Understanding and Addressing Religious and Spiritual Struggles in Health Care

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Religious and spiritual struggles are expressions of conflict, question, and doubt regarding matters of faith, God, and religious relationships. They can take three main forms: (1) supernatural struggles, (2) interpersonal struggles, and (3) intrapersonal struggles. Empirical studies have consistently linked these struggles to poorer health and well-being. The findings of these studies highlight the clinical relevance of religious and spiritual struggles, suggesting that health care providers, who strive to deliver effective and religiously and spiritually sensitive treatment, cannot avoid this potentially influential aspect in the lives of their clients. This article aimed to assist mental health professionals in understanding and addressing this phenomenon. To this end, the authors summarized the empirical findings in this area, proposed a conceptual framework to explicate these findings, and suggested five recommendations that can be applied to address religious and spiritual struggles in treatment. The authors hope that this article serves as a valuable guide for health care providers interested in this stimulating yet challenging area of research and practice.

KEY WORDS: religion; religious and spiritual struggles; spirituality

Religion and spirituality (RS) are pervasive, predominant dimensions of human life, yet these phenomena have received little attention in the mainstream of modern psychological inquiry (Wullf, 1997). This picture has changed in the past few decades, as the field of psychology has begun to display a rapidly growing interest in the influence of RS on people’s health and well-being (Paloutzian & Park, 2013; Pargament, Mahoney, Exline, Jones, & Shafranske, 2013). A large amount of research has demonstrated that a greater degree of religious and spiritual involvement is generally beneficial. For example, many people see RS as a source of attachment security (see Granqvist & Kirkpatrick, 2013, for a review), a source of comfort (for example, Exline, Yali, & Sanderson, 2000), and a facilitator of self-control (for example, McCullough & Willoughby, 2009). Building on this body of research, mental health professionals, operating from a variety of therapeutic perspectives, have made several attempts to address religious and spiritual issues in psychotherapy (for example, Jacobs, 2010; Richards & Bergin, 2005; Sperry & Miller, 2011).

Nonetheless, this area of investigation has largely obscured the possibility that certain forms of religiousness and spirituality have different, even harmful, implications for health and well-being. In this vein, a steadily growing body of empirical evidence suggests that some forms of religiousness (for example, extrinsic religiousness, spiritual disintegration) may be detrimental rather than beneficial. Among these forms of religiousness, religious and spiritual struggles (RS struggles) have been receiving particular attention. Empirical studies have consistently linked these struggles to difficulties in the areas of mental health and well-being (see Exline, 2013, for a review). These findings highlight the clinical relevance of RS struggles, suggesting that health care providers who strive to deliver effective and RS-sensitive treatment cannot avoid this potentially influential aspect in the lives of their clients. This article aims to assist these providers in understanding and addressing this phenomenon.

RS STRUGGLES: DEFINITIONS OF KEY TERMS

RS are phenomena of a complex and multidimensional nature. It is not surprising, therefore, that no agreed-on definitions of these constructs exist. Social scientists from a variety of disciplines have offered numerous definitions of religion but have failed to reach a consensus, which led sociologist J. Milton Yinger (1967) to conclude, “any definition of religion is likely to be satisfactory only to its author” (p. 108). A similar notion was raised by the social
workers Moss and Thompson (2007), who asserted the following:

As a concept spirituality is not easy to define; it is not always clear what distinctions should be drawn between spirituality and religion; there are deep suspicions about certain aspects of religion (and by association, spirituality) and the negative influence it can have upon people’s lives; and many social workers would regard it as a “no go” area, best left to the religious professionals. (p. 2)

Pargament (1997) asserted that, because RS is so complex and personal, no single definition is likely to be completely adequate. Therefore, our task is to find definitions of RS that are relevant to the phenomenon of interest. Here, we offer definitions of RS that are relevant to health and well-being. Writing from a psychological lens, Pargament et al. (2013) define spirituality as “the search for the sacred” (p. 14). The term “sacred” does not refer to God and higher powers only but also to other elements of life that are seen as manifestations of the divine, either inside or outside of a specific religious context. From this perspective, virtually any part of life, positive or negative—including beliefs, practices, experiences, motivations, art, nature, and war—can be endowed with sacred status. By search, Pargament et al. (2013) refer to an ongoing journey, a process that begins with the discovery of the sacred, and continues with efforts to conserve the sacred and, when necessary, to transform the individual’s tie to what is held as sacred.

Religion is defined as “the search of significance that occurs within the context of established institutions that are designed to facilitate spirituality” (p. 15). The term search refers once again to the ongoing journey of discovery, conservation, and transformation. In this case, the destination of the search is “significance,” a term that encompasses a full range of psychological (for example, anxiety reduction, meaning, impulse control), social (for example, belonging, identity, dominance) and physical (for example, longevity, death) goals, as well as those that are spiritual. Furthermore, religion occurs within the larger context of established institutions and traditions that have as their primary goal the facilitation of spirituality.

When some aspect of belief, practice, or experience regarding RS becomes a focus or a source of distress or internal conflict, then RS struggles occur (for example, Exline, 2013). Stated differently, RS struggles are “expressions of conflict, question and doubt regarding matters of faith, God and religious relationships” (McConnell, Pargament, Ellison, & Flannelly, 2006, p. 1470). Three types of RS struggle have been articulated: supernatural, interpersonal, and intrapersonal (for example, Exline, 2013; Exline, Pargament, Grubbs, & Yali, 2014). Supernatural struggles focus on beliefs about supernatural agents and can take two forms: divine and demonic. Divine struggles involve distress or conflict centered on beliefs about God or a perceived relationship with God (for example, a person feeling angry at God when his or her prayers are not answered or an individual who feels punished by God because of lack of devotion). Demonic struggles involve concern that the devil or evil spirits are attacking an individual or causing negative events (for example, a person who feels tormented or manipulated by the devil or evil spirits who try to lead him or her astray). Interpersonal struggles involve negative experiences with religious people or institutions or conflict with others around religious issues (for example, a person who feels rejected, betrayed or misunderstood by religious or spiritual people).

Other RS struggles are intrapersonal: They have an inward focus on one’s own thoughts or actions. Three types of intrapersonal struggles are of interest here. The first are moral struggles, in which a person wrestles with attempts to follow moral principles or feels excessive guilt in response to perceived transgressions (for example, a person who feels guilty for not living up to his or her moral standards or wrestling with attempts to follow his or her moral principles). Two other intrapersonal struggles are doubt-related struggles, in which people are troubled by doubts or questions about their beliefs (for example, a person who feels confused, or troubled by doubts, about religious or spiritual beliefs such as the existence of God or the afterlife), and ultimate-meaning-related struggles, in which people feel distressed by a lack of perceived deeper meaning in life (for example, a person who questions whether life really matters).

**RS STRUGGLES: RESEARCH**

**Prevalence and Predictors**

People may be unwilling to divulge certain types of RS struggle. For example, studies have shown that many people see anger toward God (a type of divine struggle) as morally wrong (Exline, Kaplan, & Grubbs, 2013). When some aspect of belief, practice, or experience regarding RS becomes a focus or a source of distress or internal conflict, then RS struggles occur (for example, Exline, 2013). Stated differently, RS struggles are “expressions of conflict, question and doubt regarding matters of faith, God and religious relationships” (McConnell, Pargament, Ellison, & Flannelly, 2006, p. 1470). Three types of RS struggle have been articulated: supernatural, interpersonal, and intrapersonal (for example, Exline, 2013; Exline, Pargament, Grubbs, & Yali, 2014). Supernatural struggles focus on beliefs about supernatural agents and can take two forms: divine and demonic. Divine struggles involve distress or conflict centered on beliefs about God or a perceived relationship with God (for example, a person feeling angry at God when his or her prayers are not answered or an individual who feels punished by God because of lack of devotion). Demonic struggles involve concern that the devil or evil spirits are attacking an individual or causing negative events (for example, a person who feels tormented or manipulated by the devil or evil spirits who try to lead him or her astray). Interpersonal struggles involve negative experiences with religious people or institutions or conflict with others around religious issues (for example, a person who feels rejected, betrayed or misunderstood by religious or spiritual people).

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RS Struggles, Health, and Well-Being

There is now extensive literature linking RS struggle with poorer health and well-being (for reviews, see Abu-Raiya, Pargament, & Magyar-Russell, 2010; Ano & Vasconcelles, 2005; Exline, 2013). In the following text, we draw attention to a few examples.

Signs of religious struggles have been linked to declines in physical health, and even mortality. In a two-year longitudinal study of medically ill elderly patients, RS struggles at baseline predicted increases in depressed mood and declines in physical functional status and quality of life over a two-year period, even after controlling for selective attrition, mortality, demographic factors, and baseline physical and mental health (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). The study also revealed that RS struggles were associated with a significantly greater risk of dying. Specifically, people who felt that God had abandoned them, who questioned God’s love and care, and who felt that the devil was at work in their illness had a 19 percent to 28 percent increased risk of dying. This was perhaps the first study that has established a tie between certain forms of religious expression and risk of mortality. Working with medical rehabilitation inpatients, Fitchett (1999) found that RS struggles were predictive of poorer physical recovery (limited recovery in activities of daily living, such as walking, cooking, bathing) over a four-month follow-up period, even after controlling for demographic factors, social support, depression, and level of independent functioning at admission. One type of RS struggles, feeling anger toward God, was a particularly powerful predictor of compromised physical recovery in this patient sample.

Many studies have documented links between RS struggles and emotional distress. For example, studying a large sample of racially diverse female trauma survivors, Fallot and Hackman (2005) reported that RS struggles were linked to more symptoms of posttraumatic stress and overall severity of mental health problems. Exline et al. (2000) found that both college students and adults in outpatient psychotherapy who reported higher levels of alienation from God also indicated higher level of depression. McConnell et al. (2006) investigated the relationship between RS struggles and various types of psychopathology symptoms. They found that RS struggles were significantly linked to various forms of psychopathology, including anxiety, phobic anxiety, depression, paranoid ideation, obsessive–compulsiveness, and somatization, after controlling for demographic and religious variables.

Finally, it is important to recognize that religious stress and turmoil offer the possibility of growth, as
Exline and Rose (2005) noted: “Perhaps . . . the opportunity for struggle is actually one of the greatest gifts that religion and spirituality have to offer” (p. 325). Nevertheless, even though some studies suggest positive links between religious struggles and growth (Pargament, Smith, Koenig, & Perez, 1998; Pargament, Koenig, & Perez, 2000), the weight of the evidence is clear and leads to a straightforward conclusion: RS struggles are painful and can pose a significant risk to health and well-being.

Although promising, this body of research has been criticized because it (a) focuses primarily on Christian populations, neglecting individuals who adhere to other religious traditions, and (b) frames RS struggles mostly in terms of coping with specific stressors to the neglect of more generalized forms of struggle.

With respect to the first limitation, questions could be raised about whether members of different religious groups experience similar kinds of struggles and whether RS struggles hold similar implications for different religious groups. In response to these questions, a small body of research on the links between RS struggles and health and well-being has been accumulating among non-Christian populations. Overall, findings from this body of research have been similar to those obtained from Christian samples. Among Muslims, for example, RS struggles have been linked to depressed mood, angry feelings, and alcohol use (Abu-Raiya, Pargament, Mahoney, & Stein, 2008) and poorer general health and greater impact of traumatic events (Afkaseir & Coleman, 2009); among Jews, struggles have been tied to worry, anxiety, and depression (Rosmarin, Pargament, Krumrei, & Flannelly 2009); among Buddhists (Phillips, Cheng, Oemig, Hietbrink, & Vonnegut, 2012), struggles were related to poorer spiritual well-being and depression; and among Hindus (Tarekeshwar, Pargament, & Mahoney, 2003), struggles were linked to poorer life satisfaction and marital satisfaction and to greater depressed mood. Thus, it appears that RS struggles have potentially deleterious implications for many religious groups.

However, more refined studies are needed in this area. For example, given the central role of argument and debate with God in Jewish religious texts and argument and debate among teachers and students in Jewish religious education, we might expect RS struggles to have less pernicious implications for Jews than for other religious groups. In one study relevant to this point, Rosmarin, Pargament, and Flannelly (2009) examined the links between RS struggles and physical or mental health in samples of Orthodox and non-Orthodox Jews. They found that, as struggles increased from low to moderate levels, physical and mental health declined modestly for both Orthodox and non-Orthodox groups. However, as struggles increased from moderate to high levels, physical and mental health improved for Orthodox Jews yet continued to decline for non-Orthodox Jews. The authors concluded that “it is possible that Orthodox Jews, by virtue of their connection to ancient Jewish teachings and practices, perceive struggle to be invigorating and enlightening” (p. 254).

Turning to the second limitation of research in this domain, RS struggles can be understood not only as a response to specific stressors, but also as a more generalized, dispositional response to life. A few measures that frame RS struggles in noncoping terms (for example, Exline et al., 2000; Krause, Chatters, Meltzer, & Morgan, 2000) do exist. These measures focus on general perceptions, feelings, or attitudes. More recently, a comprehensive and multidimensional tool for assessing RS struggles has been developed that can assess the experience of both situation-specific and generalized RS struggles (Exline et al., 2014). Again, findings obtained based on this measure were similar to those obtained using struggles assessed as a response to specific life stressors.

In general then, among Christians and non-Christians, framed in coping or noncoping terms, clear and consistent links have been found between RS struggles and poorer health and well-being.

### RS Struggles and Poorer Health and Well-Being: A Conceptual Framework

It seems that RS struggles are the symbol of the “dark night of the soul” (Flower, 1987). Their negative effects are found across different religious groups and cultures. Initially, these findings surprised researchers in the field. After all, well-known religious and spiritual figures (for example, Abraham, Moses, Buddha, Jesus, Muhammad, Mother Teresa) have experienced their own RS struggles only to come out on the other side steeled and strengthened. So, how can these findings be explained? Research on this important topic is still in its early stages; hence, there is no definitive answer to this question at this time. Here, however, we propose a tentative conceptual framework to help make sense of the rapidly accumulating data.

Before trying to explicate the links between RS struggles and poorer health and well-being, it is
important to consider how they develop. We submit that RS struggles are more likely to be experienced by individuals experiencing RS with a limited “general orienting system” (Pargament, 1997) and by people who encounter stressful situations and life transitions that challenge their deepest values and orientation to life. A limited general orienting system is characterized by problemmatic personality dispositions and a perceived lack of resources. Consistent with the aforementioned empirical findings, it seems that personality traits such as an anxious or ambivalent attachment to God, neuroticism, and pessimism (Ano & Pargament, 2013) and negative affectivity and narcissistic qualities (see Exline, 2013, for a review), combined with specific demographic characteristics that are associated with perceived lack of resources (for example, being a member of a religious minority, being single), make religious or spiritual individuals prone to, or at risk of, experiencing RS struggles.

In addition to the role that may be played by a limited orienting system, RS struggles may be precipitated by life crises and transitions that shake or shatter the individual’s guiding values and life orientation (Pargament, Murray-Swank, Magyar, & Ano, 2005). Snucker (1996) refers to these events or circumstances as “breaking the web of life.” Physical health problems that threaten one’s sense of mortality, a loss of a beloved one, and sexual abuse might be such circumstances. These life events can affect many life domains; the religious or spiritual domain is no exception. They can shake or shatter previously held assumptions about the benevolence, justice, and meaningfulness of the world. When this “spiritual upheaval” occurs, people may respond with RS struggles.

It is important to add here that life stressors do not occur in a vacuum. Social, institutional, and cultural factors can be the source of stressors that lead, in turn, to spiritual struggles. For example, institutional betrayal such as clergy sexual abuse and organizationally sponsored bias against gay men and lesbians can trigger powerful RS struggles (Smith & Freyd, 2014).

Although the ties between RS struggles and poorer adjustment are strong and consistent, as we noted earlier, there is some empirical evidence to link RS struggles and growth. Many well-known religious and spiritual figures experienced RS struggles and came out of them more strengthened and determined. A key question then is, what factors are predictive of decline and what factors are predictive of growth following RS struggles? Here, we suggest one explanatory model. Again, as promising as this model might be, it is important to recognize that it is still largely speculative. Future studies are needed to explicate the links between RS struggles and well-being.

The concept in the center of the framework proposed is the religious orienting system (ROS) (Pargament, 1997). The ROS is part of the larger general orienting system. It refers to stable religious resources, beliefs, practices, and experiences that guide the individual through life, including life’s most difficult times. People with a stronger ROS are more likely to be able to withstand, find a resolution, and even grow as a result of the effects of RS struggles, whereas those with weaker ROS may be less likely to resolve their struggles and, as a result, experience decline. In this vein, there is some empirical evidence to suggest that those who are unable to solve their struggles over time are at greater risk of poorer health and well-being, whereas people who experience these struggles temporarily do not face the same risk (for example, Exline, 2013). Similarly, Desai and Pargament (2015) found that finding meaning from the struggle, religious assimilation, and positive religious coping were each tied to growth. These variables were significantly predictive of RS struggle resolution, with finding meaning and positive religious coping emerging as the strongest predictors.

The ROS is social and psychological in character. One social factor, the response of the individual’s religious social system to RS struggles, may play a particularly important role in determining whether struggles lead to growth or decline. In this vein, Exline and Grubbs (2011) examined the reactions people received when they told others that they felt anger toward God. More supportive responses were associated with greater spiritual engagement (for example, approach behaviors toward God). On the other hand, nonsupportive responses were tied to substance use as a way of coping, continued anger at God, and spiritual disengagement. Along similar lines, Pargament and Abu-Raiya (2007) have suggested that expressions of religious struggles, especially doubts about the existence of God or the afterlife, may not be socially acceptable in the Islamic culture. As a result, Muslims who have religious doubts may experience alienation and loneliness, which may lead to depression or angry feelings.

HOW CAN RS STRUGGLES BE ADDRESSED?

Given the demonstrated robust links between RS struggles and indices of health and well-being, it
would be inappropriate to overlook them in any form of psychological treatment. The question is no longer whether to address RS struggles; rather, it is how this can be done. In what follows, on empirical and theoretical grounds, we suggest five practical recommendations.

First, to set the stage for upcoming work on RS struggles, a general assessment of clients’ degree of religiousness and spirituality should be performed. We believe that clients should be invited into a “religious or spiritual conversation” that includes direct inquiries about the place of religion and spirituality in their lives. This invitation should be offered in the assessment phase, but it may be reoffered at other points in the course of psychotherapy. Three questions are particularly useful in the intake session: (1) Do you consider yourself a religious or spiritual person? If so, in what way? (2) Has your religion or spirituality been involved in the way you have coped with your problem? If so, in what way? (3) Has your problem affected you religiously or spiritually? If so, in what way? These questions assess the salience of RS to the client, to the solution, and to the problem, respectively (Pargament, 2007).

Alternatively, assessment can be conducted based on the spiritual assessment suggested by Nelson-Becker, Nakashima, and Canda (2008) for use with elderly clients and that can be adapted to the general population. This spiritual assessment includes 11 domains: (1) spiritual affiliation (for example, “Do you belong to any spiritual group?”); (2) spiritual belief (for example, “Do you believe in God, a Transcendent Power, or Sacred Source of Meaning?”); (3) spiritual behavior (for example, “What religious or spiritual behaviors do you engage in?”); (4) emotional qualities of spirituality (for example, “Have you recently experienced an emotion such as anger, sadness, guilt, or joy in the context of religious or spiritual experience?”); (5) values (for example, “What are the guiding moral principles and values in your life?”); (6) spiritual experiences (for example, “Have you had any spiritual experiences that communicate special meaning to you? If so, please describe.”); (7) spiritual history (for example, “What events in your life were especially significant in shaping your spirituality?”); (8) therapeutic change factors (for example, “What might be an object or image that symbolizes/represents your spiritual strengths?”); (9) social support (for example, “If you belong to a religious or spiritual group, what types of support do you receive or provide to them? To what extent are you satisfied? Explain.”); (10) spiritual well-being (for example, “How does your spirituality help you to find meaning in your life?”); and (11) extrinsic or intrinsic spiritual focus (for example, “Do you find the teachings and values of your spiritual groups similar or different from your own? Please explain.”).

Second, we recommend thoroughly assessing for the presence of RS struggles once some indications of their existence have been manifested. The Appendix presents signs of RS struggles obtained from empirical research among adherents of five major religious traditions: Christianity, Islam, Judaism, Hinduism, and Buddhism. We encourage therapists to be alert to the manifestation of these and similar signs in their clients.

Third, it is important to avoid passing judgment on clients who are struggling by suggesting that their struggles are signs of a weak faith or religious or spiritual immaturity. Rather, we recommend supporting clients by normalizing these processes and creating opportunities to discuss them. Clinicians can normalize the struggle by stating that many, if not all, people struggle with their spirituality sometimes, as part of life. Normalization can relieve the negative effects on clients by helping them recognize that their problems or difficulties are not as unusual as they had thought.

In the process of normalizing RS struggles, it might be helpful to refer to individuals from different traditions (for example, Moses, Jesus, Abraham, Muhammad, Mother Teresa, Buddha) as models of esteemed figures who experienced such struggles (Abu-Raiya et al., 2010). Consider, for example, the words of Mother Teresa, who experienced profound feelings of divine abandonment as she worked with homeless children and dying people in the slums of Calcutta:

I am told that God lives in me—and yet the reality of darkness and coldness and emptiness is so great that nothing touches my soul . . . I want God with all the power of my soul—and yet between us there is terrible separation . . . Heaven from every side is closed. (“God’s silence,” 2003)

Or, consider Moses, who shattered the tablets containing the Ten Commandments after witnessing the people of Israel worshipping a golden calf. Or Mohammad, who struggled intensely in trying to spread the message of Islam and, at times, would have doubts about the successful completion of his mission. Directing the attention of clients who deal with
RS struggles and doubts to the fact that even such well-regarded figures experienced such struggles could help normalize these struggles and offer hope that they can lead to growth and transformation.

Fourth, clinicians can encourage clients to draw on religious or spiritual resources to address RS struggles. Struggles can be resolved more effectively within the context of a strong ROS as well as broader and deeper spirituality. For example, Murray-Swank (2003) developed an eight-session spiritually integrated program, “Solace for the Soul,” to address the spiritual struggles of women who had been sexually abused as children. Many of these women suffer from harsh, controlling images of God. Solace for the Soul has helped women to see God in a more loving light. In one exercise, participants are asked to imagine God’s love as a waterfall within themselves:

Picture God as a waterfall within you . . . pouring down cool, refreshing water . . . the waters of love, healing, restoration throughout your body . . . a cool, refreshing waterfall washing down over your head, your face, your shoulders, your neck, out through your arms, down your legs, out through your toes, refreshing, bringing life, quenching thirst . . . renewing, refreshing, restoring. (Murray-Swank, 2003, p. 232)

For clients coming from nontheistic traditions, intervention methods that do not rely on the concept of God might be incorporated to help clients deal with and solve their RS struggles. For example, there is evidence to suggest that mindfulness practice is associated with better psychological well-being and can be a powerful tool in overcoming internal and external conflicts (Brown & Ryan, 2003). The Sweat Lodges program, practiced primarily by North American Indian groups and which is believed to serve spiritual fulfillment functions, can be another nontheistic tool to be applied when working with clients experiencing spiritual struggles.

Finally, referral to a pastoral counselor or religiously or spiritually trained mental health professional is appropriate to help these individuals work through their struggles before they become chronic. In case such professionals are unavailable, clients might be referred to a religious or spiritual leader in the community; such a leader is possibly perceived by the client as a legitimate authority and a source of knowledge when it comes to religious or spiritual concerns. This, however, should be done with sensitivity. Efforts should be made to ensure that this leader is open and nonjudgmental and would provide a safe setting in which the client can work through his or her struggles. In this vein, it is important to recognize that referral to a religious leader may not be appropriate if the precipitating crisis for the struggle is of an interpersonal nature involving the religious institution and one of its representatives (for example, sexual abuse by a priest, polygamy).

CONCLUSION
As this article shows, a steadily growing body of research has demonstrated consistent links between RS spiritual struggles and poorer health and well-being. This literature highlights the clinical relevance of RS struggles and, therefore, underscores the need for mental health professionals and other health care providers to take struggles seriously when working with clients. We hope that the empirical findings reviewed, the conceptual framework offered, and the practical recommendations suggested in this article are useful in this challenging yet important endeavor. HSW

REFERENCES


Signs of Religious and Spiritual Struggles among Members of Different Faiths

Christians (Exline et al., 2014)
- Felt as though God was punishing me
- Felt attacked by the devil or by evil spirits
- Felt guilty for not living up to my moral standards
- Questioned whether life really matters
- Felt rejected or misunderstood by religious/spiritual people
- Felt troubled by doubts or questions about religion or spirituality

Muslims (Abu-Raiya et al., 2008)
- Found myself doubting the existence of Allah
- Found some aspects of Islam to be unfair
- Thought that Islam does not fit the modern time
- Doubted that the Holy Qur’an is the exact words of Allah
- Felt that Islam makes people intolerant

Jews (Rosmarin, Pargament, Krumrei, & Flannelly, 2009)
- Got mad at God
- Questioned whether God can really do anything
- Wondered if God cares about me
- Questioned my religious beliefs, faith, and practices

Hindus (Tarakeshwar, Pargament, & Mahoney, 2003)
- Believed that I am being punished for bad actions in the past
- Voiced anger that God didn’t answer my prayers
- Felt punished by God for my lack of devotion
- Did not do much; just expect God to solve my problems for me
- Disagreed with what my temple wants me to believe and practice

Buddhists (Phillips, Cheng, Oemig, Hietbrink, & Vonnegut, 2012)
- Believed my bad actions in the past will come back to affect me negatively
- Felt powerless because karma had caused the event
- Wished I would stop judging myself
- Found I am upset with myself for not remaining mindful of my experience