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The Opiate of the Masses: Measuring Spiritual Bypass and Its Relationship to Spirituality, Religion, Mindfulness, Psychological Distress, and Personality

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This article discusses the development of the Spiritual Bypass Scale-13 (SBS-13). *Spiritual bypass* is a clinical process of avoiding difficult psychological material using spiritual beliefs, practices, or experiences. A major limitation to the literature on spiritual bypass is that no psychometrically sound measures of the phenomenon exist, thus preventing scholars and clinicians from understanding its causes and treatment implications beyond anecdotal case reports. The SBS-13 was developed using a community sample of 661 participants. The factor structure of the SBS-13 was investigated using exploratory and confirmatory factor analysis which identified 2 facets (Psychological Avoidance and Spiritualizing) with a second order facet (Spiritual Bypass). The reliability of SBS-13 was satisfactory, with alpha coefficients ranging from .75 to .87 across 2 different samples. The convergent, discriminant, predictive, and incremental validity of the SBS-13 was assessed using several criterion variables including measures of spirituality, religiosity, religious problems-solving style, mindfulness, stress, anxiety, depression, and the Five Factor Model of Personality. We concluded that the SBS-13 is a significant contribution to the research on spiritual bypass and can be used in clinical settings as a screening tool and for future research.

Keywords: spiritual bypass, psychometrics, scale development

Karl Marx (1982) famously said that religion is the opiate of the masses. In context, Marx was critiquing the role that belief in God and the structures of religion played to numb the pain of economic oppression (Becker & Woessmann, 2013). His critique of religious thought and practice would be echoed later by two others, AQ: 2 who collectively Paul Ricoeur (1970) referred to as the *masters of suspicion*—Friedrich Nietzsche and Sigmund Freud. All three held in common a hermeneutic of suspicion, deciphering false consciousness as a means of liberating people from their own illusions. This pattern of explaining away religious and spiritual experience as a way of avoiding the pain of reality would find fertile ground in the theories of psychology, as Skinner (1971) would later quip AQ: 3 that God is nothing more than "the archetype pattern of an explanatory fiction" (p. 201). Of course, such critical notions are balanced by the modern psychology of religion and spirituality, which sees spirituality as a powerful source for health and wellbeing (Pargament, 2011), a basic AQ: 4 conclusion that goes as far back as the turn of the 20th century with William James' *The Varieties of Religious Experience* (James, 2003).

Reductive theories of spirituality are increasingly difficult to maintain as research has demonstrated that it is an organismic drive in its' own right, not better explained by more basic

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psychology drives and personality features (Piedmont, 1999). Spirituality as a defensive posture to life's difficulties has found new expression, however, in a concept called *spiritual bypass*. In contrast to historic psychological criticisms of spirituality, spiritual bypass does not assume that all spirituality is a mere illusion of human consciousness, but rather pinpoints a common clinical problem (i.e., the use of spirituality to numb or to avoid psychological pain, potentially preventing holistic growth).

Though the concept of spiritual bypass has garnered attention from clinicians who regularly witness its manifestation in their work, empirical research of the construct has never taken foot. The primary reason for this is the lack of available instrumentation to measure the construct. Therefore, the purpose of this study was to develop a psychometrically sound measure of spiritual bypass, investigate its associations with existing measures of spirituality and religion, and test its capacity to predict levels of psychological distress.

Spiritual Bypass

John Welwood first introduced the term *spiritual bypassing* in 1984 to address the tendency of using spiritual ideas and practices to sidestep or avoid facing unresolved emotional issues, psychological wounds, and unfinished developmental tasks (Welwood, 1984). Similarly, Whitfield (1987, 1995, 2003) described spiritual bypass as a condition in which the individual tries to avoid, or bypass, necessary psychological work focusing on spiritual topics. Spiritual bypass, although usually unconscious, serves an avoidance function and is used to avoid working on mental health issues such as low self-esteem, anxiety, depression, narcissism, and addiction, but ultimately results in a stagnated level of personal development that is less sophisticated than what the spiritual practice is intended to create (Welwood, 2000). Ultimately, spiritual bypass corrupts the true nature of spiritual practice and spirituality becomes just another way of rejecting one's experience (Welwood, 2000). Building on the work of Welwood and Whitfield, scholars (Cashwell, et al., 2004, 2007, 2009, 2010; Clark, et al., 2013; Cortright, 1997; Forman, 2010; Kornfield, 1993; Masters, 2010; Sovatsky, 1998; Wilber, 1994, 2000) have addressed the meaning, symptoms, and causes of spiritual bypass and also have suggested ways of addressing it in treatment.

Although researchers have not yet determined the prevalence of spiritual bypass, such a phenomenon is considered a common problem among those pursuing a spiritual path (Cashwell et al., 2004), though the discussion of spiritual bypass is nascent (Cashwell et al., 2004). Given the relevance of spirituality in people's lives, the notion of spiritual bypass is indispensable for therapists who want to engage spiritual or transpersonal concepts in practice or to work with clients with active spiritual or religious lives (Cashwell & Young, 2011), which includes knowing how to identify, contextualize, and treat spiritual bypass (Clarke, Giordano, Cashwell, & Lewis, 2013). Possible negative consequences of spiritual bypass include the need to control others and self, dichotomous thinking, shame, spiritual obsession, fear, emotional confusion, addiction, high tolerance for inappropriate behavior, codependence, pain compulsive goodness, narcissism or ego inflation, obsession or addiction, blind belief in charismatic teachers, spiritual materialism (use of spiritual practice for material gain), developmental arrest, and abdication of personal responsibility (Cashwell et al., 2004; Cashwell, Glosoff, & Hammond, 2010; Welwood, 2000; Whitfield, 2003).

One major limitation of the literature on spiritual bypass is a lack of empirical work. In our review of the literature, we found only one empirical study of spiritual bypass. Cashwell et al. (2010) tested a prediction model by using constructs that approximated spiritual bypass. Using a hierarchical regression, they tested how spirituality, mindfulness, alexithymia, and narcissism work together to predict depression and anxiety among college students. Their results suggested that mindfulness and alexithymia accounted for variance in depression beyond what is accounted for by spirituality and that all three factors (mindfulness, alexithymia, and narcissism) accounted for variance in anxiety beyond what is accounted for by spirituality. Beyond these findings, the closest empirical work that relates to the concept of spiritual bypass in the literature is Pargament et al.'s (1988) religious problem solving-styles that formulated three styles of problem-solving, each involving a different relationship between the individual and God (self-directing, deferring, and collabora-

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tive). Spiritual bypass bears closest resemblance to deferring, an abdication of personal responsibility to seek out solutions with an expectation that God will, so to speak, take care of it. Unfortunately, without a psychometrically valid instrument researchers are limited their ability to empirically study spiritual bypass.

Study 1: Exploratory Factor Analysis

The purpose of this study was to (a) develop an initial pool of face valid items, (b) conduct a structural analysis of the scale to winnow away nonsignificant items, and (c) to assess the internal reliability of the scale and its' subscales.

Method

Sample characteristics. Participants were recruited through Amazon's Mechanical Turk. A sample of 379 subjects initially agreed to participate; 31 did not complete the study leaving 348 participants. The sample was made up of 106 (30.5%) males and 242 (69.5%) females. The average age was 37.4 (SD = 15.6) years old. In terms of race, 255 (73.3%) were Caucasian, 36 (10.3%) were Black, 22 (6.3%) were Asian, 19 (5.5%) were Hispanic, one (0.3%) was Arabic, and 15 (4.3%) identified as other. Lastly, 218 (62.7%) identified as a member of a denomination of Christianity, 62 (17.8%) were spiritual but not religious, 33 (9.5%) were atheist/agnostic, 16 (4.6%) were "nothing in particular," seven (2%) were "other faith tradition," five (1.4%) were Hindu, three (0.9%) were Buddhist, three (0.9%) were Jewish, and one (0.3%) was Muslim.

Measures. The initial version of the Spiritual Bypass Scale (SBS) was created using best practice models of instrument (e.g., Allen & Yen, 2002; Crocker & Algina, 2008; DeVellis, 2003). Jesse Fox developed an initial list of 10 face valid items based upon a literature review of spiritual bypass and first hand clinical work. Craig S. Cashwell, an expert in spiritual bypass, reviewed the initial items and suggested adding four more to the scale. Upon a second revision, Jesse Fox added another 13 items to the scale. This initial item pool was sent to three other experts in measurement development and spirituality and religion in clinical settings who examined the face validity of the items and made suggestions for revising each item. After the expert review process, the initial version of the SBS was made up of 27 face valid items.

When participants completed the SBS, they were unaware that the instrument measures a psychological defense mechanism. The instrument was provided with a pseudotitle, called *Spirituality in Daily Life* to prevent any demand characteristics. The instructions for completing the scale included the following:

> Please read each statement below and select the degree to which you agree or disagree with the statement. Try to respond as honestly as you can without spending too much time on each question. There are no right or wrong answers.

Participants then read a series of statements that elevated spiritual constructs over and above psychological constructs to which they responded by indicating the degree to which they agreed or disagreed with that statement. For example, one item read "I believe it is preferable to cure emotional problems by being spiritually advanced." Their responses were recorded using a 4-point Likert-type scale (ranging from *strongly agree* to *strongly disagree*). We decided to remove the possibility of an ambiguous neutral response to prevent the possibility that participants could respond in a noncommittal manner to the items.

Results

The data was factor analyzed using Principle Axis Factoring with promax rotation. The Bartlett's Test of Sphericity was statistically significant (χ^2 = 5073.66, df = 325, $p < .001$) and Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was .94. No communalities were greater than one, providing further evidence of factor interpretability of the items. To interpret significant factors, we conducted a parallel analysis and Velicer's Minimum Average Partial Test (MAP Test; O'Connor, 2000). When used in tandem, parallel analysis and Velicer's MAP Test provide validation checks to each other. If their results are conflictual, adjustments can be made to the procedure such as specifying larger random data set generations till a convergent solution is identified. In this case, both procedures identified the possibility of a two-factor solution for the data using 100 and 1,000 random data sets. We examined the pattern matrix and used the following criteria for identifying significant factor loadings and eliminating cross loading items: Items that loaded a ±.50 on any factor were retained while any items that loaded a ±.25 on more than one factor were discarded. Using these criteria, we eliminated 12

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items. An additional duplicate item was also discovered during this process and was deleted. Factor 1 accounted for 42% of the items' variance and Factor 2 accounted for 9% of the items' variance. Cronbach's alpha coefficients were calculated for the total scale and for both subscales: Total Score, $\alpha = .85$; Psychological Avoidance, $\alpha = .82$; Spiritualizing, $\alpha = .75$. Table 1 displays the 13 items that were retained and their relative correlations with the two factors of the SBS.

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Study 2: Confirmatory Factor Analysis

In Study 1, a two-factor structure of the SBS was identified through an EFA. Thus, the purpose of Study 2 was to (a) conduct a CFA to test the replicability of the factor structure the SBS on a new sample of participants, (b) assess the possibility of a second-order factor representing a larger psychological domain, and (c) further validate the internal consistency of the items.

Method

Sample characteristics. Participants were recruited through Amazon's Mechanical Turk. A sample of 413 subjects agreed to participate; 100 did not complete the study leaving a remaining 313 participants. Participants completed the 13-item version of the SBS that was refined in Study 1 from its original 25 items. The sample was made up of 96 (30.7%) males and 215 (68.7%) females. The average age was 36.3 ($SD = 13.3$) years old. In terms of race,

Table 1
EFA Factor Loadings of the Spiritual Bypass Scale

Item	Psy-A	SPI	*M*	*SD*
1. My spiritual life helps me feel my emotions more fully. (R)	**−.91**	.15	2.34	.91
2. When I feel emotional pain, the first thing I want to do is pray or meditate about it.	**.89**	−.05	2.55	.95
3. When I am in pain, I believe God will deliver me from it.	**.83**	−.03	2.58	.98
4. When something tragic happens (to me or to others) I say that God will intervene.	**.81**	.07	2.44	.95
5. It is more important to me to seek spiritual guidance than to seek aid from a psychological helper.	**.77**	.06	2.52	.97
6. When experiencing difficulties, I believe it is most important to deal with the spiritual source of my problems.	**.74**	.03	2.68	.91
7. I believe it is preferable to cure emotional problems by being spiritually advanced.	**.71**	.11	2.58	.86
8. It is more important for me to be spiritually awakened than to feel emotionally intact.	**.71**	.08	2.52	.86
9. I believe that healing one's spirit takes precedence over healing their emotions.	**.67**	.16	2.47	.89
10. When someone I know is in trouble, I believe it is because they have done something wrong spiritually.	−.15	**.85**	1.81	.80
11. When someone I know is experiencing hardship, I believe that it is due to spiritual attack/oppression.	.12	**.66**	2.04	.83
12. When someone confronts me, I tend to over-analyze his or her spiritual motivations for confronting me.	−.06	**.66**	2.08	.81
13. When I face a life challenge, I always consult with a spiritual or religious teacher.	.24	**.52**	2.06	.88

Note. Factors were extracted with Principle Axis Factoring and promax rotation with Kaiser normalization. A solution converged in six iterations. (R) = a reverse scored item; Psy-A = Psychological Avoidance; SPI = Spiritualizing. Bold type indicates significant factor loading > .50.

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219 (70%) were Caucasian, 38 (12.1%) were Black, 17 (5.4%) were Asian, 22 (7%) were Hispanic, one (0.3%) was Arabic, and 16 (5.1%) identified as "other." Lastly, 194 (61.2%) identified as a member of a denomination of Christianity, 42 (13.4%) were "spiritual but not religious," 39 (12.5%) were atheist/agnostic, 18 (5.8%) were "nothing in particular," four (1.3%) were "other faith tradition," five (1.6%) were Hindu, four (1.3%) were Jewish, four (1.3%) were Buddhist, and five (1.6%) were Muslim.

Measures. Participants completed the 13-item version of the SBS developed from Study 1.

Results

The SBS was subjected to a CFA using AMOS 21. The errors terms for three items (Item 3 to Item 4 and Item 3 to Item 2) were covaried to improve the model fit. The items loaded significantly onto the same factor, and upon inspection of their content it was theoretically consistent for these three items to share variance. All three items targeted painful events and all posed a solution involving the immediate intervention of a divine figure either through an act of deliverance or through direct appeal to God through prayer or meditation. We decided to covary these items instead of deleting one or two of them because, though they were similarly structured, they did not correlate above .50 with each other and their wording targeted unique nuances of the same concept (as opposed to targeting redundant nuances of the same concept). Hu and Bentler (1999) recommended approximate values of SRMR = .09 and CFI = .95 for estimates of reasonable model fit. The final model replicated the two-factor structure of the SBS with indications of reasonably good fit: $\chi^2(62, N = 313) = 232.47$, $p < .001$; Chi Square Minimum (CMIN)/*df* = 3.75; comparative fit index (CFI) = .94, standardized root mean square residual (SRMR) = .05, root mean square error of approximation (RMSEA) = .09. All of the items loaded significantly onto the two factors and ranged from .62 to .82.

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We wanted to test if there was a second-order factor to the scale representing a broader psychological space called *Spiritual Bypass*. Thus an alternative model was tested, this time the two latent factors were correlated to a second-order factor we called *Spiritual Bypass*. This model also demonstrated reasonably good fit with no significant deviation in fit indices from the first model: $\chi^2(62, N = 313) = 232.47$, $p < .001$; CMIN/*df* = 3.75; CFI = .94, SRMR = .05, RMSEA = .09. All of the items loaded significantly again onto the two factors at .62 to .82. The subfacets, psychological avoidance and spiritualizing, correlated with the second-order factor .85 and .97, respectively. The internal consistencies for the scale also closely replicated the original alpha levels from Study 1: Total Score, $\alpha = .87$; Psychological Avoidance, $\alpha = .82$; Spiritualizing, $\alpha = .77$.

Study 3: Construct Validity

The purpose of this study was to test the convergent, discriminate, predictive, and incremental validity of the SBS by assessing its association with a variety of criterion variables. Participants from Study 2 also completed several instruments we believed would correlate in a consistent manner with the SBS and its subfacets. In addition to completing the 13-item SBS, participants also completed the following measures.

Method

Measures.

The Assessment of Spirituality and Religious Sentiments. The Assessment of Spirituality and Religious Sentiments (ASPIRES; Piedmont, 1999, 2010) is a 35-item measurement of two dimensions of what Piedmont (2010) referred to as "numinous functioning" (p. 5): (a) spiritual transcendence and (b) religious sentiments. Spiritual transcendence is made up of three subfacets: fulfillment (the degree to which a person experiences a sense of deep connections with a larger reality or a God of their understanding), universality (how connected a person feels to a larger sense of meaning and purpose in their life), and connectedness (a person's feelings of devotion to a larger human reality that intersects beyond groups and generations). Religious sentiments also are broken down into two facets: (1) religiosity and (2) religious crisis. Religiosity measures how important and how often a person practices their religious rituals. Religious crisis estimates how much tension a person may experience in their

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relationship with the God of their understanding and their religious community. The psychometric data on the ASPIRES has provided strong evidence of reliability and validity (Piedmont, 2010). The ASPIRES is scored controlling for the effects of age and gender. Thus, *t*-scores were calculated and reported for all analytic procedures using the ASPIRES in the current study.

Because there appears to be some overlap between the concept of spiritual bypass and authentic spirituality, we hypothesized that a significant relationship would exist between prayer fulfillment, universality, connectedness, and spiritual transcendence and the SBS. The directionality of that relationship, however, was left open to exploration. The alpha reliabilities for the facets of the ASPIRES in the current investigations were as follows: prayer fulfillment = .94; universality = .72; connectedness = .48; religious involvement = .89; and religious crisis = .77.

The Mindful Attention and Awareness Scale. The Mindful Attentions and Awareness Scale (MAAS; Brown & Ryan, 2003; Carlson & Brown, 2005) is a 15-item measure of nonjudgmental present awareness. We hypothesized that mindfulness would not be associated with spiritual bypass. The alpha reliability for the MAAS was .90 in the current study.

The Religious Problem Solving Scales—Short Form. The Religious Problem Solving Scales—Short Form is an 18-item instrument that measure three distinct styles of engaging the sacred to overcome life challenges: collaborative (viewing the sacred in partnership with the self), self-directing (all responsibility for solving problems is placed upon the individual person), and deferring (passively believing that problems will be solved by God alone; Pargament et al., 1988). For the purposes of this study, we were most interested in comparing the associations between spiritual bypass and the bipolar distinction between deferring and self-directing. We hypothesized that spiritual bypass would be positively associated with deferral problem solving style and negatively associated with self-directive problem solving style. The alpha reliabilities in the current study were .92 and .94 for self-directing and deferring, respectively.

The Depression, Anxiety, and Stress Scale-21. The Depression, Anxiety, and Stress Scale-21 (DASS-21; Lovibond & Lovibond, 1995; Brown, Chorpita, Korotitsch, & Barlow, 1997) is a 21-item measure of psychological distress. Each subscale targets common forms of psychological pathology (depression, anxiety, and stress) and provides four ordinal cut scores ranging from normal, mild, moderate, severe, and extremely severe. The average score on each subscale for the current sample was: depression = 27.2 (severe); anxiety = 25.2 (extremely severe); stress = 28.8 (severe). Thus, the sample could be said to be have been suffering from a significant level of psychological disturbance at the time of the study. The alpha reliabilities for the DASS-21 subscales in the current study were as follows: depression = .93; anxiety = .88; stress = .88.

The Toronto Alexithymia Scale-20. The Toronto Alexithymia Sacle-20 (TAS-20; Bagby, Taylore, & Parker, 1994) is a 20-item measure of emotional repression. The TAS-20 is made up of three correlated factors: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. We hypothesized that spiritual bypass would be positively associated with alexithymia. The average score for the current sample was 50.67, reflecting a low level of alexithymia. The alpha reliability for the TAS-20 in the current study was .81.

The International Personality Item Pool-50. The International Personality Item Pool-50 (IPIP-50; Goldberg, 1992) is a 50-item measure of the Five Factor Model of Personality (FFM) made up of (a) Emotional Stability (neuroticism), (b) Extraversion, (c) Imagination (openness), (d) Agreeableness, and (e) Conscientiousness. We hypothesized that spiritual bypass would add predictive value over and above the FFM on measures of emotional well-being. The alpha reliabilities in the current study for the five dimension of the IPIP-50 were as follows: extraversion = .87; agreeableness = .48; consciousness = .81; emotional stability = .79; and openness = .79.

Results

Evidence of convergent and discriminate validity. We conducted a bivariate correlational analysis between the SBS and all Study 3 variables (see Table 2). Small to large correlations were noted between all three scores of spiritual bypass and prayer fulfillment, universality, and spirituality, suggesting that there

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Table 2
Pearson R Correlations Between Facets of Spiritual Bypass and Criterion Variables

Variable	PF	UN	CO	SPT	RI	RC	MIND	SD	DEF	STR	ANX	DEP	ALX	E	A	C	ES	O
SPB	.72**	.35**	−.01	.61**	.70**	−.21**	.09	−.40**	.73**	.00	.12*	−.07	.08	.09	.17**	.00	.13*	−.09
Psy-A	.77**	.39**	.02	.68**	.75**	−.27**	.12*	−.43**	.71**	−.06	.04	−.13*	.00	.12*	.22**	.06	.17**	−.05
SPI	.43**	.16**	−.07	.34**	.43**	−.04	−.01	−.24**	.59**	.14*	.24**	.08	.23**	.02	.03	−.11	.01	−.16**

Note. $N = 313$. SPB = Spiritual Bypass Total Score; PSY-A = Psychological Avoidance; SPI = Spiritualizing; PF = Prayer Fulfillment; UN = Universality; CO = Connectedness; SPT = Spiritual Transcendence; RI = Religious Involvement; RC = Religious Crisis; MIND = Mindful Awareness; SD = Self-Directing; DEF = Deferral; STR = Stress; ANX = Anxiety; DEP = Depression; ALX = Alexithymia; E = Extraversion; A = Agreeableness; C = Conscientiousness; ES = Emotional Stability; O = Openness to Experience.
* Correlation is significant at the .05 level (2-tailed). ** Correlation is significant at the .01 level (2-tailed).

may be overlap between the two constructs. This stands to reason, because spiritual bypass, as a defense mechanism, may work by leveraging spirituality as an avoidance function, co-opting it for different purposes than authentic spirituality. If this is the case, we would expect to see that spiritual bypass relates in an opposite fashion to criterion variables in comparison to spirituality. First, facets of spirituality as reported by Piedmont (2010) were negatively related to measures of psychological distress, and this was supported by current data. The three facets of spirituality and the spiritual transcendence total score were all negatively associated with stress, anxiety, and depression with small effects. If spiritual bypass essentially serves the purpose of avoiding psychological pain, it could be possible that it numbs psychological distress, thus giving it an ambiguous relationship to such criterions as stress, anxiety, and depression. This was also supported by the findings inasmuch as spiritual bypass was positively associated with anxiety, psychological avoidance was negatively associated with depression, and spiritualizing was positively associated with both stress and anxiety (see Table 3 for comparison results).

Pargament's et al. (1988) bipolar deferring—self-directing religious problems solving styles are closely associated to the concept of spiritual bypass. Deferring problem-solving style, as defined by Pargament, deflects personal responsibility for taking an active role in confronting one's challenges and hypothetically would be positively associated with spiritual bypass. The opposite is true for self-directing problem-solving style, where the sole responsibility for overcoming difficulties is through self-determination. We therefore expected that spiritual bypass would be negatively associated with self-directing. Our hypotheses were supported by the data: spiritual bypass, psychological avoidance, and spiritualizing were all positively associated with deferring problem-solving style with large effects and were negatively associated with self-directing problem-solving style with small to moderate effects.

Similarly, it was hypothesized that alexithymia, as a process of emotional repression, would be positively related spiritual bypass. The data partially supported this hypothesis as spiritualizing was positively associated with alexithymia with a small effect. Spiritual bypass

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Table 3
Correlational Comparisons Between Spiritual Bypass and Spirituality

Variable	SPB	Psy-A	SPI	PF	UN	CO	SPT
STR	.00	−.06	.14*	−.14*	−.08	.07	−.11
ANX	.12*	.04	.24**	−.09	−.06	.09	−.06
DEP	−.07	−.13*	.08	−.25**	−.14*	−.03	−.23**
RC	−.21**	−.27**	−.04	−.414**	−.332**	−.062	−.414**

Note. $N = 313$. SPB = spiritual Bypass Total Score; PSY-A = Psychological Avoidance; SPI = Spiritualizing; PF = Prayer Fulfillment; UN = Universality; CO = Connectedness; SPT = Spiritual Transcendence; STR = Stress; ANX = Anxiety; DEP = Depression, RC = Religious Crisis.
* Correlation is significant at the .05 level (2-tailed). ** Correlation is significant at the .01 level (2-tailed).

total score and psychological avoidance did not correlate with alexithymia.

We expected that spiritual bypass would not be related to mindfulness. Mindfulness is an open psychological posture toward present experience whereas spiritual bypass attempts to circumvent present moment awareness. The data partially supported this hypothesis as no significant association was found between either the total score of spiritual bypass or the spiritualizing. Somewhat surprisingly, the psychological avoidance subscale score was significantly positively correlated with mindfulness with a small effect.

Evidence of predictive validity. We conducted a series of multiple regressions to test the predictive power of the SBS on measures of psychological distress (see Table 5). Each facet of the SBS was simultaneously entered as predictor variables, and the process was repeated entering stress, anxiety, depression, alexithymia, and religious crisis as dependent variables. Together, psychological avoidance and spiritualizing predicted 6% of the variance in stress ($R^2 = .06$, adjusted $R^2 = .06$), 8% of the variance in anxiety ($R^2 = .09$, adjusted $R^2 = .08$), 7% of the variance in depression ($R^2 = .07$, adjusted $R^2 = .07$), and 10% of the variance in religious crisis ($R^2 = .10$, adjusted $R^2 = .10$). In each case, the standardized beta weights for psychological avoidance and spiritualizing were significant. The interesting finding was that the beta weights for the predictors consistently opposed each other. Thus, psychological avoidance predicted a .28 unit decrease in stress, whereas spiritualizing predicted a .32 unit decrease in stress. Psychological avoidance predicted a .22 unit decrease in anxiety, whereas spiritualizing predicted a .39 unit increase in anxiety. Psychological avoidance predicted a .34 unit decrease in depression, whereas spiritualizing predicted a .31 unit increase in depression. Psychological avoidance predicted a .28 unit decrease in alexithymia, whereas spiritualizing predicted a .42 unit increase in alexithymia. Psychological avoidance predicted a −.43 unit decrease in religious crisis, whereas spiritualizing predicted a .25 unit increase in religious crisis.

Evidence of incremental validity. One of the most important questions to ask of any psychological measure is whether it has the power to predict other outcomes over and above what could be better explained by more basic psychological frameworks (Gorsuch, 1984). One established method of testing the incremental validity of spiritual constructs is to test the added predictive power of such constructs over and above the FFM (see Piedmont, 1999; Piedmont, 2010). We therefore conducted a series of hierarchical multiple regressions using the FFM as the first block, and psychological avoidance and spiritualizing as the second block. This process was repeated to predict the outcome of each aspect of emotional and religious distress (stress, anxiety, depression, alexithymia, and religious crisis). In every model, the facets of spiritual bypass added unique, predictive value over and above the FFM (see Table 6). In the case of stress, SBS added another 2% of variance explained; for anxiety, another 6% of variance explained; for depression, another 1% of variance explained; for alexithymia, another 4% of variance explained; for religious crisis, another 4% of variance explained. Though the FFM performed admirably in predicting variance in measures of distress, the predictive gain by including the SBS in the regression model (when compared proportionally to the variance already attributed to the FFM) ranged from 4%

to 20%, suggesting that there is significant utility in using the SBS to predict levels of psychological distress.

We also were interested in seeing if any of the spiritual, religious, or emotional repression measures were suppressing the associations between spiritual bypass and psychological distress. We conducted a partial correlation analysis of the SBS and its subfacets controlling for prayer fulfillment, universality, spirituality, religious involvement, deferral problem-solving style, and alexithymia (see Table 4). The correlations between the SBS-13 and its subfacets, for the most part, retained the magnitude of their associations to measures of psychological distress while controlling for confounding effects. However, removing the effects of some covariates drew out greater clarity in some associations. For instance, the partial correlation between psychological avoidance and anxiety became significant when controlling for prayer fulfillment and religious involvement. However, it became nonsignificant with depression when controlling for prayer fulfillment, universality, spiritual transcendence, and religious involvement. For spiritualizing, the partial correlation with stress became nonsignificant when controlling for alexithymia, and became significant with depression when controlling for prayer fulfillment, spiritual transcendence, religious involvement, and deferring problem-solving style. The partial correlations for the total score became significant with stress when controlling for prayer fulfillment and religious involvement, became nonsignificant with anxiety when controlling for deferral problem solving style and alexithymia, and became significant for depression when controlling for prayer fulfillment, religious involvement, and alexithymia. Thus, though it appears that the facets of spiritual bypass will correlate in an independent fashion with some psychological distress, there are ways that some of those associations could change depending upon other psychospiritual conditions.

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Discussion

This study investigated the validity and reliability of a psychological measure of spiritual bypass. The dimensionality of the SBS-13 was assessed through an EFA which identified a two-factor structure to the instrument. The first

Table 4
Partial Correlations of Spiritual Bypass and Psychological Distress While Controlling for the Effects of Spirituality, Religiosity, Deferral Problem-Solving Style, and Alexithymia

		Psychological avoidance controlling for						Spiritualizing controlling for						Spiritual	controlling for				
Scale	Zero-order correlation	PF	UN	SPT	RI	DEF	ALX	Zero-order correlation	PF	UN	SPT	RI	DEF	ALX	Zero-order correlation	PF	UN	SPT	RI	DEF	ALX
STR	−.06	.07	−.03	.01	.04	−.09	−.07	.14*	.22***	.15**	.18**	.21***	.17**	.04	.00	.15**	.03	.09	.12*	.01	−.04
ANX	.04	.18**	.07	.11	.16**	−.07	.04	.24***	.32***	.26***	.28***	.31***	.21***	.16**	.12*	.26***	.15*	.19**	.25***	.04	.09
DEP	−.13*	.10	−.08	.03	.05	−.15**	−.16**	.08	.22***	.11	.18**	.20***	.14*	−.04	−.07	.17**	−.02	.09	.13*	−.06	−.13*
RC	−.27***	.09	−.15**	.02	.02	−.19**	−.29***	−.04	.18**	.02	.12*	.15**	.09	−.14*	−.21***	.15*	−.10	.07	.08	−.11	−.26***

Note. $N = 313$, $df = 310$. RI = Religious Involvement; PF = Prayer Fulfillment; UN = Universality; SPT = Spiritual Transcendence; RI = Religious Involvement; DEF = Deferral Problem Solving Style; ALX = Alexithymia; STR = Stress; ANX = Anxiety; DEP = Depression.
* Significant at the .05 level. ** Significant at the .01 level. *** Significant at the .001 level.

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Table 5
Multiple Regression Results Using Psychological Avoidance and Spiritualizing as Predictors of Psychological Distress

Measure	SPB Adj. R^2	P[illegible]ß	SPI ß	F
STR	.06	−.28	.32***	10.043***
ANX	.09	−.22**	.39***	14.549***
DEP	.07	−.34***	.31***	11.888***
RC	.10	−.43***	.25***	18.347***

Note. $N = 313$. SPB = Spiritual Bypass; Psy-A = Psychological Avoidance; SPI = Spiritualizing; STR = Stress; ANX = Anxiety; DEP; Depression; ALX = Alexythimia; RC = Religious Crisis; $f = F$ value for the regression model.
** Significant at the .01 level. *** Significant at the .001 level.

factor we called *psychological avoidance* because items on that factor all pointed to a process of sidestepping or avoiding difficult emotions, experiences, or circumstances through spiritual beliefs or assumptions. The second factor we called *spiritualizing* because items on that scale all described ways of appraising ordinary scenarios and exaggerating their spiritual significance. The refined scale was administered to a second sample to assess the replicability of the two-factor structure of the SBS-13 through a CFA. The results confirmed the two factors of psychological avoidance and spiritualizing. We also tested an alternative CFA model of the SBS-13 to see if it would be empirically feasible to create a total score for the instrument that represented a second order latent factor. This model also demonstrated adequate fit, suggesting that the full-scale score has utility. The internal consistency (alpha) remained strong for the total score and the subfacets of the SBS-13 across both validation samples (ranging from .77 to .87).

We also tested the convergent, discriminant, predictive, and incremental validity of the SBS-13. The scale correlated as hypothesized in relationship to measures of spirituality, religiosity and religious crisis, religious problem solving style, and psychological distress. Though one subfacet (psychological avoidance) was modestly related to mindfulness, the results provided significant support to the hypothesis that spiritual bypass is not related to nonjudgmental present awareness. As we were primarily interested in how scores on the SBS-13 may relate to emotional health, we found that the scale could explain significant variation in depression, anxiety, stress, alexithymia, and religious crisis. This remained true when controlling for both personality and other psychospiritual constructs. Some control variables did influence the associations between the scales of spiritual bypass and indicators of psychological distress, however. What these results likely mean is that authentic spirituality and religiosity, when extracted from spiritual bypass, will bring a person's tendency to use such resources as an avoidance strategy into clearer perspective. Thus, spiritual bypass does not negate those resources for facing adversity, rather it obfuscates them. This would be consistent with Cashwell et al. (2010) who theorized that spiritual bypass is likely linked to authentic spirituality and religious involvement, and that it is something that people who are spiritually inclined will face in their development from time to time. Thus, it is likely impossible, from a measurement perspective, to remove entirely the effect of authentic spirituality and religion from any instrument that attempts to capture spiritual bypass.

Overall, this evidence suggests that the SBS-13 provides a significant contribution to the empirical study of spiritual bypass. Though a rich line of literature exists that describes the clinical manifestations and implications of spiritual bypass, there is only one other empirical study on the topic to date (Cashwell et al.,

Table 6
Incremental Validity of Spiritual Bypass With Stress, Depression, Anxiety, and Alexithymia as Criterion Variables

Measure	FFM Adj. R^2	SPB ΔAdj. R^2	Psy-A ß	[illegible]
STR	.49***	.02***	−.05	.19***
ANX	.35	.06***	−.02	.26***
DEP	.45	.01**	.09	.16**
RC	.20***	.04**	−.26***	.14

Note. $N = 313$. FFM = Five Factor Model of Personality; SPB = Spiritual Bypass; Psy-A = Psychological Avoidance; SPI = Spiritualizing; STR = Stress; ANX = Anxiety; DEP; Depression; ALX = Alexythimia; RC = Religious Crisis.
** Significant at the .01 level. *** Significant at the .001 level.

2010). It is believed that the validation of the SBS-13 will provide clinical researchers with the needed tools to investigate the phenomenon further.

The SBS-13 was created with the intent of developing a practical tool for researchers that could illuminate the qualities of spiritual bypass and how they may or may not relate to psychospiritual health and wellbeing. The overall picture of how the scale fulfills that purpose is complex, and further research is warranted to better understand these relationships. In this study, spirituality and spiritual bypass were substantially related, which stands to reason if spiritual bypass is a defense mechanism. Spiritual bypass appears to build upon innate spiritual resources but uses these resources for avoidance rather than acceptance. This is evident by the fact that spirituality and spiritual bypass in this study related to psychological distress in almost complete opposition to each other, that is, spirituality decreased psychological distress while spiritual bypass, in almost all cases, increased psychological distress.

How spiritual bypass ultimately reconfigures authentic spirituality requires some nuancing. As the two subscales of the SBS-13 indicate, spiritual bypass works by first avoiding psychological difficulties and then spiritualizing them. This may not be completely maladaptive. As our regression analysis found, psychological avoidance reduced psychological distress while spiritualizing increased it. Thus, as expected, spiritual bypass can attenuate some aspects of psychological pain. However, the overall effect of this pull-and-tug between psychological avoidance and spiritualizing would suggest otherwise. Spiritual bypass could be effective in short term coping, but when it becomes a chronic and systematic practice of emotional repression, the accumulative effect may be detrimental.

Clinical Implications

Although additional research on the SBS-13 is needed to further assess the clinical utility of the measure, preliminary evidence from this study supports the construct validity and reliability of the measure. As such, it may be a useful brief screen for clients who present as spiritually engaged, but who struggle in other aspects of their lives, such as with emotions, careers, or relationships. The two dimensions of the SBS-13 (psychological avoidance and spiritualizing), in particular, appear to provide clinically nuanced information. Based on the norms for the SBS-13 full-scale and subscales provided in Table 7 a client's raw score on the SBS-13 can be easily compared to the norms established in this study which could, in turn, be presented to the client as percentile scores, a frame easily understood by many clients. T7

The integration of SBS-13 results into therapy likely will be nuanced for each client. Because spiritual bypass tends to serve an avoid-

Table 7
Normative Information for the Facets of the Spiritual Bypass Scale-13 and Total Score

		Psychological-Avoidance		Spiritualizing		Spiritual Bypass	
Gender	Age	*M*	*SD*	*M*	*SD*	*M*	*SD*
Male	18–25	21.08	5.27	8.50	2.82	29.6	7.65
	26–45	20.85	5.74	7.54	2.70	28.39	7.99
	46–74	23.33	5.08	7.74	1.92	31.07	6.44
Female	18–25	21.59	5.01	8.24	2.77	29.83	7.29
	26–45	22.79	5.38	8.04	2.77	30.84	7.52
	46–74	24.46	4.45	7.79	2.12	32.26	5.85
Combined	18–25	21.42	5.06	8.32	2.77	29.74	7.34
	26–45	22.12	5.59	7.86	2.76	29.97	7.78
	46–74	24.17	4.63	7.78	2.06	64.95	6.01

Note. $N = 661$ (202 men, 457 women; n for 18–25 age range = 135; n for age range 26–45 = 357; n for age range 46 to 74 = 167). Two participants identified as transgender or intergender; two participants mismarked their age as under 18.

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ance function, some clients may be resistant to the construct of spiritual bypass. Even acknowledging that spiritual bypass may be occurring is to acknowledge that there may be deeper psychological work that warrants attention, which may be threatening to some clients. At this point in the counseling process, the results of the SBS-13 might be presented to the client using a motivational interviewing (MI; Miller & Rollnick, 2012) framework to support clients in possibly moving from resistance to ambivalence and from ambivalence to change, that is, embracing the psychological change process (Clarke et al., 2013).

For other clients, however, who are less entrenched in this avoidance paradigm, the information provided in the subscales of the SBS-13 may create stimulus and openness for change. Clients might begin to explore how their spiritual life has served to compartmentalize, disown, and avoid their unfinished psychological work. There is limited attention to treating spiritual bypass, but most scholars and researchers agree that the goal of this work is to integrate mind, body, spirit, and emotions (Cashwell et al., 2004; Masters, 2010; Mathieu, 2011). Given that spiritual bypass is typically implicit and unconscious, for many clients this process may begin simply with seeing their spiritual bypass in more explicit and conscious ways. Because the client has used strategies, albeit unconsciously, for avoidance, it is predictable that most clients will experience some resistance and ambivalence in this process, which should be addressed with great respect using the motivational interviewing framework referenced above, honoring that the spiritual bypass has helped the client to cope yet also is maladaptive in other ways. Power struggles with clients will almost certainly be ineffective.

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Once resistance and ambivalence are resolved (either with a clear decision on the client's part not to change, which should be honored, or a new-found openness to change), treatment can move forward. Unfortunately, treatment of spiritual bypass has received scant attention in the literature beyond the idea of integrating mind, body, spirit, and emotions (Masters, 2010). It is hoped, first and foremost, that the establishment of a valid and reliable measure of spiritual bypass will encourage additional research to inform treatment. Based on what is known at this point, though, treatment depends largely on the individual client and a thorough assessment of the function of the spiritual bypass. Using the SBS-13 provides information about whether the function of the bypass is psychological avoidance, spiritualizing, or both. In cases of psychological avoidance, it is important to assess for trauma and, as necessary, move forward with trauma informed care (Clark, Classen, Fourt, & Shetty, 2015). In cases where spiritualizing is the primary issue, it may be useful to provide the client with psychoeducation related to Pargament's (2001) work on coping, emphasizing the benefits of collaborative coping strategies. Similarly, the short version of the Serenity Prayer provides a framework for courage to change, serenity to accept and surrender, and wisdom to discern. It is important to recognize, though, that some clients may view the collaborative strategy as demonstrating a lack of faith, so for some this discussion may occasion ambivalence or resistance. The culturally sensitive clinician must proceed with caution and honor the client's belief and values system, while also gently probing for the client's openness to change.

Limitations and Future Research

Though the sample's mean scores on depression, anxiety, and stress were clinically significant, the sample was limited by its data collection strategy. Future validation studies should involve diverse collection strategies including both general population samples and clinical samples. The SBS-13, in its current form, is also limited by self-report. Though we took measures to prevent participants from responding based on demand characteristics (i.e., giving the scale a pseudotitle), it is possible that the study's findings were influenced by the capacity of participants to accurately self-appraise and respond honestly. Future research should modify the SBS-13 to include an observer-rater version and compare its predictive power to the self-report version. Future studies should also investigate the differences between religious affiliations on the SBS-13 scores. It is possible that shared beliefs and practices within religious traditions may make adherents more

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or less prone to spiritual bypass. Until then, however, it is unknown to what extent such differences do exist and how they may affect the psychospiritual health of their followers.

Conclusion

Spiritual bypass is a clinically significant phenomenon that has received little empirical research. Scholarship on the topic has largely stagnated because no psychometrically sound instruments exist to inform either research or best practice. Thus, we developed the SBS-13 to provide both researchers and clinicians with a tool to better understand how spiritual bypass works and how it may relate to psychospiritual health. The current validation studies demonstrated that the SBS-13 possesses adequate evidence of validity and reliability to warrant future research of the scale and its use for clinical feedback. Table 5-6.

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AUTHOR QUERIES

AUTHOR PLEASE ANSWER ALL QUERIES 1

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■= Given-Name, ■= Surname
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AQ1—Author: Please add a shortened title running head of 50 characters or less including spaces.

AQ2—Author: Please add Paul Ricoeur (1970) to the reference list or delete from text.

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AQ8—Author: Please spell out KMO acronym.

AQ9—Author: In the footnote of Table 1 , please indicate what the bolded typeface signifies.

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AQ22—Author: Please add Gorsuch, 1984 to the reference list or delete from text.

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