“Sacred Moments”: Social anxiety in a larger perspective

BRIAN H. McCORKLE1, CAROLE BOHN2, TRICIA HUGHES2, & DAVID KIM2

1Danielsen Center for the Study of Religion and Psychology, Boston University and 2Counseling Psychology and Religion Program, Boston University

Abstract
A treatment protocol was developed and piloted to examine whether perception of the sacred dimensions of their lives can be enhanced for people with social anxiety, and if so, whether that has therapeutic benefit. A 10-session manualized group treatment was developed to increase perception of sacredness in various domains of daily life. The treatment is described, as are preliminary results from two pilot groups. The small sample size limits quantitative analysis, but qualitative follow-up interviews, single-case analysis, and case material indicate decreased anxiety over time. Enhanced sense of sacredness appeared useful in broadening attentional focus, interrupting dysfunctional thought patterns, and generating behaviors incompatible with social anxiety. Focusing on sacredness instead of symptoms allowed participants to form supportive interpersonal relationships within the group, providing a corrective experience of social interaction. Although health professionals rarely discuss religion and spirituality with their clients, participants in these pilot groups welcomed the opportunity to do so.

Introduction
Over the past several decades, evidence has accumulated that spiritual and religious factors benefit psychological and physiological health (e.g., Koenig, 1998; Koenig, McCullough, & Larson, 2001; Spilka, Hood, Hunsberger, & Gorsuch, 2003). Studies have associated regular religious involvement with psychosocial benefits, including social support networks, optimism and positive thinking, hope, meaning and purpose in life, greater internal locus of control, and marital stability and longevity (Spilka et al., 2003). Physical benefits have been shown for substance abuse, hypertension, heart disease, stroke, cancer, and disability, as well as longer life expectancy in general (Koenig et al., 2001).
“Sacredness” and “Sanctification”

Pargament and Mahoney (in press) developed a theoretical model of sacredness and sanctification which form the basis of the present study. They define “sacred” as “the holy, those things that are ‘set apart’ from the ordinary and deserving of veneration and respect.” Sacredness, as they view it, extends beyond spiritual constructs such as God, encompassing any object that takes on extraordinary character by virtue of its association with, or representation of, the divine. Perceptions of sacredness vary greatly and may or may not take on more recognizably religious forms (Pargament & Mahoney, in press). Some may see sacredness in traditional religious symbols (e.g., a crucifix, the temple, certain prayer rituals), while others may associate it with, for example, marriage, children, work, scenes of breathtaking natural beauty, or shared moments of connection to another person. Therefore, any person, place, object, event, or relationship might be considered sacred, and no particular religion or theology is implied in the perception of sacredness.

The ways that people perceive sacredness reflect the ways in which they make meaning or seek significance in their lives (Pargament & Mahoney, in press). Following the model of Pargament and Mahoney (in press), “sanctification” is the perception or attribution of sacredness relative to specific persons, places, objects, and so on. This is somewhat different from the use of “sanctify” in some religious traditions to mean something done by God or a divine power. We note that the current usage might describe two different processes. One is the cognitive attribution of the schema of sacredness to objects in one’s world, with a concurrent affective valuing of those objects. The second is an opening of awareness to a deeper dimension of life which is always present but often ignored, and a recognition that certain people and objects are especially effective in promoting that opening.

Sacredness and psychotherapy

Sanctification has several implications for well-being. As Pargament and Mahoney (in press) point out, individuals become more heavily invested in that which they sanctify, which takes on greater importance and often elicits action and devotion. People then expend more effort protecting aspects of life they hold sacred, and also are more likely to experience increased satisfaction and well-being from them (Mahoney et al., 1999; Pargament & Mahoney, 2002; Tarakeshwar, Swank, Pargament, & Mahoney, 2001). The process of sanctification may help explain findings that people with high levels of self-reported religiousness and spirituality tend to experience more positive emotions such as gratitude and fewer negative emotions such as depression (McCullough, Emmons, & Tsang, 2002). These studies add empirical support to the numerous anecdotal claims of psychologists who report that attending to spiritual and religious issues can enhance and advance therapeutic work (e.g., Richards & Bergin, 2000, 2004; Shafranske, 1996). Other articles in this issue lend similar support. If the experience of sacredness enhances one’s life, adding a level of dimensionality, nuance, and deeper meaning to the ways in which we understand ourselves, others, and the wider world (Pargament & Mahoney, in press), it seems natural to include it in the psychotherapeutic process.

Sacredness and social anxiety

There are several additional reasons for exploring sacredness within treatment specifically for social anxiety. First is the nature of social anxiety itself. A recent survey of social anxiety research (Hope, Heimberg, Juster, & Turk, 2000) suggests three distinct thought patterns
of people with social anxiety which may be particularly impairing: (1) beliefs in limited personal control over life events; (2) adherence to highly perfectionistic personal and external standards; and (3) a low level of self-efficacy particularly in social settings (p. 33). This combination creates vigilance and wariness in social situations, with a tendency to be ever watchful and worried that some threat, even if not currently present, might appear at any time (Hope et al., 2000). Moreover, because such a perspective leads to overattentiveness to their mistakes and missteps, people with social anxiety overlook the moments when they are performing well and tend to discount or minimize success (Hope et al., 2000). Related research also suggests that those with social anxiety feel they lack meaningful connections to others as well, and often live negatively anticipating the future rather than simply experiencing the present (Barlow, 2002).

Second, several attributes of attention appear to play a role in anxiety (see Barlow, 2002, for a review). Under everyday circumstances humans’ limited capacity for attention is distributed between external and internal stimuli. When social anxiety is triggered, the increased attention to internal stimuli reduces attention to external cues, including the true social cues about how others are responding. In addition, anxiety and emotional arousal are both associated with a narrowing of attentional focus.

Third, those with social anxiety often lead lives that are more constricted, more limited, and more demarcated than their peers. Their lives are organized more around what they seek to avoid rather than what they seek to engage (Turk, Heimberg, & Hope, 2001).

Finally, some research suggests a link between anxiety and either religion or spirituality. The nature of this relationship is quite complex, being sometimes positive and sometimes negative, and therefore is not easily summarized. These studies were reviewed by Thorson (1998) and more recently by Shreve-Neiger and Edelstein (2004), and so are not repeated here.

If perceiving sacredness involves attending to something larger than oneself, perhaps it could help interrupt or even possibly reverse the limiting patterns of social anxiety. The goal of our intervention was not to deny the experiences of social anxiety but to enable people to view their experiences in a broader context, one in which social anxiety is among the pieces in the mosaic rather than the sole focal point. In terms of perception, if social anxiety is the figure, then the sacred world is the ground in which it and all other things occur. Therefore, attending to the ground of sacredness may address all the elements of social anxiety noted above through disrupting the habitual patterns of cognitions and attentional focus and helping people with social anxiety to focus on engagement rather than avoidance.

Development of the treatment

This project developed from work in a graduate research seminar in the Counseling Psychology and Religion (CPAR) doctoral program at Boston University. The first year, the seminar explored how to measure the perception of sacredness. The following year, seminar members developed a preliminary structured treatment manual for social anxiety (called “Sacred Moments”), which has been evolving as reported below (Bohn, Hughes, Kim, McCorkle, & Pargament, 2005a, 2005b). Because the CPAR doctoral program has a close relationship with the Center for Anxiety and Related Disorders (CARD) at Boston University, the treatment was designed for completers of CARD’s standard cognitive-behavioral therapy (CBT) outpatient group treatment (Barlow, 2002). Sessions contained both CBT elements (e.g., exposure, self-monitoring, homework) and interpersonal features (e.g., open-ended discussions, attention to affect and process).
Each session addressed a different life domain in which sacredness might be experienced. This treatment was revised during the course of two pilot groups, described below.

Research question. This project examined whether perception of the sacred dimensions of life could be enhanced for people with social anxiety through a structured, manual group treatment. If so, is there therapeutic benefit?

Methods

Sample

A feasibility pilot was conducted using two consecutive treatment groups. All outpatient clients of the Center for Anxiety and Related Disorders (CARD) at Boston University who had completed a standard cognitive-behavioral therapy (CBT) group treatment for social anxiety in the previous two years were invited by letter to participate; about 10% of those eligible did enroll. Participation in the CBT group at CARD required a DSM-IV diagnosis of social anxiety disorder/social phobia, determined through the Anxiety Disorders Interview Schedule for DSV-IV (ADIS-IV-L; Di Nardo, Brown, & Barlow, 1994); diagnostic evaluations were not repeated for the participants in Sacred Moments.

The first pilot group consisted of five men, aged 27–53, all of whom completed the preliminary version of the treatment. After revising the treatment based on this experience, a second pilot group began with three men and three women, aged 28–49. However, two women dropped out of the second group midway citing scheduling problems, and so descriptive data exclude them. Education levels ranged widely (high school dropout through graduate degrees) as did annual income (under $20,000 through over $80,000). Six were single, two were married, and one reported living with a partner. One person reported a multiracial ancestry; all others were Caucasian.

Participants were not extremely religious, but were interested in spirituality. When asked “how important would you say religion is to you?” on a scale from 0 (“not at all important”) to 4 (“extremely important”), the mean was 1.9. However, when asked the same question regarding spirituality the mean was higher at 2.8. For religious affiliation, three participants reported None, two Other, one Jewish, one Roman Catholic, and one Protestant. Mean frequency of attendance at a house of worship was once every few months. Mean frequency of praying or meditating privately was less than once a month.

Although not formally assessed, all participants had a medium functional level based on vocational and educational history, but all desired further treatment. Additionally, despite a diagnosis of social anxiety, all had tolerated previous group treatment and all chose to participate in another group treatment.

Measures

Hour-long semi-structured debriefing interviews were conducted with participants and group leaders. These qualitative interviews, which were audiotaped and transcribed, are the primary data source for this paper.

A battery of quantitative measures was assembled for use at baseline and posttest. Several measures were changed for the second group based on the experience of the
first group. Due to the small sample size, the results are not reliably interpretable and are not reported here.

For the second treatment group, a session evaluation form allowed Single Case Design tracking over the course of treatment. Before the opening guided meditation of each session, participants rated both their level of anxiety and their perception of sacredness at that moment from 0 to 10. These two ratings were repeated after the session concluded. In addition, the form asked five open-ended questions about the session, namely what was most helpful, most interesting, least helpful, least interesting, and if there was anything distressing or uncomfortable about the session.

Treatment

Both groups met weekly in the evening for 10 consecutive weeks, and were led by two graduate students in the Counseling Psychology and Religion doctoral program at Boston University. For the first group, sessions were 90 minutes long. Based on that experience and post-treatment interviews, sessions were expanded to 120 minutes for the second group. For didactic material, leaders followed session outlines in the Leaders Manual, which was revised significantly for the second pilot based on the experience of the first. A significant part of each session also involved unscripted discussion of a more process nature. All sessions were audiotaped (with participants’ consent) and reviewed with two licensed psychologists during weekly supervision sessions. There was no charge for the group treatment.

After the first group, all aspects of the treatment were carefully revised based on the experience of leading the first pilot group, and the revised treatment was piloted with a second group. Revisions included reworking sessions to clarify the focus on sacredness, reordering the topics to improve flow, and reworking exercises that did not work well during the first pilot. Only the revised version (Bohn et al., 2005a, 2005b) is described below unless specified otherwise.

Except for the first introductory session, all sessions followed the same general format. To open, a gathering moment of silence helped members transition. Group leaders then invited members to speak, both to check-in and to discuss reflections about the previous session. Group leaders reminded members to practice self-monitoring of physiological, behavioral, and cognitive reactions when speaking or when waiting to speak. Experiences with the homework were then reviewed. This opening process took approximately 30 minutes, and was followed by a 10-minute guided healing meditation (adapted from Kornfield, 1993, pp. 53–54).

The session topic was then introduced (10 minutes), followed by about one hour of related exercises (described in the Results section, below). An explanation of the week’s homework concluded the session, followed by completing the session Evaluation Form described above.

Homework was a common Daily Practice slightly modified to address the topic of the week. The general idea, common to many religious traditions, was to take a few moments each evening to review the day. Although the specific form was influenced by a Christian version called the “Examen”, participants did not need to use God-language to complete it. After a moment of settling, one brings to mind a positive experience that day of the week’s topic (such as feeling kindness to oneself, being present in the moment, or offering something to someone). Next one brings to mind a moment that day of being unable to do so. After a moment of gratefulness for this experience,
awareness is brought to the breath, invoking a sense of releasing tension and unfinished business of the day with each outbreath.

**Procedures and design**

Both groups were run as feasibility pilots of the intervention and measures. For each pilot group, people who completed CARD’s standard CBT group treatment for social anxiety within the previous 18 months were invited by letter to participate in a non-religious group exploring perception of sacredness as a treatment for social anxiety. All participants joined the treatment group, completed interviews at baseline and post-treatment, and were reimbursed $20 for their time. The post-treatment qualitative interview reviewed their impressions of each session, focusing on what worked well, what worked poorly, what changed for them personally as a result of the group, what it was like to be in a psychotherapy group focused on sacredness, and whether they thought the group should be offered again. The second pilot group also used a 10-point scale to rate their anxiety level and their perception of sacredness at the beginning and end of each group session.

**Analyses**

Audiotapes of the semi-structured interviews were transcribed and analyzed qualitatively. Codes were developed to represent themes that emerged during interviews, and each transcript coded accordingly. Each code was then explored by reviewing all passages to which it had been applied. Responses to the 5 open-ended questions asked at the end of each session were analyzed in the same manner. The anxiety and sacredness ratings from the second group are presented visually, below.

**Description of sessions and results**

Participants’ self-ratings of Anxiety and Perceived Sacredness at the beginning and end of each session of the second group are displayed in Figure 1. In all but the final session, ratings of Perceived Sacredness increased during the session, with a rising trendline over the course of the treatment. Similarly, Anxiety ratings decreased during all sessions except session 5, with a falling trendline over the course of treatment. Those two exceptions are explored more fully in the session descriptions below.

The following section presents each session briefly with data where appropriate.

1) **Introduction to Sacred Moments.** The first session began with introductions: to each other; to group boundaries for safety and confidentiality; to the topic of sacredness; to the practice of self-monitoring bodies, thoughts, and behaviors for anxiety; to using the scales for rating Anxiety and Perceiving Sacredness; to the Healing Meditation which began each session; and to the Daily Practice. Participant Workbooks were distributed and the topics of the remaining nine sessions summarized.

The group then explored the topic of sacredness more fully. During the first pilot group the two group leaders, both of whom graduated from Christian seminaries and one of whom is an ordained minister, took great pains not to impose their personal theologies onto the group, and spent the first several sessions trying to elicit the participants’ own definitions of sacredness. Interestingly, one of the major criticisms by participants in that group was a wish that the leaders be more directive in
presenting the material. An aphorism from child clinical work—"Ambiguity Begets Anxiety"—seems to apply here: participants with social anxiety were already feeling anxious about being in a new social situation, and sought more structure to ground them. Therefore revisions for the second iteration were based more on the notion of actively providing participants with definitions, concepts, and skills that they could use, while seeking to make that material as accessible as possible to people of all religious and spiritual persuasions, including atheists and agnostics. Participants found this helpful.

(2) Sacredness of the Body. The second session focused on the physical body, starting with how it expresses anxiety in a way that can be perceived, and how people respond to the way their bodies carry anxiety. Would experiencing their bodies as sacred help participants to befriend their physical selves, reducing their anxiety even about the physical responses themselves? The exercises sought to shift focus from the body as purveyor of negative responses to the body as a sacred gift which makes possible the experience of the physical world. Progressive Muscle Relaxation (Bernstein & Borkovec, 1973, and others) was followed by a series of sensate experiences involving taste, hearing, and touch (similar to Kabat-Zinn’s “raisin exercise”, 1990).

(3) Sacred Emotions. Sacred emotions were the theme of the third session, and proved to be the most difficult concept to convey. One could view sacred emotions as the cluster of experiences including awe, wonder, mystery, gratitude, delight, or feeling the presence of something holy or greater than oneself. This definition, while easily graspable, does not include a number of emotions valued in various spiritual traditions, such as righteous anger. It also denies that anxiety serves an essential (some would even say God-given and therefore sacred) function for survival: those with unusually low levels of anxiety tend either to lack sufficient motivation to perform adequately (c.f. the optimal arousal curve first proposed by Yerkes & Dodson, 1908), or else tend to become dinner. Although session 2 attempted to destigmatize

![Figure 1. Mean of self-rated anxiety and perception of before and after each group session (Group 2 only).]
the physical manifestations of anxiety, this first definition allows people with an already self-critical worldview to restigmatize those same experiences.

A second view is that anxiety is designed to narrow the focus of attention to a few things important for survival, while perceiving sacredness involves expanding the field of awareness to include aspects of life that have been continuously present but previously ignored. However, while this approach is more inclusive, it still can be used to dichotomize emotions as “sacred/non-sacred” (which in the context of this group implies “good/bad”), and labels anxiety as non-sacred.

After the basic question of the definition of sacredness itself, this question about sacred emotions was the second most difficult issue with which group leaders and participants struggled. Our difficulty in coming to terms with this material was reflected by the participants. In qualitative interviews they indicated that this and session 10 were the least helpful sessions, and the ratings in Figure 1 bear this out. Perhaps a more useful approach bypasses the categorization entirely. Rather, the core question is whether sacredness can be perceived through emotions or not. If sacredness exists all around us all the time, the question becomes “can emotions open us to experiencing sacredness, and how?” It might be directly, through experiences of awe, wonder, and so on. It might be recognizing that our minds and bodies are wonderfully designed to experience anxiety to keep us alive and well, even if that mechanism sometimes is overactive. It might be more indirect, in which a thoroughly petty emotional reaction leads to self-reflection, regret, and a turning toward the sacred. All three experiences can be considered sacred gifts. We hope to explore this more fully in the next revision.

(4) The Present Moment as Sacred. The fourth session sought to refocus on experiencing the present, rather than ruminating on past failures or worrying about the future. Such thoughts get in the way of experiencing the larger view mentioned above, the connectedness and fullness of life. As an exercise, participants chose one item from a collection of small items (such as food, flowers, or colored stones), and presented it to another group member. Because this was a highly personal exchange in a social setting, it provided the opportunity for direct observation of anxious thoughts, feelings, and behaviors, as well as practice with how attending to the present could mitigate them. Participants responded quite positively to this session in both qualitative interviews and in ratings (see Figure 1).

(5) Sacred Perception and Kindness to Oneself. The fifth session explored how views of oneself and the world changes one’s actual experiences. Rubin’s figure-ground vase, which can be viewed as a light porcelain vase (figure) or as the black silhouettes of two people facing each other (ground), provided a demonstration and metaphor: it is so easy to focus on the figure of social anxiety that the sacred ground within which it occurs is overlooked. The point is not to ignore or deny social anxiety, but to see it within the sacred context in which it occurs. Participants’ experience with perceptions was explored. They were then taught a Theravadin Buddhist loving-kindness meditation which begins with invoking kindness to oneself (Kornfield, 1993, pp. 19–21), which some participants reported was particularly helpful over the following weeks.

This is the only session in which mean anxiety ratings increased over the session. Most participants’ ratings remained the same or decreased, but in such a small group the one participant whose rating increased pulled the mean rating in that direction, and only slightly at that.
(6) Sacred Gifts Received (Relationships 1). The first session focusing on relationships explored whether participants had received anything from others which they might consider as sacred gifts. This might be because it invoked a sacred emotion as discussed above, or because the consequences of the experience might be considered sacred, such as acquiring a resource or skill that was somehow extremely important, if not transformative. Group members shared personal stories of such experiences, which helped develop an awareness of how even tiny exchanges between people can be viewed as sacred. This was the single most effective session in changing perceptions of sacredness, with a nearly 3-point increase on the 10-point Perceiving Sacred scale (see Figure 1).

(7) Sacred Gifts Given (Relationships 2). The second session on relationships was essentially a mirror image of the previous session, focusing on sacred gifts given to others. The first pilot covered both gifts given and received in one session which was challenging. Also, many participants reported difficulty with this material because it highlighted the lack of intimacy in their lives. However, dividing this material into two separate sessions seemed to make it more accessible, and participants reported that these two sessions helped them appreciate what they gave and received from others in the following weeks.

(8) Sacred Sharing of Suffering. Two aspects of suffering were explored. One was the power of facing suffering directly and naming it as such, which provides some distance and objectivity. The second was how sharing stories of suffering can convey the knowledge that we are not as alone and isolated as we perhaps have imagined. Most cultures have traditional forms of lament; to begin the discussion a selection from the Book of Psalms and a lament psalm by a modern American poet were read. After exploring reactions to these two readings, participants wrote their own lament as a group exercise. Throughout, it was emphasized that it is not the suffering itself that is sacred, but rather the sharing with others, feeling interconnected with something larger than oneself, and the experience of being deeply understood and accepted. We have since replaced the modern lament psalm with a secular Blues song from the African-American tradition in order to make more explicit the cross-cultural prevalence of shared laments and to increase the variety of modalities included in the treatment. Participants described a tremendous sense of relief at hearing what others shared, and even during follow-up interviews several weeks later memories of this session evoked powerful emotions. As one participant said, “that’s a keeper!”

(9) Sacred Meaning. The ninth session returned to the way that assumptions and expectations shape what we make of situations in life, just as the Ruben figure-ground vase shown in session 5 could be viewed in different ways. Participants were asked to bring in photographs of themselves that somehow represented their experience of social anxiety. They selected construction paper in a color that reminded them of social anxiety to create a “frame of social anxiety.” Imagining that the person in the picture was speaking, they completed sentence stems on the frame: “I assumed that . . .”, “I believed that . . .”, and “I expected that . . .” Next they selected a larger construction paper frame in a color that represented sacredness to them and completed the same sentence stems, but this time from a “frame of sacredness.” Participants reported a very positive response to the reframing exercise, and especially noted how powerful it was to see the contrast between the two frames.

(10) Conclusion and Celebration. The final session began with a reprise of every session in the program, with a physical item on the table to represent each session (such as
a Monopoly® “Get Out of Jail Free” card for session 5 on being kind to oneself). A discussion of the group, what people learned, and what challenges remained, was followed by celebratory refreshments. Interestingly, this is the one session in which ratings for Perceiving Sacredness were lower at the end of the group than the beginning. It is not clear whether this has any significance because the change was caused entirely by one particularly enthusiastic participant lowering the rating from 9 to 8, while the other members remained unchanged. Qualitative results indicate that some participants found this session, especially the individual attention that leaders paid to each participant in turn, to be very affirming. Others, however, found this somewhat tedious and would have preferred a greater focus on next steps following termination.

**Daily practice**

The Daily Practice warrants special mention. In the first pilot this exercise was taught in a late session, but it was so well received that we decided to teach it early and focus on it as a resource throughout the group. However, about half the members of the second group declined to complete it past the first few weeks, even though some reported that just closing their eyes and taking time out of their day to do the exercise felt sacred in and of itself.

We have two major observations about this. First, the entire treatment approach seeks to balance cognitive-behavioral components with group process. One of the challenges in most CBT treatments is promoting the completion of homework between sessions. Helping participants to do so in future groups will require a more active therapeutic stance such as directly exploring obstacles to completion, as well as providing an explicit rationale to participants for how this exercise promotes recovery (e.g., Kazantzis and Lampropoulos, 2002; Tompkins, 2002).

Second, it may be that the inclusion of both positive and negative experiences in the Daily Practice was simply a mistake. People with social anxiety are already extremely aware of what they consider to be failures. Asking them formally to review every day what amounts to a failure experience is probably not helpful, especially when the intent is to change their perceptual framework away from self-criticism towards more awareness of positives. Focusing only on positive experiences would be consistent with the “counting your blessings” research of Emmons and McCullough (2003) which demonstrated that the mere act of deliberately recording positive events in one’s life either daily or weekly has a beneficial psychological effect without any other intervention.

**Participants’ views of a group on sacredness**

Participants had some initial difficulty in coming to understand sacredness as used in this group, especially given their preconceptions about religion and spirituality. However, once they understood the terminology, they reported the framework was helpful. Some noted that the absence of “God language” was especially helpful. They appreciated the freedom to bring their own understanding into the discussions, and reported not feeling proselytized. In fact, several said that they seemed more comfortable with the topic than the group leaders, who were trying hard not to impose their own theologies on the group. When asked if the group should be repeated for others, the answers were enthusiastically positive.
Participants’ views of what helped

Overall, participants were very positive about their experience of this group, with some saying it was the best group they had ever been part of. “Thinking bigger” helped offset anxiety. Sharing stories of experiences with social anxiety promoted a sense of community and connection with others. The group also served as behavioral exposure to help practice more adaptive behaviors and thoughts. Becoming more sympathetic to themselves helped some participants feel more grounded in recognizing and coping with their own emotions. In general, opening to a sense of connection with self and others seemed especially important.

Implications for the field

There are several implications of the work so far for the field. First, it was quite feasible to run a psychological treatment group which focused on sacredness without promoting any particular religion, or even religion at all.

Second, this focus seemed to skirt around the anxiety mechanisms and defenses triggered by a frontal assault on symptoms and social skills. By focusing on “something larger out there” instead of internal reactions to the anxiety provoking stimuli right here, participants were able to forge an alliance with each other and the leaders quickly, creating a safe space in which to deal with sensitive material with less difficulty than is often the case.

Third, treatment based on perceiving sacredness seems to directly address the three characteristics of social anxiety noted at the beginning of this paper. The larger focus of perceiving sacredness seems to (1) short-circuit at least some of the cognitive mechanisms of social anxiety and (2) promote a widening rather than an anxious narrowing of attentional focus. Finally, this larger focus that includes more of the world promotes (3) engaging in the world rather than avoidance behaviors. Although much further research is needed to explore this fully, it raises the question of whether techniques for increasing the perception of sacredness might be useful for a range of anxiety disorders.

Acknowledgements

We gratefully acknowledge the work of the 2003–2004 CPAR Research Seminar members who developed the original treatment manual: Carrie Dochring, Edina Farkas, Cecile Gunn, Dean Hammer, Tricia Hughes, Ho-Yeong Jong, Chunku Kang, Trudy Leone, and Celeste Riversa, under Ken Pargament’s skill tutelage. This project was wholly funded by the Albert and Jessie Danielsen Endowment at Boston University.

References


