


Inner Peace in a Global Crisis: A Case Study of Supported Spiritual Individuation in Acute Onset Phase of COVID-19

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Abstract

Emerging-adult undergraduates (ages 18–25) are at increased risk for mental illness, exacerbated by the COVID-19 pandemic. Simultaneously, emerging adults face developmental tasks including identity development, finding meaning and purpose, and spiritual individuation. A case study approach is used to elucidate processes of undergraduates coping with collective trauma as a potential pathway to trauma-related spiritual growth via Awakened Awareness for Adolescents (AA-A) and emerging adults, a spiritual-mind-body wellness intervention. Awakened Awareness for Adolescents fosters enhanced spiritual perception to support spiritual individuation for improved mental health and well-being. Processes of spiritual individuation supported by AA-A during the COVID-19 pandemic from February to May 2020 are presented using students' qualitative data and self-report measures of psychopathology, spiritual well-being, emotional regulation, and cognition. Shared cohort ($N = 15$) themes and one in-depth case (1) reveal ideographic processes of personal transformation and spiritual growth, (2) generate hypotheses around pathways of trauma-related spiritual growth and spiritual individuation for future research.

Keywords

spirit-mind-body intervention, spirituality, college students, trauma-related spiritual growth, COVID-19

Separation and individuation from familial conventions in emerging adulthood often are essential in healthy development from childhood to adulthood (Tanner, 2006). While the individuation process is necessary, disruption, foreclosure, or dysfunction within this transitional stage can lead to identity confusion and interpersonal deficits (Dolan et al., 1992; Lapsley & Edgerton, 2002). The transition to adulthood from emerging adulthood is marked by identity development challenges, existential questioning, and finding one's place in the world (Arnett, 2000). Across these challenges, difficulties with emotion regulation and cognitive distortions are predictors and mechanisms of mental health disorders (Campbell-Sills & Barlow, 2007; Hofmann et al., 2012; Javidan & Mohammadi, 2017; Tull et al., 2004; Werner & Gross, 2010). During emerging adulthood, the capacity for spiritual exploration expands, initiated by processes including neurological maturation (Paus, 2009), increased cognitive-affective flexibility (Labouvie-Vief, 2006), and emotion regulation capacities (Steinberg, 2008). Emotion regulation is an essential positive psychological coping skill that may go hand-in-hand with meaningful spiritual growth. Research suggests that students who report higher levels of spirituality can better cope with life's stressors and have a more positive perspective of their problems (Gnanaprakash, 2013).

Challenging transitions can also affect daily and long-term schematic cognitive processes, resulting in amplified cognitive distortions. Research has shown cognitive distortions often contribute to the onset and maintenance of a range of psychopathology, including depression, anxiety, and sustained symptoms of trauma (Bandura, 1977; Beck, 1979; Kendall & Hollon, 2013).

Conversely, the individuation process has positive implications for the successful integration of transitions, including the transition from a family home to independent housing, from dependence to autonomy, and the choice to move towards or away from familial beliefs and values. Further, there is an association between decreases in negative cognitions about the world and a reduction in post-traumatic stress (PTS)

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symptoms that is mediated by cognitive changes about the self (Foa & Rauch, 2004). While challenging transitions can lead to prolonged mental health concerns, they also offer opportunities for individuation in many dimensions, including spiritual (Miller, 2004).

Spiritual Development During Emerging Adulthood

Emerging adulthood is a critical period for identity exploration and development; similarly, it is crucial for spiritual development (Arnett, 2014). Often, the search for spiritual identity is connected to the search for G-d or a Higher Power (Ebstyne King, 2003; McNamara Barry et al., 2010; Miller, 2013b). This search may or may not be through organized religion, as evidenced by 32% of college students in the U.S. identifying as spiritual but not religious (“SBNR”; Smietana, 2013). Evidence suggests that the cultivation of personal spirituality can function as a source of support for the process of spiritual individuation (Ebstyne King, 2003; Oppong, 2013). Spiritual individuation is defined here as the search for the sacred, emphasizing lived spiritual and existential experiences, and the formation of personal beliefs; sometimes associated with a disconnection from previously held family and moral values, religious affiliation, and spiritual beliefs (Arnett, 2000; Barry & Abo-Zena, 2014; Benson et al., 2012; Braskamp, 2008; Desrosiers et al., 2011; Fowler, 1981; Hardy et al., 2011; Marcia, 1980; Scalora et al., 2022). Spiritual individuation, specifically, may provide meaning-making, which is essential for understanding and integrating challenges and struggles inherent to the individuation process (Barry & Abo-Zena, 2014). Spirituality has also been shown to contribute to overall positive health and well-being in emerging-adult college students (Hettler, 1986; Nelms et al., 2007) and is the most robust protective factor against depression known to medical science (Bonelli et al., 2012; Miller, 2013a).

Crisis Onset and Spiritual Growth

Tsai and colleagues (2014) have shown that increased PTSD symptoms come with increased levels of personal growth. Struggle often is a gateway to growth, even as symptoms remain during a trauma or crisis. Research has shown that struggle is part and parcel of expanded spiritual awareness, reflection, and connection with our Higher Power and with those people whom we love, *particularly* within the context of reactive symptoms.

Emerging adults’ evolving worldviews are particularly sensitive to traumatic life events, which can negatively impact their well-being, bring about post-traumatic growth, or stimulate personal transformation (Askay & Magyar-Russell, 2009; Bray, 2013; Tsai et al., 2015; Gutierrez & Park, 2015). Spiritual struggles can follow major life transitions or traumatic events and mark an individual’s efforts to either hold onto or reimagine a spirituality that has been challenged or

harmed (Pargament et al., 2005). While spiritual struggles often play a vital role in one’s spiritual development, they have been associated with increased symptoms of PTSD and depression and have been found to be followed by either a path of spiritual decline and hopelessness or a path of spiritual transformation and renewal (Barton et al., 2017; Pargament et al., 2005). Conversely, multiple lines of research suggest that emerging adults exposed to traumatic events in childhood and or adolescence can experience psychological benefits through meaning-making and the resolution of trauma (Currier et al., 2006; Holland et al., 2006; Park, 2010; Pakenham, 2008). Traumatic events may promote higher levels of spiritual maturity and, by extension, post-traumatic spiritual growth (James & Samuels, 1999). Post-traumatic growth requires the recognition of existential truths that include positive self-efficacy and the ability to tolerate uncertainty and change (Benight & Bandura, 2004; Joseph, 2011). Specific spiritual practices (e.g., spiritual coping, meditation, meaning-making) have been associated with increased positive adjustment and understanding to derive meaning after traumatic experiences leading to higher levels of life satisfaction (Ano & Vasconcelles, 2005; Fenzel & Richardson, 2021; Lee & Newberg, 2005; McAdams et al., 2001).

Emerging-Adult Well-Being During Acute Onset of COVID-19

Emerging-adult college students are at increased risk for rates of stress, anxiety, depression, substance use, and suicidal ideation (Auerbach et al., 2018; Blanco et al., 2008). Many factors have been attributed to the decline in student mental health and well-being, including increasing financial pressures, omnipresent social media, and increased safety and security concerns (Klawe, 2019). Amidst existing high rates of psychological distress among college students and an increased need for comprehensive mental health services on college campuses, the onset of the global Coronavirus Disease 2019 (COVID-19) spread across the U.S. in the Spring of 2020 (Brunner et al., 2014). From March through May of 2020, the acute onset of COVID-19 spurred an increased prevalence of depression, anxiety, and PTSD symptomatology among emerging-adult undergraduate students (18–25). High levels of loneliness were significantly associated with clinical levels of depression, anxiety, and PTSD between April and May of 2020, and students reported that their mental health negatively affected academic performance (Liu et al., 2020; Martinez & Nguyen, 2020).

Emerging-Adult Well-Being Support During COVID-19

To address college students’ mental and emotional health needs, spiritual-mind-body (SMB) wellness interventions may be used as prevention to promote optimal functioning in the

face of unforeseen crises such as the COVID-19 pandemic and the predictable challenges that accompany the emerging-adulthood developmental process. One such SMB wellness intervention offered to undergraduates during the onset of COVID-19 was Awakened Awareness for Adolescents (AA-A) and emerging adults.

AA-A was adapted from the previously established intervention of Awakened Awareness (AA) for adults (Miller & Athan, 2007; Miller, 2011; 2013a; 2013b) and delivered as part of a larger open trial of AA-A delivered to undergraduates at two sister colleges from Fall 2018 to Spring 2021. AA-A has been shown in two open clinical trials to support spiritual individuation and to decrease symptoms of depression, anxiety, and trauma (Mistur et al., 2022; Scalora et al., 2022). However, AA-A has yet to be examined as potentially supportive of spiritual growth driven by symptoms of trauma during acute crisis.

In Spring 2020, the on-campus delivery of AA-A intersected with the outbreak of the COVID-19 pandemic. The AA-A intervention was transitioned from in-person to a virtual platform for the remaining six of eight weekly sessions. AA-A was adapted for the developmental tasks of late adolescents and emerging adults to support spiritual individuation through direct, experiential practices (e.g., meditation, guided spiritual visualizations, listening, and sharing from the heart) to activate the inborn capacity for inner receptive awareness and dialogue with one's higher self and Higher Power/Transcendent, as foundational to healthy emerging-adult development. AA-A provides tools and a language to help participants understand and integrate their experiences through an expanded spiritual perception known henceforth as awakened awareness (i.e., a broader perception of life, which appreciates the whole self, the whole other, and the sacred within the universe). AA-A fosters a non-judgmental space for students to access their inner wisdom and explore their relationship to self, to others, and the world (see Method for further explanation of the intervention).

Rationale and Aims

The current case study report focuses on experiences of spiritual individuation in AA-A amidst the collective trauma of COVID-19. It, therefore, draws from the unique cohort who joined AA-A in February 2020 for in-person, on-campus groups expecting to find support and spiritual well-being practices to navigate normative challenges of life in college. These participants additionally faced unprecedented challenges, uncertainty, and loss, alongside opportunities for personal growth and spiritual individuation. In March of 2020, AA-A transitioned into a weekly virtual space that participants and facilitators shared while facing the first impacts of the global health crisis together. By gaining awareness of and access to their inner spiritual life, participants engaged in processes of spiritual individuation through the door of collective trauma, the COVID-19 pandemic. Facilitators had the opportunity to witness and support a phasic spiritual response

to collective trauma via AA-A. There has yet to be a published psychological report on the unfolding of supported spiritual individuation in emerging adulthood during the COVID-19 pandemic, offering here the opportunity to share “new knowledge.”

Case study research has several benefits when applied to “new knowledge.” Case studies allow for an in-depth appreciation of contextual factors, an essential aspect of the present study given the presence of the COVID-19 pandemic (Creswell, 2013; McLeod & Elliott, 2011). Robinson and McAdams (2015) highlight the usefulness of case studies as a form of theory exemplification to illustrate how to best apply interventions designed to help emerging adults. Case studies provide the opportunity to show *specificity* of theories and processes to individuals, an external validity criterion equally important and complementary to the *generalizability* of theories and processes across groups (Robinson & McAdams, 2015). The APA Task Force reported that multiple research designs, including qualitative research, single-*N* studies, and case studies, are needed to contribute to evidence-based practice in psychology (American Psychological Association, Presidential Task Force on Evidence-Based Practice, 2006). Furthermore, case studies are preferred over other research approaches when the research questions ask “how” or “why” a contemporary phenomenon occurs and when events are not in the researchers' control, as in the present study (Yin, 2014). Case studies bring a unique epistemology, particularly useful for elucidating a nuanced understanding of complex participant experiences and providing the opportunity to generate additional hypotheses for future nomothetic research (American Psychological Association, Presidential Task Force on Evidence-Based Practice, 2006; Lea et al., 2015; Yin, 2014; Žydžiūmaite, 2007).

The present case study report makes no causal claims about the effectiveness of the AA-A intervention during which spiritual individuation emerges. The participants' voices in these cases reveal *ideographic* nuance and richness around emerging-adult spiritual individuation during a time of collective trauma within a spiritually supportive context. A complementary *nomothetic* outcome study using the “bird's eye view” of outcome variables collected around AA-A facilitated in-person and which does not include the current dataset was previously conducted (Scalora et al., 2022). The present study descriptively explored the following research questions:

1. What was the lived process of spiritual individuation in AA-A participants during the unprecedented, traumatic onset of the COVID-19 crisis?
2. How did participants engage with AA-A to initiate or support processes of spiritual individuation in acute crisis, potentially spurred by current trauma-related symptoms of anxiety and depression?
3. What pathways of learning, discovery, and growth, if any, did participants experience?

An overview of themes from all Spring 2020 participants ($N = 15$) is presented, followed by a case example of one student's arc of spiritual development.

Method

The current case study received IRB approval from the Columbia University, Teachers College Institutional Review Board as part of a larger open-trial study of AA-A delivered to undergraduates in-person on two sister college campuses located in the Northeast region of the United States from Fall 2018 to Spring 2021. Findings of the overall open clinical trial as delivered both in-person and on-line have been reported (Mistur et al., 2022; Scalora et al., 2022). Data from specifically the Spring 2020 cohort, explored here, were not included in the in-person nor the online open trials, as the cohort experienced a "hybrid" delivery in the unexpected move from in-person to a virtual platform due to the closing of the university. Additionally, the cohort uniquely experienced the incursion of crisis through the onset of the COVID-19 pandemic at both proximal and societal levels midway through the intervention. The present study uses exploratory, qualitative case study methodology to identify processes and experiences of spiritual individuation specific to participants from the Spring 2020 cohort.

Awakened Awareness for Adolescents Intervention and Delivery

Awakened Awareness for Adolescents was offered from Fall 2018 to Spring 2021. The intervention was facilitated in eight weekly, 90-minute sessions in campus dormitory lounges and students centers until March 2020, when AA-A transitioned to a virtual platform. Each group session included guided meditation practices and didactics of AA-A concepts, group discussion, written reflections, dyadic peer sharing, and group sharing. Four doctoral-level clinical psychology students co-facilitated the intervention. They were under the supervision of a licensed clinical psychologist with 20 years of experience using SMB practices with emerging adults in academic and clinical settings. For continuity, each AA-A group had the same co-facilitators every week. Facilitators aimed to create a safe non-evaluative space for participants to reflect on their inner experiences and share openly.

Awakened Awareness for Adolescents supports the developmental task of spiritual individuation by utilizing personal and relational spirituality as foundational to the ontological, dialectic framework of the Awakened Awareness for Adults (AA) model. In brief, AA emphasizes that daily experience can be understood through communication with one's higher self and a Higher Power/Transcendent (Miller, 2005). Foundational to AA-A are two forms of awareness, or lenses through which to perceive the world. As aforementioned, (1) *awakened awareness*, an expanded perception of life, appreciates the whole self, the whole other, and the sacred within the universe,

and (2) *achievement awareness*, a narrower perception of life that focuses on outer goals, plans, accomplishments, and achievements. Both forms of awareness are necessary, and when used concurrently, can facilitate an enhanced perception of ourselves, others, and life itself. The AA-A intervention is described in greater detail elsewhere (Scalora et al., 2022).

Participants

Awakened Awareness for Adolescents Group Leaders. The facilitators were doctoral students in a Clinical Psychology Program. The facilitators' university was affiliated with the colleges of the undergraduate participants, but no familiarity existed with the participants outside their participation in the study. The four facilitators identify as white, cisgender females and vary in age, cultural and religious backgrounds, and spiritual orientation.

Awakened Awareness for Adolescents Participants. Students ages 18–25 from two sister undergraduate university campuses were invited to participate in the AA-A intervention through flyers distributed on-campus and through student activity email listservs. Those who enrolled in the AA-A intervention were invited to participate in the ongoing research study. 20 students attended the first two in-person sessions, and 15 of these students continued AA-A after transitioning to a virtual platform. Four students reported dropping out due to international time zone differences after moving home, and one participant was lost to follow-up. Participants were on average 20.2 years ($SD = 1.70$). Participants were diverse in gender, sexual orientation, international student status, ethnicity, and religious affiliation ($N = 15$; 40% male, 53.3% female, and 6.7% non-binary; 53.3% heterosexual, 6.7% gay/lesbian, 33.3% bisexual, and 6.7% other, specified as "queer/pansexual"; 33.3% international students; 46.7% White/Caucasian, 20.0% Black/African American, 13.4% Latino, 6.7% Asian, 6.7% Middle Eastern, and 6.7% multiracial; 33.3% not religious, 26.7% Protestant Christian, 20.0% Jewish, 13.3% Roman Catholic, and 6.7% other, unspecified).

Procedures

Awakened Awareness for Adolescents participants who opted for the research study completed informed consent and self-report measures, weekly hand-written reflections, and semi-structured interviews (see Appendix). Participants completed self-report measures at pretest (range 2/10/20–2/18/20) and posttest (range 4/28/20–5/5/2020). Participants wrote weekly reflections on paper questionnaires during the two in-person sessions, and then online through Qualtrics^{XM} (Qualtrics, Provo, UT), a technology survey platform, during the remaining six virtual sessions. Participants answered questions about their experiences of applying the AA-A content (e.g., meditations, spiritual visualizations) in their daily lives. Students were invited to participate in semi-structured

interviews conducted by the facilitators between 4/10/20 and 5/19/20. Interviews were transcribed verbatim. All data were de-identified and stored with password protection. All names and locations used are pseudonyms to protect the anonymity of the participants.

Qualitative data including written reflections and interviews conducted with 9 of 15 participants were analyzed using thematic analysis with an inductive approach. Braun and Clarke's (2006) six phases of thematic analysis were followed to identify patterns of student experiences: (1) familiarization with data, (2) coding the data with shorthand labels, (3) generating themes from patterns among codes, (4) reviewing themes against the data, (5) defining and naming themes, and (6) reporting themes with examples. One case was then selected for the present study based on the presence of descriptively rich qualitative data; a purposive strategy referred to as *intensity sampling* (Miles & Huberman, 1994). The highlighted case was chosen without knowledge of the individual's quantitative self-report scores; self-report scores were revealed afterward and included to provide additional idiographic material.

Onset of Crisis; AA-A Transition to a Virtual Platform. Acute onset of the global pandemic of COVID-19 was 3 weeks after our initial assessment of students and after the receipt of the initial two weekly sessions of AA-A. As such we had a naturalistic opportunity to examine AA-A as a support for building spiritual awareness in times of acute crisis and likely in the context of increased crisis-triggered traumatic symptoms. In February 2020, students registered for AA-A and gathered on-campus in residence hall lounges. On Sunday, March 1st, 2020, the first case of COVID-19 was reported in the surrounding urban region of the sister universities, marking the official arrival of the pandemic to the locality. Participants attended the second sessions of AA-A on March 2nd and March 3rd, 2020, one week before academic classes were suspended due to COVID-19 on Monday, March 9th. Along with many other institutions across the state and country, the sister colleges officially closed their campuses and transitioned to remote learning. All on-campus activities were canceled, and students were asked to vacate the dormitories by March 30th. The vacating of college campus within 1 month of a global pandemic constitutes the onset phase of COVID-related crises for students. AA-A facilitators followed the example of the universities and transitioned AA-A to the virtual platform, Zoom. After a 3-week interruption from the campus closure and an academic spring break, participants were invited to return to AA-A via Zoom; as aforementioned, 15 of 20 students continued attending AA-A across two groups.

The facilitators experienced the unique challenge of co-leading the AA-A group while collectively living through the COVID-19 pandemic experience in the Spring of 2020. While spread across the country, all participants and facilitators met on Zoom under stay-at-home orders or recommendations. Facilitators became a weekly source of object constancy for participants amidst their dislocation. Participants reported that

AA-A provided continuity of the collegiate community amidst the often-isolating circumstances of the pandemic. The groups met at 7 p.m. EST, coinciding with an unmistakable ritual that had taken place in many cities across the globe: a 7 o'clock "thank you cheer" for essential workers. The facilitators who remained near the campuses shared the sounds of the loud cheer with participants at the beginning of each session, virtually connecting students to their campus's region and one another through the shared ritual. A culture of open sharing continued in both groups after the transition to a virtual platform. Together, facing the uncertainty of life brought by the COVID-19 pandemic, facilitators and students alike accessed and shared inner wisdom during AA-A sessions. One facilitator wrote, "my experience is that I learn more from the participants than I teach. I recall sessions when I perceived the students as 'trail angels,' bringing a message I needed to hear."

Measures

Individual scores on self-reports of psychopathology, spiritual well-being, emotional regulation, and cognition were used descriptively to help identify the level of severity for one highlighted case. No inferences about the larger sample can be drawn from individual scores.

Clinical. Assessment for clinical symptoms of depression, anxiety, and PTS is based on the aforementioned elevated prevalence rates of psychopathology among college students over the past two decades (Gallagher, 2012; Gallagher et al., 2000; Kettmann et al., 2007; Stone et al., 2000) and further increased during Spring 2020 (Liu et al., 2020; Martinez & Nguyen, 2020).

Symptoms of depression were assessed using the Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001). The PHQ-9 is a 9-item, self-report instrument widely used in primary care and other medical settings to measure depressive symptoms and functional impairment. The PHQ-9 uses the following four-point Likert scale: from 0 ("Not at all"); 1 ("Several"); 2 ("More than half the days"); 3 ("Nearly every day"). The PHQ-9 asks participants how often over the past 2 weeks have they experienced symptoms of anhedonia ("Little interest or pleasure in doing things"); depressed mood ("Feeling down, depressed or hopeless"); and vegetative symptoms ("Feeling tired or having little energy"). Research on the PHQ-9 suggests that the screener is sensitive and specific to Major Depressive Disorder (MDD) at a cut-off score of 10 and above. The measure has demonstrated high internal consistency (Cronbach's $\alpha = .86 - .89$) (Kroenke et al., 2001) and has been used to measure depression symptoms in college student populations (Wang et al., 2014; Garlow et al., 2008).

Anxiety symptoms were assessed using the General Anxiety Questionnaire (GAD-7; Spitzer et al., 2006). This is a 7-item, self-report instrument that asks participants to describe their anxiety symptomatology's severity over the past 2 weeks. The GAD uses the following 4-point scale: 0 ("Not at all"); 1

(“Several days”); 2 (“More than half the days”); or 3 (“Nearly every day”). The scale includes items such as: (“Feeling nervous, anxious, or on edge”), (“Feeling afraid as if something awful might happen”), and (“Worrying too much about different things”). GAD-7 has been validated and shown to be sensitive and specific ($>.80$) to Generalized Anxiety Disorder at a cut-off score of 10 and above and has been used to measure anxiety in college student populations (Lipson et al., 2018; Holt et al., 2014).

Post-traumatic stress (PTS) symptoms were assessed using the PTSD Civilian Checklist (PCL-C; Weathers et al., 1994). The PCL-C is a standardized 17-item self-report instrument that asks, “how much have you been bothered by that problem in the last month” about symptoms of PTS concerning generic “stressful experiences,” indicated for use in the general population. A total symptom severity score (range = 17, 85) can be obtained by summing the 17 items’ scores. Response options range from 1 (“Not at all”), 2 (“A little bit”), 3 (“Moderately”), 4 (“Quite a bit”), 5 (“Extremely”). The PCL-C has shown high internal consistency ($\alpha = .94$; Ruggiero et al., 2003) and has been used to measure post-traumatic stress in college student populations (Read et al., 2014; Hamdan & Hallaq, 2021). A cut-off score of 30 was used to identify students with clinical levels of PTS, as this score is predictive of PTSD diagnosis in civilians (Walker et al., 2002).

Spiritual Well-Being. Spiritual well-being measures were selected that relate to the developmental task of spiritual individuation processes.

The Spiritual Transformation Scale (STS; Cole et al., 2008) is a 40-item self-report instrument that measures spirituality changes as a response to life events. The scale included two subscales, Spiritual Growth (SG) and Spiritual Decline (SD). Participants are asked to rate items on a 7-point Likert scale, ranging from 1 (“It is not at all true for you”) to 7 (“It is true for you a great deal”) about how they were before and after AA-A. STS items include (“Spirituality has become more important to me”), (“I have a stronger spiritual connection to other people”) and (“I’m finding it more important to participate in a spiritual community”). Higher scores indicate higher levels of spiritual growth and spiritual decline. The STS has been used to examine spiritual growth and decline in college student and adolescent populations (Hart et al., 2020; Exline et al., 2017).

The Delaney Spirituality Scale (SS; Delaney, 2005) is a 23-item self-report instrument that measures personal and relational spirituality and levels of spiritual distress. It consists of three subscales: Self-Discovery, Relationships, and Eco-Awareness. Members rate their experience of spirituality on a 6-point Likert scale, 1 (“Strongly disagree”), 2 (“Disagree”), 3 (“Mostly disagree”), 4 (“Mostly agree”), 5 (“Agree”), 6 (“Strongly agree”). The items include (“I find meaning in my life experiences”), (“I see the sacredness in everyday life”) and (“My spirituality gives me inner strength”). Psychometric analysis of the SS provided strong evidence of the reliability and validity of the instrument and the measure has been used to assess spirituality in college students (Li & Chow, 2015; Shahina & Parveen, 2020). Higher scores on the 23-item scale represent greater levels of spirituality.

Psychological. Emotional regulation, a positive psychological coping skill, was measured to examine the connection between spiritual practice and emotion regulation as evidenced by participants’ qualitative reports. Emotion regulation was assessed using the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), a well-validated and widely used self-report measure for assessing emotion regulation problems among adolescents and adults including college student populations (Flannery et al., 2016; Vujanovic et al., 2010). The DERS is a 36-item, self-report instrument designed to assess multiple aspects of emotion regulation (Gratz & Roemer, 2004). The DERS has six subscales: non-acceptance (non-acceptance of emotional responses), goals (difficulties engaging in goal-directed behavior), impulse (impulse control difficulties), awareness (lack of emotional awareness), strategies (limited access to emotion regulation strategies), and clarity (lack of emotional clarity.) The DERS uses a five-point Likert scale and includes items such as: (“I experience my emotions as overwhelming and out of control”), (“When I’m upset, I can get things done”) and (“I have no idea how I am feeling”). Some items are reverse scored, and then all items are summed. Higher scores indicate greater problems with emotion regulation.

Negative automatic thoughts were assessed using the Automatic Thoughts Questionnaire (ATQ-30; Hollon & Kendall, 1980). The ATQ-30 is a 30-item self-report instrument that measures the frequency and believability of automatic negative self-statements such as (“I feel like I’m up against the world”), (“I’m no good”), and (“What’s wrong with me?”). Items are rated on the frequency of occurrence from 1 (“Not at all”), 2 (“Sometimes”), 3 (“Moderately”), 4 (“Often”), 5 (“All the time”). This well-validated scale is often used when studying cognitive processes related to depression in college students (Dobson & Breiter, 1983; Mitchell, 2016). Higher scores indicate a higher level of negative self-statements, reflecting the greater frequency of automatic thoughts and greater belief that these cognitions are accurate. This instrument has excellent internal consistency with an alpha coefficient of .97.

Results

Students ($N = 15$) discussed a wide variety of circumstantial and internal challenges related to the COVID-19 pandemic, as well as personal responses and growth through the lens of the AA-A curriculum.

Themes Loss of Independence

Students perceived many losses from the abrupt transition of leaving their campus life to return to their familial homes, including in-person learning, on-campus experiences, in-person graduation, independence, and community. Amber, a 21-year-old senior, expressed her sorrow about the losses:

I was really sad...being on campus that night and packing up, not getting to say goodbyes to everyone. I was kind of resisting the

celebratory graduation prep before all this happened; I wasn't jumping to do stuff like take pictures in my cap and gown, but not getting to do that now, I really regret it, and that's been a hard thing...My siblings are home, my dad has been furloughed, so he's home with my mom and grandfather, and it's a lot of us, especially to have three students all in this apartment trying to do classes. It's been a huge frustration...Also, there is a concern because my grandfather is almost 93, so he's super vulnerable, and then my brother has viral-induced asthma so...that's concerning. My sister and I are in our childhood room, so I don't have my own space.

Others mentioned the loss of future plans; "I usually plan very far in advance for events and the COVID-19 pandemic threw a wrench in my supposedly solidified plans. I had expectations for the future that won't be met." (Chloe, 18-year-old freshman). Upon returning home, some students reported that they related to themselves and their families in old ways, regressing to previous stages of development:

This week has included a lot of mean language to myself. Coming back home has unleashed bad habits for how I relate to myself and others and I am working on returning to where I was before I left New York. (Ruth, junior, age 21).

Ultimately, students lost their newfound independence from family, interrupting the individuation process.

Loss of Motivation. Many students reported decreases in their productivity, motivation, and discipline, and consequent frustration and disappointment in themselves:

I've noticed that I used to be very disciplined in my studies, diet, fitness, and personal development, and recently I've been very lax about what time I go to bed and wake up, and how focused and efficient I am during the time that I am supposed to be working. I am very easily distracted right now. (David, senior, age 25)

Chloe reported, "I realized this week that I can be very hard on myself when I don't feel as though I am being productive enough." Students recognized their lack of productivity as an understandable result of COVID-19 circumstances but still battled critical self-talk.

Internal Struggles Exposed by Crisis. From our observations, COVID-19 created conditions that brought students' inner struggles to their conscious awareness. Struggles may have been previously masked by the pursuit of high grades and the busyness of academic and campus life. Chloe remarked on her difficult relationship with herself:

I realize that I am a perfectionist who holds very high standards for myself, which often sets me up for failure. I am not very nice to myself in my own internal dialogue, and I waste a lot of energy critiquing myself. It is my hope that I can become nicer to myself in the future.

Amber relayed, "It's been an anxious and depressed time amidst all of the pandemic chaos...my self-talk has definitely been abrasive, harsh, hurtful, and negative ... my internal landscape has been rocky lately." Sarah, a 20-year-old freshman, stated, "lately I have been constantly worrying about the future," but they also recognized their self-critical voice for the first time and expressed a desire to be kinder to themselves and to compare to others less: "I compare myself to others and it makes me feel bad...then when I do notice this I realize that I'm so mean to myself [about it]. I'm working on finding multi-faceted role models, and not comparing myself to people's Instagram personas." Students were invited to think about their relationship with themselves in AA-A before the onset of COVID-19; isolated from peers soon after, this relationship became unquestionably central to student's daily life.

Spiritual Struggles. Experiences in AA-A brought participants' spiritual struggles into sharp relief. Some shared that they were struggling with their relationship with their Higher Power. Some, like Amber, were prompted to question the very nature of their Higher Power:

I have been having a hard time with my faith and my perception of God. I realized that I'd feel better about God if I thought about God like my higher self, someone there to support me and give me advice and be compassionate and loving.

In addition to those who were developing their conception of a transcendent being, other participants like Camilla were working on their relationship with their Higher Power:

I am trying really hard to be spiritual. I am trying to build a better relationship with God and have been praying to him every day. I know that our relationship can become stronger and that I will find and feel responses soon. (Camila, senior, age 21)

Students were prompted to deeply consider a Higher Power and their relationship to it through the intervention, and it was clear that many remained in the more nascent stages of developing this relationship.

Participants had mixed experiences with further AA-A concepts. Some realized that they were struggling to improve their relationships with themselves. The higher self challenged some participants, some of whom found it difficult to see themselves clearly. Ashley, a 22-year-old senior, pointedly shared that she "felt a bit ashamed (when trying to connect with my higher self.) Like it knew what I've been doing compared to what I could be." At the same time, several participants found visualizing and connecting with their higher self and Higher Power through the Hosting Council spiritual visualization meditation to be supportive of their personal spiritual development. As Jessica, a 19-year-old sophomore said.

The realization from my first Hosting Council meditation were huge for me. The council told me to give myself more chances to be myself. At a time where I ask so many questions about who I am and what I want with no luck, this allowed me to take a step back and realize that by trying, I'm acting as part of a bigger path.

Some participants further shared that they were able to think more deeply about their relationships with themselves or their Higher Power through the Hosting Council meditation, which allowed them to see these relationships as more "complex" and nuanced than previously thought.

Gaining Spiritual Practices to Support Emotion Regulation. According to participants, the guided meditations taught and practiced in AA-A contributed to their ability to cope with anxiety and stress during the pandemic:

This pandemic has made it harder to get home because my country has closed its borders... I practiced the [*Road of Life*] Meditation. I am far from my family and in a place with a rising number of [COVID-19] cases and this meditation helped to calm and focus me in the classes I have left to take and not to panic. (Delilah, freshman, age 19)

Another student, David, said, "I noticed every time I left sessions, I was more relaxed and even-keeled for the next several days. It was a great outlet for anxiety and stress." Participants like Ruth also reported increases in their mindfulness and changes in their thought patterns:

I found the small moments of awareness helpful, whether that is a few breaths while waiting for an online class or rubbing my leg to bring myself back to my body. I have enjoyed creating mental constructs such as a Higher Power or higher self where I can escape to and seek solace. I also found mindful listening really groundbreaking for me.

Practices also helped participants understand and expand their perception from a narrow achievement awareness lens to an awakened awareness lens by accessing their inner wisdom. One participant reported their process through AA-A plainly:

I'm having to deal with many things during this quarantine that I did not expect or anticipate. Some of these are interfering with goals I had set out for myself, but I am learning how to deal with this and reconcile everything. (Paulo, sophomore, age 19)

The AA-A practices simultaneously fostered stress reduction and, importantly, spiritual development and a greater sense of inner peace.

Gaining Spiritual Community through AA-A. The students reported that the AA-A online platform supported much-needed connection and intimacy when they were otherwise isolated from their college homes and university peers. Some referred to AA-A during sessions as their only remaining "connection"

to their university outside the classroom. Even more importantly, students spoke of the community in AA-A as essential to their growth; Delilah said, "The element I loved most was the practices and the group members. I loved the fact that this program was helping talk out things that were making me happy, bored, angry, and helping me process such emotions well." Jessica reflected, "The group leaders were really good facilitators of conversation and made for a warm environment. Group members being willing to share made the space comfortable while vulnerable, so optimal for self-reflection."

Crisis as a Gateway for Growth. One recurring topic was the painful acknowledgment of the lack of environmental control brought by the COVID-19 pandemic, noted by Paulo:

Due to the unstable nature of the last few days, I've been thinking a lot about some problems that have come up in my life and how they relate to things that were my choice and things that are beyond my control."

Delilah reflected on her change in perspective of this uncertainty over the course of AA-A: "I notice myself seeing the other side of things when situations do not go my way." Students began to utilize a perspective of acceptance. Ruth described further embracing the detour that was presented by COVID-19:

COVID-19 happened, and I had to go home. I was sad at first but then that turned into gratefulness for this special time to be with family, get lots of sleep, dive into spirituality and personal interests that I didn't have time for at school. I don't mind that I went off this path. It's not a negative thing, just forces me to work on different things... [AA-A] might help me be less attached to whatever path I set for myself and ride the waves of life with more grace...awakened awareness can be a counterforce to achievement awareness and show me that the path of least resistance can be just as fruitful.

Opening to an Awakened Awareness Perspective. As AA-A progressed, participants developed an acceptance of challenging circumstances alongside a deeper desire to find meaning, happiness, and peace beyond their achievements. They were able to shift away from using only the lens of achievement awareness and towards including the lens of awakened awareness, enhancing their perception of life. Alex, a 19-year-old sophomore said, "Awakened awareness is less about helping me find alternate options and more about being able to cope with things not always going right. In that calm of acceptance, other options will reveal themselves." Jessica noticed a change in herself from being "extremely achievement-oriented" to "rethinking what I value in life and ensuring that my every day reflects my authentic self." She reported that awakened awareness was leading her to "greater compassion, appreciation, self-esteem, and wonderment for life and the world around us." Students discovered new inner resources of self-compassion, guidance, and

peace through their deepened connections with their higher selves and higher powers; Nia said, “My higher self would describe me as well-intentioned, growing, trying. My higher self would recognize my growth and be proud of where I am currently, without thinking about how far away I am from where I ultimately want to be.” Amber described her growth at the end of the intervention:

I learned to be mindful and pay attention to my self-talk, and work on how I can pivot from hyper-critical and judgmental internal thoughts about myself and others to engaging with my higher self...With awakened awareness, we can learn to accept our thoughts and feelings and not let them overcome us, but also open ourselves up to fostering a positive relationship between ourselves and our higher self and Higher Power. With awakened awareness, we can also open ourselves up to new pathways and connections in life that may not be what we intended or wanted for ourselves, but that will serve us better.

The Case of Ethan: From Suffering to Acceptance and Peace

Reported age, year in school, gender identity, and sexual orientation are included for the following case study. Names and hometowns are replaced with pseudonyms to protect participant anonymity.

Qualitative Findings. In the Spring of 2020, Ethan was a 19-year-old sophomore when he had to move back to his family home in Nebraska. Ethan identifies as a non-religious, gay, white male. He described himself as “unhappy” and a “workaholic” who was hyper-focused on achievements before experiencing AA-A and the pandemic. While at college, Ethan worried excessively about grades and assignments, over-using his achievement awareness. He realized he was not happy or “at peace with [him]self” but did not know why, which led him to seek psychotherapy and join AA-A. Mid-semester, the crisis of the COVID-19 pandemic brought Ethan’s internal struggles further into his awareness:

I went to London for spring break, despite the developing coronavirus situation... All of a sudden, I realized that I would have to make a sudden departure to come home, while I still could. I felt so many things in that moment: fear, apprehension; but most of all, I felt utterly lost, as I never had before.

When he made it home in March, Ethan’s worries shifted to his loss of independence caused by the pandemic. Ethan found it more challenging to accomplish his academic work at home and he felt “out of control and so lost.” He stated:

We don’t have a big house and I have my whole family with two brothers and they’re both in high school. It is really, really hard to find the space to work and focus... ironically, it’s harder to find

times to do mindfulness exercises... It’s hard in an environment like this.

Amidst these feelings and loss of independence, Ethan continued engaging with AA-A material, peers and facilitators; as he was initiated into a process of spiritual individuation, slowly he started to feel that “everything [was] going to be okay.”

After two weeks of living at home, in the fourth session of AA-A, Ethan stated that he had a profound breakthrough during a meditation called *Road of Life*. He shifted from an achievement awareness perspective about his circumstances to an awakened awareness perspective, by accepting what he could not change, and “feel [ing] more at peace with myself and with reality.” Through the gateway of crisis, Ethan experienced growth and an opening to an awakened awareness perspective. His newfound perspective, as well as AA-A spiritual practices, supported Ethan’s emotional regulation amidst the pandemic. Ethan later reflected, “I am more accepting of reality, especially with events that I perceive as unwelcome. I am less likely to dwell on mistakes and I feel that I suffer less as a whole.”

Describing his newfound freedom from suffering, Ethan likened trying to control things to a burden he had been carrying; once he accepted that he was not in control of everything, the burden was lifted and replaced with mental space and equanimity. Ethan observed that he was able to think more about others and how he might make a difference in other people’s lives:

I hope that I become more empathetic. I hope that I become someone who is more often a ‘trail angel’ (i.e., individuals along the path of life who provide unexpected support, messages, or lessons) for other people. I think that these are some ways in which my interactions with others will change.

Here, Ethan’s value shifted from personal achievements and competition (an achievement awareness perspective) to appreciation and compassion in relationship to others (an awakened awareness perspective). A few weeks later, Ethan reflected on the positive changes in his relationship with others, “I am a much better listener, and as a result, I feel many of my relationships are stronger.” Ethan’s value had shifted from talking to listening. Listening to and dialoguing with his higher self was an essential aspect to Ethan’s process of spiritual individuation and understanding his spiritual struggle:

I have learned that I can derive meaning in my life by looking inwards, that the search for meaning is not always external. Along the same lines, I’ve learned that I can feel at peace with myself by searching within myself.

Ethan shared insights from a dialogue with his higher self:

As long as I choose happiness, everything else that I need will come naturally. Unwelcome things are always going to happen, but if I choose to be receptive to those things, I will be quite alright...My higher self is rather assuring to me.

Ethan felt that without AA-A and the consequent process of spiritual awareness amidst COVID-19, he “would have dwelled on this situation a lot longer” and would have been “suffering a lot more.” One silver lining of moving back home he described was the chance to connect with himself and with nature. He drove to a canyon in a nearby town 1 day to spend a few hours there alone and reflect. Ethan realized that amidst dealing with “monumental shifts in ... life,” he was “suffering a lot less because” he had accepted reality and was finding new meaning. Rather than seeing the pandemic as the “whole world being against [him],” Ethan was able to find meaning and peace in nature and within himself amidst an otherwise chaotic time. The COVID-19 crisis served Ethan as a gateway for growth. Furthermore, Ethan shifted away from solely using the lens of achievement awareness:

I am more mindful and perceptive of events that I view as uncanny reminders of the pervading love of the universe...I have always sacrific[ed] my happiness for my achievements...I've really realized that achievements aren't everything ... I feel so much less willing to sacrifice my happiness for a good grade or to complete an assignment on time, and honestly, I feel really at peace with that ... I don't feel like a workaholic anymore ... I think that's been a breakthrough for me.

Ethan's breakthrough came from his newfound awareness of a spiritual reality that has something bigger in store for him if his attachment to the outcome can be relinquished. By incorporating an awakened awareness lens with his well-used achievement awareness lens, his enhanced perception of life supported his ability to find peace amidst a global crisis.

Quantitative Findings. It was our exploratory hypothesis that during the acute onset phase of the COVID-19 pandemic, marked by escalation in trauma-related symptoms, the previously established concomitant tendency for trauma-related *spiritual growth* would be supported, strengthened, and accelerated by AA-A. We share the case of Ethan as illustrative of this process of spiritual emergence in the context of crisis and related symptoms. The question begged by Ethan's case is whether we can support and measure spiritual growth during an acute phase of crisis and the concomitant emergence of heightened trauma-related symptoms.

Ethan's scores can be found in [Table 1](#). Ethan came to AA-A, prior to the onset of the collective trauma, with subclinical scores of depression, anxiety, and PTS symptoms, and left with even lower scores post-intervention, despite facing the challenge of an unexpected transition and a global pandemic. The decrease in symptoms mid-crisis was surprising as we did

not necessarily predict a decrease in symptoms to be seen in any of the students.

On measures of spiritual growth, we did not know if emergence of growth would happen during the course of the intervention in the midst of acute crisis. From baseline to post-intervention, Ethan scored much lower on the Spiritual Decline subscale, supporting Ethan's self-reports of resolving his nagging lack of inner peace through finding meaning and peace through the process of AA-A. In other words, spiritual decline was reversed, showing a healing of spiritual injury. In terms of direct growth, his score on the Spiritual Growth subscale decreased minimally (by 1 point) and his scores on the Delaney Spirituality Scale (a more theological phenomenological view) remained the same across AA-A. Ethan's scores on both subscales of the Automatic Thoughts Questionnaire decreased during AA-A, denoting a decrease in frequency and believability of his automatic negative thoughts. Of particular note, Ethan's score on the Difficulties in Emotion Regulation Scale decreased by 26 points, indicating increases in Ethan's ability to emotionally regulate.

Median scores on the whole group ($N = 15$) show some promise that AA-A might help support spiritual growth in the context of acute trauma. The difference in the medians shows what changed from pre-crisis to mid-crisis, during the onset of a global pandemic; (1) an expected increase in the trauma-related symptom of anxiety but a notable leveling of symptoms of depression and trauma, and (2) some evidence of trauma-related spiritual growth. In other words, AA-A may help to support and build inner resources to understand and integrate a surrounding traumatic world. Specifically, increased medians on measures of spirituality include a reversal of spiritual injury, an increase in spiritual growth and an increase in global spiritual awareness. Improvement was also seen in the inner resources of emotional regulation and self-deprecating automatic thoughts. Due to the very small sample size of the specific AA-A student group ($N = 15$) at the time of onset of the COVID-19 pandemic, we do not make claims about generalizability but rather take findings on this small group together with the revelations harvested from Ethan's case study as a pathway for further investigation. AA-A might further be studied as an intervention to support a pathway of trauma-related spiritual growth in emerging adulthood: how to build inner peace in a global crisis.

Discussion

Developmental transitions are often stressful for individuals and family systems, particularly in times of collective trauma, as presented by the COVID-19 pandemic. The developmental transition of adolescence to emerging adulthood involves individuation across all forms of development (social, emotional, and spiritual) for college students, with spiritual individuation meriting support but often left unaddressed. The present study sought to describe the lived experience of emerging-adult spiritual individuation in the context of collective COVID-19 related trauma in a campus-based spiritual support intervention.

Table 1. Baseline and Post Intervention Scores on Selected Measures.

Measure	Baseline scores ^a			Post intervention scores ^b		
	Cohort (N = 15)		Ethan	Cohort (N = 15)		Ethan
	Range	Median		Range	Median	
Spiritual growth ^c	40–174	106	174	31–179	122.5	173
Spiritual decline ^c	11–69	40	36	17–70	24	17
Spirituality ^d	66–121	105	121	73–129	114.5	121
Difficulties in emotion regulation ^e	56–121	92	84	51–144	81	58
Automatic thoughts - frequency ^f	38–91	61	45	33–97	50	33
Automatic thoughts - believability ^f	35–111	59	47	31–106	50	31
Depression symptoms ^g	0–18	7	5	2–15	5	3
Anxiety symptoms ^h	0–10	5	4	0–15	8	0
PTS- symptoms ⁱ	21–60	33	24	17–62	33	22

^aBaseline data were collected between 2/10/20 and 2/18/20.

^bPost intervention data were collected between 4/28/20 and 5/5/20.

^cMeasured by the Spiritual Transformation Scale.

^dMeasured by the Delaney Spirituality Scale.

^eMeasured by the Difficulties in Emotion Regulation Scale (DERS).

^fMeasured by the Automatic Thoughts Questionnaire (ATQ-30).

^gMeasured by the Patient Health Questionnaire (PHQ-9).

^hMeasured by the General Anxiety Disorder scale (GAD-7).

ⁱMeasured by the Post-Traumatic Checklist-Civilian scale (PCL-C).

COVID-19 circumstances interrupted students' individuation processes via loss of independence, while also intensifying spiritual individuation processes by bringing internal struggles and spiritual questions to light. While some students, like Ethan, asked deep questions about meaning and spirituality for the first time, others confronted pre-existing spiritual struggles. Spiritual transformation is positively predicted by several factors, including finding meaning, having a secure attachment to God, and having community support (Desai & Pargament, 2015). For students in the present case study who experienced spiritual struggle, this highlights the importance of AA-A as a resource of support, including practices to cultivate meaning and secure attachment to one's Higher Power as a pathway to the resolution of spiritual struggles. AA-A also provided these same supports for students initiating journeys of spiritual individuation amidst the interruption and crisis of moving home during a global pandemic.

Students reported a range of emotions in response to the onset of COVID-19 and the subsequent life changes they experienced including sadness, regret, anger, guilt, joy, love, and fear. From the content of the intervention, participants gained SMB wellness practices (e.g., contemplative practice, body-based and guided spiritual meditations) that support coping skills including emotional regulation and regulating automatic thoughts (Chiodelli et al., 2018; Gerburg et al., 2015). While his experience is not generalizable, Ethan experienced a steep increase in emotional regulation evidenced by his 26-point decrease on the DERS. Participants reported that guided spiritual meditations practiced in AA-A

contributed to their ability to cope with anxiety and stress during the pandemic. The AA-A practices simultaneously fostered stress reduction and, importantly, spiritual development and a greater sense of inner peace. Across the 8 weeks that facilitators observed undergraduate participants, facilitators noted how overall, the participants' perspective changed from loss and disappointment to an awareness that beyond their disappointment was a larger possibility or higher purpose. Students moved beyond using a solely achievement awareness lens to integrating a spiritually foundational awakened awareness perspective of themselves, others, and their lives. It could be that AA-A served as a catalyst, support, and witness to the processes of spiritual individuation, spiritual struggle, and perspective-shifting.

Limitations and Future Directions

The present case study explored descriptive participant data of lived experiences of spiritual individuation during AA-A, an SMB wellness intervention adapted for emerging-adult college students. The same doctoral students were involved in the development, implementation, and research of the intervention. While this may introduce bias to the research, a similar crossover of roles has been practiced in previous intervention studies; it has been recognized as a benefit and allows informed refinement of interventions based on feedback from and experience with participants (Callon et al., 2013; Mason & McMahon, 2009; Regalado, 2018). The present case study data cannot be used to make generalizable inferences about the feasibility or helpfulness of

AA-A, as generalizability is not the aim of qualitative Research (Hoyt & Bhati, 2007). Differing student experiences of spiritual individuation in AA-A during collective trauma raise questions as to whether differences represent multiple potential pathways of spiritual individuation, or simply represent different stages of the same path. Longitudinal research on spiritual development should be conducted to answer such developmental questions thoroughly.

The present case study also introduced a salient question to be further explored regarding the feasibility of facilitating AA-A from start to finish via a virtual platform, specifically for emerging-adult college students who may be isolated. The facilitators were initially apprehensive about the capabilities of a virtual platform to provide an intimate shared space to foster the experience of community building. Nevertheless, a level of intimacy within the groups developed during the group sessions. The AA-A virtual platform supported connection when students were otherwise isolated from their college homes and university peers. Overall, the virtual platform may be a feasible delivery model for AA-A with undergraduate students and should be formally evaluated in a future study with a larger sample.

Of equal importance to explore in future studies are the general and specific influences of intersecting religious, racial, ethnic, gender, and sexual identities on spiritual individuation in college students ages 18–25. Participants with ethnic, gender, sexual, or other minority statuses may have been experiencing minority stress while attending one of the two predominantly white institutions, potentially compounding the stresses of the COVID-19 pandemic and its intensification of individuation processes. Ethan, the student highlighted in the present report, identified as not religious, white, and gay, and rated religion as ‘not important at all’ and spirituality as ‘highly important’ to him. It is possible that his non-religious upbringing combined with his race, gender and sexual identities contributed to the quality and timing of his process of spiritual individuation. Previous studies highlight nonacceptance and identity conflicts that sexual minority individuals have faced in some (but certainly not all) religious communities (Beagan & Hattie, 2015), to be considered for gender and sexual minority students with religious upbringings. In the larger AA-A sample, an overrepresentation among American undergraduates of gender and sexual minority students self-selected to participate in AA-A (Crete et al., 2020). Gender, sexual, and ethnic minority statuses, as well as other identities, may influence individual processes of spiritual individuation in emerging adults and should be explored further in future studies.

Conclusion

Overall, the experiences of the present cohort of students revealed an arc of spiritual individuation in the context of

collective trauma. AA-A intervention supported crisis-related spiritual growth, in which symptoms of trauma drive an expansion of spiritual awareness and inner coping resources.

Ethan’s narrative offered a unique perspective within the distinct developmental stage of emerging adulthood of processes related to spiritual individuation. Students were introduced to an enhanced perception, an awakened awareness perspective of themselves, their lives, and the world around them through spiritual awareness and individuation. They used their newfound awakened awareness as a spiritual response to the suffering and collective trauma of COVID-19 to find trauma-related spiritual growth.

According to participants’ voices, AA-A was supportive in the face of the collective trauma of COVID-19, which revealed the fragility of life and the importance of finding a deeper seat of peace, meaning, and spiritual identity. Participants engaged with AA-A to either initiate a spiritual individuation process or as a support to an ongoing process of spiritual struggle, both towards trauma-related spiritual growth. Variation in how participants chose to engage with AA-A was based on participants’ individual needs and stages of spiritual development.

Spiritual-mind-body wellness interventions may be a targeted prevention approach to address mental health needs for undergraduate students (Adams et al., 2000; Ewing et al., 2007), and may support the development of spirituality in emerging adulthood (Scalora et al., 2020), which has been shown to protect against depression (Bonelli et al., 2012; Miller, 2013a). Such SMB wellness interventions may provide resources and spiritual community – an antidote to loneliness and an essential catalyst for individual inner growth – to attend ultimately to the developmental task of spiritual individuation (Adler, 1938; Rodríguez-Romero et al., 2020). Based on the participants’ data and facilitators’ observational data, using a virtual platform may be a feasible and helpful method to disseminate SMB interventions to provide resources to students seeking access to spiritual wellness and a spiritual community. Spiritual-mind-body interventions may be particularly helpful to support emerging-adult spiritual individuation in the wake of collective trauma.

In the context of acute crisis, AA-A may initiate and support spiritual individuation, fostering a spiritual response to trauma. Support for *trauma-related spiritual growth* may be particularly valuable to emerging adults given the primacy of spiritual formation in this developmental window, and the ability to sustain a spiritual response in the face of future trauma. This case-based research report, in this way, may generate directions for future research and application.

Appendix

Interview Questions

1. We'd like to hear a little bit about your story, from a personal perspective, in terms of what was going on for you before you came into the group.
2. What drew you to AA-A?
3. What parts of AA-A have been meaningful for you? Can you be specific?
4. Tell me a story about how you have used any of the concepts (relationship to self, awakened awareness, achievement awareness, meditation, Hosting Council, higher self, Higher Power, Trail Angels or anything else)?
5. How is your life different now due to the pandemic?
6. Have you noticed any changes in yourself (e.g. thoughts, feelings, behaviors) since in-person college classes have ended due to COVID?
7. If you hadn't attended AA-A, what might have been different for you over the last 8 weeks? What might be different now?
8. How would you compare your experiences with AA-A in person and online?

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Authors Contributions

Mistur, E.J. contributed to conception and design; contributed to acquisition, analysis, and interpretation; drafted manuscript; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Scalora, S.C. contributed to design; contributed to acquisition, analysis, and interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Crete, A.A. contributed to acquisition, analysis, and interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Anderson, M.R. contributed to acquisition and interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Chapman, A.C. contributed to design; contributed to interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Athanr, A.M. contributed to interpretation; =critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy. Miller, J.L.

contributed to conception and design; contributed to interpretation; critically revised manuscript; gave final approval; agrees to be accountable for all aspects of work ensuring integrity and accuracy.

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The raw data and materials used in this manuscript are not openly available due to privacy restrictions set forth by the institutional ethics board but can be obtained from the corresponding author following the completion of a privacy and fair use agreement. No aspects of the study were pre-registered.

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