	.13	.077	-.001	.991	.08	.299	-.086	.254	.006	.94
	Mystical Experiences	.09	.065	.161	.001	.303	0	.208	0	.073	.151	.242	0	.191	0
4	Age	.006	.885	-.009	.845	-.197	0	-.184	0	-.155	.001	-.139	.004	-.228	0
	Gender	-.035	.443	-.01	.826	.086	.064	.034	.488	.146	.003	.118	.015	.13	.007
	Income	.163	0	.16	0	-.052	.26	-.114	.019	-.15	.002	.026	.589	.038	.424
	Organized Attend	.206	.003	.181	.007	.003	.961	-.039	.605	-.099	.176	.092	.211	.042	.564
	Time Practiced	-.094	.151	-.13	.041	-.041	.536	.038	.592	.06	.385	-.191	.006	.033	.629
	Spiritual	.041	.495	.09	.129	.019	.762	-.004	.952	.015	.82	-.093	.151	-.059	.362
	Religious	.026	.711	.104	.129	.132	.068	.001	.992	.082	.271	-.087	.245	.006	.931
	Mystical Experiences	.031	.512	.111	.017	.341	0	.237	0	.121	.017	.219	0	.207	0
Spiritual Oneness	.333	0	.286	0	-.213	0	-.164	.006	-.274	0	.132	.025	-.092	.115	

Appendix C

ANCOVA R^2 and p -values associated with F change for all hierarchical linear regression steps for all Wellness Scores.

		1	2	3	4
Strong WSS	R^2	.069	.201	.212	.285
	p	0	0	.014	0
Moderate WSS	R^2	.058	.213	.224	.288
	p	0	0	.018	0
Weak WSS	R^2	.127	.13	.186	.201
	p	0	.831	0	.006
Life Satisfaction	R^2	.091	.173	.18	.228
	p	0	0	.061	0
PERMA Total	R^2	.064	.193	.204	.274
	p	0	0	.017	0
PERMA Pos. Emot.	R^2	.054	.185	.194	.261
	p	0	0	.029	0
PERMA Engage	R^2	.039	.132	.162	.216
	p	.001	0	0	0
PERMA Relations	R^2	.045	.108	.111	.172
	p	0	0	.287	0
PERMA Meaning	R^2	.065	.215	.223	.269
	p	0	0	.044	0
PERMA Accomplish	R^2	.066	.169	.175	.232
	p	0	0	.074	0
PERMA Neg. Affect	R^2	.099	.111	.155	.171
	p	0	.245	0	.006
PERMA Health	R^2	.044	.136	.141	.182
	p	0	0	.158	0
PERMA Loneliness	R^2	.095	.109	.125	.129
	p	0	.174	.006	.182
PERMA Happiness	R^2	.041	.175	.18	.231
	p	.001	0	.118	0
Peace	R^2	.051	.171	.178	.246
	p	0	0	.065	0
PANAS Positive	R^2	.052	.215	.237	.287
	p	0	0	.001	0
PANAS Negative	R^2	.082	.093	.172	.2
	p	0	.284	0	0
Anxiety	R^2	.065	.067	.104	.121
	p	0	.901	0	.006
Depression	R^2	.086	.094	.099	.145
	p	0	.425	.151	0
Spiritual Doubt	R^2	.057	.078	.128	.139
	p	0	.046	0	.025
Separation Preferred	R^2	.106	.113	.144	.149
	p	0	.492	0	.115

Note: 1,2,3, & 4 = model numbers.