Received 07/30/17
Revised 02/25/18
Accepted 03/11/18
DOI: 10.1002/cvj.12116

The Mediating Effects of Spiritual Bypass on Depression, Anxiety, and Stress

Jesse Fox and Gabriela Picciotto

Spiritual bypass is a defensive psychological posture that prevents people from feeling the pain of difficult emotions or experiences through 2 primary pathways: (a) Psychological Avoidance and (b) Spiritualizing. The authors collected a sample (783 participants) from the general population and tested a parallel mediation model in which 2 factors of spiritual bypass mediated the effect of spirituality on depression, anxiety, and stress. The results demonstrated that Psychological Avoidance and Spiritualizing partially mediated the effect of spirituality on depression and anxiety, whereas they completely mediated the effect of spirituality on stress. The findings are presented in the context of the study's limitations, and implications for clinical practice and research are provided.

Keywords: spiritual bypass, parallel mediation, psychological distress, psychological avoidance, spiritualizing

Welwood (1984) first defined *spiritual bypass* as the "tendency to try to avoid or prematurely transcend basic human needs, feelings, and developmental tasks" (p. 64). Welwood called it "premature transcendence" because of its tendency to compel people to reach higher stages of spiritual development without actually going through the necessary conditions for spiritual growth—what Wilber (2000) called "transcend and repress" as opposed to "transcend and include" (p. 151). Cashwell, Glosoff, and Hammond (2010) noted that spiritual bypass primarily "serves an avoidance function"; specifically, it is the "misuse of the spiritual life to avoid dealing with psychological difficulties" (p. 163). People who engage in this process may describe themselves in spiritual terms or may even report very strong spiritual or transpersonal experiences (Cashwell et al., 2010). However, what appears at first impression to be authentic spiritual maturity is in fact a way of remaining unopen to the demands of spiritual growth, namely, the willingness to accept both positive and negative experience. Both theory and research have, in fact, concluded that people who consider themselves to be spiritual may be the most prone to spiritual bypass (Cashwell et al., 2010; Fox, Cashwell, & Picciotto, 2017; Masters, 2010). If this is indeed true, it is possible that many people either experience or witness spiritual bypass given

Jesse Fox, Department of Counselor Education, Stetson University; Gabriela Picciotto, Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, Porto, Portugal. Correspondence concerning this article should be addressed to Jesse Fox, Department of Counselor Education, Stetson University, 421 North Woodland Boulevard, DeLand, FL 32723 (email: jfox2@stetson.edu).

© 2019 by the American Counseling Association. All rights reserved.

that the majority of people nationally and globally report being spiritual, religious, or both (Pew Research Center, 2012, 2015).

Despite its supposed widespread and frequent occurrence, much of what we know about spiritual bypass is limited to field reports and clinical case studies. Some research on the topic is beginning to take root, but currently there are only two published studies on spiritual bypass in the literature (Cashwell et al., 2010; Fox et al., 2017). More research is needed to help counselors and researchers understand how spiritual bypass relates to their clients' authentic spiritual quests and how it may, in turn, affect their mental health. Therefore, we constructed this study to explore and better understand how spiritual bypass may affect the variability of spirituality and metrics of psychological distress.

Spiritual Bypass

The term *spiritual bypassing* first surfaced in the literature over 30 years ago (Welwood, 1984). However, its basic critique of spirituality is actually quite old. As we have said elsewhere (Fox et al., 2017), the notion that spirituality is merely an illusion concocted by the human psyche to avoid the effects of feeling the pain of a hopeless and meaningless existence is well documented in the fields of psychology (Freud, 1928/1989; Skinner, 1971/2002) and religious studies (Marx, 1982; Nietzsche, 1885/2005, 1882/2008). However, departing from these earlier critiques, the concept of spiritual bypass arose from the perspective of counselors seeing clients avoid major psychological issues by focusing on spirituality (Cashwell, Myers, & Shurts, 2004; Masters, 2010; Welwood, 1984; Whitfield, 2003). Thus, the concept possesses immediate clinical relevance. Furthermore, theoreticians of spiritual bypass are also less suspicious of spiritual and religious experience than are historical critiques of spirituality and religion; they have assumed that spirituality is a worthwhile end entirely unto itself and cannot be reduced to mere psychological self-deception (Fox et al., 2017). Indeed, some experts have put forth the idea that spiritual bypass is an inevitable, and sometimes necessary, step that all spiritual seekers will likely encounter on their journeys (Masters, 2010).

The empirical study of spirituality has picked up momentum in recent years and has shown no signs of slowing down (Koenig, 2011). Spiritual bypass, in contrast, is less frequently studied. Cashwell et al. (2010), in a preliminary investigation, tested a theoretical model of spiritual bypass using hierarchical regressions of related constructs and found that factors such as narcissism and alexithymia (thought to be factors of spiritual bypass) accounted for variance in scores on depression and anxiety over and above spirituality. Their findings supported the assertion that the attenuating effect of spirituality on pathology could be mediated by factors commonly theorized to be factors of spiritual bypass.

Until quite recently, no measures for spiritual bypass existed. Thus, seeing a major methodological problem for the empirical study of spiritual bypass,

Fox et al. (2017) developed the first measure of spiritual bypass, called the Spiritual Bypass Scale–13 (SBS-13). The scale was constructed on the basis of the theory that spiritual bypass emerges out of a perspective that views spirituality as stacked on top of psychology, assuming higher (literally) priority. This perspective can be contrasted with the view that spirituality and psychology are an integrated whole. From their theory, Fox et al. (2017) defined spiritual bypass as "a defensive psychological posture cultivated by a tendency to privilege or exaggerate spiritual beliefs, emotions, or experiences over and against psychological needs creating a means of avoiding or bypassing difficult emotions or experiences" (p. 275). The scale was constructed with several items that elevated spiritual constructs over and above psychological constructs (such as preferring to see a spiritual teacher rather than a psychological helper). Factor analysis ultimately revealed two dimensions to the scale. The first dimension, Psychological Avoidance, included items descriptive of "a process of sidestepping or avoiding difficult emotions, experiences, or circumstances through spiritual beliefs or assumptions" (p. 283). In the literature, spiritual bypass is most often discussed in a context of avoiding or repressing difficult or uncomfortable emotions. However, factor analysis also revealed a second dimension, Spiritualizing, which included items reflective of "ways of appraising ordinary scenarios and exaggerating their spiritual significance" (p. 283). Spiritualizing has received less attention in the literature and is somewhat more difficult to conceptualize. In essence, because spiritual bypass privileges spiritual phenomena, it tends to also downplay the importance of more concrete observation of experience. For example, instead of tracing the origins of poverty to unjust economic practices, someone engaging in spiritual bypass will see poverty and the various problems that come with it as more the influence of spiritual realities. So instead of changing corrupt business practices, someone engaging in spiritual bypass may resort to a spiritual solution such as the power of prayer as the only intervention of change (Unah, 2017). When these two dimensions (Psychological Avoidance and Spiritualizing) are combined, they correlate with a second-order factor (i.e., the total score) that Fox et al. labeled Spiritual Bypass.

Connections to Psychological Distress

Although by no means universally accepted in the mental health fields, spirituality is nevertheless widely understood to be a healthy aspect of human psychology (Koenig, 2010). Mental health models as influential as the Substance Abuse and Mental Health Services Administration's (2017) eight dimensions of wellness or the five-factor model of wellness (Myers, Sweeney, & Witmer, 2000) in counseling all include a dimension of spirituality in their architecture. In Koenig's (2011) systematic review, searching the terms *spirituality*, *religion*, and *health* returned about 3,000 quantitative research studies. Of those studies, 326 were related to well-being, 72 to

hope and optimism, 45 to meaning and purpose, 69 to self-esteem, and 21 to a sense of personal control. In all cases, spirituality and religion overwhelmingly related positively to positive emotions. Of the 3,000 studies, 444 were related to depression, 141 to suicide, 299 to anxiety, 278 to alcohol use/abuse, and 185 to drug abuse. What was true for positive emotions was inversely correlated with negative emotions. Similarly, spirituality, as defined in this study as spiritual transcendence, has consistently demonstrated the same pattern of relationship to similar aspects of psychological health, including purpose in life, recovery from addiction, and emotional balance, among others (Piedmont, 1999, 2001, 2004, 2010). No studies to date would suggest otherwise.

At the same time, it is widely recognized that spirituality, broadly defined, is not always related positively to mental health, and some authors have developed criteria for making inferences about healthy and unhealthy spiritual processes (Griffith, 2010; Masters, 2010; Pargament, 2011; Zinnbauer, 2013). Spiritual bypass does appear to be one spiritually based process that could adversely affect psychological wellness (Cashwell et al., 2010; Fox et al., 2017). Theorists have long claimed that spiritual bypass may increase pathology and either stagnate or regress psychological and spiritual development (Cashwell, Bentley, & Yarborough, 2007; Masters, 2010; Welwood, 1984). Consistent with such postulations, previous research on spiritual bypass has demonstrated a different pattern of association with psychological distress when compared with spirituality; in most instances spiritual bypass was inversely related to health and wellness (Fox et al., 2017). For instance, in their scale validation study ($N = 313$), Fox et al. (2017) found that spiritualizing and spiritual bypass (total score) were positively associated with anxiety ($r = .24$ and $r = .12$, respectively) and stress ($r = .14$, spiritualizing only), whereas psychological avoidance was negatively associated with depression ($r = –.13$). If spiritual bypass is conceptualized as a defense mechanism, this mixed association with psychological distress is a pattern that is consistent with empirical studies of other defensive psychological processes, such as humor and denial (Hyphantis et al., 2013; Jun et al., 2015). At the same time, Fox et al. found that spiritual bypass and spirituality were positively associated with each other with small to large effects (Pearson's *r*s ranging from .16 to .77). They concluded that spiritual bypass builds "upon innate spiritual resources but uses these resources for avoidance rather than acceptance" (p. 284).

However, no research to date is available to illuminate how powerful spiritual bypass potentially is in disrupting what seems to be an inherently healthy connection between spirituality and mental health. Arriving at a better understanding of the potential mediating effects of spiritual bypass would provide counselors and researchers with basic and applied knowledge about how to address spiritual bypass with their clients and provide future directions to continue developing our knowledge base concerning this clinical process. Further research is therefore needed to better parse out

what could be competing effect patterns of spirituality and spiritual bypass on psychological distress.

In the current investigation, our primary research question was "Does spiritual bypass mediate the effect between spirituality and psychological distress?" Therefore, the purpose of this study was to test a series of parallel mediation models of Psychological Avoidance and Spiritualizing (two factors of spiritual bypass) on spirituality's capacity to predict depression, anxiety, and stress. To this end, we tested the following three hypotheses:

Hypothesis 1: Psychological Avoidance and Spiritualizing will mediate the effect of spirituality on depression.
Hypothesis 2: Psychological Avoidance and Spiritualizing will mediate the effect of spirituality on anxiety.
Hypothesis 3: Psychological Avoidance and Spiritualizing will mediate the effect of spirituality on stress.

Method

A simple mediation analysis is a descriptive correlational statistical procedure that involves assessing the degree to which the relationship between a predictor variable and an outcome variable can be explained by a third variable (i.e., the mediating variable; Goodall, Rush, Grünwald, Darling, & Tiliopoulos, 2015). Our purpose for conducting this study was to detect the potential of two facets of spiritual bypass to mediate the effect of spirituality on psychological distress. Thus, a parallel mediation analysis was appropriate (Hayes, 2013). Parallel mediation measures the effect of two or more mediators on an outcome variable and assumes that the mediators do not causally influence each other. Hayes's (2013) PROCESS macro parallel mediation uses bootstrap resampling techniques using 1,000 data sets to calculate direct and indirect effects of study variables and is therefore not limited to normally distributed samples or evidence of direct effects. If the confidence interval does not include zero, then the effect is considered statistically significant. Hayes empirically demonstrated that ordinary least squares will produce the same results as maximum likelihood procedures using structural equation modeling packages for Mplus and LISREL. Hayes's parallel mediation analysis is well established in the literature, and previous researchers have tested mediation models using ordinary least squares similarly to how we tested for mediation in the current investigation (e.g., Carvalho, 2016; Dangel & Webb, 2017; Goodall et al., 2015; Homan, 2014; Lorem, Schirmer, Wang, & Emaus, 2017; Van Tongeren, Hook, & Davis, 2013).

Procedure and Participants

We received ethical approval from our institutional review board before implementing the study's design or recruiting any participants. The participants were recruited from Amazon Mechanical Turk (MTurk) and

were limited to residents of the United States. Participants received a $0.15 incentive for completing the study. Buhrmester, Kwang, and Gosling (2011) demonstrated that using an incentive as small as $0.02 will effectively recruit samples. MTurk is easily integrated with survey software to collect data; in this case we used Qualtrics through the first author's academic institution. A total of 783 participants completed the study. The average age of the sample was 37.54 years old (*SD* = 13.18). With respect to gender, 554 participants (70.8%) were female, 222 were male (28.4%), four were transgender (0.5%), and three were intergender (0.4%). The sample was approximately equivalent to national percentages in terms of race (Caucasian, *n* = 606, 77.4%; Black, *n* = 62, 7.9%; Hispanic, *n* = 47, 6%; Asian, *n* = 44, 5.6%; Arabic, *n* = 5, 0.6%; other, *n* = 19, 2.4%) and religious affiliation (Christian, *n* = 467, 59.6%; spiritual but not religious, *n* = 119, 15.2%; atheist/agnostic, *n* = 79, 10.1%; nothing in particular, *n* = 53, 6.8%; Jewish, *n* = 21, 2.7%; other faith tradition, *n* = 14, 1.8%; Hindu, *n* = 12, 1.5%; Buddhist, *n* = 12, 1.5%; Muslim, *n* = 6, 0.8%), according to the 2010 census on race by the U.S. Census Bureau (2011) and the Pew Research Center's (2015) statistics on religious affiliation. Percentages in this section do not total 100 because of rounding.

MTurk is a crowdsourcing software. Members of the public register with MTurk and freely scan for survey collections to participate in. The diverse distribution of age, gender, race, and religious affiliation noted in the current sample represents a distinct advantage of using MTurk over convenience sampling at U.S. universities, where each demographic variable is likely to be severely restricted in range. The more diverse sample obtained through use of MTurk strengthens the generalizability of study findings. Some methodologists have raised objections over the validity of MTurk for data collection, such as the ability of participants to present as whomever they wish without verification (Ford, 2017). However, recent evidence suggests that MTurk panelists provide responses that match or exceed the quality of data collected from student samples at universities, in person as well as online, or other internet panels such as those supplied through survey software companies like Qualtrics (Goodman, Cryder, & Cheema, 2013; Kees, Berry, Burton, & Sheehan, 2017). Additionally, MTurk has strong reliability for longitudinal research designs (Daly & Nataraajan, 2015). Its diverse sample characteristics, reliability, low cost, and speed are all reasons that MTurk is a "highly recommended" option for social science researchers (Goodman et al., 2013, p. 222). Because of its empirically tested reliability and capacity for collecting large and diverse samples, we concluded that MTurk was a valid method to better understand the relationships between self-reported spirituality, spiritual bypass, and psychological distress.

Statistical Power

Type I statistical error in mediation analysis refers to the erroneous finding that a mediation effect exists when in fact one does not. Hayes's (2013)

PROCESS macro use of bootstrap confidence intervals using 1,000 random data sets for parallel mediation reduces the likelihood of committing a Type I error. The ordinary least squares regression will also produce the same results as structural equation modeling regardless of whether multiple outcome variables are modeled individually or simultaneously (Dangel & Webb, 2017; Hayes, 2013; Homan, 2014). Type II statistical error in mediation analysis refers to the erroneous finding that no mediation effect exists when in fact there is one. This type of error is inversely related to sample size, so that the larger the sample, the lower the likelihood of committing a Type II error. We conducted an a priori power analysis of .80 for multiple linear regression based on three predictor variables to detect a moderate effect size of 0.15 ($\alpha = .05$), which determined the minimum sample size to be 76 (Soper, 2016).

Measures

Assessment of Spirituality and Religious Sentiments (ASPIRES). ASPIRES (Piedmont, 1999, 2010) is made up of two major sections: (a) Spiritual Transcendence and (b) Religious Sentiments. Spiritual Transcendence includes 23 items and is made up of three correlated facets. Spirituality is defined in several ways in the social science literature, in at least 40 ways to be more precise (Scott, 1997, as cited in Hill et al., 2000). According to Piedmont (1999), spiritual transcendence is an aspect of numinous functioning and can be defined by

> the capacity of individuals to stand outside of their immediate sense of time and place to view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature and finds a bonding with others that cannot be severed, not even by death. (p. 988)

Piedmont's (1999) guiding theory of spirituality is used in the current study as a contrast to the concept of spiritual bypass. Consistent with Piedmont's (1999) theory of spirituality, (a) *prayer fulfillment* represents a sense of satisfying engagement with the numinous, (b) *universality* represents the sense of deep and abiding unity to life, and (c) *connectedness* represents a sense of communion with the human family that transcends time and cultural subgroups. The three facets are summed together to create a total score for spirituality. The second section, Religious Sentiments, is made up of two facets: (a) *Religious involvement* represents the degree to which people prioritize religious practices, and (b) *religious crisis* represents the degree of tension that exists between one's self and the numinous or with one's religious community. For the purposes of the current study, we were only interested in testing the predictive effects of spirituality and so limited our analyses to the Spiritual Transcendence section of the ASPIRES. Responses on the Spiritual Transcendence section are recorded on a 5-point Likert scale ranging from *strongly agree* to *strongly disagree.* The alpha coefficient for spirituality was consistent with the normative data for the ASPIRES (typically .90 or

above), which was normed on several national and international samples and is depicted in Table 1 with each alpha value for all study variables along the diagonal (Piedmont, 2010). The ASPIRES also controls for the effects of age and gender through a scoring syntax that we used before converting all study variables to standardized *z* scores.

SBS-13. The SBS-13 (Fox et al., 2017) is a 13-item self-report instrument that measures the tendency to privilege spiritual beliefs, practices, and experiences over and above psychological needs. It is made up of two correlated facets that correlate with a second-order factor (total score) called Spiritual Bypass. The first facet, Psychological Avoidance, includes nine items and reflects a tendency to avoid difficult psychological experiences or emotions by focusing on spirituality. An example item from the facet includes "It is more important to me to seek spiritual guidance than to seek aid from a psychological helper." According to the normative data provided by Fox et al. (2017), alpha coefficients for Psychological Avoidance were .82 on two separate samples. The second facet, Spiritualizing, is made up of four items that represent a tendency to overemphasize spiritual explanations for difficult experiences. An example item includes "When someone I know is in trouble, I believe it is because they have done something wrong spiritually." According to the normative data provided by Fox et al., alpha coefficients for Spiritualizing were .75 and .77 on two separate samples. Responses on the SBS-13 are recorded on a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. The SBS-13 was normed on a sample of 661 participants from the U.S. general population. The mean scores for Psychological Avoidance and Spiritualizing for the current sample (see Table 1) were closely matched to the mean scores for the norming sample of the SBS-13. The alpha coefficients for the current study were within equally acceptable ranges and are depicted in Table 1. We did not include the composite total score for the SBS-13 because of the research design.

TABLE 1

Intercorrelations, Means, and Standard Deviations for Study Variables

Variable	1	2	3	4	5	6	*M*	*SD*
1. SPT	**.90**						83.58	14.64
2. PSY-A	.52**	**.83**					22.38	5.33
3. SPI	.26**	.66**	**.76**				7.65	2.31
4. STR	–.11**	–.07	.00	**.90**			6.85	5.28
5. ANX	–.11**	–.03	.04	.72**	**.86**		4.71	4.82
6. DEP	–.20**	–.08*	.03	.78**	.69**	**.93**	5.26	5.54

Note. $N = 783$. Bolded values represent Cronbach's alphas for each scale. SPT = spirituality; PSY-A = Psychological Avoidance; SPI = Spiritualizing; STR = stress; ANX = anxiety; DEP = depression.

*$p < .05$, two-tailed. **$p < .01$, two-tailed.

Depression, Anxiety, and Stress Scale–21 (DASS-21). The DASS-21 (Brown, Chorpita, Korotitsch, & Barlow, 1997; Lovibond & Lovibond, 1995) is a 21-item measure of psychological distress. The DASS-21 has demonstrated strong evidence of convergent validity with moderate to large correlations with established depression and anxiety inventories (Lovibond & Lovibond, 1995) and demonstrated equal reliability in clinical and nonclinical samples with alpha coefficients typically exceeding .90 (Page, Hooke, & Morrison, 2007). The DASS-21 provides a table of cut scores to compare sample means with the norming sample. The current sample evidenced sample means indicative of mild depression (M = 5.26, SD = 5.54), mild anxiety (M = 4.71, SD = 4.82), and normal stress (M = 6.85, SD = 5.28). Elevated scores on psychological distress in the current sample are consistent with results found in previous research in which the DASS-21 was used with MTurk samples (Arditte, Çek, Shaw, & Timpano, 2016). The alpha coefficients for the DASS-21 subscales in the current sample demonstrated internal reliability comparable with previous validation studies and are shown in Table 1.

Demographic questionnaire. Participants completed a demographic questionnaire. This questionnaire collected information about participants' age, gender, race, and religious affiliation.

Results

Correlations Between Study Variables

There were no missing data because participants were required to respond to each question in Qualtrics before moving on to subsequent surveys. We conducted a Spearman's rho correlation analysis between all study variables because depression, anxiety, and stress were all positively skewed. The correlational values are organized in Table 1 along with the alpha coefficients, means, and standard deviations for all study variables. Spirituality was negatively correlated with depression ($\rho = -.20$, $p < .01$), anxiety ($\rho = -.11$, $p < .01$), and stress ($\rho = -.11$, $p < .01$) with modest effects. Psychological Avoidance ($\rho = .52$, $p < .01$) and Spiritualizing ($\rho = .26$, $p < .01$) were positively correlated with spirituality with modest to moderate effects. There was only one significant association between the two factors of spiritual bypass and measures of pathology. In this case, Psychological Avoidance negatively correlated with depression ($\rho = .08$, $p < .05$) with modest effects.

Parallel Mediation Analysis

We conducted three parallel mediation analyses to test our three hypotheses that spiritual bypass would mediate the effect between spirituality and depression, anxiety, and stress. Before conducting any statistical analyses, we converted all scales to z scores to standardize interpretation of the regression effects in terms of standard deviation. The ASPIRES technical manual (Piedmont, 2010) requires that standard scores be computed to control for the

effects of age and gender on scores of spirituality. Thus, standardizing scores on other study variables was conducted for practical purposes of interpretation, not for computational reasons. In each analysis, spirituality was the independent variable (x) and Psychological Avoidance (m_1) and Spiritualizing (m_2) were the two mediators. The outcome variables ($y_{1,2,3}$) were alternated in a stepwise fashion between depression, anxiety, and stress. Figures 1 to 3 depict the path diagram of the regression coefficients for each parallel mediation. Path c' represents the direct effect of spirituality on psychological distress while controlling for the mediation variables; path a_1 represents the direct effect of spirituality on Psychological Avoidance; path a_2 represents the direct effect of spirituality on Spiritualizing; path b_1 represents the direct effect of Psychological Avoidance on psychological distress; b_2 represents the direct effect of Spiritualizing on psychological distress; path $a_1 b_1$ represents the indirect effect of spirituality on psychological distress mediated by Psychological Avoidance; path $a_2 b_2$ represents the indirect effect of spirituality on psychological distress mediated by Spiritualizing. The regression analysis demonstrated a significant relationship with spirituality and both mediators in all three analyses. The analyses also showed a significant relationship between both mediators and depression. However, only Spiritualizing was significantly associated with anxiety and stress. Collectively, spirituality, Psychological Avoidance, and Spiritualizing predicted 5% of variance in

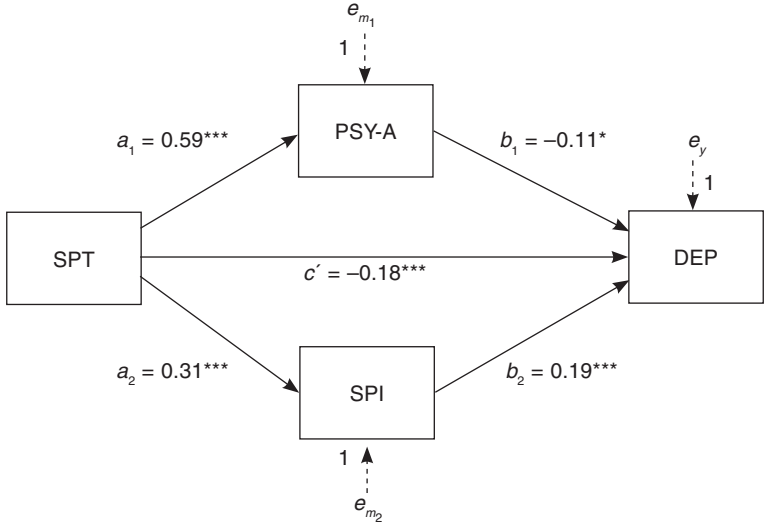

FIGURE 1

Parallel Mediation Model Predicting Depression

Note. N = 783. e_{m1} and e_{m2} = the error in estimating the mediators; e_y = the error in estimating the outcome variable; SPT = spirituality; PSY-A = Psychological Avoidance; SPI = Spiritualizing; DEP = depression.
*p < .05. ***p < .001.

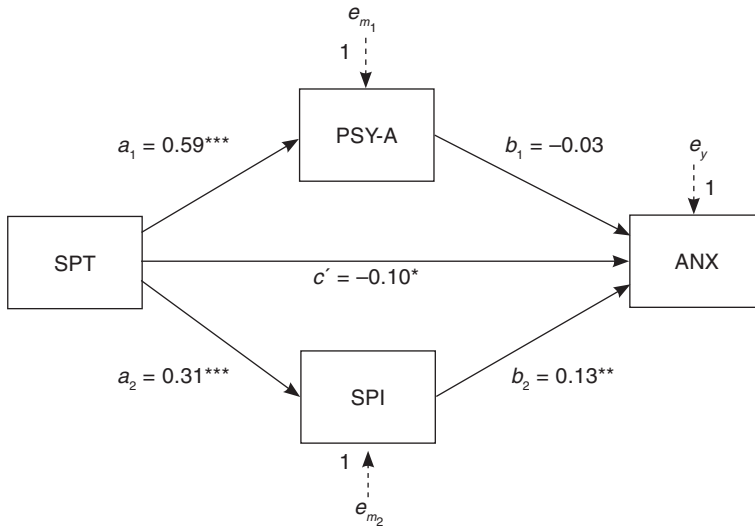

FIGURE 2

Parallel Mediation Model Predicting Anxiety

Note. N = 783. e_{m1} and e_{m2} = the error in estimating the mediators; e_y = the error in estimating the outcome variable; SPT = spirituality; PSY-A = Psychological Avoidance; SPI = Spiritualizing; ANX = anxiety.
*p < .05. **p < .01. ***p < .001.

depression, $F(3, 779) = 14.62$, $p < .001$; 2% of variance in anxiety, $F(3, 779) = 14.62$, $p < .001$; and 2% of variance in stress, $F(3, 779) = 14.62$, $p < .001$.

Table 2 presents the statistical significance tests for the direct and indirect effects of the three parallel mediation models. The total effect is the direct effect of spirituality on psychological distress without accounting for any mediation effects of Psychological Avoidance and Spiritualizing. The direct effect represents the effect of spirituality on psychological distress while accounting for the mediating effect of Psychological Avoidance and Spiritualizing. The total indirect effect is a test of the difference between mediation effects and assesses whether the differential effect between the mediators on the outcome is different than zero. Finally, the indirect effect via Psychological Avoidance represents path $a_1\, b_1$, and the indirect effect via Spiritualizing represents path $a_2\, b_2$.

The total effect of spirituality on all three metrics of psychological distress (depression, anxiety, and stress) was significant (see Table 2) and, in all three cases, spirituality predicted lower symptomatology. The direct effect remained significant after controlling for Psychological Avoidance and Spiritualizing in the case of depression (β = –.18, 95% bias-corrected confidence interval [CI] [–.26, –.09]) and anxiety (β = –.10, 95% bias-corrected CI [–.19, –.01]). Both Psychological Avoidance (β = –.07, 95% bias-corrected CI [–.13, –.002]) and Spiritualizing (β = .06, 95% bias-corrected CI [.03, .09]) were significant,

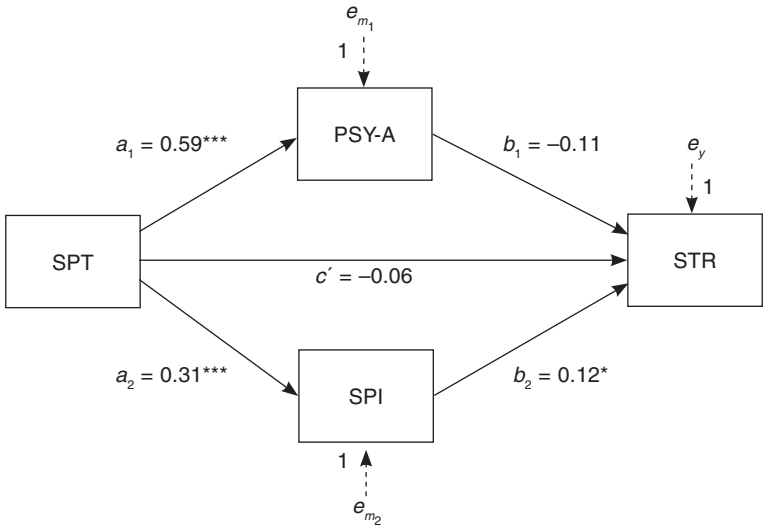

FIGURE 3

Parallel Mediation Model Predicting Stress

Note. N = 783. e_{m1} and e_{m2} = the error in estimating the mediators; e_y = the error in estimating the outcome variable; SPT = spirituality; PSY-A = Psychological Avoidance; SPI = Spiritualizing; STR = stress.
*p = .05. ***p < .001.

partial mediators between spirituality and depression. A single standard deviation difference in spirituality would predict a .07 standard deviation increase in depression as mediated by Spiritualizing and a .06 standard deviation decrease in depression as mediated by Psychological Avoidance. Thus, Hypothesis 1 was fully supported. There was also evidence of partial mediation for anxiety; however, in this instance only Spiritualizing (β

TABLE 2

Parallel Multiple Mediation Analysis Examining the Direct and Indirect Effects of Spirituality on Psychological Distress by Psychological Avoidance and Spiritualizing

	Depression			Anxiety			Stress		
Variable	β	***SE***	**95% CI**	β	***SE***	**95% CI**	β	***SE***	**95% CI**
TE	–.19	–.04	[–.25, –.12]	–.08	–.04	[–.15, –.01]	–.09	.04	[–.16, –.02]
DE	–.18	–.04	[–.26, –.09]	–.10	.05	[–.19, –.01]	–.06	.05	[–.15, .02]
IDTE	–.01	.03	[–.07, –.04]	–.02	.03	[–.03, .08]	–.03	.03	[–.09, –.03]
ID × PA	–.07	.03	[–.13, –.002]	–.02	.03	[–.08, .05]	–.06	.04	[–.14, .003]
ID × SP	.06	.02	[.03, .09]	.04	.02	[.01, .07]	.04	.02	[.01, .07]

Note. N = 783. CI = bias-corrected confidence interval; TE = total effect; DE = direct effect; IDTE = indirect total effect; ID = indirect effect; PA = Psychological Avoidance; SP = Spiritualizing.

= .04, 95% bias-corrected CI [.01, .07]) was a significant mediator. A single standard deviation difference in spirituality would predict a .04 standard deviation increase in anxiety as mediated by Spiritualizing. Hypothesis 2 therefore received partial support. In the case of stress, the direct effect became nonsignificant (β = –.06, 95% bias-corrected CI [–.15, .02]), indicative of complete mediation; Spiritualizing (β = .04, 95% bias-corrected CI [.01, .07]) was the only significant mediator. The effect also predicted an increase in stress, where a single standard deviation difference in spirituality would predict a .04 standard deviation increase in stress as mediated by Spiritualizing. So, Hypothesis 3 also received partial support. The total indirect effects were only interpretable in the case of depression where both mediators were significant, therefore allowing their effects to be compared. In that case, Psychological Avoidance was a slightly stronger predictor of depression than Spiritualizing by .01 standard deviation but this difference was not statistically significant (β = –.01, 95% bias-corrected CI [–.07, .04]).

Discussion

In this study, we investigated a parallel mediation model to ascertain how each factor of spiritual bypass (Psychological Avoidance and Spiritualizing) may disrupt the effect of spirituality on depression, anxiety, and stress. For this purpose, we developed and tested three hypotheses using Hayes's (2013) parallel mediation PROCESS macro; in each instance spirituality was the independent variable (x); Psychological Avoidance (m_1) and Spiritualizing (m_2) were the two mediators; and depression, anxiety, and stress were the outcome variables ($y_{1,2,3}$). The correlations between study variables, when significant, were consistent with prior theory and research on spirituality and spiritual bypass (Fox et al., 2017). As expected, the regression analysis demonstrated a significant relationship with spirituality and both mediators in all three analyses, because there appears to be a significant relationship between spiritual bypass and authentic spirituality. According to Fox et al. (2017), spiritual bypass may work by leveraging spirituality and co-opting it as a defense mechanism, and this theory appears to be supported by the results of the current investigation.

The results supported Hypothesis 1, which stated that both Psychological Avoidance and Spiritualizing would mediate the effect of spirituality on depression. However, Hypotheses 2 and 3 were only partially supported as only Spiritualizing mediated the effect of spirituality on anxiety and stress. Perhaps the most striking finding of the current study is how each factor of spiritual bypass can potentially mediate the effect of spirituality on psychological distress in diverse ways. In all cases, Spiritualizing was positively associated with all three types of psychological distress. In this sense, when spiritual bypass occurs through the pathway of appraising ordinary scenarios and exaggerating their spiritual significance, it predicts negative effects on psychological distress. On the other hand, Psychological

Avoidance was a significant mediator for depression but in this case the relationship was inverted—Psychological Avoidance predicted a lower score on depression. These observations suggest that the effects of spiritual bypass, especially when it is using spirituality as a process of sidestepping or avoiding difficult emotions, experiences, or circumstances, could be adaptive. Also, the competing effects between Psychological Avoidance and Spiritualizing could help to explain why spiritual bypass is commonly associated with emotional stagnation or regression. In the current sample, Spiritualizing emerged as a stronger mediator—although only slightly more powerful when both effects were compared with each other. These results would indicate that when people place an overexaggerated importance on the spiritual significance of their experiences, the predicted effects would discourage psychological health.

Consistent with previous empirical research (Fox et al., 2017), this study demonstrated that spiritual bypass relates to psychological health contrary to the effects of authentic spirituality. The findings also make a significant contribution to literature by providing evidence of the power of spiritual bypass to disrupt the association between authentic spirituality and the typical positive associations it carries with psychological well-being. The results demonstrated that the way in which the spiritual bypass reconfigures or interferes with spirituality's relationship to psychological distress encompasses a certain level of complexity and nuance; depending on the conditions and the way spiritual bypass occurs for individuals, it could attenuate the effects of psychological distress such as depression or it may predict higher scores as in the case of anxiety and stress. Nevertheless, it is important to remember that the scale used to measure psychological distress (DASS-21) is a scale constructed to capture the experience of depression, anxiety, and stress over the course of the previous week. Thus, the state-specific nature of our results leaves room for the possibility that Psychological Avoidance will bring with it short-term solutions to deal with depression, but longitudinally the picture could be different. Clearly, more research is needed to further map out the complex relationship between spiritual bypass and psychological health.

Limitations

As with all data collection strategies, there are limitations. In this study, we used crowdsourcing technology to collect data. MTurk samples can perform poorly on tasks on which a high degree of attention is required, especially for experimental designs or where non-self-report data are collected (such as knowledge tasks; Goodman et al., 2013). Some participants may also speed through assessments without giving authentic responses; Goodman et al. (2013) suggested use of attention check procedures to prevent such responding. Another strategy would be to check the alpha reliability levels for study instruments to ensure they are in acceptable ranges (Buhrmester

et al., 2011). Although the internal reliabilities for all study instruments were acceptable, we did not use attention checks as is sometimes recommended to researchers using this method of data collection to increase the likelihood of collecting valid data. Using some attention checks could have provided stronger validation of our data collection rather than using internal consistencies of scales as the lone source of evidence.

To interpret results, we used the conventional language of mediation analysis to refer to some of our findings as "partial" or "complete" mediation. Some have argued that this terminology is antiquated and lacks a proper understanding of statistical reasoning (Hayes, 2013; Rucker, Preacher, Tormala, & Petty, 2011). Relying too heavily on the distinction between types of mediation effects may create the false assumption that a complete mediation finding simultaneously is preferable to partial mediation and provides a full account for why spirituality (in this case) did not affect stress. The reality is that there are always other variables that are not included in a mediation model that could potentially confound the effect between a predictor and an outcome. A nonsignificant c' does not end the search for potential mediators (Rucker et al., 2011). Thus, we make no claim that the variables we examined are by any means exhaustive. It is also important to point out that the effect sizes in this study were modest. However, context is needed for the practical significance of effect sizes to be understood properly. Previous research on spirituality and spiritual bypass in relationship to other psychosocial variables has demonstrated effect sizes comparable to those of the current study (Fox et al., 2017; Piedmont, 2001). At the same time, we acknowledge that spirituality and spiritual bypass, important as they are to consider, do not explain everything about psychological distress. We caution readers from taking these results too far in application by making spiritual bypass what Piedmont (2001) called a *Rosetta stone of the mind* that comprises "variables that are seen as being *the* single dimension capable of unlocking a complete understanding of the psyche" (p. 10). As important as it is to assess for spiritual bypass in clinical scenarios and understand its relationship to other aspects of human psychology, we acknowledge it is by no means the only cause of psychological distress.

Implications for Clinical Practice

Our findings reaffirm previous literature emphasizing the importance of assessing spiritual bypass in clinical relationships (Cashwell et al., 2004; Clarke, Giordano, Cashwell, & Lewis, 2013; Fox et al., 2017). Even if clients have a healthy and robust spirituality, our results suggest that if it is accompanied by spiritual bypass, clients may not experience the full psychological benefits of their spiritual life. At the same time, however, we cannot state with any confidence how this process is best addressed because the answer to how clinicians ought to respond to spiritual bypass is complicated by several factors. Of course, as others have noted, spiritual bypass functions under

the pretense of ameliorating psychological discomfort and is probably best understood as a form of coping or as a unique defense mechanism (Clarke et al., 2013; Masters, 2010). So far, previous findings have provided a mixed picture of how successful it may be in relieving the suffering it is intended to address. One adaptive feature may be that spiritual bypass could reduce spiritual or religious struggle, which, in turn, tends to be associated with emotional dysphoria (Fox et al., 2017). On the other hand, spiritual bypass tends to be associated with and predict psychological distress. Thus, it is likely in clinicians' best interests to honor the complexity of how spiritual bypass may affect wellness, both its potential benefits and its deficits. If it can be granted that spiritual bypass provides clients with a sense of hope in relieving their suffering, it would not be advisable to try to remove it too quickly from their repertoire of coping skills—doing so could potentially exacerbate their distress. Following Clark et al.'s (2013) as well as Fox et al.'s (2017) guidelines, it is important to first investigate the underlying motivations for spiritual bypass, empathize with clients' distress, provide opportunities for healthier coping, develop networks of spiritual mentorship to conserve or transform clients' spirituality, and help clients develop their emotional regulation skills, all before asking clients to move beyond spiritual bypass.

Implications for Future Research

As we noted in our discussion, further validation studies are needed to better understand the complex relationship between psychological avoidance, spiritualizing, and other bio-psycho-social-spiritual variables. The next phase of investigations could help to illuminate the potentially beneficial features of spiritual bypass. One area of immediate concern is how spiritual bypass may affect spiritual and religious struggle. Also, no studies to date have examined the associations between spiritual bypass and cultural diversity. There is a need for future research to consider how spiritual bypass relates to diverse demographics, including how scores could vary depending on the type of religious affiliation, nationality, race, ethnicity, or gender of participants; it is possible that some populations are more or less prone to spiritual bypass as compared with others. Finally, there are several questions open to investigation about how spiritual bypass evolves, including the potential, as sometimes reported, of a compounding effect of spiritual bypass on psychological distress over time.

Conclusion

In this study, we conducted a parallel mediation analysis according to Hayes (2013). The results fully supported Hypothesis 1 and partially supported Hypotheses 2 and 3. In effect, factors of spiritual bypass—Psychological Avoidance and Spiritualizing—partially and, in one instance, fully mediated the effect of spirituality on psychological distress. On the basis of our findings, we have noted both limitations of the current study and its implications for

future clinical practice and research. We hold that spiritual bypass is a clinical process worth assessing in that it may inhibit people from experiencing the full benefit of their spiritual commitments.

References

Arditte, K. A., Çek, D., Shaw, A. M., & Timpano, K. R. (2016). The importance of assessing clinical phenomena in Mechanical Turk research. *Psychological Assessment, 28,* 684–691. doi:10.1037/pas0000217

Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behavior Research and Therapy, 35,* 79–89. doi:10.1016/S0005-7967(96)00068-X

Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data? *Perspectives on Psychological Science, 6,* 3–5. doi:10.1177/1745691610393980

Carvalho, R. G. (2016). Gender differences in academic achievement: The mediating role of personality. *Personality and Individual Differences, 94,* 54–58. doi:10.1016/j.paid.2016.01.011

Cashwell, C. S., Bentley, P. B., & Yarborough, J. P. (2007). The only way out is through: The peril of spiritual bypass. *Counseling and Values, 51,* 139–148. doi:10.1002/j.2161-007X.2007.tb00071.x

Cashwell, C. S., Glosoff, H. L., & Hammond, C. (2010). Spiritual bypass: A preliminary investigation. *Counseling and Values, 54,* 162–174. doi:10.1002/j.2161-007X.2010.tb00014.x

Cashwell, C. S., Myers, J. E., & Shurts, W. M. (2004). Using the developmental counseling and therapy model to work with a client in spiritual bypass: Some preliminary considerations. *Journal of Counseling & Development, 82,* 403–409. doi:10.1002/j.1556-6678.2004.tb00327.x

Clarke, P. B., Giordano, A. L., Cashwell, C. S., & Lewis, T. F. (2013). The straight path to healing: Using motivational interviewing to address spiritual bypass. *Journal of Counseling & Development, 91,* 87–94. doi:10.1002/j.1556-6676.2013.00075.x

Daly, T. M., & Nataraajan, R. (2015). Swapping bricks for clicks: Crowdsourcing longitudinal data on Amazon Turk. *Journal of Business Research, 68,* 2603–2609.

Dangel, T., & Webb, J. R. (2017). Spirituality and psychological pain: The mediating role of social support. *Mental Health, Religion & Culture, 20,* 246–259. doi:10.1080/13674676.2017.1345880

Ford, J. B. (2017). Amazon's Mechanical Turk: A comment. *Journal of Advertising, 46,* 156–158. doi:10.1080/00913367.2016.1277380

Fox, J., Cashwell, C. S., & Picciotto, G. (2017). The opiate of the masses: Measuring spiritual bypass and its relationship to spirituality, religion, mindfulness, psychological distress, and personality. *Spirituality in Clinical Practice, 4,* 274-287. doi:10.1037/scp0000141

Freud (1989). *The future of an illusion.* New York, NY: Norton. (Original work published 1928)

Goodall, K., Rush, R., Grünwald, L., Darling, S., & Tiliopoulos, N. (2015). Attachment as a partial mediator of the relationship between emotional abuse and schizotypy. *Psychiatry Research, 230,* 531–536. doi:10.1016/j.psychres.2015.09.050

Goodman, J. K., Cryder, C. E., & Cheema, A. (2013). Data collection in a flat world: The strengths and weaknesses of Mechanical Turk samples. *Journal of Behavioral Decision Making, 26,* 213–224. doi:10.1002/bdm.1753

Griffith, J. L. (2010). *Religion that heals, religion that harms: A guide for clinical practice.* New York, NY: Guilford Press.

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis*. New York, NY: Guilford Press.

Hill, P. C., Pargament, K. I., Hood, R. W., Jr., McCullough, M. E., Sawyers, J. P., Larson, D. B., & Zinnbauer, B. J. (2000). Conceptualizing religion and spirituality: Points of commonality, points of departure. *Journal for the Theory of Social Behaviour, 30,* 51–77. doi:10.1111/ 1468-5914.00119

Homan, K. J. (2014). A mediation model linking attachment to God, self-compassion, and mental health. *Mental Health, Religion & Culture, 17,* 977–989. doi:10.1080/13674676.2014.984163

Hyphantis, T., Almyroudi, A., Paika, V. F., Degner, L. F., Carvalho, A. F., & Pavlidids, N. (2013). Anxiety, depression and defense mechanisms associated with the treatment decisional preferences and quality of life in non-metastatic breast cancer: A 1-year prospective study. *Psycho-Oncology, 22,* 2470–2477.

Jun, J. Y., Lee, Y. G., Lee, S., Yoo, S. Y., Song, J., & Kim, S. J. (2015). Association between defense mechanisms and psychiatric symptoms in North Korean refugees. *Comprehensive Psychiatry, 56,* 179–187.
Kees, J., Berry, C., Burton, S., & Sheehan, K. (2017). An analysis of data quality: Professional panels, student subject pools, and Amazon's Mechanical Turk. *Journal of Advertising, 46,* 141–155. doi:10.1080/00913367.2016.1269304
Koenig, H. G. (2010). Spirituality and mental health. *International Journal of Applied Psychoanalytic Studies, 7,* 116–122.
Koenig, H. (2011). *Spirituality and health research: Methods, measurement, statistics, and resources*. West Conshohocken, PA: Templeton Press.
Lorem, G. F., Schirmer, H., Wang, C. E. A., & Emaus, N. (2017). Ageing and mental health: Changes in self-reported health due to physical illness and mental health status with consecutive cross-sectional analyses. *BMJ Open, 7,* e013629. doi:10.1136/bmjopen-2016-013629
Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy, 33,* 335–343. doi:10.1016/0005-7967(94)00075-U
Marx, K. (1982). *Critique of Hegel's 'Philosophy of right.'* London, UK: Cambridge University Press. Retrieved from https://books.google.com/books?id=uxg4AAAAIAAJ&printsec=frontcover&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false
Masters, R. A. (2010). *Spiritual bypassing: When spirituality disconnects us from what really matters*. Berkeley, CA: North Atlantic Books.
Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development, 78,* 251–266. doi:10.1002/j.1556-6676.2000.tb01906.x
Nietzsche, F. (2005). *Thus spoke Zarathustra*. New York, NY: Barnes & Noble Books. (Original work published 1885)
Nietzsche, F. (2008). *The gay science* [Kindle DX version]. Retrieved from Amazon.com (Original work published 1882)
Page, A. C., Hooke, G. R., & Morrison, D. L. (2007). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in depressed clinical samples. *British Journal of Clinical Psychology, 46,* 283–297. doi:10.1348/014466506X158996
Pargament, K. (2011). *Spiritually integrated psychotherapy: Understanding and addressing the sacred* (2nd ed.). New York, NY: Guilford Press.
Pew Research Center. (2012). *The global religious landscape.* Retrieved from http://www.pewforum.org/2012/12/18/global-religious-landscape-exec/
Pew Research Center. (2015). *Religious landscape study.* Retrieved from http://www.pewforum.org/religious-landscape-study/
Piedmont, R. L. (1999). Does spirituality represent the sixth factor of personality? Spiritual transcendence and the five-factor model. *Journal of Personality, 67,* 985–1013.
Piedmont, R. L. (2001). Spiritual transcendence and the scientific study of spirituality. *Journal of Rehabilitation, 67,* 4–14.
Piedmont, R. L. (2004). Spiritual transcendence as a predictor of psychosocial outcome from an outpatient substance abuse program. *Psychology of Addictive Behaviors, 18,* 213–222.
Piedmont, R. L. (2010). *Assessment of spirituality and religious sentiment: Technical manual.* Columbia, MD: Author.
Rucker, D. D., Preacher, K. J., Tormala, Z. L., & Petty, R. E. (2011). Mediation analysis in social psychology: Current practices and new recommendations. *Social and Personality Psychology Compass, 5,* 359–371. doi:10.1111/j.1751-9004.2011.00355.x
Skinner, B. F. (2002). *Beyond freedom and dignity.* Indianapolis, IN: Hackett. (Original work published 1971). Retrieved from https://books.google.com/books?id=CtF6FDfUcQoC&printsec=frontcover&source =gbs_ge_summary_r&cad=0#v=onepage&q&f=false
Soper, D. S. (2016). A-priori sample size calculator for multiple regression [Computer software]. Retrieved from http://www.danielsoper.com/statcalc/calculator.aspx?id=1
Substance Abuse and Mental Health Services Administration. (2017, October). Learn the eight dimensions of wellness. Retrieved from: https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953
Unah, L. (2017, November 16). Young Nigerians are connecting with Pentecostal churches: Will they return to Catholicism? *America: The Jesuit Review of Faith & Culture.* Retrieved from https://www.americamagazine.org/faith/2017/11/16/young-nigerians-are-connecting-pentecostal-churches-will-they-return-catholicism

U.S. Census Bureau. (2011). *Overview of race and Hispanic origin: 2010.* Retrieved from https://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf

Van Tongeren, D. R., Hook, J. N., & Davis, D. E. (2013). Defensive religion as a source of meaning in life: A dual mediational model. *Psychology of Religion and Spirituality, 5,* 227–232. doi:10.1037/a0032695

Welwood, J. (1984). Principles of inner work: Psychological and spiritual. *Journal of Transpersonal Psychology, 16,* 63–73.

Whitfield, C. (2003). *My recovery: A personal plan for healing*. Deerfield Beach, FL: Health.

Wilber, K. (2000). *Integral psychology: Consciousness, spirit, psychology, therapy*. Boston, MA: Shambhala.

Zinnbauer, B. J. (2013). Models of healthy and unhealthy religion and spirituality. In K. Pargament (Ed.), *APA handbook of psychology, religion, and spirituality: Vol. 2. An applied psychology of religion and spirituality* (pp. 71–89). Washington, DC: American Psychological Association. doi:10.1037/14046-004