CME

Fostering Spirituality and Well-Being in Clinical Practice

C. Robert Cloninger, MD

Mental health professionals and their patients are increasingly aware of the basic need of all human beings for a source of meaning that is greater than one's self. This growth in awareness is driven by the professional's practical goal of reducing disability from mental disorders and by the heartfelt wishes of the suffering for their therapists to recognize of the need for self-transcendence. As a result, mental health professionals and the general public are growing in awareness of the need to foster spirituality and well-being in clinical practice. There is a groundswell of professional work to focus on the development of health and happiness, rather than merely to fight disease and distress.[1]

THE PRACTICAL NECESSITY TO REDUCE DISABILITY

Major depression is the leading cause of disability, measured as the number of years lived with a disabling condition, among people 5 and older.[2] Major depression alone results in an average loss worldwide of more than 6 years of healthy life. Alcohol use, drug use, and other mental disorders bring the total burden to more than 20 years.

The treatment of mental disorders has been improved with the introduction of many medications and psychotherapy techniques that show acute benefits in randomized controlled trials. However, the benefits of these treatments are moderate and incomplete, so that there is frequent drop-out, relapse, and recurrence of illness. For example, in the treatment of major depression, the acute response to antidepressants or cognitive-behavior therapy (CBT) is only moderate. Substantial improvement occurs in about 50% to 65% of patients receiving active treatment, compared with 30% to 45% in controls.[3] Relapse is rapid in those who drop out of or prematurely discontinue treatment because the interventions are directed at symptoms and do not correct the underlying causes of the disorder.

Most patients with major depression who do improve acutely have recurrences within the next 3 years, despite use of medications and CBT.[4] The outcomes likewise are inadequate from available treatments for other disorders, such as schizophrenia, bipolar disorder, anxiety disorders, and alcohol and drug dependence. For example, 74% of patients with schizophrenia discontinued the antipsychotic they were prescribed before 18 months in a recent trial comparing available second-generation (atypical) neuroleptics with the first-generation (typical) drug perphenazine.[5] All available drugs were discontinued with nearly equal frequency because of high rates of nonresponse, intolerable side effects, and nonadherence.

The inadequacy of available treatments results in persistent residual symptoms of disease and distress, as well as low levels of life satisfaction and well-being, in most patients with mental disorders. The absence of life satisfaction and positive emotions is a serious problem because the absence of positive emotions is more predictive of subsequent mortality and morbidity than the presence of negative emotions.[6] Unfortunately, there has been no improvement whatsoever in the average levels of life satisfaction in the general population as a result of the introduction of psychotropic drugs or manualized forms of psychotherapy from 1950 to the present time.[7]

Fortunately, recent work on well-being has shown that it is possible to improve well-being and reduce disability in the general population, as well as in most, if not all, mental disorders.[1,4,8-11] These effective methods of intervention focus on the development of positive emotions and the character traits that underlie well-being, as has been described in positive approaches to philosophies of life, psychology, and psychiatry.[1] Randomized controlled trials of therapies to enhance well-being in patients with mental disorders show improvements in happiness and character strengths that improve treatment adherence and relapse and recurrence rates when compared with CBT or psychotropic medications alone.[4,9,10] Randomized controlled trials to enhance well-being also are effective in samples of students and volunteers from the general population.[8,12]

These methods of improving well-being can be understood as working on the development of the three branches of mental self-government that can be measured as character traits in the Temperament and Character Inventory (TCI).[13,14] The three TCI character traits are self-

CME EDUCATIONAL OBJECTIVES

1. Discuss the efficacy and benefits of spiritually augmented therapy as a way of enhancing well-being acutely and reducing vulnerability to future illness.
2. Identify stages of self-awareness underlying the development of well-being.
3. Discuss practical methods and tools to assist them in fostering character development and well-being.

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directedness (ie, responsible, purposeful, resourceful), cooperativeness (ie, tolerant, helpful, compassionate), and self-transcendence (ie, intuitive, judicious, spiritual). In essence, high scorers in all three character traits have frequent positive emotions (ie, happy, joyful, satisfied, optimistic) and infrequent negative emotions (ie, anxious, sad, angry, pessimistic). These character traits can be exercised and developed by interventions that encourage a sense of hope and mastery for self-directedness, kindness and forgiveness for cooperativeness, and awareness and meaning greater than oneself for self-transcendence.

Low TCI self-directedness is a strong indicator of vulnerability to major depressive disorders.[15] TCI self-directedness is a predictor of rapid and stable response to both antidepressants[16,17] and CBT.[18] Encouragement of problem solving leads to increases in autonomy and the sense of personal mastery, which all facilitate greater hope and well-being in ways that are common in effective psychotherapies, including CBT[19-21] or CBT augmented with modules for awareness of positive emotions,[4,9,10] mindfulness,[22,23] or spiritual meaning.[9,11,19] However, the addition of modules for cultivating positive emotions, mindfulness, or spiritual meaning reduces dropouts, relapse, and recurrence rates substantially.

For example, in the treatment of patients with recurrent depression, additional work on positive emotions lowered relapse and recurrence rates in 40 people with recurrent depression lasting 2 years (25% versus 80%).[4] Likewise, mindfulness training reduced the relapses from 78% to 36% at 60 weeks in patients with depression who had three or more depressive episodes.[22-24] Finding of spiritual meaning through self-transcendent values also reduces relapse and improves well-being in randomized controlled trials of patients with depression, schizophrenia, and terminal diseases.[11]

Improvements in each of these areas is beneficial, but emotional consistency and resilience depends on the balanced development of all three major dimensions of character.[1,13,14] Not all methods that use mindfulness, for example, increase well-being. Linehan's dialectical behavior therapy for patients with severe personality disorders uses behavioral and mindfulness techniques that reduce rates of suicide attempts and hospitalization but not feelings of hopelessness and emptiness.[25] Western concepts of mental health usually emphasize self-directedness and cooperativeness but neglect the crucial role of spiritual awareness and meaning based on self-transcendent values. To understand the importance of self-transcendence for well-being, we will now consider the patient's demand for professional recognition of the human need for spiritual meaning — that is, meaning greater than one's individual self.

THE WISHES OF THE SUFFERING FOR SPIRITUAL MEANING

Most psychiatric patients want the therapist to be aware of their spiritual beliefs and needs because human spirituality has an essential role in coping with challenges and enjoying life.[11] In fact, the word psychiatry is derived from Greek and literally means "the healing of the psyche." The "psyche" is the Greek word for soul or spirit, which is the immaterial but intelligent aspect of the consciousness of a human being. Human consciousness is characterized by a capacity for self-awareness, creative gifts that are innate but neither inherited nor acquired, and free choices that are not fully determined by past experience.[11] The great mystery of neuroscience is that human consciousness cannot be explained or reduced to materialistic processes.[26,27]

Because human consciousness transcends materialistic explanations, psychiatry now finds itself at an important crossroad. The fostering of spirituality and well-being is crucial for psychiatry to achieve its meaning and purpose, but spirituality and well-being have been neglected because of a tendency toward materialistic reductionism. Psychiatry has the opportunity to recognize a broader understanding of what it means to be a human being. Humanity cannot be reduced to matter, as in behaviorism or molecular psychiatry. Humanity also cannot be reduced to the dualism of body and mind, as in cognitive-behavior approaches.

Self-awareness requires an understanding of the physical, mental, and spiritual aspects of a human being. To foster fuller self-awareness, CBT can be augmented with an added focus on existential issues, such as finding self-acceptance and meaning in coping with life challenges. Meaning can be found by encountering someone or something that is valued, acting with kindness and purpose in the service of others, or de-

veloping attitudes such as compassion and humor that give meaning to suffering.[11,28,29] Spiritually augmented therapy is more effective than CBT in activating feelings of hope and life satisfaction[11,28,29] and has been shown in randomized controlled trials to reduce relapse rates and enhance the quality of functional recovery.[11] The reduction in relapse rates suggests that fostering the search for meaning may sometimes help people develop their character to new levels in which they have reduced vulnerability to future episodes. However, what has been described as spiritually augmented therapy in the past has not usually produced radical personality change because it has been designed primarily for acute intervention for depression and demoralization.

To incorporate a fuller understanding of spiritual development into general clinical practice, it is necessary to understand the ways that people normally develop their sense of well-being. Well-being can be defined in different ways, such as subjective satisfaction with life, positive emotions, virtuous living, or coherence of personality.[1] Fortunately, these alternative definitions all converge: people who have coherent personalities, defined in terms of mature character traits, also are wise, virtuous, and well-satisfied with their life because they have frequent positive emotions and infrequent negative emotions.[1] As a result, fostering the development of character traits such as being self-directed, cooperative, and spiritual automatically leads to a good quality of life.

Understanding the ways to foster spiritual development allows a therapist to treat the full range of psychopathology, provided the therapist knows appropriate ways for dealing with the many obstacles that patients may encounter along the path to well-being.

This article briefly summarizes work about the science of well-being, including the stages by which self-awareness and well-being develop, the associated character traits, and the activities and experiences that foster the development of spirituality and well being. A more detailed account is given elsewhere.[1]

TABLE.

Stages of Self-awareness on the Path to Well-being

Stage	Description	Psychological Characteristics	Ego State
0	Unaware	Immature, seeking immediate gratification	"Childlike"
1	Average adult	Purposeful but egocentric cognition, able to delay gratification, but has frequent negative emotions (anxiety, anger, disgust)	"Adult"
2	Meta-cognition	Mature and allocentric, aware of own subconscious thinking, calm and patient, so able to supervise conflicts and relationships	"Parental"
3	Contemplation	Effortless calm, impartial awareness, wise, creative, and loving, able to access what was previously unconscious as needed without effort or distress	"State of well-being"

The general practice of psychiatry requires an understanding of a catalytic sequence of interventions that allows patients to acquire a solid foundation of awareness that clarifies who they are and what gives life meaning and satisfaction. Psychiatrists need tools that work in those who have little sense that life can be meaningful or satisfying or who lack energy and motivation to do much work in therapy. Otherwise, the range of application is limited, and the therapist is doing all the work, which is inevitably unproductive and frustrating.

Psychiatrists also need access to resources that help them deliver meaningful therapy to patients efficiently. Psychiatrists need information to supplement their education and understanding of spiritual development as a biopsychosocial process that is not dogmatic or sectarian. Authentic development of well-being requires respect for the autonomy of others and tolerance for divergent opinions. Accordingly, this article summarizes key concepts and findings about the science of well-being and encourages interested readers to consult fuller accounts elsewhere.[1,30]

STAGES IN THE PATH TO WELL-BEING

The major stages of self-awareness along the path to well-being are summarized in the Table (see page xxx), based on extensive work by many people described elsewhere.[1] The absence of self-awareness occurs in severe personality disorders and psychoses in which there is little or no insightful awareness of the preverbal outlook or beliefs and interpretations that automatically lead to emotional drives and actions. Lacking self-awareness, people act on their immediate likes and dislikes, usually described as an immature or "childlike" ego state.

Stage 1 of self-awareness is typical of most adults today. Ordinary adult cognition involves a capacity to delay gratification to attain personal goals but remains egocentric, with frequent distress when attachments and desires are frustrated. Hence, the average person can function well under good conditions but frequently may experience problems under stress. At this stage, a person is able to make a choice to relax and let go of negative emotions, thereby setting the stage for acceptance of reality and movement to higher stages of coherent

SIDEBAR 1.

Modules of Psychotherapy Program

The DVD series "The Happy Life — Voyages to Well-Being" provides clinicians and patients with a program of psychotherapy that can be followed by nearly any patient, at nearly any pace. The program includes 15 modules, divided into three sets. Information on the program is available from the author.

Set 1: Awakening

Module 1: What Makes You Happy? — Recognizing What Brings Joy
Module 2: What Makes You Unhappy? — Understanding Traps in Thinking
Module 3: Experiencing Well-Being — Quieting the Mind's Turmoil
Module 4: Union in Nature — Awakening Your Physical Senses
Module 5: Finding Meaning — Awakening Your Spiritual Senses

Set 2: Illumination

Module 6: Can Your Average Day Be Filled with Happiness?
Module 7: Observing and Elevating Your Thoughts
Module 8: Observing and Elevating Your Human Relationships
Module 9: Charting Your Maturity and Integration
Module 10: Contemplation of Being

Set 3: Integrated Intelligence

Module 11: Can You Learn to Reduce Stress? — Seeing the Sources of Problems
Module 12: Observing and Quieting Your Fears
Module 13: Observing the Power-Seekers in Your Life
Module 14: Contemplation of Mysteries
Module 15: Constant Awareness

understanding.

Stage 2 of self-aware consciousness is typical of adults when they operate like a "good parent." A good parent is allocentric in perspective — that is, "other-centered" and capable of calmly considering the perspective and needs of children and other people in a balanced way that leads to satisfaction and harmony. This state is experienced when a person is able to observe his or her own subconscious thoughts and consider the thought processes of others in a similar way. Hence the second stage is described as "meta-cognitive" awareness, mindfulness, or "mentalizing." The ability of the mind to observe itself allows for more flexibility in action by reducing dichotomous thinking.[22] At this stage, a person is able to observe self and others for understanding, without judging or blaming.

Stage 3 of self-awareness is called contemplation because it is direct perception of one's initial perspective — that is, the preverbal outlook or schemas that direct one's attention and provide the frame that organize our expectations, attitudes, and interpretation of events. Direct awareness of our outlook allows the enlarging of consciousness through the accessing of previously unconscious material, thereby letting go of wishful thinking and impartially questioning basic assumptions and core beliefs about life, such as "I am helpless," "I am unlovable," or "faith is an illusion."

Extensive empirical work has shown that movement through these stages of development can be described and quantified in terms of steps in character development or psychosocial development, as in the work of Vaillant on Erikson's stages of ego development.[31] Such development can be visualized a spiral of expanding height, width, and depth as a person matures or increases in coherence of personality. Likewise, the movement of thought from week to week or month to month has the same spiral form regardless of the time scale. Such "self-similarity" in form regardless of time scale is a property characteristic of complex adaptive systems, which are typical of psychosocial processes in general.[1] The clinical utility of this property is that therapists can teach people to exercise their capacity for self-awareness, moving through each of the stages of awareness just described. Their ability to do so, and the difficulties they have, reveal the way they are able to face challenges in life.

DEVELOPING WELL-BEING

I have developed an exercise, called the "Silence of the Mind" meditation, with explicit instructions to take people thorough each of the stages of awareness as well as they can.[1] Using this and a way of observing thought during mental status examination, mental health professionals can assess a person's thought and its level of coherence in a way that is constructive, easy, and precise without being judgmental.

Based on studies of stages in character development and emotional consistency, I also have developed a psychotherapy program that involves a catalytic sequence of 15 intervention modules to guide a person along the path to well-being. These are described as scripts of a dialogue, with a patient going through therapy to become more healthy and happy. This therapeutic sequence corresponds to the natural sequence by which a person grows in self-awareness, adapted to provide therapeutic guidance and self-help exercises in a way that

will provide systematic progress toward well-being.

Each of the therapeutic sessions is being recorded for production as a DVD series, along with a book to assist therapists in using it as an adjunct to their treatment. Each module is about 50 minutes long, suitable for use in a self-help format or as an adjunct to individual or group therapy. It is designed as a universal intervention that can be used by anyone, regardless of physical and mental health. The pacing of intervals between modules in the series can be determined by the motivation and situation of the patient and orchestrated by the therapist.

The full series consists of three sets of five modules, creating a total of 15 modules. The names and topics of the modules are listed in Sidebar 1 (see page xxx). Sidebar 2 (see page xxx) provides the descriptions of each modules that are provided in the first module, as a sample of the explanations that use nontechnical phrasing, like the phrasing I use with my patients in clinical practice.

All of the techniques have been tested in clinical work,[32] and most have been tested in previous randomized controlled trials, described earlier in this article. A randomized controlled trial of the interventions as a complete set is being planned. It is interesting to note that the first set of modules emphasizes behavioral methods focused on positive emotions, along with basic concepts of cognitive processing. The second module emphasizes mindfulness regarding subconscious thought processes and increasing meta-cognitive awareness. The third set of modules involves contemplative access to and recognition of the meaning of preverbal symbols by which internal and external influences that are usually unconscious communicate by framing subconscious expectations, as in dreams and some forms of advertising, social movements, and other powerful situations. These stages of therapy correspond to stages of spiritual devel-

SIDEBAR 2.

Introduction to Modules from Psychotherapy Program

From the first module of the DVD series "The Happy Life — Voyages to Well-Being," by C. Robert Cloninger, MD. Reprinted by permission.

The first set of five modules is called "Awakening" because it is designed to help you to recognize what brings you happiness. That is the goal of the first set — to become clear about and aware of what makes you happy. You need to experience directly for yourself what you find satisfying and joyful. This awakening is like the benefits of a happy childhood — awakening to the joys and wonders of life gives your life its positive values. The first set shows you how to experience joy and satisfaction by awakening your awareness of your body, your mind, and your spirit. Each module gives you exercises to practice so that you may actually experience joy. The only way to know joy or beauty is to experience it in your life. For example, you cannot know how delicious a strawberry is without tasting it yourself.

The second set of DVDs helps you learn to be happy most of the time, not just occasionally. In order to be happy most of the time, we have to learn how to regulate our emotions and achieve goals in a way that is stable and consistent, like a good parent. It's called "Illumination" because joy is like a light that can shine on you like the summer sun. Once you are clear and aware about what experiences make you happy, then you will want to fill your daily life with those moments.

Remember that we all have good moments and bad moments, good days and bad days. In other words, our thoughts have a wide range of states. The highest point of our thoughts, their maximum, is our peak experience of joy and happiness; it's like how we feel on a really good day. The average of our thoughts is the way we usually think and feel in a wide variety of situations. The lowest point of our thoughts, their minimum, is the way we feel under stress on a very bad day.

In the first set of modules you will learn how to elevate your maximum thoughts and feelings to be happy under good conditions. In the second set of modules, you will learn to raise your average thoughts by having good moments more frequently and bad moments less frequently. You will practice regulating your life in a way that is stable and productive, like someone who is a productive worker, a considerate friend, and a good parent. The motivation is to do what you really want - to be happy consistently.

The third set of modules is called "Integrated Intelligence." We all have fears and sensitivities that cause us problems. We all have questions about what gives meaning and value to our existence. Certain situations or people can exert powerful influences on us, acting in ways that hurt us. To understand these stresses, we have to see beyond our past conditioning and traditions, to recognize what we truly value — what gives our life its true meaning. The third set of modules helps us learn to recognize and understand the internal and external influences that stress us or distract us from what we value the most. We can learn ways to recognize these influences and thereby reduce their power over us. We can learn to recognize the nonverbal symbols used our own unconscious and other external influences on our subconscious, much like we observe in dreams and some kinds of advertising. By recognizing and understanding these influences, we can let what is good within us express itself. The third set of DVDs is called "Integrated Intelligence" because it helps us to live so that our goals are well-integrated with satisfying values. Then our life is filled with meaning greater than our individual self, like someone who is wise, unselfish, and very happy.

opment but are based on explicit psychobiological principles, as I have described in detail elsewhere.[1]

I have found it crucial for both practice and teaching to describe specific interventions in an orderly sequence. Doing so helps me to be more systematic and thorough as a therapist and as a teacher. It is hoped that this system will allow colleagues as well as patients to recognize and understand the goals of each intervention on the processes of thought. Nevertheless, any individual patient presents unique skills and sensitivities that must be recognized for optimal care.

It is my hope that providing an explicit description of a catalytic sequence of interventions will help therapists overcome their unfortunate reluctance to attend to their patient's spiritual needs. I have found it possible to be non-judgmental in raising questions about spiritual values for my patients. I emphasize that each person must question all authorities, including me, and focus on providing private exercises by which they can obtain answers for themselves. This allows attention to spirituality based on principles of psychobiology with roots in compassion and tolerance, rather than on the basis of dogmatic judgments that are rooted in fear and intolerance. My experience has been that this has made my therapy more effective and more enjoyable for both my patients and myself. I hope that the tools and materials I have described here will encourage others to follow along this path to well-being, for the sake of the happiness of our patients and the effectiveness of our profession. Only by addressing spirituality in a scientific and nonjudgmental manner can we make psychiatry into a science of well-being that is able to reduce the stigma and disability of mental disorder.

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