
Sacred Moments: Implications on Well-Being and Stress



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This research provides a theoretical, empirical, and qualitative examination of the role of cultivating sacred moments in daily life on subjective well-being (SWB), psychological well-being (PWB), and stress. Seventy-three participants were randomly assigned to two groups: (a) a 3-week intervention group where members were instructed in cultivating sacred moments, or (b) a 3-week control group where members were instructed in writing about daily activities. Findings indicate that the intervention was equally as effective as an adapted therapeutic writing intervention. There were significant effects over time across multiple assessments related to SWB, PWB, stress, and daily spiritual experiences after the 3-week intervention and again 6 weeks later. Qualitative analysis complemented and enriched the findings of these results. This study introduces a new intervention into the field of clinical psychology and extends the findings of prior research. © 2007 Wiley Periodicals, Inc. *J Clin Psychol* 63: 1001–1019, 2007.

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The prevalence of religious and spiritual traditions in society today, each with their own practices, attests to the potential appeal of creating sacred moments in life. Typically, such traditions encourage people to reflect on what is sacred in their lives and offer practices for cultivating sacred experiences (e.g., prayer, meditations, rituals). Despite the centuries of claims that sacred experiences can lead to a better life, psychology has only recently begun to apply rigorous empirical research to this subject (Emmons & McCullough, 2003; Mahoney, Pargament, Jewell, Swank, Scott, Emery, & Rye, 1999; Mahoney, Pargament, Murray-Swank, & Murray-Swank, 2003; Mahoney, Carels,

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Pargament, Wachholtz, Edwards-Leeper, Kaplar, & Frutchey, 2005; Murray-Swank, Mahoney, & Pargament, 2006). Research suggests that in considering an approach to pursuing a lifestyle conducive to good overall health and well-being, an important factor is cultivating a sense of sacredness in one's life (McCorkle, Bohn, Hughes, & Kim, 2005; Pargament & Mahoney, 2002; Wachholtz & Pargament, 2005).

However, despite the growing research that supports correlations between spirituality, stress, and well-being, a paucity of research currently exists on actual interventions toward cultivating sacred moments and measuring the effects of these interventions on clinically relevant dependent variables (e.g., life satisfaction, positive relations with others, stress; Emmons & McCullough, 2003; Fava, 1999). Stress is a common precursor to anxiety, and approximately 19 million Americans are afflicted with some type of anxiety disorder (National Institute of Mental Health [NIMH], 2004). Furthermore, disorders such as anxiety critically impact quality of life and well-being (Domar & Dreher, 1996). Close to five billion doses of tranquilizers are prescribed every year in the United States alone. The estimated cost of stress-induced anxiety disorders in the United States in 1990 was approximately \$42.3 billion (Rivas-Vasquez, 2001). Although current research is uncovering factors that influence stress and well-being, there is still a general pattern of side-stepping the health benefits of experiences like sacred moments (Benson, Donahue, & Ericson, 2003). David Myers (2000) explained one possible reason why people may find healing in an approach that includes the sacred:

More than ever, we have big houses and broken homes, high incomes and low morale, secured rights and diminished civility. We excel at making a living but often fail at making a life. We celebrate our prosperity but yearn for purpose. We cherish our freedoms but long for connection. In an age of plenty, we feel spiritual hunger. (p. 1)

Researchers have suggested that a serious need exists for programs that promote well-being in both psychologically healthy and unhealthy individuals (Fava, 1999; Watkins, 2004). In this study, I introduce a simple and brief new therapeutic intervention for the purpose of cultivating sacred moments and examining its effects on stress and well-being.

On the Meaning of Sacred Qualities and Sacred Moments

A large body of theoretical work has described a broad continuum of experiences that may or may not be considered *sacred moments* (e.g., Emerson, 1843; Heschel, 1955; James, 1902; Maslow, 1970; Pargament & Mahoney, 2002). In attempting to define sacred moments, I found a conundrum. The experiences appear to be indefinable as they involve feelings and sensations that are nonconceptual and nonverbal along a spectrum of ordinary, daily experiences to rare, extraordinary mystical experiences. Pargament and Mahoney (2005) describe these moments as having a sense of timelessness, purpose, and transcendence. The key aspect of a sacred moment, as defined and described in this study, is that it is a moment in time that is imbued with sacred qualities. For the purpose of this study, *sacred qualities* are defined as having two components: (a) They inherently possess *spiritual qualities* as defined by Underwood (1999), such as feeling of connection with and support from the transcendent (e.g., God, higher power, all of life), connection with others, purpose, gratefulness, awe, compassion, mercy, and/or a deep sense of inner peace; and (b) they are imbued with *descriptive qualities* such as precious, dear, blessed, cherished, and/or holy. For example, a person may experience a sacred moment as connection with a higher power and then describe that moment as blessed. More specifically, while hiking in a forest a person might feel a sense of awe at the natural surroundings and describe that moment as cherished. To intentionally cultivate a sacred moment, an

individual needs to learn to be present in the moment and consequently, to be able to become aware of the sacred qualities arising from moment-to-moment. Although sacred moments can occur spontaneously and nonvolitionally, this research explicitly sought to understand the effects of the deliberate cultivation of these moments in people's lives. Furthermore, although mystical experiences could also be considered sacred moments, the focus of this research is on those more ordinary day-to-day experiences and their effects on well-being and stress.

Connecting Sacred Moments, Well-Being, and Stress

Reason might suggest that people who experience more sacred moments in daily life experience more meaning, happiness, and less stress. Over the centuries, a multitude of philosophers, religious and spiritual scholars, and psychologists have been exploring experiences that hold a sacred value. In the last century and a half, transcendentalists such as Emerson (1843) explored nontheistic moments that express the immanence of the divine in all things; prominent psychologists such as James (1902) investigated religious experiences, in other words, experiences of being in connection with one's highest truth; Maslow (1970) attempted to secularize similar experiences as *peak experiences*; Underwood (1999) described qualities of what she calls *spiritual experiences*; and yet other scholars and researchers have written about similar experiences (Grof, 1973; McClennon, 1994; Otto, 1967; White, 1994). Pargament (1999) pointed out that many spiritual and religious theories and philosophies have one thing in common: They hold that in these "ordinary" to "extraordinary" moments, the sacred can be found. Moreover, Braud (1988) stated that much of the previous theory and research involving these experiences points to the notion that these experiences are more accessible than commonly believed.

Researchers (e.g., Emmons & McCullough, 2003; Maslow, 1970; Palmer, 1999; Underwood & Teresi, 2002; White, 1994) have shown that cognitive and affective components of sacred moments have positive correlations to well-being constructs and negative links to stress. Some studies link well-being to connecting with the transcendent and experiencing a transcendent sense of self (Byrd, Lear, & Schwenka, 2000; Emmons, 1999; Emmons, Cheung, & Tehrani, 1998; Fabricatore, Handal, & Fenzel 2000; Mahoney, Carels, et al., 2005). Other studies have found that well-being is positively correlated with a sense of support from the transcendent in areas such as marriage (Mahoney et al., 1999), parenting (Murray-Swank et al., 2006), healthy family relationships (Mahoney et al., 2003), and sustaining physical health (Mahoney, Carels et al., 2005). Furthermore, studies have found stress and anxiety to be negatively correlated with a sense of spiritual support (Maton, 1989; Underwood & Teresi, 2002).

Recent experimental studies attest to the causal benefits of focusing on sacred qualities. Emmons and McCullough (2003) applied an intervention that focused on the effects of fostering gratitude in respect to physical and psychological well-being. In a series of three studies, participants were randomly assigned to three experimental conditions keeping weekly (Study 1) and daily (Studies 2 and 3) logs of blessings, burdens, or neutral events. Participants who kept a gratitude log reported significantly higher ratings in aspects of well-being and relief of physical symptoms. Finally, Wachholtz and Pargament (2005) applied a mantra-based intervention to three college-age groups for 20 minutes a day for 2 weeks. One group of participants practiced a spiritual mantra (e.g., God is Joy), a second group practiced a secular mantra secular focus (e.g., I am joyful), and third group practiced a relaxation exercise without a mantra. Participants who practiced with the spiritual mantra reported greater reduction in anxiety and a greater increase in spiritual experiences as compared to the two other groups. These studies suggest that there is

significant connection between sacred components, well-being, and stress, and attest to the potential positive biopsychosocial effects of inciting sacred qualities.

Mindfulness: Attention Control

To study the connection between cultivating sacred moments and well-being, it was important to create an intervention that enabled participants to be present to what was sacred in the moment. Consequently, participants needed the ability to control attention to attend to the present moment. An area of attention control that is rapidly growing in psychological research is *mindfulness* (Kabat-Zinn, 1990; Teasdale, Segal, & Williams, 1995). Mindfulness has been defined as “an enhanced attention to and awareness of current experience in *present* reality” (Brown & Ryan, 2003, p. 822). Teasdale et al. (1995) found that mindfulness allows one’s attention to focus on a wide range of thoughts, feelings, and experiences. Although some authors of mindfulness research have discussed the need for separating mindfulness from spirituality (Kabat-Zinn, 1990), its use has been supportive in increasing a sense of empathy and spirituality (Shapiro, Schwartz, & Bonner, 1998). With respect to the current study’s intervention, mindfulness was used as a form of attention control to support participants in being more fully aware of whatever thoughts, feelings, and sensations were arising during the intervention practice, including sacred qualities.

Purpose of Present Study

The overall objective of the current study was to introduce a new clinical intervention to support participants in the deliberate cultivation of sacred moments in daily life and then to measure the effects this intervention had on their stress level, subjective well-being (SWB), and psychological well-being (PWB). The first goal was to examine, through quantitative measures, the psychological effects of taking a time-out in daily life for a minimum of 5 minutes a day, for 5 days a week, for 3 weeks, to be aware of a personally chosen sacred object. The second goal was to investigate, through qualitative semistructured interviews, whether participants were experiencing sacred qualities in their moments and to gain a deeper understanding of participants’ subjective experiences. Drawing from millennia of previous theoretical (e.g., religious, spiritual, psychological, popular) and empirical findings, a brief exercise was created that laid out how to attend to a personally chosen sacred object mindfully. It was hypothesized that this activity would not only allow people to slow down and relax, but also to experience more components of SWB (e.g., life satisfaction) and PWB (e.g., life purpose).

Although a compelling amount of research presented points to the potential beneficial therapeutic effects of cultivating sacred moments, attention has also been brought to possible risks of this endeavor. Pargament and Mahoney (2002) indicated that “in their search for the sacred, people can take destructive as well as constructive pathways” (p. 648). For example, the hope of having a marriage imbued with sacred moments could lead to an obsessive idealism that makes it difficult to appreciate the potential serious conflict that may present itself (Mahoney, Pargament, Swank, & Tarakeshwar, 2001). Another issue may arise if one has difficulty cultivating sacred moments and views these attempts as failures, leading to amplified stress.

Attachment to a specified goal within this framework is also a risk as it could lead to increased suffering (Grow, 2004). If individuals attach themselves to having these experiences, a competitive egotistic spirit may evolve with a growing need to have more and compare one’s experiences with others. In cultivating sacred moments, there is a risk of

ego-inflation, a term coined by Jung (1959, 1978) that describes a healthy growth of ego in toddlers, but left unchecked in adults, turns into a sense of grandiosity, self-centeredness, and demand for control. Sacred moments as defined in this study are not meant to be objects of attachment, but are rather meant to be viewed as stepping stones toward health and well-being. For these reasons, it was especially important in this study to not only examine whether there were potential benefits of cultivating sacred moments on SWB and PWB, but also to be aware of any potential decrements to them.

Method

An integration of both quantitative and qualitative methods allowed the researcher to gain the greatest breadth and depth of understanding for participants' experiences of cultivating sacred moments. The quantitative method yielded clear empirical findings and confident conclusions. The qualitative method addressed a depth of understanding that can only be derived from the participants' subjective experiences, as a way to provide a greater sense of the intricate nature of what is being studied (Braud & Anderson, 1998).

Participants

Volunteers ($N = 110$) replied to study advertisements that were posted on e-mail flyers sent through e-mail lists of various professional contacts, Web sites (i.e., www.craigslist.com), and Weblogs ("blogs"). Eighty-three participants (55 women, 28 men) were enrolled after screening for nine criteria. To meet criteria for the study, participants (a) did not have a current (in the last 12 months), daily, *active* practice of cultivating sacred moments, but who had experienced them, either spontaneously or deliberately, in the past and/or present; (b) had self-reported current good or better health with no major surgeries or acute illnesses in the last 6 months; (c) had self-reported stable psychological health; (d) were willing to share sacred moment experiences and examine them at a deeper level; (e) were willing to write about sacred moment experiences; (f) were willing and able to use a computer; (g) were willing to meet the time commitment of the study; (h) were fluent English-speaking adults, 18 years of age; and (i) were not currently pregnant, due to federal guidelines for research.

Of these, 9 dropped out for personal reasons and 1 was dropped due to pregnancy not previously reported. Thus, 73 participants (49 women, 24 men) successfully completed the study. Participants ranged in age from 18–54 years with majority falling between 22–44 years of age. Fifty-six percent of participants came from a Judeo–Christian background, 15% considered themselves to be nondenominational, and the remainder came from a wide variety of backgrounds (e.g., Buddhist, Unitarian, Pagan, Hindu). Seventy-one percent were White, 11% were Chinese, and the remainder were from an array of different cultures (e.g., Indian, Israeli, Latino).

Procedure

The 83 participants who met the nine criteria and signed the consent form were randomly assigned into one of two groups: intervention group ($n = 41$) or control group ($n = 42$). At time 1, prior to the 3-week intervention, participants in both groups received an e-mail communication, which included a packet of preassessments. In addition, the intervention group received a response form, a questionnaire that inquired about special objects they might consider sacred. After completion of all preassessments and questionnaires, task instructions were administered via e-mail to the intervention group and control group.

At Time 2, following the 3-week intervention, postassessments (the same assessments as the preassessments) were administered to the remaining 73 participants, 35 in the intervention group and 38 in the control group, via e-mail to measure any changes. After Time 2, when the preassessments and postassessments were received and scored, I completed 18 semistructured interviews with participants from the intervention group, via the telephone. To get qualitative data that measured the spectrum of experience, 9 participants whose assessments showed the most change were interviewed, and 9 whose assessments showed the least change were also interviewed. During the interview, questions were asked such as "In your experience, what were the qualities of the moments you were having? What were you feeling and what were you thinking?" Also, "Having been through this study, what would *you* call these moments?"

Finally, at Time 3, 6 weeks after the 3-week intervention had ended, the same postassessments were administered again via e-mail to see if there were any lasting changes. Six weeks was chosen because this time frame has been a successful follow-up period in previous studies (Richards, Beal, Seagal, & Pennebaker, 2000; Pennebaker, Kiecolt-Glaser, & Glaser, 1988). Participant performance was compared utilizing tests of statistical significance. A core principle of the study was to see how the intentional focus on what is sacred (e.g., precious, dear, cherished) in the moment affects well-being and stress.

Intervention group. The purpose of the intervention was to teach participants how to cultivate sacred moments in their daily lives and to see how this cultivation might have affected their well-being and stress. Although this researcher recognized that some sacred moments can occur spontaneously and nonvolitionally, the purpose of this study was to explore how the deliberate and intentional cultivation of these moments affected well-being and stress. There may be many personal paths to cultivating sacred moments; how people welcome and nurture these moments is dependent, at a minimum, on personal beliefs, values, and the setting. The focus of this research included having the participants induce a state of mindfulness and then having them shift attention to being open to what each considered sacred in the moment. Although asking participants to create sacred moments, as defined by this researcher, may have shaped the resultant state and brought in artifactual elements, having the participants self-create and self-induce the experiences limited these factors. In the intervention group, participants were provided with the following instructions.

Prior to beginning any practices in this study, each participant in the intervention group filled out a response form that asked specific questions inquiring into the qualities of experiences of sacred moments. The form served as a primer to help the participants bring to mind personal sacred objects and the tacit qualities of these moments.

The instructions to participants in the intervention group indicated that each participant would spend the first 3 days of the 3-week experiment practicing a *mindful check-in* technique. This technique helped the individual learn how to be in the present moment by taking a few minutes to become more conscious of the breath and then slowly bring attention to the physical body, thoughts and feelings, hearing, seeing, tasting, and smelling. After practicing this technique, participants were to log an e-mail response to me indicating the time of day that they did the practice, and if inclined, a few significant aspects that were noticed.

Participants in the intervention group were instructed to choose a specific personal object that represented something special, precious, or sacred to them (e.g., something from nature, family heirloom, childhood memorabilia, a personal mantra). On day 4 of the intervention, they were requested to go through a process of *sanctifying* their objects. Although many religious traditions, including, but not limited to, traditional Christian

doctrine, attach a theological meaning to sanctification, the approach of this study was not necessarily a theological one. Pargament and Mahoney (2005) defined sanctification as a psychospiritual “process through which aspects of life are perceived as having divine character and significance” (p. 180). For the purpose of this research, the aim of sanctification was to reimburse the object with a sense of what was considered by the individual to be precious, dear, blessed, special, holy, and/or cherished qualities. During the course of the 3-week intervention, the participants were also given the option to choose a different object from the primary one chosen if they felt they wanted to do so. Although a majority of participants chose tangible objects to focus on (i.e., plant, wedding ring, book), others chose intangible objects (i.e., personal mantra, clouds, meaningful memory). Using a mantra as a sacred object is similar to previous mantra-based research that found psychological benefits from focusing on a spiritual mantra for 20 minutes a day for 2 weeks (Wachholtz & Pargament, 2005).

Participants in the intervention group spent a minimum of 5 minutes a day, for 5 days a week, practicing mindfulness techniques (e.g., breathing, slowing down) and then shifting attention to the sacred object and being open to what was sacred in the moment. There was no maximum time specified for this exercise. Instructions to participants permitted them to go longer than the suggested 5 minutes and asked them to simply make a log of the time. The choice to instruct a minimum of 5 minutes was deliberate because the participants needed at least 5 minutes to focus attention on the present moment and also shift the focus to mindfully attending to their objects.

Each day an e-mail reminder was sent to the intervention group prompting them for a brief e-mail reply. The e-mail reminder stated, “Please email back what time of day you did your mindfulness activity and if you would consider the time you had to be a sacred moment (or choose a word besides sacred that better fits you if desired). If you would like, share a couple of parts about the experience that were of significance to you. Please reply to this email today. Thank you so much!”

Control group. To provide a stronger comparison than a nontreatment control group, a mild alternative treatment was chosen that could be conducted via e-mail. Specifically, the control group participants were instructed to perform a writing task, for 5 days a week, which was based on a variation of a proven writing exercise (Pennebaker, 2002; Pennebaker & Beal, 1986). Although the exact level of writing prescribed in this study has not been investigated, other levels of writing as studied by Andriopolus (2003) have shown positive differences with similar assessments as this study conducted, such as with the Satisfaction with Life Scale (SWLS) and the PANAS. In addition, this alternative treatment was chosen to make the results of this study more meaningful to practitioners who currently use writing exercises as a form of therapy with their clients. The following describes the elements of the control group’s tasks.

The control group spent a minimum of 5 minutes a day, for 5 days a week, for 3 weeks, specifically writing about their daily activities. The control group also received daily e-mail reminders and instructions to reply with a daily activity log. The e-mail message stated, “Please spend 5 minutes a day reflecting and writing about your daily activities today. Email me with the time of day you are logging your daily activities. Please reply to this email today. Thank you so much!”

Measures of Well-Being

In the past few decades, there has been growing interest and research on the phenomena of well-being (Diener, Suh, Lucas, & Smith, 1999; Keyes, Dov, & Ryff, 2002). Although

some studies tend to focus on only the cognitive aspects of well-being, participants in the current study were measured based on both *subjective well-being* (SWB; Diener, 1984) and *psychological well-being* (PWB; Ryff, 1989). Subjective well-being focuses more on positive/negative affect and life satisfaction whereas PWB is concerned with meaning, purpose, and existential issues. Through empirically validated studies, research in each field has created operationalized, well-validated constructs of well-being (Diener, 1984; Lucas, Diener, & Suh, 1996; Ryff, 1989; Ryff & Keyes, 1995). This current study aimed to explore how the deliberate present awareness of sacred moments affects participants' well-being and stress.

Subjective well-being. Diener, Emmons, Larson, and Griffin (1985) created the SWLS to measure a person's global judgment of life satisfaction, the cognitive component to SWB. The assessment consists of five questions on a 7-point Likert scale with items ranging from *strongly disagree* to *strongly agree* to assess subjective experience on quality of life. The scale is extremely brief, taking approximately one minute to complete.

Watson, Clark, and Tellegen (1988) developed the PANAS to measure the emotional component of subjective well-being. The PANAS and SWLS together create a better picture of subjective well-being, as they measure both the cognitive (SWLS) and the emotional (PANAS) state of the individual. The PANAS is comprised of 20 emotion adjectives with a 5-point Likert scale indicating time spent experiencing each emotion (e.g., excited, ashamed, inspired, afraid). Options range from 1 = *slightly/not at all* to 5 = *extremely*. The 20 items are then divided into two 10-item assessments measuring positive affect (PA) and negative affect (NA).

Psychological well-being. Ryff (1989) and Ryff and Keyes (1995) developed the PWB assessment to measure six dimensions of well-being: (a) self-acceptance, (b) environmental mastery, (c) positive relationships, (d) personal growth, (e) autonomy, and (f) life purpose. Each construct has 14 questions rated on a 6-point scale, ranging from *strongly disagree* to *strongly agree*. Ryff (1989) validated the scale and found good internal consistency (Cronbach's alpha ranging between .83 and .91) and strong test-retest reliability with coefficients ranging from .81 to .85 for each of the six factors.

Measure of Stress

Perceived Stress Scale. Cohen, Kamarck, and Mermelstein (1983) created the Perceived Stress Scale (PSS-10) to "tap the degree to which respondents found their lives unpredictable, uncontrollable, and overloading" (p. 387). In their book, *Measuring Stress: A Guide for Health and Social Scientists*, Monroe and Kelly (1995) stated that "the only empirically established index of which we are aware that falls into the category of general (stress) appraisal instruments is the PSS-10" (p. 138). The 10 questions are rated on a 5-point Likert scale format, with optional responses ranging from 0 (*Never*) to 4 (*Very Often*). The overall score ranges from 0 (low degree of perceived stress) to 40 (high degree of perceived stress).

Measure of Spiritual Experiences

Daily Spiritual Experience Scale. Underwood and Teresi (2002) created the Daily Spiritual Experience Scale (DSES) to measure the day-to-day ordinary spiritual experiences "such as awe, joy that lifts one out of the mundane, and a sense of deep inner peace" (p. 22). The assessment consists of 16 questions, each on a 6-point Likert scale measuring

the frequency of these experiences, with items ranging from *many times a day* to *never or almost never*. In addition to the brevity of the scale, the DSES shows good reliability and preliminary construct validity. In a series of studies reported by Underwood and Teresi (2002), test–retest reliability consistency was .88 for test and .92 for retest, and internal consistency reliability in Cronbach’s alpha of .94 and .95. Although assessments such as the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982) and the Self-Transcendence Scale (Reed, 1991) attempt to measure one’s general state of spirituality, the Daily Spiritual Experience Scale (DSES) is the most valid and reliable scale to date that measures frequency and occurrence of daily spiritual experiences.

Results

Quantitative Aspects

A repeated measures multivariate analysis of variance (MANOVA) was conducted to measure SWB, PWB, stress, and DSES through 11 dependent variables and the 2 experimental conditions (intervention and control group) as the independent variables to determine whether the 2 conditions experienced change over time. Although results of the repeated measures MANOVA showed no significant Group \times Time interaction effects, significant within-subject time effects were found from Time 1 (preassessments) to Time 2 (postassessments), $F(1,71) = 3.78, p < .001$, and from Time 1 to Time 3 (6-week follow-up), $F(1,71) = 1.96, p < .05$. These results convey that the sacred moment intervention was equally as effective as the adapted therapeutic writing method (Andriopolus, 2003; Pennebaker & Beall, 1986; Pennebaker et al., 1988) with respect to influencing well-being and stress.

Time 1–Time 2. Table 1 shows the mean difference change for both groups on all assessments from Time 1 to Time 2. Both groups reported significant positive change over time in all areas of well-being, including all areas of SWB and three out of six areas of PWB. Additionally, both groups reported significant change in stress-reduction and daily spiritual experiences.

Six-week follow-up. Table 2 shows the mean difference change for both groups on all assessments from Time 1 to Time 3. Both conditions reported lasting significant change in many areas of SWB, PWB, and DSES. Neither group showed lasting change in the area of stress (PSS-10).

Qualitative Aspects

Interviews were transcribed and analyzed in the manner created by many theorists (Kvale, 1996; Mertens, 1998; Miles & Huberman, 1994; Tesch, 1990). Eighteen participant interviews were manually transcribed and analyzed to explore whether the intervention was effective in facilitating the experience of sacred qualities during the participants’ moments and to determine the qualitative effects of cultivating these moments in day-to-day life. To gauge the breadth of experience, 9 participants were interviewed who changed the most, along with 9 participants who changed the least in respect to the quantitative measures. Using thematic analysis, various themes emerged from the data in relationship to the categories of questions asked: (a) preparing for cultivating sacred moments, (b) experiencing sacred moments, and (c) the ripple effects after cultivating these moments.

Table 1
*Mean Difference Comparisons of Groups from Time 1 to Time 2
 for All Measures*

Dependent variable	Intervention group (n = 35)	Control group (n = 38)
Subjective well-being		
SWLS	2.35**	1.71**
PA	.83**	2.05**
NA	2.88**	2.11**
Psychological well-being		
PRWO	3.46**	2.74**
Autonomy	2.09**	2.40**
EM	.75	2.14
PG	1.12	2.13
PIL	2.72**	1.52**
SA	.03	2.37
Stress		
PSS-10	-2.66**	-2.58**
Daily spiritual experience		
DSES	5.17**	2.77**

Note. SWLS = Satisfaction with life scale; PA = positive affect; NA = negative affect from PANAS; PRWO = positive relations with others; EM = environmental mastery; PG = personal growth; PIL = purpose in life; SA = self-acceptance; DSES = Daily Spiritual Experience Scale.

* $p < .05$. ** $p < .01$.

Table 2
*Mean Difference Comparison of Groups from Time 1 to Time 3
 by All Measures*

Dependent variable	Intervention group (n = 35)	Control group (n = 38)
Subjective well-being		
SWLS	2.09**	1.09**
PA	1.68*	2.50*
NA	2.83**	2.56**
Psychological well-being		
PRWO	3.06**	2.40**
Autonomy	2.52**	2.40**
EM	3.6**	2.08**
PG	.63	.42
PIL	1.97**	3.16**
SA	2.8*	1.34*
Stress		
PSS-10	-1.29	-1.37
Daily spiritual experience		
DSES	3.0**	4.9**

Note. SWLS = Satisfaction with life scale; PA = positive affect; NA = negative affect from PANAS; PRWO = positive relations with others; EM = environmental mastery; PG = personal growth; PIL = purpose in life; SA = self-acceptance; DSES = Daily Spiritual Experience Scale.

* $p < .05$. ** $p < .01$.

The qualitative findings enriched the quantitative findings as most of the participants' interviewed reflected experiences of well-being through positive feelings, peace and relaxation, and positive relations with others. Reflecting on the moments one participant had experienced, she said, "The word quiet and calm comes to mind . . . and I tend to have sort of a lot of headaches and felt like by the end that my head was very open feeling, very light." In addition, participants showed evidence for experiencing sacred qualities as themes arose in the interviews of feeling a sense of connection and interconnection, gratitude, humility, and sweet-sadness. Furthermore, the participants provided many descriptive qualities to these moments (e.g., peaceful, holy, precious, spiritual). The interviews of those participants in the intervention group substantiated their increases in scores for the DSES. One man explained how, through this process, he was able to experience sacred moments for the first time: "[I experienced sacred moments] through this process. I never noticed any spiritual moments before this . . . [the words] unique, holy and worthy of reverence was not within the scope of my intellectual reaction of things. To be able to pray was something that I was not willing to [do]."

Through the interviews, this researcher was also able to uncover that 89% of participants interviewed reported feeling that the intervention was conducive to experiencing sacred moments, whereas 11% of the participants interviewed reported feeling the intervention was a hindrance and was not conducive to experiencing sacred moments. However, 100% of the participants interviewed believed they could cultivate these moments in their daily life. The interviews also found that 89% of the participants interviewed reported that cultivating sacred moments in daily life led to a greater awareness of what was sacred in life after the 3-week intervention had ended. The following section will present a discussion of both the quantitative and qualitative data.

Discussion

Empirical and qualitative evidence has been mounting, suggesting that religious and spiritual beliefs and activities may have a positive influence on people's psychological and physical health (Emmons & McCullough, 2003; Mahoney et al., 1999; McCorkle et al., 2005; Wachholtz & Pargament, 2005). In this study, I introduced a new intervention that offered participants a nondenominational approach toward the cultivation of sacred moments in daily life. The results of this research serve as an extension of the growing amount of correlative studies and the few experimental studies, which have pointed to the psychological health benefits of spirituality in general and as a practice, including stress-reduction (McCorkle et al., 2005; Wachholtz & Pargament, 2005), life satisfaction (Emmons, 1998; Emmons & McCullough, 2003), life purpose (Mahoney, Pargament, Cole, Jewell, Magyar, Tarakeshwar, Murray-Swank, & Phillips, 2005), positive relations with others (Mahoney et al., 1999), among others (Koenig, 1998; Mahoney, Carels et al., 2005; Mahoney et al., 2003; Murray-Swank et al., 2006). Furthermore, this intervention has important implications for practitioners who seek a flexible and nondenominational tool to aid clients in potentially increasing well-being and reducing stress. This present study demonstrated several psychological benefits to a daily focus on cultivating sacred moments.

The results of the experiment clearly convey that the intervention was equally as effective as the adapted therapeutic writing intervention with respect to influencing stress and well-being in the expected direction. Although I expected the intervention group to show significant increases in the occurrence of daily spiritual experiences on both posttests, unexpectedly, the control group also showed significant increases in the occurrence of daily spiritual experiences on both posttests. Furthermore, there was no statistically significant difference between the scores of both groups on the DSES. One possible

reason for this is that sitting down and writing about daily activities may force one to slow down and appreciate the moment that may lead to an increase in sacred qualities such as gratitude, peace, and connection. Another reason could simply be because participants may have considered the writing to be a spiritual discipline (Molyneux, 2000; Odiorne, 2003). Baldwin (1990), in her book, *Life's Companion: Journal Writing as a Spiritual Quest*, suggested that ordinary life is spiritual and by writing it down people are mapping their spiritual quest. In essence, it is possible that even those who wrote about routine daily activities were experiencing sacred moments.

When creating this intervention, it was pertinent that the practice was inclusive of people's religious, spiritual, and/or philosophical beliefs. One explanation for the significant increase in spiritual experiences in the intervention group may be because the intervention was so inclusive and allowed people to experience sacred moments in their own way. One man explained, "What I like about [the sacred moment practice] is it allowed me to explore spirituality in a nonthreatening manner and for me that was special and unique." In future studies, researchers may choose to interview those participants in the control group to explore and describe qualitative similarities and differences in the occurrence of their daily spiritual experiences.

Implications for Practitioners

There are many potential implications from this research with regard to the field of clinical psychology. This research showed that an intervention can be created that influences one's awareness and the frequency of spiritual experiences, and that these influences can have positive effects on well-being and stress. Furthermore, interventions can be created that are nondenominational and are inclusive of anyone's religious, spiritual, and/or philosophical beliefs. These types of interventions may have implications within the therapeutic session. The following section discusses why the intervention of cultivating sacred moments might be a useful tool to psychotherapists, counselors, and other helping professionals in their approaches with clients.

Psychotherapy and sacred moments. Although in the past, most psychotherapeutic practitioners have focused on treating the client's illness, a growing group of therapeutic practitioners in the fields of Psychosynthesis (since 1910) and Transpersonal Psychology (since 1969) have understood therapy to be more about supporting the individual in connecting with and experiencing their whole self, including the divine (Boorstein, 2000; Firman & Gila, 2002). In theory, most psychotherapists are less religiously oriented than the general population (Shafranske, 1996; Shafranske & Malony, 1990), and are rarely trained to deal with spiritual issues or use spiritually based interventions in therapy (Shafranske, 1996). Recently, however, a number of researchers have pointed to the concept that focusing on spiritual matters in psychotherapy can be a great benefit in therapeutic work (Janzin, 2005; Richards & Bergin, 2000; Shafranske, 1996). As mentioned throughout this article, experiencing sacred qualities has been positively correlated with psychological, physical, and relational benefits (Emmons & McCullough, 2003; Mahoney et al., 1999; McCorkle et al., 2005). Therapists of various orientations can use this nondenominational intervention to support people in cultivating these beneficial qualities.

Therapists who use cognitive-behavioral therapy (CBT) can explore the effects of prescribing a sacred moment practice that is integrated with Fava's (1999) well-being therapy approach. In his approach, clients showed improvement in mood by recording positive aspects of life, and negative thoughts that impeded them, in a journal that were

consistent with the six dimensions of PWB: positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance. Fava's findings suggest that having clients focus on cultivating sacred moments in daily life combined with psychotherapy may have great therapeutic benefit. The therapist may choose to have the client record sacred aspects of life in a structured diary along with negative thoughts that impeded them and to discuss them in weekly therapy sessions.

Additionally, a sacred moment practice can be a tool for practitioners who appreciate a Jungian approach. As the qualitative portion of this study showed, focusing on sacred moments may open one up to their whole self, including positive and negative emotions (e.g., sweet-sadness) that individuals may tend to move away from or repress. Jung (1933) suggested the theory that individuals have personas, the part of the personality that is shown to people in every day life, and they have shadows, the hidden positive or negative influences of the personality that an individual does not wish to consciously acknowledge. According to his theory, individual healing occurred when people brought the shadow parts to light and integrated them with the whole self. One of the qualities of sacred moments is connection with and support from the transcendent. Experiencing sacred moments may provide a container where individuals feel safer in connecting with parts of the personality that felt unsafe before. In this study, the process of cultivating sacred moments allowed one participant to get in touch with the shadow persona of sadness that he had been suppressing and, in turn, supported his process of healing.

Finally, the therapist could prescribe to clients the current study's intervention technique as a nonthreatening way to create the space and container for being more open to what is personally sacred in daily life. Additionally, this intervention provides a tool for therapists who have clients interested in cultivating positive relations with others, autonomy, environmental mastery, self-acceptance, purpose in life, life satisfaction, positive affect, reduced negative affect, and/or reduced stress in life. This intervention underlies a simple yet powerful concept that appears within the complexity of many religious and spiritual teachings. That is, developing a simple and brief practice of working with a sanctified object (tangible and/or intangible), within any spiritual discipline, has the potential of being a highly significant factor in the achievement of life-enhancing attributes. Whether the clients believe in a higher power or not, the objects can serve as nondenominational touchstones to remind them to stop, open up, and listen to the guidance of whatever they believe their highest truth to be (i.e., God, Higher Power, Wise Mind, or Science) in their daily lives. These are just a few examples on how this intervention might be useful to those who serve as therapists.

Strengths and Limitations

Because of the lack of experimental research on strategies for cultivating sacred moments in daily life, the current study offers an important contribution not previously demonstrated. The intervention in this study is a nonthreatening technique that can be used by practitioners and lay people alike to increase levels of well-being, reduce stress, and increase the occurrence of daily spiritual experiences. Whereas a 6-week follow-up showed a sustained increase in the area of life satisfaction, future studies are needed to examine the long-term consequences of cultivating sacred moments in daily life.

A fundamental strength of this study is the randomization of participants into two conditions, an intervention group and a control group. Randomization of participants allowed for the assurance that the outcome was a result of the treatment and not the characteristics of the participants (Creswell, 2003). An additional strength of this study

was the use of an alternative treatment for the control group rather than providing no treatment at all. With respect to research and practitioners, it is more meaningful to measure the effect of the current study's intervention against an adaptation of a proven treatment than against no treatment at all.

Furthermore, besides a few studies (e.g., Kabat-Zinn, 1982; Shapiro et al., 1998; Wachholtz & Pargament, 2005), the literature in the field on spirituality and well-being is almost entirely correlational. Although this research resulted in many positive results, including a significant increase in subjective well-being (SWB), five out of six variables of psychological well-being (PWB), stress-reduction, and the occurrence of daily spiritual experiences, it is understood that many factors such as life transitions, personality factors, and genetic influences may have been confounding in the results. I do not believe that this brief 3-week intervention, which supported participants in experiencing sacred states, led to a permanent integration of the sacred into their personality traits, whereby they now see the world through a sacred lens. Nevertheless, with the limited empirical work in the field of spirituality and psychology, one should not ignore that cultivating sacred moments in daily life is a method that has the ability to make a positive impact on an individual's disposition on well-being, stress, and spirituality.

As with most research and with any newly developed experimental intervention, this study has its limitations. Concerning the methodology, one limitation is that I did not provide experimental evidence prior to conducting the research that the intervention was a legitimate way of enhancing sacred moments. Instead, I did this after the intervention was administered with qualitative interviews to explore the efficacy of the intervention in cultivating sacred moments. Another way to conduct the study would have been to conduct a pilot study first to establish that the intervention led to the cultivation of sacred moments, and then run the current study. Additionally, I chose a 3-week writing exercise for the control group to match the time spent by the intervention group and did not use the exact writing exercise as the established intervention of Pennebaker and Beall (1986) of writing about a traumatic event for 20 minutes a day for 3 days. It is hoped that future studies will expand on the methods and results of this research.

This research was also limited to those people who were computer literate and who had Internet access. This aspect may have narrowed the number of potential participants and decreased the chances for a more diverse population. For example, there were no participants over the age of 54 in this study. Future studies need to make a stronger effort to target the older population of people who may not have daily access to the Internet and may not be as computer literate by soliciting involvement in retirement centers and/or the AARP (formerly, but no longer, known as the American Association of Retired Persons) meetings. However, this limitation is lessened every day as a growing number of retirement facilities and public libraries offer Internet access. Additionally, as the "baby boomers" become older they will likely own more computers and have a higher rate of computer literacy. Furthermore, non face-to-face contact could have led to fraud, may have had a significant effect on compliance, and could have been a factor in attrition. Another limitation of this research was that participants had to be willing to e-mail back daily logs of their experiences. E-mail logs were required as proof of daily task completion. There were also possible threats to external validity as the sample size was not large and a diverse representative sample of the population was not guaranteed.

External factors could also not be controlled for, such as major life transitions that may have affected outcomes of this study. For example, with respect to those participants who changed the least, one participant was moving to another house, another was changing jobs, and another explained he was under more stress from his job than usual. One woman appeared to change more than any other individual over the 9 weeks. She explained

that she was going through a life transition and was ready to open to spiritual experiences. With respect to the qualitative interviews, those participants selected may not have been equally articulate and perceptive with respect to their experiences, and therefore, may have provided inaccurate information. In addition, an interesting option would have been to conduct interviews with control group participants to see if any of them were experiencing the qualities in sacred moments. Additionally, like the mindfulness-based stress-reduction (MBSR) studies, this study measured the effects of the intervention as a whole and did not control for the various parts of the intervention. Specifically, the intervention was made up of many variables such as breathing, body scan, sensate awareness, and choosing objects that were not controlled for. Future studies may choose to control for these variables or even have a mindfulness-only comparison condition to determine which intervention has the most influence on cultivating sacred moments. Furthermore, future studies might explore whether participants chose a "sacred object" as opposed to a "special or precious" object.

A limitation may have been a possible researcher bias as cultivating sacred moments in daily life was considered an important topic for research. In creating the flyers, questionnaires, response forms, and interview questions, this bias was taken into consideration. In addition, three independent reviewers reviewed these documents for this bias prior to the documents being used. Cultivating sacred moments in daily life plays an important role in my personal life. However, when reviewing and analyzing the data, consideration of this personal bias was taken into account. Finally, although asking participants to cultivate sacred moments, as defined by this research, may have shaped the resultant state and brought in artifactual elements (e.g., demand characteristics) having the participants self-create and self-induce them, limited these factors.

Conclusion

There are many roads to experiencing the sacred and yet there are very few empirically researched interventions in the field of psychology investigating the effects of cultivating these moments. The newly developed intervention used in this study can be seen as a new approach in psychology and a nonthreatening way that could include almost all those roads. At the same time, it is recognized that just like choosing a flavor of ice cream; people have various tastes when choosing to cultivate sacred moments in daily life (e.g., prayer, gardening, yoga, meditation).

This research suggests that sacred moments can indeed be cultivated and has highlighted aspects in life that are sacred to people. In the beginning of this research, there was apprehension about using the word *sacred* because the term is loaded with meanings. Specifically, the word *sacred* might have too much religious sentiment in a field that in the past has shied away from the topics of religion and spirituality. However, Pargament's and Mahoney's (2002) work found that those who identify with the term *religious* and those who identify with the term *spiritual* are both in search of the sacred. In the end, I found that many of the participants who had issues with the term *sacred* in the beginning of the study had embraced it by the end. Many highly respected philosophers, religious scholars, and researchers have made note that spiritual experiences are more accessible than most people think (e.g., Braud, 1988; Emerson, 1843; Heschel, 1955; James, 1902; Maslow, 1970). This study certainly supports their claims. The hope is that this research will serve as a springboard and be integrated into future research in building awareness around the idea that sacred moments can indeed be cultivated and that they have been shown to have beneficial effects on health and well-being.

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