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“Whatsoever You Do unto the Least of My Brethren, You Do unto Me:” Using the *Assessment of Spirituality and Religious Sentiments* (ASPIRES) Scale in a Socially and Economically Marginalized Rescue Mission Sample

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Abstract: Homelessness is a continual problem around the world, leaving many organizations uncertain of how to serve these individuals. Although 60-percent of homeless are being served by faith-based organizations, religiosity and spirituality have been largely ignored by researchers as a way of treatment. In this study, we looked at 121 men who were admitted to a Christian-based rescue mission. The mission offered programs such as NA/AA and Spiritual Development. Those that agreed to participate in the study filled out the survey after the first 7-days of treatment, and again after 3 months. Our results revealed that due to the program, there was an overall increase in Religious Involvement, and a significant decrease in Religious Crisis. It is evident that religious and spiritual counsel is vital to improving the lives of those who are economically marginalized, and to ignore this is to not treat these individuals holistically.

Keywords: ASPIRES; construct validity; spirituality

1. Introduction

Belcher et al. (1991) have suggested that homelessness can be divided into three stages that are often progressive in their development. In Stage 1, what is called Marginal Homelessness, an individual’s connection to a home is tenuous and episodic. A single setback may threaten this connection significantly. Though not entirely without housing resources, individuals in this stage may still utilize services provided to the homeless community including clothing drops and soup kitchens. Stage 2, Recent Homelessness, involves the recent (typically within the past nine months) loss of housing. Despite no longer being able to afford shelter, people in this stage still maintain hope that they will be able to recover their losses (job, house, familial relationships, social standing, etc.) and still more closely identify with the community they were a part of than with other homeless individuals. Common issues that surface during this time center around increasing friction with family and friends who may supply temporary housing, depression, substance abuse, loss of self-esteem, shame, and dwindling healthcare resources. In Stage 3, Chronic Homelessness, individuals have typically been without housing for over 1 year and have accepted their experiences on the street as normative and grown very suspicious of people who they consider part of mainstream society. At this point, individuals experience social decompensation as a result of severe stress, and subsequently experience a deepening decline in mental and physical health symptoms, paranoia, as well as in-grained patterns of addiction.

In a recent report by the Institute for Studies of Religion at Baylor University, it is estimated that 60% of emergency shelter beds for homeless individuals are provided by Faith-Based Organizations (FBOs) nationally (Johnson et al. 2017). FBOs are institutions

for which a particular religion (e.g., Jewish, Christian, Buddhist, etc.) creates the primary inspiration and motivation for providing services to individuals and their families. Cities in which FBOs provide the majority of shelter beds in their community also tend to have the smallest percentage of unsheltered homeless overall. For this reason, FBOs provide the majority of support for what is known as “the safety net of all safety nets” to prevent individuals and families from falling into irrecoverable destitution. Rescue missions are a type of FBO that exist to provide holistic interventions for problems that create poverty and homelessness. These programs involve shelter, food, religious education, substance addiction treatment, and psychological counseling. Whereas many government institutions target lack of housing as a primary cause of homelessness, rescue missions (and FBO in general) view homelessness as a symptom of a larger societal problem that is a direct result of psycho-social and spiritual breakdowns that lead to a loss of relational support, and, consequently, a complete cessation of productive energies which a person needs to possess to become a contributing member of society.

Studies on homelessness and shelters rarely involve any direct focus on religion and spirituality. Belcher (2003) acknowledged that while this may be unsurprising given the destitution and need for basic care that homeless individuals present with at shelters, spirituality remains relevant for people experiencing homelessness, even if primarily in the form of spiritual crisis:

Although many people who are homeless continue to search for meaning in their lives, others who are homeless give up hope and become ghosts of the people they once were. Over time, it becomes difficult to reconcile a life of homelessness with a God who is benevolent, omniscient, guiding, stable, and caring. Many people who are homeless have given up on God both directly and indirectly; they no longer live in anticipation of God’s transforming power. (p. 184)

Unfortunately, these spiritual needs remain unaddressed for many of the homeless who receive assistance through non-faith-based shelters.

However, despite the critical role that rescue missions play in preventing individuals who are caught in the cycles of homelessness from reaching even deeper points of destitution, the populations that rescue missions minister to are almost completely unrepresented in psychological research. These groups of people fall far outside the bounds of the oversampled and over-represented WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations. Beyond demographic statistics, little is known about the psychological health of such persons. Likewise, even though FBOs provide a significant amount of shelter-based services for homeless individuals, there are few studies that have empirically investigated the role that religion and spirituality assume in the lives of such people. There is also a scarcity of program evaluation information that could provide any insight regarding the influence rescue missions have on the psycho-social-spiritual outcomes for those to whom they wish to minister. For these reasons, we conducted a program evaluation of one such Rescue Mission (RM) in rural Maryland. Given the salience of religious/spiritual content in such programs, we were interested in investigating any effects the program had on these qualities in residents staying at least three months.

2. Literature Review and Theoretical Background

2.1. Spirituality and Religion in the Context of Homeless Shelters and Rescue Missions

Spirituality and religion are posited to serve as vital sources of resilience and provide those individuals who experience homelessness a way to continue to cope with enormous stress, discouragement, and social and spiritual alienation (Belcher 2003). Only a small body of literature exists that has attempted to empirically investigate the relationships between spirituality, religion, and psychological outcomes in the context of homelessness and rescue missions. Shuler et al. (1994) conducted one of the first studies on religious and spiritual practices and beliefs in the context of homelessness in a sample of 50 inner-city homeless women. The study posits that the social isolation experienced by homeless individuals can be mitigated by the connectedness found within spiritual and religious

belief systems. Of the sample, 92 percent maintained at least one religious/spiritual practice. Shuler et al. (1994) were particularly interested in the use of prayer as an effective coping mechanism, finding that women who used prayer to cope with their difficulties had significantly lower depressive symptoms and total number of worries. Although many of the women had a past of alcohol abuse, those who coped with prayer were significantly less likely to have used alcohol in the “past 6 months” (p. 110). This study concluded that by focusing on enhancing spiritual health with homeless individuals, healthcare professionals can potentially improve their psychological well-being.

Hurlbut et al. (2011) recruited a convenience sample of 90 sheltered women to investigate the relationship between spiritual well-being and health-promoting behaviors. They found that women’s existential well-being and sense of meaning and purpose outside the context of religion were more consistently and powerfully related to health-promoting behaviors, including health responsibility, physical activity, nutrition, spiritual growth, interpersonal relations, and stress management, than religious well-being. Surprisingly, spiritual well-being and stress management both increased along with the number of times women had experienced being homeless. This finding suggests that spiritual well-being is durable, despite experiencing a significant lack of housing resources.

Tsai and Rosenheck (2011) collected five-year longitudinal data from 582 clients who received services from non-faith-based homeless shelters. The majority of the sample indicated that their religion was more than slightly important to them. In addition, they found that those participants who experienced the largest improvements in their religious commitments also experienced significant improvement in mental health symptoms compared to participants who reported declines in religiosity.

Snodgrass (2014) conducted a phenomenology of spirituality and homelessness from a 16-person sample of residents in an emergency shelter program in Los Angeles County, California. Snodgrass found that three superordinate themes helped illustrate the relationships between spirituality and homelessness: hope and motivation, coping with the stigma of homelessness, and feeling (and not feeling) “human.” These residents believed that spirituality helped to foster both an internal and external locus of control through affirming their belief in the power of God to exercise personal agency as well as arrange circumstances that would eventually provide them with a sense of direction in life. Participants also believed that spirituality enabled them to remove some of the stigma of homelessness by embracing their vulnerability as part of the universal, human condition. In other words, homelessness is not so much an individual by-product, as it is something that even people who are well off, well-resourced, and psychologically capable are not immune to experiencing when the conditions are right (or wrong!). Lastly, participants’ spirituality helped them to experience a sense of dignity, by affirming their worthiness as children of God, not dependent upon anything that they do (or did).

Fitzpatrick (2018) conducted a survey study of 168 homeless adults. They used a number of regression models to test the predictive effects of religiosity and spirituality on depression and anxiety symptoms. Though depression and anxiety negatively correlated with both religiosity and spirituality, this relationship became non-significant when the effects of sociodemographic characteristics, life circumstances and experiences, as well as psychological and social resources were controlled. Though these findings reinforce the importance of psychosocial factors in the experience of mental distress during homelessness, the measurement of religiosity and spirituality in this study was limited to two items of religiousness (frequency of religious services attendance and importance of religion) and spiritual beliefs. Thus, the lack of an adequately powerful measurement model in this study could partially explain the null result.

Lovett and Weisz (2020) worked with 14 men and women in recovery programs who had previously experienced homelessness. The authors found that when discussing faith-based aspects of recovery, participants mentioned the following themes: new ideas of self, religious community and relationships, religious coping, and tangible and intangible benefits (p. 8). While the participants were using drugs in the past, they noted that they

viewed themselves negatively, mentioning themes of “powerlessness” and “worthlessness.” However, these negative self-images were reversed as a function of spiritual and religious involvement during their recovery. The participants also noted that religious coping replaced patterns of substance abuse, when confronted with stressors that would have previously led them to drugs and alcohol. Positive role models, safety, community, and interpersonal trust were all listed as results of religious and recovery communities.

2.2. *What Is Missing?*

Though the available literature points toward valuable connections between the experience of homeless, mental health, and spirituality and religion, a common issue underlying most of this research is the lack of a theoretically cohesive and empirically tested measurement model of spirituality. Most studies are descriptive, correlational, or cross-sectional in nature. While it is important to not dismiss these findings out of hand, they are limited by threats to internal validity. Research, then, needs to account for these limitations by utilizing stronger measurement models that are more sensitive to detect effect size relationships between psychospiritual variables as well as longitudinal designs to discern their variation over time.

2.3. *Assessing Spirituality and Religiousness*

(Piedmont 1999, 2020; Piedmont and Wilkins 2020) theorized that spirituality represents a personality trait, an organismic motivation that drives, directs, and selects behaviors. Piedmont defined spirituality in terms of transcendence, as 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. (Piedmont 1999, p. 988)

In these terms, spirituality represents the highest aspirations of the human species, that part of our psychology that reaches toward infinity and derives an unbreakable continuity for one’s place in the universe, engendering meaning and fecundity despite the transience, limitations, and tragedies of life. Piedmont (1999) provided data indicating that Spiritual Transcendence (ST) can be considered a sixth dimension of personality, independent of the dimensions of the Five-Factor Model (FFM) of personality (Digman 1990; McCrae 2010). Unlike the domains of the FFM, ST is considered to be a uniquely human psychological quality that is relevant for all people, irrespective of language, culture, and religious affiliation (or lack of affiliation; Piedmont et al. 2020; Piedmont and Wilkins 2020). Further, Piedmont’s model also makes a distinction between spirituality, which is an intrinsic, motivating dimension, and religiousness, which is interpreted as a learned cognitive sentiment, like patriotism (Piedmont 2020).

A sentiment is an emotional tendency that arises from cultural traditions and experience. In religious terms, it refers to the learned beliefs in the importance of ritual and religious experiences, and practices such as reading sacred scripture that are germane to each of the world’s religions. Because religious sentiments are situational, they can and do vary across different traditions and, for this reason, are more amenable to change and modification than spirituality. Religious sentiments, as Allport (1950) noted, are also distinct from other psychological sentiments because they are more comprehensive in scope, have the capacity to form the organizational structure of one’s life, and are capable of the longest range intentions that go beyond one’s life span. Though spirituality and religiosity share considerable associations with each other, they also have been found to predict outcomes independently of each other (Piedmont and Wilkins 2020). For example, spirituality has a stronger association and predictive capacity to detect differences in one’s overall sense of joy in one’s life, positive affect, and fulfillment of purpose whereas religiosity has a stronger relationship with the neutralization of psychic disruption and affect lability.

2.4. The Unique Role of the Numinous in Psychological Health

Piedmont ([Piedmont and Wilkins 2020](#)) extended the measurement model initially proposed in the Spiritual Transcendence Scale by developing a psychological ontology of the numinous. The numinous is an old term in the philosophy of religious experience. [Otto \(\[1917\] 1950\)](#) first described the experience of the numinous as the awareness of the *mysterium tremendum et fascinans* (the mystery that causes both trembling and fascination). Otto held that this experience inspires the quest for spiritual fulfillment and forms the core of humanity's search for what religions call the sacred, holy, God, or the ultimate. Theorists and social scientists in the psychology of religion and spirituality have adopted Otto's philosophy of the numinous, including [Jung \(1938, 1966\)](#) in his archetypal theory and practice of clinical psychology, [Erikson \(1950\)](#) in his description of the psychosocial stages of lifespan development, [Allport \(1950\)](#) personality theory, [Pargament \(2007\)](#) in spiritually integrated psychotherapy, and [Piedmont \(2020\)](#) in designing and implementing basic and applied research. As a psychological term, the numinous represents a set of uniquely human motivations that explain why religion and spirituality are so important to humans.

Numinous motivations are universal, extending across all human ages, and form the core set of ultimate concerns to which all people must navigate through life that include concerns about mortality, meaning, and personal worthiness ([Piedmont and Wilkins 2020](#); [Tillich \[1952\] 2000](#)). Responses to these sets of ultimate concerns vary, and may involve a diverse array of religious or atheistic spiritualities ([Comte-Sponville 2006](#); [Grassie 2010](#)). Regardless of how diverse groups of people may select and direct their behaviors that address these concerns, they remain trait-based characteristics of individual differences, never go away, and are fundamental to what it means to be human. There are no animal models that map neatly onto these ultimate concerns.

Numinous constructs have demonstrated significant promise for expanding our understanding of the forces that organize our inner lives and direct our outer strivings. [Fox and Piedmont \(2020\)](#) found that religious crisis was an independent causal predictor of depression, anxiety, and stress using structural equation modeling and controlling for the effects of personality in a sample of religious believers. [Piedmont et al. \(2020\)](#) found that numinous motivations are not only distinct organismic drives, but they are equally meaningful to people regardless of religious belief, being relevant even for atheists and agnostics. Using structural equation modeling, they found that when these motivations are left unfulfilled, they can create a spiritual crisis, which in turn can be predictive of psychological and characterological impairment even after controlling for the powerful effects of neuroticism. The important role of numinous constructs has also been tested in randomized controlled trials (RCTs). [Captari et al. \(2018\)](#) conducted a meta-analysis of RCTs that estimated the effect sizes of 97 studies investigating the effects of religiously accommodative therapies on psychological and spiritual outcomes. They found that religiously accommodative therapies were equally effective as non-religious therapies in producing positive effects on psychological outcomes, but superior in effecting spiritual outcomes. [Koenig et al. \(2012\)](#) review of over 3000 studies investigating the relationships between religion, spirituality, and health found that across cross-sectional, prospective studies, and clinical trials, they found that the majority of these studies found consistent, positive relationships with diverse metrics of physical and psychological health. For these reasons, researchers and clinicians alike omit important dimensions of the human experience when numinous motivations are screened out or neglected from models of human behavior, especially when the preponderance of evidence to date supports their inclusion in counseling and psychotherapy contexts.

3. The Current Study

Given the universal importance of the numinous for creating either a heightened sense of personal cohesion or a catastrophic sense of existential despair, charting the role of these motivations in diverse samples becomes an important process for supporting the empirical

value of this construct. The current study sought to extend this line of research with an extremely marginalized sample of men. These individuals include those who have been homeless and unemployed for years, as well as younger men who have been displaced from their families either because of incarceration or significant family disruptions that may be due to drugs, alcohol, and violence. With little attention given to such samples (however, see [Piedmont 2004](#)), it seems critical to understand how spirituality may operate in the lives of individuals so marginalized and alienated from mainstream society. Does spirituality serve as a resource for sustaining these men under such trying circumstances? Or, does the weight of such rejection extinguish any sense of hope and personal redemption for their lives? Is the concept of spirituality or the numinous even relevant for such people? Using a well-validated and normed measure of the numinous, the *Assessment of Spirituality and Religious Sentiments* (ASPIRES) scale ([Piedmont 2020](#)), this study examined mean levels of the numinous as well as the predictive role it plays in predicting psychosocial aspects of the lives of these marginalized men.

4. Methods

4.1. Participants

Participants were 121 men, aged 19 to 60 years of age ($M = 40.6$, $SD = 12.2$) who were consecutive admissions to a residential rehabilitation center between August 2011 and July 2013. Most individuals were referred to this center because of issues relating to substance and alcohol abuse. However, co-morbid issues regarding emotional and family issues, homelessness, and vocational issues were also prevalent (see [Table 1](#) for a breakdown of psychological issues). In terms of race, 69% were Caucasian, 13% were African-American, 7% selected “Other”, and 11% did not indicate a race. Concerning religion, 87% were of some Christian denomination, 5% indicated a non-Christian faith or were agnostic, and 8% did not respond to this question. Regarding education, 75% indicated some high school to some college educational experience. Two percent had only a grammar school education, 13% had a college or graduate degree, 6% had a technical/trade diploma, and 4% did not indicate a response. At the time of admission, 70% were unemployed (mean length of unemployment was 84 weeks), and 88% had been previously arrested, with 20% currently on parole at the time of admission.

Table 1. Results of the Psychiatric Diagnostic Screening Questionnaire Obtained at Time 1.

Diagnostic Category	%-Age Meeting Diagnostic Criteria ^a	Rate of Occurrence Psychiatric Outpatients ^b
Depression	40	55
PTSD	44	10
Eating Disorder	5	2
Obsessive-Compulsive Disorder	38	6
Panic Attacks	30	16
Psychosis	37	6
Agoraphobia	22	13
Social Phobia	46	17
Alcohol Abuse	63	4
Drug Abuse	56	4
Anxiety Disorder	44	10
Somatization	39	2
Hypochondriasis	36	1
Multiple Diagnoses		
No Diagnosis	5	
1 Diagnosis	11	
2+ Diagnoses	84	

$N = 121$. ^a Determination of diagnostic inclusion based on cut-off values provided by [Zimmerman \(2002\)](#); ^b Comparative data provided by [Zimmerman \(2002, p. 12\)](#).

After approximately three months, participants remaining at the center were again assessed. The mean number of weeks between assessments was 16 (range: 2 weeks to 48 weeks, $SD = 7.6$). The sample of 55 men did not differ from those who had left the center in terms of race, religious affiliation, education level, health status, and marital status. However, those who remained for the three months were significantly older ($M = 43.1$ years) than those who left ($M = 38.6$ years), $t(119) = -2.10, p < 0.05, d = 0.39$. When comparing those who left ($n = 68$) with those who stayed ($n = 53$) on the ASPIRES, no significant differences were noted on the five scales (Wilks $\Lambda = 0.92$, multivariate $F(5,114) = 2.08, p > 0.05$). Overall, there does not appear to be any systematic differences either demographically or numinously between those who stayed and those who left.

4.2. Measures

The Assessment of Spirituality and Religious Sentiments (ASPIRES). Developed by Piedmont (1999, 2020) the ASPIRES is a 32-item measure of numinous motivations. The scale is comprised of two sections. The first section is a measure of Religious Sentiments, further comprised of two sub facets: Religious Involvement (RI) and Religious Crisis (RC). The first nine items measure RI, which captures the extent to which religion is an important part of one's life, including how often one engages in religious activities such as reading sacred scriptures or attending religious gatherings. Responses are recorded using a variety of Likert-type sets. RC captures the degree to which one feels a sense of strain or conflict with the transcendent, which Piedmont and Wilkins (2020) referred to as lacking Worthiness. For the purposes of this study, we used the RC facet to operationalize R/S struggle. Responses on these four items are recorded using a five-point, Likert-type response set ranging from strongly disagree (1) to strongly agree (5). Alpha coefficients for the current study are reported in Table 2.

Table 2. Descriptive Statistics, Alpha Reliabilities, and Change Over Time t -tests for the ASPIRES Scales.

ASPIRES Scale	Time 1			Time 2			t -diff	d	r_{xx}
	M	SD	α	M	SD	α			
Prayer Fulfillment	52.45	6.62	0.85	53.48	5.60	0.81	−1.31	−0.18	0.56 ***
Universality	48.55	7.46	0.66	50.27	6.68	0.65	−1.85	−0.25	0.52 ***
Connectedness	51.81	8.13	0.30	51.31	7.08	0.38	0.38	0.05	0.17
Total STS	51.52	7.00	0.84	52.56	5.63	0.82	−1.25	−0.17	0.55 ***
Religious Involvement	53.04	8.66	0.80	58.06	6.17	0.72	−4.98 ***	−0.67	0.54 ***
Religious Crisis	56.60	11.96	0.80	51.36	9.92	0.76	3.12 **	0.42	0.37 **

$N = 55$. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$, two-tailed.

The second section measures spiritual transcendence. Spiritual Transcendence is defined as a universal human capacity to understand one's life from a broad, eternal perspective. The construct of Spiritual Transcendence is comprised of three sub-facets: Prayer Fulfillment (10 items), Universality (7 items), and Connectedness (6 items). Prayer Fulfillment refers to a sense of satisfaction or joy as a result of personally encountering the transcendent. Universality refers to a belief in the unitive nature of life. Finally, Connectedness refers to a belief in ones' participation in a larger human reality that extends beyond generations and groups. Responses are recorded using a five-point, Likert-type response set ranging from strongly disagree (1) to strongly agree (5). Alpha coefficients for the current study are reported in Table 2. Piedmont and Wilkins (2020) provide information on the construct and predictive validity of this scale.

Affect Balance Scale. Developed by Bradburn (1969), this 20-item true-false scale captures these dimensions of affective well-being: Positive Affect (PAS), Negative Affect (NAS), and Affect Balance (NAS subtracted from PAS). Scores on these scales have been shown to correlate with global happiness (Lowenthal et al. 1975). In the current sample, alpha reliabilities for PAS and NAS were 0.69 and 0.73, respectively, for Time 1 and were 0.67 and 0.75, respectively for Time 2.

Delighted-Terrible Scale. This scale was developed by [Andrews and Withey \(1976\)](#) as a cognitive measure of global well-being. Participants rate their overall level of life satisfaction on a Likert scale of 1 (terrible) to 7 (delighted). As a single-item scale, it is not possible to obtain an alpha reliability estimate for this scale.

Personal Problems Check List for Adults (PPCL). Developed by [Schinka \(1985\)](#), this 208-item checklist was designed for adults aged 18 to 60 years. Respondents simply check those items that represent an area of distress currently being faced. Items are grouped into 13 areas: Social, Appearance, Vocational, Family/Home, School, Financial, Religion, Emotional, Sexual, Legal, Health/Habits, Attitude, and Crises. This scale was not constructed to be a multi-scale inventory; items were selected for content coverage on the basis of expert judge panels. [Piedmont et al. \(2000\)](#) provided evidence of reliability and validity for the instrument for both student and clinical samples. For the purposes of this paper, only the total number of problems checked was used.

Psychiatric Diagnostic Screening Questionnaire (PDSQ). Developed by [Zimmerman \(2002\)](#), this 225-item scale is self-administered and screens for DSM-IV ([American Psychiatric Association 1994](#)) Axis I disorders. The clinical areas assessed by the PDSQ are listed in Table 1. Individuals check issues they are experiencing, and scores for each scale are found by summing the number of indicated responses. A total raw score is also obtained that can be transformed into a T-score based on normative information presented in the manual. Cut-off scores for each subscale have been identified that indicate the possibility of a clinical diagnosis. Scores have a sensitivity of 0.90, a mean negative predictive power of 0.97, and a mean positive predictive power of 0.28. The scale is only a screener and should not be used without a concurrent diagnostic interview. However, scores can be a useful indicator of psychopathology. There are no internal validity scales and a fairly high level of reading ability is necessary. In the current sample, alpha reliabilities for the 13 scales ranged from 0.63 (Somatization) to 0.96 (Anxiety) with a mean alpha of 0.86 at Time 1. For Time 2, alphas ranged from 0.59 (Somatization) to 0.97 (Anxiety) with a mean alpha of 0.84. For purposes of this report, only the total number of symptoms score is used.

Intake Demographic Form. Developed for the purposes of this study, this form was completed on entry into the center. The form contained questions about personal demographics (e.g., age, marital status, education level) and also asked clients to indicate their usage of various substances over the past month. Participants also provided information on their recent employment status.

Client Evaluation Assessment. Developed for the purposes of this study, this form was given to clients after being in the program for three months (or upon their departure). Survey questions queried clients about their perceived efficacy of the program during their residence at the center. The seven items examined in this assessment evaluated the extent to which clients believed they had grown spiritually and emotionally and felt prepared to manage the personal, social, and financial aspects of their lives. All responses were provided on a seven-point Likert-type scale ranging from strongly disagree to strongly agree or from not much to very much, depending on the question.

4.3. Procedure

The Program. The residential rehabilitation center is a Christian-based Rescue Mission located in rural Maryland. This center can accommodate up to 40 men at one time, who can stay for as long as they feel comfortable, although the initial program of activities is designed to last from 3 to 9 months. Extended programs are also available for clients who qualify (e.g., finding some gainful employment in the community). Clients are mostly referred by community mental health and social agencies, the judicial system, and churches. The men who come to the center do so as an act of last resort, having exhausted all other living options. While at the center, the men are involved in a number of programs including individual and group therapy, AA/NA (substance abuse treatment programs) groups, vocational training, General Education Diploma (GED) classes, and spiritual development.

The aim of this program is to rescue men from lives of addiction, homelessness, and mental illness and to reintroduce them back into the community as productive and useful citizens.

Assessment Protocol. Within 7 days of entering the center, participants provided informed consent to participate in the study. Clients were free to refuse to complete the assessment forms without prejudice. Clients completed the forms in their own time, usually in one sitting. However, some men required longer to finish all the required materials. It would take from 60 to 90 min to fill out all the forms. After approximately three months at the center (or upon their departure from the program), clients were once again asked to complete the assessment materials. The order in which the forms were presented was varied to control for order effects. For those who completed the forms when leaving the center, the time interval between assessments may be less than three months. Because some participants did not complete all forms, sample sizes will vary across analyses.

5. Results

5.1. Sample Characteristics

Participants were asked to indicate which substances they had consumed in the past month and the frequency of usage. Alcohol was the most frequently used drug, with 75% indicating consuming it from at least 1 to 3 times or more in the month. Cocaine (44%), Pot/Hashish (37%), Valium (30%), Heroin (35%), Opium (24%), LSD (17%), and Amphetamines (15%) were the more frequently used substances. Of the 12 substances listed, approximately 45% of the men had used from 2 to 5 of the drugs concurrently over the previous month.

The diagnostic status of clients was assessed using self-reported scores from the PDSQ. This instrument provides cut-off scores that indicate whether or not an individual has sufficient symptoms to be diagnosed with one of 13 different disorders. These results are presented in Table 1. As can be seen, these clients presented with a wide array of psychological difficulties. As expected, the most common issues related to alcohol and drug abuse; eating disorders were least represented. Zimmerman (2002) also provides rates of occurrence of these diagnostic assignments among outpatient psychiatric clients. As can be seen, the current sample evidences higher rates of diagnostic classification than what is typically found using the PDSQ among general outpatient psychiatric clients. This group represents a more marginalized segment of the population not typically found in community mental health centers. These data indicate that respondents carried higher levels of emotional distress.¹

The number of diagnostic categories that were descriptive of each individual was also examined, and these results are found at the bottom of Table 1. The majority of clients (84%) had scores high enough to classify them into two or more diagnostic categories. These data suggest the sample to be clinically distressed and demoralized at the time of entry into the program.

5.2. Descriptive Statistics

Table 2 provides descriptive statistics and reliability estimates for the ASPIRES at both Time 1 and Time 2. Scores for the ASPIRES scales are presented as T-scores having a mean of 50 and SD of 10, based on normative data (Piedmont 2020). Values between 45 and 55 are considered average, while values below 45 are deemed low and scores above 55 are considered high. As can be seen, at the time of entry into the program, individuals were in the average range for all scales except Religious Crisis (RC), which is in the high range. There are two points of interest here. First, given the nature of this sample, it is encouraging to see that despite many challenging personal experiences, this sample has an overall level of spirituality that is consistent with scores found in a more representative sample of adult males. Despite whatever social, economic, and personal challenges these men have faced, their spiritual motivations have not suffered as a consequence. Second, the high score on RC indicates that these men are feeling alienated and rejected by the God of their understanding, which is creating a sense of personal dysphoria.

After approximately three months at the rescue mission and involvement in the support programs that were offered (e.g., Christian-based substance abuse recovery program, religious instruction), significant changes are noted on the two Religious Sentiment scales: a significant decrease in levels of RC ($t(53) = -4.98, p < 0.001$, Cohen's $d = -0.67$) and a significant increase in Religious Involvement (RI) ($t(53) = 3.12, p < 0.01$; Cohen's $d = 0.42$) (Table 2). Mean level scores on RC moved into the average range, suggesting that the program was successful in helping participants ameliorate their spiritual distress and to find a better sense of involvement with the God of their understanding. Scores on the RI scale moved into the “high” range indicating a much higher level of participation in religious rituals including, increased frequency in reading religious literature, attending services, and prayer activities. This may be a consequence of the program at the mission, which stresses more active participation in religious activities. Interestingly, there were no changes in mean levels of Spiritual Transcendence, indicating the program's focus is more on activities than on the development of a personal relationship with the transcendent. Alpha reliabilities are acceptable, except for the Connectedness scale, which is low. However, such values are consistent with previous research (e.g., Piedmont 2004, 2020). Retest reliability estimates are all acceptable, with the exception of Connectedness.

5.3. Factor Structure

Scores on the ASPIRES scales were subjected to principal components analyses with three factors extracted and obliquely rotated (see Piedmont 2020 for the rationale for this process). In order to determine the extent to which the current structure is consistent with normative values, these results were then subjected to an orthogonal procrustean rotation using the normative factor structure as the target matrix. Such a technique assists in removing sample-specific sources of error and allows for a more accurate assessment of the replicability of the factor structure in the current sample. As can be seen in Table 3, the putative three-factor solution was recovered and congruence coefficients were all significant. Even the Connectedness facet loaded in its intended manner, despite lower reliability estimates.

A similar analysis was conducted with the 12 items of the Religious Sentiments dimension (eight items on Religious Involvement and four items on Religious Crisis). A principal components analysis extracting two correlated factors was conducted and the loadings rotated using the orthogonal Procrustes rotations. Congruence coefficients comparing the obtained loadings on the extracted two factors with normative values found them to be identical (Congruence Coefficients of 0.98 and 0.92, p 's < 0.001 , for Religious Involvement and Religious Crisis, respectively).

Table 3. Factor loadings from a principal components analysis with an orthogonal Procrustes rotation of Time 1 ASPIRES Scores.

ASPIRES Item	PF	UN	CN
PF1	0.74	0.11	−0.19
PF2	0.62	0.19	−0.23
PF3	0.50	0.13	0.29
PF4	0.84	−0.04	−0.05
PF5	0.63	0.20	0.22
PF6	0.88	−0.05	−0.18
PF7	0.80	0.00	0.17
PF8	0.79	0.05	0.23
PF9	0.79	0.07	−0.07
PF10	0.46	0.22	0.35
UN1	0.36	0.49	−0.36

Table 3. Cont.

ASPIRES Item	PF	UN	CN
UN2	0.03	0.64	−0.02
UN3	0.07	0.50	0.23
UN4	−0.11	0.54	−0.19
UN5	−0.16	0.64	0.15
UN6	0.41	0.33	−0.29
UN7	0.31	0.62	0.06
CN1	−0.09	0.32	0.01
CN2	0.19	−0.05	0.44
CN3	−0.06	0.08	0.72
CN4	0.15	0.09	0.65
CN5	0.37	0.00	− 0.32
CN6	0.01	−0.01	0.43
CONGRUENCE COEFFICIENT	0.96 ***	0.89 ***	0.66 **

N = 87.

Note. Loadings greater than 0.30 are in bold. PF = Prayer Fulfillment, UN = Universality, CN = Connectedness, RI = Religious Involvement, RC = Religious Crisis. ** Coefficient is greater than 99% of rotations from random data. *** Coefficient is greater than 99.9% of rotations from random data (Piedmont 2020).

5.4. Predictive Validity

ASPIRES scores were correlated with measures of emotional well-being, psychological symptoms, and the total number of experienced personal problems, both at intake and at Time 2. As can be seen in Table 4, Time 1 ASPIRES scale scores correlated significantly with all of the Time 1 outcome variables, except Connectedness. Time 1 scores continued to predict Time 2 outcome scores, with the RC scale being the most relevant predictor. Finally, Time 2 scores were correlated with Time 2 outcomes, and several significant associations were found; with six of the 13 significant associations (46%) found at Time 1 being replicated at Time 2.

Table 4. Correlations between the ASPIRES Scales and Clinical Measures at Time 1 and Time 2.

Clinical Scales	ASPIRES Scales									
	Time 1					Time 2 ^C				
	PF	UN	CN	RI	RC	PF	UN	CN	RI	RC
Time 1 ^A										
ABS Pos	0.42 ***	0.29 **	0.03	0.50 ***	−0.39 ***					
ABS Neg	−0.24 **	−0.04	0.05	−0.13	0.37 ***					
Delight	0.38 ***	0.19 *	0.07	0.33 ***	−0.41 ***					
Symptoms	−0.11	−0.02	0.03	−0.27 **	0.29 **					
Total Problems	−0.16	0.05	0.12	−0.19	0.36 ***					
Time 2 ^B										
ABS Pos	0.13	0.10	−0.13	0.10	−0.31 *	0.33 *	0.21	0.07	−0.01	−0.18
ABS Neg	0.26 ^D	0.18	0.27 ^D	−0.19	0.04	−0.12	0.14	−0.07	−0.13	0.33 *
Delight	−0.01	−0.22	−0.01	0.31 *	−0.19	0.31 *	0.00	−0.03	0.29 ^C	−0.39 **
Symptoms	−0.05	0.13	0.13	−0.17	0.33 *	−0.19	−0.19	0.03	−0.02	0.14
Total Problems	−0.01	0.42 **	0.02	0.01	0.18	0.04	0.12	0.08	0.31 *	0.10

Note. PF = Prayer Fulfillment, UN = Universality, CN = Connectedness, RI = Religious Involvement, RC = Religious Crisis. ^A *N* = 104.

^B *N* = 38. ^C *N* = 40. ^D *p* < 0.10. * *p* < 0.05. ** *p* < 0.01. *** *p* < 0.001, two-tailed.

Finally, ASPIRES scores were correlated with outcome assessments obtained at Time 2 and the results are presented in Table 5. The strongest associations were found for RI; Time 1 and Time 2 scores significantly were associated with all but two of the outcome ratings. RC scores were also associated with all but one of the ratings (experienced an increase in spiritual growth). Involvement with religious practices (RI), both at intake and three months later, were associated with broad success in the program, not just with the amount of spiritual growth experienced (e.g., Time 2 RI $r(54) = 0.43$, $p < 0.001$) but also with family

(Time 2 RI $r(54) = 0.48, p < 0.001$) and with addiction issues (Time 2 RI $r(54) = 0.37, p < 0.01$). Higher levels of RC were associated with consistently poorer outcomes (e.g., Time 2 RC with overall program helpfulness, $r(54) = -0.41, p < 0.001$). In the Spiritual Transcendence scales, only Time 2 Prayer Fulfillment (PF) had a relatively broad, positive association with the outcome ratings (e.g., Time 2 PF association with overall program helpfulness was $r(54) = 0.42, p < 0.001$).

Table 5. Correlations between ASPIRES Scores at Time 1 and Time 2 with Time 2 Client Ratings of Treatment.

T 2 Client Evaluation Rating	ASPIRES Scales									
	PF		UN		CN		RI		RC	
	T 1	T 2	T 1	T 2	T 1	T 2	T 1	T 2	T 1	T 2
1. Increase in spiritual growth	0.23	0.30 *	0.23	0.10	0.22	−0.16	0.48 ***	0.43 ***	−0.16	−0.22
2. Increase in relationship with God	0.40 **	0.48 **	0.32 *	0.22	0.39 **	−0.02	0.52 ***	0.61 ***	−0.32 *	−0.35 **
3. Emotional growth experienced	0.12	0.28 *	−0.03	0.08	0.05	−0.07	0.23	0.19	−0.32 *	−0.33 *
4. Program help to handle life issues	0.18	0.25	0.12	0.06	0.16	−0.09	0.34 **	0.44 ***	−0.29 *	−0.32 *
5. Program help with family issues	0.18	0.33 *	0.03	0.12	0.14	0.01	0.29 *	0.48 ***	−0.26 *	−0.32 *
6. Program help with addiction issues	0.04	0.21	−0.03	−0.06	−0.04	0.01	0.14	0.37 **	−0.17	−0.27 *
7. Program help with financial issues	0.12	0.31 *	−0.01	0.18	0.09	0.02	0.21	0.21	−0.31 *	−0.31 *
8. Overall program helpfulness	0.21	0.42 ***	0.04	0.03	0.17	0.09	0.31 *	0.39 **	−0.18	−0.41 **

Note. PF = Prayer Fulfillment, UN = Universality, CN = Connectedness, RI = Religious Involvement, RC = Religious Crisis, T1 = Time 1, T2 = Time 2. * $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$, two-tailed. Time 1 $N = 60$; Time 2 $N = 56$.

6. Discussion

There are two important aspects to this study. First, it examines a very under-represented group: those individuals who are quite marginalized and existing at the fringes of society. These are individuals who are the most vulnerable and the most overlooked in the research literature. As such, the current study fills an important gap in the knowledge base. Second, and more importantly, investigating the role of the numinous in this sample provides a very important test of the generalizability of current findings in this area. The great majority of studies on religiousness and spirituality (R/S) have focused on mainstream groups, including an overrepresentation of White, middle-class, Protestant individuals (Ecklund 2020). It has only been in the last decade that efforts have been made to include non-Christian groups in the research process. The obtained findings have been quite consistent: religiously oriented individuals do seem to experience positive emotional and physical benefits associated with their belief systems. This is especially true with regards to religious coping, where including numinous aspects facilitates better emotional adjustment. But the real test of these associations can be found by investigating the role of the numinous in such socially, politically, and economically marginalized individuals. Several key questions emerge: Are R/S constructs even relevant to such individuals? Do religious beliefs mean nothing to those that society has both rejected and forgotten? Or, do religious beliefs become essential for such individuals, providing important sources of emotional support and encouragement in times of such challenges?

It is easy to believe in a just, kind God when everything is going your way. It is an entirely different reality when one is feeling oppressed and rejected; the mainstream values associated with religion and faith may only serve to remind the downtrodden of their powerlessness. Further, some religious beliefs may even blame such individuals for their predicament, that such rejection may be a sign of spiritual weakness or inadequacy. Thus, the current sample offers an important look at just how important and relevant R/S constructs are in the lives of such marginalized men.

In response to these questions, the current findings do offer some interesting insights. First, scores on the ASPIRES ST scales were all in the average range. These socially alienated men do have levels of spirituality consistent with a representative sample of men their own age who are not so disconnected. Spiritual motivations do have meaning and relevance to these men and scores in these dimensions were related to aspects of emotional well-being and life satisfaction. We believe this finding represents the true robustness of the numinous for influencing the psychological world of all people. It also supports the hypothesis that the numinous represents a universal, psychological quality.

Second, this sample scored high on the RC scale, indicating feelings of rejection and alienation from God. This may be a consequence of their life situations, and the internalization of the rejection these men have experienced from family, friends, and community. More than just an impaired sense of self-esteem, high scores on RC indicate the presence of an existential crisis of worth and value that is independent of feelings of depression, anxiety, and loneliness. Such individuals are at risk of developing psychological difficulties (both emotional and characterological problems; [Piedmont et al. 2020](#)), as well as at risk of self-destructiveness (e.g., suicide, substance abuse; [Piedmont and Wilkins 2020](#)). As such, it was not surprising to find significant, positive correlations between RC and scores on the psychological symptoms and personal problems scales. Scores on the ASPIRES clearly demonstrate that while these men are spiritually aware with an eye towards the transcendent, there are clear existential conflicts that create significant personal vulnerabilities and keep them at risk of further marginalization: It was not unexpected that this sample had high levels of psychopathology.

The rescue mission certainly recognized the spiritual and religious issues that confront these men and attempted to provide a compassionate response. What the ASPIRES data reveals about the programs offered at the mission, is that their focus is more on the religious sentiments aspects of faith than on the spiritual dimensions. Programs were designed to provide a safe, supportive, environment where these men could attempt to regain personal balance and direction. The impact of these programs focused strongly on involvement in ritual and practice. It is not surprising, then, that scores on the ASPIRES RI scale increased significantly over the three months. Learning improved prayer techniques, involvement in religious services, and working in tasks that support the common good of the mission appear to help these men develop the practical aspects of a spiritual life, although levels of spirituality were not affected. Second, it is encouraging to note that the programs at the mission also significantly reduced levels of RC over time. These men felt less isolated and rejected by the God of their understanding and encountered a more compassionate, loving God who, despite their marginal status, does indeed love and care for them as well. As a consequence, these men were less existentially vulnerable, which ought to allow them to approach life with more confidence in themselves and their own sense of worthiness.

6.1. Study Strengths and Limitations

One value of this study is its utilization of well-validated, standardized measures. Having scales that are normed enables an assessment of mean levels of emotional problems and spiritual/religious motivations. Such values can give an empirical sense of how the current sample compares to the general population. As seen here, it is important to note the normative standing of these men on spirituality, underscoring the relevance and importance of this construct for understanding the mental lives of all people, irrespective of their social-economic standing. Further, the pattern of findings here is consistent with those obtained previously with an inner-city, dual-diagnosed substance abuse sample ([Piedmont 2004](#)); the ASPIRES was found to predict a number of important outcomes longitudinally. Specifically, higher scores on the ST scale were found to also predict more positive involvement in the therapeutic regimen as well as more favorable outcomes.

Research with marginalized samples presents its own set of challenges, many of which were encountered here. One issue concerns the intrinsic transientness of the sample; people come and go from a center for a myriad of reasons, including relapses into substance abuse, pending criminal charges, and subject fatigues/loss of interest with the program. Drop-out rates can be challenging, with this study losing approximately 54% of the original sample. A second challenge is finding the time to obtain the necessary assessments and monitoring the conditions under which the measurements are being obtained. While the original set of assessments were closely monitored by program staff and the researchers (RLP), the follow-up assessments were less structured. This study also lacked staff member ratings of client success and level of engagement in the program. This information would certainly have complemented the self-report scores. Given the inherent fluidity of the

current sample, we did experience challenges in obtaining a meaningful sample size. Our nominal sample of 55 is small and may help explain both the magnitudes and patterns of obtained associations; a larger sample size would have certainly provided a more reliable index of the program's impact.

Because no control group was included in this study, causal inferences cannot be derived from these data. While scores did change over time, it cannot be determined whether this was due to specific aspects of the program itself, or a function of some other, extra-program experiences (e.g., employment opportunities). Future research should attempt to isolate those aspects of the program that are related to specific improvements in particular numinous dimensions. For example, while we postulate that the strong focus on religious activities such as attending services and Bible study groups was responsible for the changes on the Religious Sentiments scales, the obtained data do not allow for a direct empirical link to be made.

Another practical limitation of the data concerns the attrition of men from the mission over time. As noted above, this group of men is quite fluid in terms of their presence at the mission. Why men decide to leave is not known, it could be for a number of reasons including being terminated by the Mission for noncompliance with program rules, not finding the program personally useful, and being incarcerated. Even if present for the duration of the study, individuals sometimes did not complete all forms, so sample sizes do vary over the analyses. In order to conserve power for the analyses, missing data were handled using the case-wise strategy rather than the list-wise approach. This may introduce some error because slightly different groups of men are being examined across analyses. Clearly, these initial findings are in need of a more controlled replication effort. Further, there was no examination of potential expectancy effects (i.e., program staff may have biased respondents to make favorable ratings about themselves and the program at Time 2), which may have influenced the findings. However, this seems unlikely given that participants did change in some of the numinous constructs but not all. Any implicit staff influence would have impacted scores on all scales, not only some of them.

Finally, these findings are from only a single site, located in a rural location. As such, the current findings are in need of replication using different missions (especially those from divergent faith traditions) located in various areas (e.g., inner-city, suburban). Would different centers focus on different aspects of the numinous that would result in different patterns of change? While it is interesting to note the average overall levels of spirituality in the current sample, it must also be noted that there is a self-selection process at work here. Individuals who are atheistic or agnostic may avoid going to a rescue mission entirely or may quickly tire of the religious regimen that such institutions provide. Thus, the current sample may be comprised of only those individuals who possess a spiritual interest.

6.2. Implications for Future Research

While this study is one of only a small handful of projects that have examined this very marginalized sample, the findings are consistent with previous research using both similar and more mainstream samples. The ASPIRES continues to demonstrate itself as an empirically useful instrument that can provide insights into the numinous motivations of respondents. Because scores on this instrument have been normed, it can provide useful insights into the mean level functioning of samples in a manner that facilitates cross-sample comparisons. The ASPIRES has been broadly used (e.g., cross-culturally, cross-faith) and there is a large validity literature. It is also one of the few measures of spirituality indexed by the Mental Measurement Yearbook ([Schoenrade 2014](#)). It is critical when working with marginalized samples that well-validated instruments be used that provide standardized assessments with useful interpretive and predictive validity.

It may be time for research to begin to conduct more integrative research paradigms. Much has been learned in the past 20 years about the role and value of R/S constructs (e.g., [Pargament 2013](#)) and there have been advances in theory development (e.g., [Piedmont and Wilkins 2020](#)) that outline the psychological significance and action of numinous constructs

to enable the development of research that is more proactive in scope. For example, it is time to develop specific therapeutic interventions that are strictly of a psychological nature and to assess their impact on psycho-social-spiritual development and adaptation. Rather than just measuring the spiritual dimensions of different groups, the focus should now begin to move towards more controlled, experimental studies that can add greater depth to our understanding of the numinous in the mental lives of people. It is becoming clear that R/S constructs (or the numinous) are universal aspects of human functioning that are independent of other, already existing psychological constructs. Everyone possesses, to some degree, numinous motivations irrespective of language, culture, religious affiliation, and, as shown here, economic/social status. These levels of the numinous do have significant psychological implications. It is time to start more systematically evaluating these constructs in the context of controlled experimental studies so that the true value of these variables can be more clearly articulated to the field.

6.3. Implications for Spiritually Integrated Psychological Care

Bringing R/S into psychological care is not a novel concept. [Stewart-Sicking et al. \(2019\)](#) categorized R/S intervention strategies into four areas of therapeutic action: (a) the level of the client's ecological system (individual, family, organizational, etc.), (b) level of critical reflection and transformation of the client's existing R/S framework, (c) the phenomenological level of experience addressed (conscious, unconscious, or transpersonal), and (d) the degree to which the intervention is embedded in a R/S tradition. The rescue mission we studied utilized all four of these methods. First, participants in this sample had all experienced an ecological crisis through societal alienation that spanned their micro to macrosystems, effectively severing their support structures in terms of family, work, and social services in their communities. In effect, these were community-less people. Thus, the ecological context for these men itself was a problem. The rescue mission services are effective in part because they employ a R/S frame to reinvent an ecological system by providing a new community of belonging inclusive of Christian fellowship, twelve-step support, and gainful employment.

Second, the current findings support the hypothesis that the rescue mission was effective in addressing the existential turmoil of participants' religious crises through a transformation of the client's R/S coping resources. It is perhaps in this way that a R/S-based treatment program like that of the rescue mission is uniquely poised to address numinous constructs. Because the Christian religion emphasizes clearly the innate image of God in all people, the unconditional love of God, and the unmerited mercy of God to forgive anyone despite their personal failings no matter how terrible, participants may have experienced a significant reduction in their sense of ultimate condemnation through scripture reading, practicing new ways to pray, and learning from religious teachings. These interventions, though robust for engendering a transformation in coping and renewing a sense of personal worthiness, were limited to a certain extent when considering Stewart-Sicking and colleague's third category: the phenomenological level of experience.

Third, utilizing traditional psychotherapy techniques can target psychological distress symptoms through what [Stewart-Sicking et al. \(2019\)](#) called above and below consciousness. Above consciousness refers to interventions that engage a client's conscious thought and cognition. Many Cognitive Behavior Techniques fall into this category. They can also be adapted to R/S cognition, such as drawing upon a client's R/S beliefs to dispute problematic core beliefs. Below consciousness refers to interventions that engage a client's experience and emotion that resides outside of linguistic awareness, and is deeply experiential. Again, there are examples of below consciousness from traditional psychotherapy, such as [Rogers \(1951\)](#) Core Facilitative Conditions, as well R/S sources, such as Inner Healing Prayer (see [Tan 1996](#)). At the same time, what makes the rescue mission distinct from a state or county-run homeless shelter, is that it also hopes to target what Stewart-Sicking and colleagues refer to as the transpersonal level of consciousness, which are interventions that go beyond the self; hence, the name beyond consciousness. It is here that interven-

tions are “experienced not as everyday consciousness, but as encounters with depth, the numinous, or a perspective beyond dualism” (p. 82). Though participants’ spirituality overall fell within average limits, there were no meaningful shifts observed over the course of their treatment that one may expect from a R/S program. This would suggest that the interventions the rescue mission employed were effective in enacting changes in above and below consciousness, but did not target beyond consciousness to effect meaningful change in participant’s experience of the numinous, with the exception of neutralizing the tension they experienced with the God of their understanding.

Finally, R/S interventions can be either embedded within a tradition, or extracted out of one (as in the case of mindfulness). The rescue mission clearly utilizes interventions from the former framework. As [Worthington \(1986\)](#) formulated, interventions like those employed by the rescue mission staff that come from a R/S tradition can be used to effect psychological change, but they can also be used to strengthen the faith of clients. The observed reduction in participants’ psychological dysphoria, coupled with positive growth in religious sentiments, and reduction in religious crisis, may be taken as preliminary evidence of the effectiveness of R/S interventions embedded in the Christian tradition.

Evidence-based practices are paramount to effective psychological care. What this study has shown is that there is evidence to support the utility of incorporating R/S into psychological care for marginalized populations. This study clearly demonstrated that even in the most downtrodden population, R/S interventions can be beneficial. From this single case alone, it is evident that the numinous is a part of those in the direst of circumstances and, with proper care, these individuals can reduce their psychological conflicts, and approach their issues with the numinous in a supportive and secure context. Moving forward, the most important thing that we can do is work towards a culture of R/S competency in psychological care ([Matise et al. 2018](#)). This study empirically supports the positive implications of spiritually integrated psychological care. It is now up to clinicians to use it appropriately to aid their clients.

7. Conclusions

[Piedmont \(1999, 2001\)](#) argued that the numinous is an essential, universal, personality dynamic that is unique to human beings regardless of their denominational characterizations. The current findings augment the expanding research literature on the ASPIRES (a well-validated measure of the numinous; [Schoenrade 2014](#)) that supports this assertion. The ASPIRES has been found useful across faith traditions (including atheists and agnostics, [Piedmont et al. 2020](#)), languages, and cultures ([Piedmont 2007](#); [Piedmont and Leach 2002](#); [Piotrowski et al. 2021](#); [Rican and Janosova 2010](#); [Simkin and Piedmont 2018](#)). The numinous is important even for those who are greatly marginalized in our society. The current study noted that the men of this sample were experiencing high levels of existential condemnation associated with their relationship to the God of their understanding. Further, levels of spirituality were similar to those found in representative samples of adults. Taken as a whole, there is compelling evidence to suggest that numinous constructs are important elements to understanding and intervening in the lives of all people. Therapists need to acquire training and expertise in the nature, structure, and process of numinous variables and their role in personal adaptation and striving. More than just a cultural variable, the numinous represents core, intimate aspects of individuals that need to be considered and managed for all people. Finally, the ASPIRES can serve as a useful numinous measure that is effective for conducting program evaluations in spiritual/religious contexts with individuals of diverse motivational profiles. The use of this scale can help link together research from diverse sites and populations.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in this study.

Conflicts of Interest: Ralph L. Piedmont receives royalties from the sale of the ASPIRES.

Notes

- ¹ Rescue missions are religiously oriented organizations that provide physical, emotional, and spiritual relief to individuals who have no other social/therapeutic/community resources available (e.g., homeless, substance-dependent, prison-release individuals). Typically, these are individuals who have fallen through the cracks of established government programs and represent a segment of our population that is rarely studied

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