



# Narrating *spiritual well-being* in relationship to positive psychology and religion

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## Abstract

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*Constructed as new and located in the discourse of positive psychology, “spiritual well-being” is a signifier with a (his)story in which one possible reading is highlighted in this postmodern (de)constructive narrative. The construction of “spiritual + well-being” could be narrated as a secularisation of the religious by positivist psy-complex knowledges, where spiritual well-being is reconstructed as a measurable outcome. Or it could be narrated as a “spiritualisation” of the psy-complex by religious knowledges, with measurable well-being becoming dependent on the pursuit of the postmodern, multiple-storied spiritual/religious features. As the psy-complex has followed medicine from a focus on pathology to a focus on holistic wellness, it has found itself in the religious realm which it has simultaneously centred and marginalised. Additionally, as the psy-complex has moved from measuring illness to measuring wellness, it could be described as having constructed new categories of non-well-being or ill-being.*

## Opsomming

### Interpretasie van *geestelike welsyn* in verwantskap met positiewe sielkunde en godsdiens

*Geestelike welsyn, as “nuwe” konsep en geplaas binne die kader van positiewe sielkunde, is ’n aanduider met ’n (geskiedkundige) storie. Een moontlike vertolking hiervan kan in hierdie*

*postmodernistiese (de)konstruktiewe verhaal neerslag vind. Die konstruksie van “geestelike + welsyn” kan geïnterpreteer of “vertel” word as ’n sekularisering van die godsdienstige deur positivistiese, psi-komplekse vorme van kennis, met geestelike welsyn wat verklaar word as ’n meetbare uitkoms. Dit sou ook voorgestel kon word as ’n “vergeesteliking” van die psi-kompleks deur vorms van geestelike kennis, met meetbare welsyn wat afhanklik raak van die navolging van die postmoderne, veelvuldig-verhaalde geestelike/godsdienstige. Aangesien die psi-kompleks die klemverskuiwing in die mediese veld gevolg het van ’n fokus op patologie na ’n fokus op holistiese welsyn, het dit die terrein van die godsdienstige betree – en hierdie terrein die sentrale punt van belangstelling gemaak, terwyl dit terselfdertyd die terrein gemarginaliseer het. Met die wegbeweeg van die meting van siekte na die meting van welsyn, kan dit dus beskryf word dat nuwe kategorieë van nie-welsyn of “siekwees” hierdeur gekonstrueer is.*

## 1. Introduction

Spiritual well-being is a seemingly simple phrase which raises many questions.

The authors’ purpose is to construct a narrative that will position the signifier *spiritual well-being* in relationship to psychology and religion. This quest emerged from quantitative research conducted with Gomez and Fisher’s (2003) Spiritual Well-Being Questionnaire (SWBQ; Van Rooyen *et al.*, 2007) which is based on a construction of spiritual well-being as the affirmation of life in relationship with God, the self, the community and the environment. Thus, a particular construct of spiritual well-being was forwarded which is embedded in an ideological, historical matrix.

The writers’ method could be read as a postmodern (de)construction of the signifier *spiritual well-being*. (De)construction – situated in the poststructuralist matrix – is both a destruction or interrogation of the text and, simultaneously, a construction of the reader/writer (Kvale, 1992). It focuses on how language produces the objects of investigation (Lather, 1991) and is described by Derrida (1988:84) as not a method but an “event”. There is a reading of texts, marking their relation to other texts, contexts and subtexts (Silverman, 1989).

Reflective postmodern practice suggests that it is ethical to reflect critically on constructs utilised in research. White and Epston (1990: 22) stress that we are “... all caught up in a net or web of power/knowledge”. Thus, they argue, it is important to identify the

ideological context within which practice is situated and to explore ideological history. Only in so doing can one identify the effects, dangers, and limitations of these ideas and associated practices.

Submitting to the language games (Lyotard, 1996) of academia, the writers/readers will self-objectify by referring to themselves in the third person. This is a stance contrary to postmodern practice, because the “I” or “we” hide behind signifiers such as “the researchers, writers, readers”. It removes the subjective “I/we”, with all its vulnerability and self-positioning, and replaces it with depersonalised authority. Challenging this practice, poststructuralist writers stress that “I” is central as “our accounts of the world are constructions made from the language, meanings and ideas historically available to us, the ‘I’” (Beavis & Gough, 2000:76). In this sense the present topic is narrated from a postmodern perspective, constructing meaning from different sources.

## **2. Narrating the position of *spiritual well-being* in history**

Fisher *et al.* (2002) describes the phrase *spiritual well-being* as a new term which links spirituality to health. They maintain that the term was coined by the National Interfaith Coalition on Aging (NICA) in 1975. Payne (1990) locates the signifier four years earlier, at the 1971 White House Conference on Aging. She describes “historical accident and public policy” and avoids “church-and-state issues” leading to the development of the concepts of *spirituality* and *spiritual well-being*, with Moberg’s paper for this conference providing the initiative to develop the concepts further. Heintzman and Mannell (2003) locate the roots of spiritual well-being in the quality of life movement of the 1960s and 1970s which suggested the significance of spirituality to wellness. They describe developments in the health and wellness counselling literature from the 1980s onwards which identify spiritual health and wellness as significant components of a holistic health perspective.

This has been challenged in the writings of the self-same Moberg cited above (1984) who gives the construct of *spiritual well-being* a longer life-span. Moberg argues that enhancing spiritual well-being has always been the central concern of world religions such as Christianity, Islam, Judaism, Hinduism, and Buddhism. Those who call this an emerging field may be perpetuating “a misnomer and an injustice to those pioneers in this field ... spirituality has been studied in the fields of counselling and theology, which has been overlooked by mainstream psychology” (Calicchia & Graham, 2006: 310).

This suggests that in psychology constructions of spiritual well-being may be relatively new, but in other (marginalised?) bodies of knowledge, this is a construct with a rich history. The reason for the newness of the phrase in psychology's lexicon may be related to the consensus narrative that religion/spirituality has been neglected as an area of research in this field (Le Roux, 1998; Smith, 2003; Van Dierendonck & Mohan, 2006). Reasons cited for this neglect include the interpretation of religion as a pathology which emerge from Freudian psychoanalytic theory (Josephson, 1994). Another reason is scientists' scepticism of mystical matters that are not visible and measurable (Miller & Thoresen, 2003; Smith, 2003). A third reason for the lack of study in this field is the argument that science is either incapable of studying spirituality or should not study spiritual or sacred subjects (Miller & Thoresen, 2003).

As psychology has ventured into the terrain of religion and spirituality, positivist concerns regarding the conceptualisation and operationalisation of constructs such as religion, spirituality and spiritual well-being have been voiced. And psychology's rights within the field have been queried. Accordingly, Doherty (2003:183) writes: "

After a century of ignoring or pathologizing religion, we cannot simply parachute with our existing gear into this foreign territory, give it our preferred name 'spirituality', and then colonize it with our language and customs.

Historically, psychology has ignored the spiritual, aligning itself with the medical field and adopting a medical model in the positivist scientific tradition. Strawbridge (1999) describes the medicalisation of psychology as a "thrust to power": psychology's power increased by "association with more powerful allies" (Strawbridge, 1999:297). Associated with medicalisation is the illness/health discourse: the Western medical model has traditionally been about diagnosis of illness and treatment of symptoms, in contrast to Eastern systems such as yoga and Ayurvedic medicine which, instead, have focused on holistic, health-promoting practices (Chopra, 2001).

Instead of a model of a disease, proponents of positive psychology advocate a focus on human strengths. Human strength is defined as "the bedrock of the human condition ... strength-congruent activity comprises the psychological good life" (Steen *et al.*, 2003:6). Projects such as the Values in Action Classification of Strengths, a classification scheme for strengths, have been created to stand next to the Diagnostic and Statistical Manual of Disorders. Positive psychology is "as focused on strength as weakness, as interested in

building the best things in life as repairing the worst, and as concerned with fulfilling the lives of healthy people as healing the wounds of the distressed” (Steen *et al.*, 2003:6). It focuses on the scientific study of optimal human functioning (Lopez *et al.*, 2002) as opposed to the study of psychopathology.

Yet, as with the narration of newness in the construction of spiritual well-being, so positive psychology or psychofortology is erroneously seen as “a fledgling field” (Steen *et al.*, 2003), having emerged in the new millennium (Ai & Park, 2005). As Strümpfer (2005) narrates, it stands “on the shoulders of the giants” of ancient and modern times including traditional Indian Buddhist, yoga, Chinese, Greek and Roman traditions of healing which focus on increasing strengths and resilience. More recently, it is supported by the ideas of early and later psychiatrists and psychologists who focused on fortigenic processes or concepts including William James, Carl Jung, Alfred Adler, Carl Rogers, Victor Frankl, Erik Erikson and Abraham Maslow, who was the first to use the term *positive psychology*.

### **3. Narrating the position of *spiritual well-being* in different texts**

#### **3.1 Positioning *spirituality***

Doherty (2003) and Weldon (1999) maintained that the signifier *spirituality* could be associated with the colonisation of religion by psychology and the associated process of secularising the sacred. Whether or not spirituality is synonymous with religion, and whether spirituality encompasses religion or vice versa, could be read as a struggle between the secularised psy-complex and sacralised religious Foucaultian “power knowledges” (Van Rooyen *et al.*, 2007).

Thus, *spirituality* is a signifier with contested and deferred meaning, with its constructions varying from self-transcendence (Benson *et al.*, 2003), to a mystical transcendental experience (Gray, 2006), to a search for the sacred side of life (Engebretson, 2004; Pargament, 1999). Psychological discourses have variously constructed spirituality as neurobiology (Hay & Socha, 2005), cognition (Niederman, 1999), intelligence (Emmons, 2000a; 2000b), meaning-making (Bosacki, 2002), emotion (Emmons & Paloutzian, 2003) or behaviour (Spilka *et al.*, 2003). It has further been viewed as both vital and/or animating energy (Fisher, 2000), and/or a relationship with the self, others, the environment and God (Fisher, 2000; Hay & Nye, 1998), or a combination of all of the above. All that can be agreed upon is that there is no agreement, with Scott (2006) writing: “The spirit(ual)

in its complexity and elusiveness is a reminder of the partiality and temporariness of knowledge and life” (Scott, 2006:96).

### 3.2 Positioning *well-being*

The signifier *well-being* could be read as being associated with discourses that focus on health (Antonovsky’s *salutogenesis*), strengths (Strümpfer’s *fortigenesis*), wellness (Wissing & Van der Lingen, 2003) and the scientific study and construction of knowledges about such health and strengths (Wissing & Van Eeden’s *fortology*; as cited in Strümpfer, 2006). Within the psy-complex, the signifiers associated with this decentring of pathology and centring of health/strength include *positive psychology* (Seligman & Csikszentmihalyi, 2000) or *psychofortology* (Wissing, 2000).

Constructions of well-being within the discourses of positive psychology tend to stress holism, and embrace the affective, physical, cognitive, spiritual, and social self (Adams *et al.*, 2000; Fisher, 2000; Roothman *et al.*, 2003; Wissing & Van der Lingen, 2003). For example, Adams *et al.* (2000) present a wellness model which is multi-dimensional and which defines wellness as a balance between physical, social, spiritual, emotional, intellectual and psychological dimensions. Some construct two types of well-being (Martin *et al.*, 2003; Van Dierendonck & Mohan, 2006): hedonic well-being, which focuses on achieving pleasure and avoiding suffering (Van Dierendonck & Mohan, 2006), and eudaimonic well-being, which is about meaning, self-realisation (Martin *et al.*, 2003) and aiming to be the best we can be (Van Dierendonck & Mohan, 2006). An alternative way of formulating well-being is by contrasting the pleasant life with the good life (Wissing & Van der Lingen, 2003). The latter, privileged by its association with “the best” and goodness in contrast to a merely pleasure-seeking hedonism, is constructed as more congruent with the construct of spiritual well-being.

### 3.3 Positioning *spiritual well-being*

The signifier *spiritual well-being* can be located in the discourses of positive psychology, with Ai and Park (2005) describing the positive psychology movement and recognition of the role of spirituality and religion in well-being as “interrelated, cutting-edge trends in mental health research” (Ai & Park, 2005:243). Hodge (2001) implicitly links spirituality and positive psychology with the assertion that the accompanying acceptance of the fortology discourse (which specifies personal and environmental strengths as being pivotal to the helping process) is of increasing interest in assessing spirituality.

Moberg (1984) stresses that spiritual well-being is a multidimensional construct and a lifelong process which overlaps with religiosity but which may also be pursued in a wide range of other contexts. It is not synonymous with religiosity, even though it overlaps with it. Spiritual well-being can be viewed and defined in so many ways that its meaning is often contested.

Moberg maintain that spirituality comprises two components: the vertical (the sense of well-being in relationship to God) and the horizontal (the sense of life purpose and life satisfaction with no reference to religion). This is the concept on which Ellison (1983) based the Spiritual Well-Being Scale (SWBS) which has a religious well-being subscale (the vertical component) and an existential well-being subscale (the horizontal component). Consequently other definitions were formulated such as those of Kanya (2000) who defines spiritual well-being as a satisfying relationship with a higher being (vertical component) and a sense of meaning in life (horizontal component).

Fisher *et al.* (2000) narrated spiritual well-being as being relational and associated with self-awareness and the quality of relationships in one or more of four domains (personal, communal, environmental and transcendental). Fisher introduces the principle of “progressive synergism” (Fisher, 1999) with domains which both build on one another and build one another up. The following example is given:

... the meaning, purpose and values developed through *self-awareness*, are precursors to, yet enhanced by, the development of morality and culture through *in-depth interpersonal relationships*. Similarly *connectedness with nature* should build on, and build up, self-awareness and in-depth personal relationships, with faith embracing the other three relationships and being fostered by them. (Fisher, 1999:46.)

Spiritual health seems cumulative: a dynamic state of being enhanced by the development of all four domains. However, many give priority to one domain over the others. This generates different spiritual health perspectives or, what Fisher *et al.* (2000:135-136) call “ideal types”:

- Personalists, who maintain that spiritual well-being is generated from within themselves.
- Communalists, who believe that deep interpersonal relationships generate spiritual well-being.

- Environmentalists, whose relationship with the environment generates spiritual well-being.
- Religionists, who embrace the transcendental as spiritual well-being.
- Existentialists, whose spiritual well-being lies in all fields but the transcendental.
- Globalists, whose spiritual well-being is generated by relationships in all domains.

#### **4. Narrating the relationship between spiritual/religious and well-being**

Exline (2002:245) suggests that a "probable subtext" in the psychology of religion's focus on religion and health/well-being is the evaluation and even the demonstration of the value of religion (or lack thereof). This may not be a concern within religion itself, which focuses on the "ultimate truth and meaning" of the afterlife rather than on the utilitarian notion of health and well-being in this one. She argues that the psychology of religion does not need to find any pragmatic or utilitarian value in religion to justify the study thereof, stating that "... religion is a vital part of psychological and social life for many individuals. Is this not, in itself, sufficient justification for studying religion?" (Exline, 2002:246).

From this perspective, the construction of "spiritual + well-being" could be narrated as a secularisation of the religious/spiritual by positivist, psy-complex, medical model knowledges. In so doing the "goals" or "concerns" of spirituality are reconstructed as measurable and outcomes based: spirituality pursued to enhance well-being or as central in the therapeutic/helping process (Hodge, 2001) rather than pursued for its own sake. Spirituality, from this perspective, is narrated as a "tool", "buffer" (Temane & Wissing, 2006:584) or means to a secular end, leading to conclusions such as "the salutary nature of spirituality in psychological well-being is supported by a considerable corpus of research" (Temane & Wissing, 2006:592).

From another perspective, the construction of "spiritual + well-being" could be narrated as a "spiritualisation" of the psy-complex by religious knowledges. Secular measurable, operationalised well-being becomes dependent on the pursuit of the postmodern, multiple-storied spiritual/religious elements.



## 5. Narrating the relationship between *spiritual well-being* and *psychological well-being*

The question now becomes how to distinguish between spiritual well-being and psychological well-being. Fisher's spiritual well-being – particularly for those who are personalists, communalists, environmentalists or existentialists – could be seen as well-being in the realms of thoughts, feelings and behaviours about the self, the social and the environmental domains. Thus it could be argued that personal, communal and environmental well-being are elements of psychological well-being, omitting the sacred/transcendent which the discourses of commonality between spirituality and religion identify as a core construct (Pargament, 1999; Zinnbauer *et al.*, 1997; 1999). Can one have spiritual well-being in any domain without including the sacred, transcendental, divine aspects? Wendel (2003), for example, describes ever-expanding definitions of spirituality that "... can include everything from attending daily mass to watching football" (Wendel, 2003:167) which, although understandable, introduce ambiguity.

Blaikie and Kelsen (1979) distinguish between material well-being (meeting basic needs) and existential well-being (a sense of purpose, meaning, identity and belonging). They construct spiritual well-being as a type of existential well-being incorporating references to the transcendental, sacred or supernatural. Thus without the transcendent, there cannot be spiritual well-being. Fisher *et al.* also seem to struggle with this, and resolve the issue by constructing a model in which "the relationship with a Transcendent Other would ideally embrace each of the other three domains ... building them up and at the same time building upon them for an integrated sense of spiritual well-being" (Fisher *et al.*, 2002:4).

Does there have to be such privileging in a definition of spirituality or spiritual well-being? Can one have spirituality or spiritual well-being without a God or divine Other? Fisher's theory affirms this, yet can be read as privileging a spiritual well-being in which there is a God. Similarly, Ellison clearly stresses the need for the inclusion of transcendence which he defines as "the sense of well-being we experience when we find purposes to commit ourselves to which involve ultimate meaning for life" (Ellison, 1983:330). His questionnaire distinguishes between existential well-being and religious well-being, nevertheless incorporating both within the broader category of spiritual well-being. This suggests a discourse in which spirituality is the broader, more inclusive construct, but one which does include religion, and in Ellison's questionnaire, theistic Christian religion, as

research has found. The SWBS has been found to be biased in favour of Christian faith traditions (Scott *et al.*, 1998).

The above discussion stresses the centrality of the transcendent sphere to the definitions of spiritual well-being. Yet, contrary to Fisher's privileging of the transcendent sphere, there could be an argument from psychodynamic psychological narratives that, without any attachment or relationship, spirituality has no foundations. In such texts, early relationship is narrated as laying the foundations for the development of faith, trust and positive representations of and relationships with the self, others, the world and God. Such theory argues that faith and trust emerge from a relationship in the form of an attachment in which one's needs are met with consistency and care (Ratcliff, 1992; Smith & McSherry, 2004; Yust, 2003). In line with such arguments, Hay (2000) suggests that the biologically predisposed relational consciousness of a child, of which he cites examples such as the newborn communicating with the caregiver, is the spirituality of childhood. Through a psychological lens, without any successful attachment the foundations of faith cannot be laid and thus spiritual well-being cannot develop. Attachment theory thus could be an argument for an association between the relational and the spiritual with spiritual well-being and spiritual health built on early relationship.

However, from a theological perspective, a spiritual relationship can be constructed as possibly "healing of" attachment or enhancing of personal, communal and environmental relationships as Fisher writes (1999). Ellison (1983) describes an integrated relationship between physical, psychological and spiritual well-being but stresses that the spiritual aspect can allow people to move beyond physical suffering towards spiritual and emotional health. Granqvist and Dickie (2006) describe the concept of an attachment of an abused child to a loving God.

## **6. Narrating the relationship between *positive psychology* and *religion***

Lewis and Cruise (2006) narrate the study of human strengths and virtues as being traditionally the territory of religious psychology. However, in the last 25 years researchers in positive psychology have "supplemented and reinvigorated" the field. Joseph *et al.* (2006:209) coined the phrase "positive psychology of religion and spirituality". Although they do not explain this construct, they discuss

research which explores the relationship between spirituality/religion and well-being.

Parallels are also drawn between psychology (particularly positive psychology) and religion, with Joseph *et al.* (2006) describing the disciplines as similar in that both answer questions about life. Positive psychology's research into positive states and dispositions places this similarity in the foreground. Watts *et al.* (2006) concur narrating topics which now preoccupy positive psychology and which historically were central to religious beliefs and practices. In moving into this research area, they describe the need for positive psychology to take account of what religion offers and to engage in respectful, mutual dialogue with theology (Watts *et al.*, 2006).

Their use of language, however, suggests a partiality towards positive psychology and the marginalisation of theology. This seems related to psychology's reification of positivism and a claim to greater efficacy. Watts *et al.* (2006:277) construct positive psychology as "bringing new rigour to the investigation of topics such as forgiveness" and developing "new and potentially more effective ways of helping people to enact spiritual practices in secular contexts". The privileging of psychology over theology is overt in their statement that positive psychology could be seen as replacing and improving "centuries of rather imprecise, ineffective religious concern with human spiritual qualities" (Watts *et al.*, 2006:277).

Thus, within positive psychology a discourse could be read which marginalises the sacred, religious and intuitive domains while favouring the secular, psychological and positivist. Ironically, however, there are those who place the roots of positive psychology or the topic of psychological strength in "ancient philosophy and religious writings" (Lopez *et al.*, 2003:4).

## **7. Narrating the relationships between *positive psychology, spiritual well-being* and *spiritual ill-being***

Although the health/wellness/well-being approach of positive psychology arose in opposition to the traditional pathogenic paradigm – working from a salutogenic or fortogenic paradigm which focuses on strengths (Wissing, 2000) – its emphasis on categorisation and scientific measurement could be argued to construct new categories of pathology.

Within the wellness literature, the relationship between health/wellness/ease and illness/disease is variously constructed. Wissing

and Van der Lingen (2003) cite three approaches. The first, apparent in the work of Antonovsky, narrates a continuum from illness to optimal wellness. Another constructs health/illness and well-being as two different facets of human functioning: the former on a continuum from illness to health, and the latter on a continuum from normal to optimal well-being (Wissing & Van der Lingen, 2003). A reading of this construction suggests that well-being is abnormally superior – it is not normal – with no abnormal inferiority. Thus, a normal/abnormal binary emerges. A third construction is that of Adams *et al.* (2000) in which well-being is viewed as being a state of balance among dimensions (physical, social, spiritual, the self, ecological, psychological) and an imbalance among them resulting in illness. Thus, both an imbalance/balance and wellness/illness continuum is created.

Binary opposition, a structuralist construct of writers such as Levi Strauss, suggests a structural determination of meaning with opposites rationally emerging from and dependent upon one another (Culler, 1983; Leach, 2006). Thus optimism is dependent on a construction of pessimism and vice versa, good on a construction of bad and vice versa. Elliot (1998), arguing from a structuralist perspective, notes that the semantic structure of the phrases *spiritual health* or *wellness* implies the possibility of spiritual disease or illness. Poststructuralists such as Derrida (1988; 1992) not only deconstruct or overturn such binary oppositions, but also point to the hierarchical privileging or domination of one by the other (Cooper, 1989; Culler, 1983). Thus, one of such a socially constructed pair is given a higher status. But this is undone because it is dependent upon the marginalised other, which is therefore, in some sense, centred (Haywood & Mac An Ghail, 1997; Hedges, 1997; 1998). Within this binary, the wellness/well-being/health is privileged with “the other” marginalised and unsaid at times (as in the normal to well-being continuum).

Therefore, with the new positive psychology’s prioritising of scientifically classifying strengths and elements of well-being the question becomes whether the field constructs and centres new categories of weakness and ill-being. If we are to begin classifying and measuring optimism, it is likely that we are also constructing measures of non-optimism/pessimism. If we begin classifying and measuring spiritual well-being or dimensions of spiritual well-being, we are possibly constructing new categories of spiritual non-well-being/ill-being. Edwards (2006:358) attempts to counter such an argument with the assertion that “well-being is best considered as an independent

dimension, distinct from illness”. But what then is a measured lack of well-being? To use a Derridean argument, apparently opposing terms mutually define and inhabit one another (Cooper, 1989) or contaminate one another (Armstrong & Paynter, 2004).

Temane and Wissing (2006) construct such a mutually defining opposition when they state that “spiritually well individuals express themselves through trust, honesty, integrity, altruism and service” (Temane & Wissing, 2006:583; emphasis – BVR & RBIB). “Spiritual distress” emerges when life is not given meaning. Thus a wellness/distress binary emerges.

## **8. Narrating the difficulties in operationalising constructs**

This narrative has described a matrix within which the concept of *spiritual well-being* could be located. As with any postmodern text, the goal is not to draw broad conclusions or make recommendations as there are no foundational truths (Clough & Barton, 1998; Skrtic, 1995), only lenses and readings. This reading suggests that, although the notion of spiritual well-being has been historically located as new in psychology texts, it has a long history in other knowledges. It further suggests that, within the psychology “power knowledge” body (Foucault, 1976), “spiritual well-being” has been situated within the positive psychology domain.

In many ways this location and construction could be read as disrupting themselves. Although positive psychology texts align themselves with the religious realm, the scientific/positivist aspect has been favoured with the consequent marginalisation of the imprecise/theological approaches. Constructions of spiritual well-being, particularly that of Fisher (1999) which is the focus of this reading, could also be narrated as self-disrupting. In texts secularising the construct, there is a repeated bias towards sacred or transcendental domains.

From a postmodern perspective, it may be ethical useful to explore whether or not any narrative of spiritual well-being which has been constructed, operationalised and measured is useful or whether it generates new categories of lack, deficit or ill-being. Questions may need to include: “Why is this being measured?” “Who or what may it marginalise by constructing ill-being?” and “Who or what may it benefit by constructing well-being?” Strawbridge (1999:297) describes “worrying” as the tendency of the medical model in psychology to expand in such a way that it could be associated with “imperialist extensions” of the field and the increased construction of clients’

lack and their dependency. Now not only illness, but also the lack of health or well-being is identified and diagnosed!

From a Foucaultian perspective, this could be defined as part of the psy-complex disciplinary process. Foucault constructed the signifier *psy-complex* for all sciences which have the prefix *psy-* or *psycho-* and described these sciences as "... fundamentally concerned with the supervision, monitoring and regulation of individual functioning" (Burr & Butt, 2000:192). Thus Foucault reads the psy-complex as disciplinary, constructing norms by which people both are judged and judge themselves (White & Epston, 1990).

Accordingly, it may be useful to explore the socio-cultural context of narratives of spiritual well-being and their related measures. Reference groups generate criteria or notions of "legitimate or healthy religion" (Garrett, 1979:73) or of spiritual well-being. Thus, the construct "healthy religion" or "spiritual well-being" is "a negotiated formula whose legitimacy is confirmed for individual actors by some coalition of reference groups operative within the boundaries of their religious institution" (Garrett, 1979:75). Constructions of spiritual well-being are "always in the process of becoming. What does remain constant ... are the social processes by which a negotiated formula achieves formal status as the accepted definition", Garrett (1979:85) argues.

Fallding (1979:23), too, stresses the need for criteria of spiritual well-being that are "trans-faith and trans-cultural" with Duke and Brown (1979) stressing that what may serve as a social indicator of spiritual well-being for one group may be inappropriate for another. An example of this is provided by Rosmarin (2003) who describes Jewish religious thought as suggesting that the presence of suffering may indicate high levels of spiritual well-being, conflicting with items in Ellison's (1983) SWBS. In the Jewish faith, trust in God is related to spiritual well-being.

Finally, an awareness of the broader context of contested meaning and terminology – of a possible ongoing power struggle between secular and sacred "power knowledges" and of one's positioning of self within this struggle through the verbal communication of research and practice – may be useful. We may believe ourselves to master language but, without critical reflection on signifiers and the socio-cultural matrix from which they emerge (White & Epston, 1990), language could rather be said to master us (Løvlie, 1992). And perhaps it does anyway with Derrida maintaining that we are "... written only as we write" (Cooper, 1989:494).

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### **Key concepts:**

positive psychology  
psy-complex  
religion  
spiritual well-being

**Kernbegrippe:**

geestelike welsyn

godsdienst

positiewe sielkunde

psi-kompleks