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Spiritual experiences as a mediator between faith as well as religious practices and hope among sex addicted individuals from Poland participating in Sex and Love Addicts Anonymous (SLAA)

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Abstract

Religious and spiritual facets of life seem to be important for psychological wellbeing of sex addicted individuals participating in self-help groups. The aim of this study was verification that in a sample of members of Sex and Love Addicts Anonymous (SLAA) from Poland religiosity and spirituality are important factors for hope and spirituality directly influence hope being mediator between faith as well as religious practices and hope. The sample consisted of 30 participants of SLAA groups from Poland. The following tools were used: Herth Hope Index (HHI), Santa Clara Strength of Religious Faith Questionnaire (SCSRFQ), Daily Spiritual Experiences Scale (DSES), and two one scales regarding attending at mass and praying. Using multiple regression analysis confirmed that spiritual experiences mediate between religious faith as well as prayer and hope. It means that among SLAA participants relationship between religiosity and hope is indirect. It was proven that in a sample of sex addicted individuals participating in self-help groups higher level of religious faith and more frequent prayer has a positive impact on spiritual experiences, which in turn improve hope. Implications for future research as well as treatment of sex addiction are discussed.

drug abuse accounted for 4% of the variance of addictive behaviors. Sexually addicted women were more likely to perceive their fathers as having been less caring, over-protective, controlling or intrusive [2].

In the last 25 years we can observed growing body of publications in this topic both in magazines and newspapers as well as in the scientific literature [12]. This trend is connected with creating a new measures and tools to recognize, verify and diagnose this phenomenon [13].

Sexual addicted behaviors were systematically examined by Carnes [9,14,15]. Based on his own research Carnes's [9] has created a list of symptoms for sexual addiction: (a) a pattern of out-of-control behavior, (b) severe consequences due to sexual behavior, (c) an inability to stop the behavior(s) despite adverse consequences, (d) an ongoing desire or effort to limit sexual behavior, (e) sexual obsession and fantasy as a primary coping strategy, (f) increasing amounts of sexual experience because the current level of activity is no longer sufficient, (g) severe mood changes around sexual activity, (h) inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience, and (i) neglect of important social, occupational, or recreational activities because of sexual behavior.

The origins of sexual addiction treatment are related to functioning of self-help group when in the mid-1970s, an Alcoholics Anonymous (AA) member in Boston identified his out-of control sexual behavior as parallel to his alcoholic behaviors and in 1976 were established the first 12-step group dedicated for sex addicted individuals [16].

In Poland is a lack of official data regarding rate of sex addicted individuals. Main form of treatment is self-help groups participating. Additionally some self-help groups members go to therapists, but it is rather rare, because of the lack of psychologists specializing in this topic. In Poland main form of therapy with sex addiction is self-help group.

Actually in Poland are 72 groups of Anonymous Sexaholics (SA) (<http://sa.org.pl/>) and 36 groups of Sex and Love Addicts Anonymous (SLAA) (<http://www.slaa.pl/>). This two form of self-

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Introduction

Sexual addiction seems to be very serious problem in the area of public health. According to statistics approximately 3-6% of the U.S. population suffers from sexual addiction (Society for the Advancement of Sexual Health, 2008). Sexual addiction is related to many mental health problems as a depression and anxiety [1-5], insecure attachment style [2006], substance abuse [5,7-9] as well as distress [10,11] and has a roots in childhood trauma affected by experienced sexual or physical abuse [9]. In a sample of sex addicted depression accounted for 28.5% of the variance, family adaptability accounted for 13.8% of the variance, and

help support differ other abstinence definition. Members of SA based on a more restrictive definition of abstinence than SLAA participants [17]. Both SA and SLAA based on Twelve Steps and Twelve Traditions as a spiritual program of recovery [18-21] adopted from Alcoholics Anonymous (AA) [22].

Religious-spiritual sphere of life seems to be very important factor for recovery from addiction [23]. In a longitudinal study among alcoholic patients participating in therapy based on 12-steps Program noticed positive impact on spirituality in comparison to the moment of the start [24]. Spiritual awakening as a result of AA participation declared of 85.5% research participants. Among members of Oksford House 43% did not believe in spirituality before they start attending an AA meetings [25].

Spirituality seems to be an idea broader than religiosity because – in contradistinction with religiosity – it assumes the realization of extra-sacral goals, such as identity, affiliation, health or wellbeing [26]. That means one can develop spiritually without being religious, but being religious lead to spiritual experiences. Results of the research conducted in Poland have confirmed this thesis. In a self-help groups participants of Alcoholics Anonymous spiritual experiences were consequences of involvement in religious faith [27].

Spiritual functionality seems to be the source of hope [28-30]. Among the chronically ill of rural areas there was noted a positive, moderate correlation between spirituality and hope [29]. In HIV-infected individuals hope correlated positively with spiritual wellbeing [31] and in women with breast cancer - with individual awareness of inner ego and the sense of connection with the "Force Majeure" [28]. Among co-dependence individuals from Poland participating in Al-Anon spiritual experiences mediate between positive religious coping, strength of religious faith, frequency of prayer as well as frequency of church attendance and hope [32].

In the literature we can find results of research regarding relationships between religiosity as well as spirituality and sexual addiction [33,34] but little is known about the role of those facets of life in the treatment and recovery of sexual addicted individuals. Religiosity and spirituality are negatively correlated with hypersexual behaviors [35] and probably playing a crucial role in recovery from sexual addiction.

The aim of the study was to verify psychological mechanism based on religious-spiritual activity which is responsible for recovery of addicted to sex participants of self-help groups from Poland. Probably that the same as among Al-Anon participants [32] in a sample of SLAA members which implementing in therapy the same spiritual 12-steps Program religious involvement has a positive impact on spiritual experiences indirectly improving hope. In another words hypothesis about spiritual experiences mediating role between religious involvement and hope was tested.

Method

Participants

The sample consisted of 30 participants of Sex and Love Addicts Anonymous groups from Poland. According to ethical standard all individuals gave consent to participate in the study and filled questionnaires. They having been referred to self-help groups by psychologists and therapists, addiction treatment centres, or owing to information from various types of brochures or the Internet as well as thanks to suggestions made by family members, friends, or colleagues. The questionnaires distributed by a psychologist were filled in at home and then returned before the beginning of another SLAA meeting.

The mean age of the respondents was 33.6 years (SD=8.68). 27% of the respondents were women, 73% – men. The respondents' mean length of participation in self-help groups was 23.22 months (SD=18.94), which is almost two years.

Measures

The following tools were used: the Herth Hope Index (HHI), Santa Clara Strength of Religious Faith Questionnaire (SCSORFQ), two one-item scales to measure the frequency of prayer and frequency of Mass attendance, Daily Spiritual Experiences Scale (DSES).

Daily spiritual experiences scale

The Daily Spiritual Experiences Scale (DSES) consists of 16 questions, each one having 6 grades ranging from 1 (never or almost never) to 6 (many times daily). The more points scored, the greater the person's spirituality [36]. The scale's reliability, depending on population, ranges from $\alpha=0.86$ to 0.95 [37]. In the present study the reliability of this scale was $\alpha=0.96$.

Santa clara strength of religious faith questionnaire

The SCSORFQ consists of 10 items concerning religious beliefs, which are independent of the respondents' religious denomination. The factor analysis confirmed that the questions used constitute one dimension, which can be defined as the strength of religious beliefs [38]. The reliability of this scale is $\alpha=0.94-0.96$ [39-41]. In the present study the reliability of this scale was $\alpha=0.96$.

Herth hope index

The HHI is a 12-question measure on a 4-point scale ranging from 1=categorically agree to 4=definitely disagree. The more points scored, the greater the person's hope. This scale has a good psychometrical properties; the scale's reliability in a population suffering from illness is $\alpha=0.97$ and 0.91 using the test-retest method [42]. In the present study the reliability of this scale using α – Cronbach method was 0.90.

Religious practises

Attending at Mass was measured based on 5-point scales: (1) never with the exception of baptisms, marriages, or funerals, (2)

a few times a year, (3) 1–2 times monthly, (4) 2–3 times monthly, and (5) once per week or more. The scale for measuring how

often the participants prayed consisted of never, sometimes, once monthly, once weekly, and every day.

Table 1 Correlation matrix (n=30).

	1	2	3	4	5	6
Hope						
Frequency of prayer	0.41*					
Frequency of Mass attendance	0.31	0.59**				
Strength of religious faith	0.50**	0.87**	0.71**			
Frequency of spiritual experiences	0.56**	0.72**	0.68**	0.83**		
Age	0.09	-0.40*	-0.1	-0.3	-0.17	
Length of participation in SLAA	-0.22	-0.51*	-0.42*	-0.44*	-0.55**	0.31

*p ≤ 0.05, **p ≤ 0.01

Results

To calculate the scores SPSS version 22 Statistical Paquet was used. Pearson's correlation coefficient was computed between all variables examined in this study to create the correlation matrix (**Table 1**). To verify if spirituality plays a mediating role multiple regression analysis was used [43].

Noticed positive, moderate relationships between hope and frequency of prayer as well as strength of religious faith. Hope did not correlate with mass attendance.

Strength of religious faith strong correlated with spiritual experiences, frequency of prayer as well as frequency of mass attendance. Spiritual experiences positively, moderate correlated with frequency of mass attendance and were strong related to frequency of prayer. Noticed positive correlation between religious practices. Frequency of mass attendance was moderate related to frequency of prayer. Additionally spiritual experiences were positive moderate correlated with hope.

Variable can play a mediating role under specific conditions. It has to be correlated with both dependent and independent variable. Simultaneously a dependent variable must be related to an independent variable. The introduction of the three variables to the regression equation should influence relationship between independent and dependent variables reducing impact independent on dependent variable to a statistically insignificant level [43].

Further analyses were made with the use of multiple regression analysis: When spiritual experiences as a potential mediator was introduced to the regression equation the relation between frequency of prayer and hope as well as religious faith and hope were reduced to the statistically insignificant level accordingly (beta=0.028; p=0.909) and (beta=0.105; p=0.724), whereas spiritual experiences continued to be the predictor of hope (beta=0.564; F=12.13; p<0.01). It means that spiritual experiences totally mediate in relationship between strength of religious faith as well as frequency of prayer and hope (**Figure 1**).

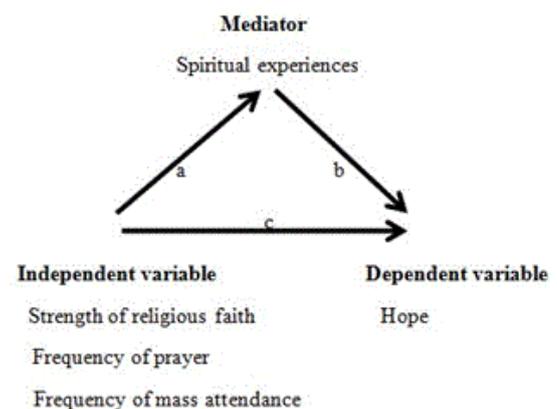


Figure 1 Model with independent variables, mediator variable and dependent variable. Source: own preparation.

Discussion

Hypothesis about spiritual experiences mediating role between religious faith as well as religious practices and hope in a sample of SLAA from Poland participants was partially supported.

As expected in a sample of SLAA strength of religious faith and prayer had a positive impact on spirituality which in turn on influenced hope. Both prayer and attending at Mass were positively correlated with spiritual experiences. Achieving results are consistent with recent study conducted in a sample of Al-Anon confirming significant role of religious involvement in spirituality of SLAA participants letting them to feel God's presence, to be closer to God, feel guided by God, to be spiritually touched by beauty creation, feel deep inner peace or harmony, experience a connection to all of life, feel thankful for blessing as well as feel self-less caring for others. Among self-help groups individuals in a process of recovery religion can

serve as a way of coping and problem solving [44-46]. In a sample of Al-Anon positive religious coping were source of spiritual experiences being indirectly related to hope [32].

Despite of spiritual character of SLAA program, which is manifested in literature [17] members of self-help groups using religious practices to develop spiritual sphere of live. Importance of religious practices and religious faith for spirituality of SLAA members from Poland can be explained based on directions from Twelve steps program and cultural context. Step 11 refers to prayer as a way to improve contact with God and looking for of His will as well as the power to carry that out [22]. In a Polish population is very high rate of Catholics and seems to be reasonable that for the recovery religious practices play a significant role. Poles are the most religious nation in Europe in relations to both prayer and attending at Mass. Approximately 95% of polish citizens declared Roman-Catholic Church affiliation. Almost half of the population describe themselves as a very religious and only 5% depict themselves as a non-religious [47]. In a study by Zinnbauer et al. [48], a group respondents who identified themselves as a "spiritual and religious" in comparison to group of „spiritual but not religious" were more likely to view religiosity in a positive light, more likely to engage in traditional forms of worships such as prayer and church attendance as well as more likely to hold orthodox or traditional Christian beliefs. It is important to note that the obtained correlation between strength of religious faith and spiritual experiences was strong. In accordance with obtained outcomes religiosity of SLAA participants can be treated as a part of spirituality [49,50]. Most of them seems to be "spiritual and religious" and have used religious beliefs to improve spirituality.

In contrast to Wnuk research in co-dependency individuals being members of Al-Anon attending at Mass correlated positively with hope but this relationship had an indirect character (2015). Lack of coherency between those results can be explained by differences in a research samples. Co-dependency is not the same problem as addiction and can influence individual's religiosity in the other way. Addiction has a negative impact on every spheres of functionality including religiosity. In a process of recovery addicted persons have tried to reactivate religious-spiritual facets of life being encourage by twelve steps and twelve traditions program (1981). By contrast in co-dependency individuals faith and religious practices can be the manner to struggle with partner or family member addiction. In the same context can consider negative correlations between religious-spiritual indicators and length of participation in SLAA. It seems that short duration of being in SLAA is not enough time to restore and develop religious-spiritual sphere of live and implement twelve step programs. It has to be noticed that research sample was heterogeneous taking consideration into being in SLAA duration and most of participants declared short length of SLAA participation.

It was proven that for SLAA participants from Poland spiritual experiences is significant factor for hope. The same as in Wnuk research among Al-Anon member's spiritual experiences were positively related to hope [32]. It means that in self-help groups in Poland spiritual experiences play an important role in recovery. It is consistent with results of research in a sample of

AA where spirituality positively correlated with quality of life indicators [51-53]. Hope seems to be relevant for successful therapy as a key factor for implementing some changes in functionality [54-56]. Role of hope in recovery of in SLAA can be explained by Farren [57] hope model which include four components: the processes of experiencing, spirituality, rational thinking and the relational (1992). The first one reflecting acceptance one's experiences as part of 'being'. In relation to SLAA participation it means acceptance of sex addiction and its consequences, approval for being helplessness against desire and admits to not being in control of desire [22].

Spiritual aspect of hope refers to promise that something higher exists or believing in something that cannot as yet be proven. In accordance with second step of twelve steps and twelve traditions program participants of SLAA believe that a Power greater than them could restore them sanity [22]. This promise is materialized by others members of SLAA sustaining sexual abstinence and improving quality of life.

The rational thinking attribute of hope including presence of aims, regaining the connection to one's past, present and future and in maintaining control over one's life. The first step requires from sexaholics to admit a loss of control over their life caused by sex addiction which as a result gives them the opportunity to influence and decide on one's own fortunes, whenever total abstinence from sex behaviours has been achieved.

Relational aspect of hope refers to the bonding feeling with others. It seems that this forms the basis for achieving unity at the SLAA. The sharing of common aims, mutual understanding and trust are fundamental for shaping relationships with others. According to Yalom, hope is based on being aware of the similarities of life's experiences with others. Within the perspectives of how SLAA operates, it leads to identifying with those other SLAA members that now demonstrate appropriate behaviour to which one's own behaviour and attitudes can become modelled to.

The achieving results have a theoretical and practical implications. They confirm the crucial role of spiritual experiences for hope of sex addicted participants of SLAA and religious beliefs and practices as a positive factors for spiritual activities. From the therapeutic perspective obtained results have important implications for psychologists and therapists in Poland working with sex addicted individuals. They should remember how important are religious beliefs and practices among sex addicted individuals and in own therapeutic practice to appeal to religious and spiritual facets of life. It is especially relevant because in comparison to global population of USA citizens for much less clinical and counselling psychologists religious is very or fairy important [58]. In another study only 34% of psychologists declared that they believe in personal God or transcendence existence and power [59]. In Poland there is no data regarding rate of believers among psychologists and therapists but it can be assumed that the proportions is similar to USA.

Limitations and Future Directions

Conducted study has a few limitations

It is mainly due to the sceptical attitude to scientific research of members of self-help groups. Furthermore, the fact should be taken into account that there are few SLAA groups in Poland, and attendance is poor at most of their meetings. The social awareness concerning sexual addiction is very poor, and the problem still remains a taboo subject. The research sample was small. Generalizability of this study is limited to sex addicted individuals being members of SLAA in Poland.

The present study was cross-sectional, due to which the relationships between the variables used cannot be presented in the cause and effect order. In the other hand used Baron and Kenny method (1986) let to show direction of the variables. Carrying out a longitudinal study among this population with the use of additional variables could help to discover other sources of the hope in this community and confirm the crucial role of hope for recovery and quality of life in sex-addicted individuals which can be used in a therapy of sex addicted individuals.

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