Approaching in the right spirit: Spirituality and hope in recovery from mental health problems

Hazel Bassett, Chris Lloyd, Samson Tse

Aims: Research indicates that having an active spiritual or religious life and sense of hope is highly protective against a wide range of problems throughout the life cycle. However, the two important domains of spirituality and hope have received limited coverage in mental health rehabilitation literature. Therefore the authors sought to discuss the role of spirituality and hope for people with mental health problems, and propose a process for practice which uses these concepts.

Methods: A discussion on the role of spirituality and hope in mental health rehabilitation is presented. The authors explore how spirituality has been defined in the literature, and its role in recovery from illness. The concept of hope in relation to spirituality and mental illness is discussed. Finally the authors propose how rehabilitation practitioners can apply these concepts in practice, in both assessment and interventions.

Findings and conclusions: This article highlights the importance of including spirituality and hope in assessment and treatment in order to move towards a recovery-orientated health-care service. The role of hope in assisting practitioners to be sensitive to the spiritual needs of clients is demonstrated.

Key words: ■ recovery ■ spirituality ■ mental illness ■ rehabilitation practitioners

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The impact of mental health problems can be devastating for individuals. People who have experienced mental health problems describe the ongoing trauma of loss of control over basic decisions, the imposition of others' interpretations of their perceptions of reality, being disempowered, experiencing isolation, lacking confidence, being stereotyped, and being viewed as a set of symptoms rather than as an individual. The rehabilitation literature over the last two decades has seen a growth in the number of articles dedicated to the area of spirituality and its place in the modern practice of health care (e.g. Johnston and Mayers, 2005; Mayers et al, 2007). In Australia, there has been a growth in the practice of non-Christian religions and other movements that could be classified as spiritual, such as the New Age Movement (Australia Bureau of Statistics, 2001).

People with mental health problems are also identifying spirituality as having a part to play in their recovery process. In an Australian study, D'Souza (2003) found that although religious practice may have declined among people affected by mental

health problems, spirituality was still important. In this study, 79% of the participants identified that spirituality was important to them and 67% stated that their spirituality had helped them to cope with the psychological pain associated with mental health problems. Yet in spite of such findings, other studies have found that although spiritual beliefs may be central to individuals' core perceptions of themselves, their world and their difficulties, these are largely ignored by the treating professionals (Zinnbauer and Pargament, 2000; Holyland and Mayers, 2005). Conversely, in many cases, healthy spirituality has been pathologized and likened to an obsessional neurosis, therefore ignoring the enlivening, invigorating and nurturing impact that spirituality can have (Fallot, 1998; Halasz, 2003).

CHANGING TIDES: RECOGNIZING SPIRITUALITY IN HEALTH CARE

There is a growing awareness among rehabilitation practitioners that spirituality may be an under-used resource in the rehabilitation process

(Boswell et al, 2001). There is also an increasing recognition that spirituality has potential to impact on health (Engquist et al, 1997) and there is evidence that religious faith may in fact be a protective factor against mental illness (Turbott, 1996). Longo and Peterson (2002) highlighted the positive correlation between religious beliefs and general well-being. Mathai and North (2003) found that understanding service users' beliefs and the implications of these beliefs could actually be used by practitioners in such a way as to provide a source of strength for them and their carers. However, Mathai and North (2003) also recognized a number of barriers that exist and that prevent inquiry about and use of individual's spiritual beliefs. These include the Western medical practice of mind-body separation and the drive for scientifically-derived physical evidence being paramount. This is also a barrier to practising in a way that uses spirituality as a resource. Longo and Peterson (2002) saw professional stereotypes ('that's the chaplain's job'), confusion and fear on the part of professionals. This article therefore seeks to encourage dialogue and reflection upon the way in which rehabilitation practitioners can practice recovery-focused interventions that include hope and spirituality.

DEFINING SPIRITUALITY

There have been many attempts to define spirituality. The psychosocial rehabilitation literature differentiates between religion and spirituality. Boswell et al (2001) define religion as the system of worship and dogma that is shared by a group. Spirituality is a broader term that refers to the overall belief system that a person has about the meaning and purpose of life. Piedmont (2001) suggests that spirituality is an attempt by humans to understand life in the light of death, stressing the importance of validating why we exist. In this sense, Piedmont (2001) views spirituality as a dimension for exploring what motivates us, and what goals we are striving to achieve. As rehabilitation practitioners, the authors contend that this information is essential if intervention is to be holistic and effective.

Longo and Peterson (2002) recognize that religion is part of spirituality. They suggest that religion is organized spirituality whereas the term spirituality has within it the concept of being individual. However, Spaniol (2001: p.321) assert that spirituality, while being individualized, involves relationships:

'a relationship with someone or something that sustains and comforts us, guiding our decision making, forgiving our

imperfections and celebrating our journey through life'.

Spirituality is about living and being human. It is the process of pursuing meaning and purpose in life, it involves the everyday activities in which one engages and represents that experience in one's context or environment (Urbanowski and Vargo, 1994; Engquist et al, 1997; Wilding, 2002; Kang, 2003). Perhaps it is best summed up in the words of Egan and DeLaat (1994: p.100):

'the individual's spirit is not a single component of his or her being. The individual's spirit is, in fact, the individual.'

The authors understand spirituality as being different to religion, it is the individualized need to understand the purpose of life and underpins the meaning of everyday activities. It is the essence of the person and their inner motivator. The concept of spirituality is, therefore, an important consideration in recovery from mental illness.

SPIRITUALITY AND RECOVERY

Trauma and recovery

Clarke (2003) observes that severe stress such as a serious mental illness can cause a disjunction between what one believes and the lived experience. This can cause considerable trauma for the person whose life has been changed immeasurably. This trauma challenges the person's whole self-identity; causing a severe disconnection from him or herself, from others, from the living, learning and working environment and from the sense of having meaning and purpose in life (Alliston, 2000; Spaniol, 2001). In other words, trauma and stress caused by illness have a profound effect on one's being. Yet, people do recover (Young and Ensing, 1999). Recovery can be viewed as the process by which people affected by mental health problems reclaim their lives and rebuild their connectedness with themselves, others and with their environment, while developing a new sense of meaning and purpose to life (Alliston, 2000; Jacobson and Greenley, 2001; Spaniol, 2001). When one compares the definitions of spirituality and recovery, it is easy to see how the two can be inter-related.

Identity and acceptance

Having an active sense of self has been identified as the most important factor contributing to recovery from mental illness (Tooth et al, 2003). This encourages action on the part of the person and has a motivational quality. Service users and professionals alike agree that recovery is a uniquely personal experience in which one regains a sense of control or mastery of life in spite of a long and

painful struggle, and develops hope for the future (Smith, 2000). Recovery involves a rethinking and reordering of life priorities and a renewed reliance on the sources that give meaning, purpose and significance to life (Pargament, 1996; Young and Ensing, 1999). Spirituality assists the individual to accept the changes the illness has brought and to move on in the exploring of new areas of development and enrichment (Alliston, 2000). Spirituality helps the individual to connect to his/her deepest values and strong sense of purpose. It serves as a powerful source of strength, determination and resilience in the face of adversity. As Keks and D'Souza (2003) state, spirituality can be used to assist recovery and re-integration from psychosis by aiding the person to come to terms with and find some meaning in the face of devastating loss.

Hope

Clarke (2003) discussed the problem of demoralization that occurs for people who are struggling to come to terms with the impact of mental illness on their lives. He stated that it is characterized by a loss of hope. Hope is a factor that relates to an individual's view of the future and, as such, is related to outcomes about one's life (Nunn, 1996). Spirituality involves a belief that there is meaning and purpose in all that happens. This can strengthen hope, which assists one to be able to consider the future with positive expectancy. In study of people with mental health problems by Bussema and Bussema (2000), the majority of participants indicated that their faith or spirituality had kept them going and given them hope when very little else was a source of hope for the future. Clarke (2003) notes that hope is not just cognition or thought but is affective and volitional. It is a longing for something that may not be certain but is at least possible. People without hope have far poorer health outcomes than those who do (Clarke, 2003). Hope leads to a conviction that one's future and meaning is inherently valuable (Spencer et al, 1997). This in turn encourages recovery (Nunn, 1996; Jacobson and Greenley, 2001). Spirituality plays an important role in maintaining hope in the face of adversity (Longo and Peterson, 2002).

SPIRITUALITY IN PRACTICE

'Spiritual care'

There is a need to understand the importance of hope in the recovery process and to understand that quality of life is perceived in the 'being' and 'making' of a person (Townsend, 1997). Rehabilitation practitioners who have a holistic approach accept the spiritual aspect of people in rehabilitation. Greenstreet (2006) refer to

'spiritual care' and assert that spirituality should be an integral part of health and social services. As stated by Howard and Howard (1997), when practitioners get caught up in their technologies and impose therapy that has no meaning for the consumer and in fact alienates the individual from his or her creative potential, they are guilty of not considering the person's spiritual aspects.

The establishment of an individual's identity and their strengthening sense of self is nourished by active occupation, worldly exploration, relations with others, socio-cultural and environmental influences. An individual's sense of self is the beginning point for taking occupation within the wider environment. Christiansen (1997) adds that when practitioners fail to acknowledge a spiritual dimension in the people they see in rehabilitation, they lose important opportunities for understanding the full potential of occupation and how it can be used to enhance health and well-being. When a rehabilitation practitioner understands this, he or she will be able to see the spiritual significance in occupation (Peloquin, 1997). Then as Peloquin (1997: p.168) states:

'We name hair care as grooming, but we can also see it as a meaningful act of making oneself presentable or even likeable'

Understanding the individual's outlook

When considering spirituality, it is necessary to consider the person's cultural background and the beliefs and values that are important to them. Developing a psychiatric disability is a complex interaction between biological, psychological, and social and cultural factors (Seah et al, 2002). According to Fitzgerald et al (1997) a common issue in mental health is determining whether or not a particular behaviour or belief is evidence of mental illness or if it reflects a cultural incidence in normal behaviour. An understanding of the consumer's socio-cultural background will enable the rehabilitation practitioner to derive information about cultural health beliefs and practices relevant to their presentation.

A holistic approach in psychosocial psychiatric rehabilitation involves an understanding of cultural background, spiritual beliefs and how these affect health beliefs and behaviours. The aim is to understand the individual's view of his or her condition or problem, within the context of cultural influences. In order to put it into practice, rehabilitation practitioners need to work from a recovery-based framework that includes elements of spirituality and hope, and incorporate those two elements throughout assessment and treatment interventions (Russinova, 1999).

A recovery-based framework has four key components; these are finding and maintaining hope, re-establishment of a positive identity, building a meaningful life, and taking responsibility and control (Andresen et al, 2003). In the following section, a process is proposed to guide rehabilitation practitioners on incorporating the spirituality element in psychosocial interventions for individuals affected by mental health problems.

Assessment

In the authors' opinion, rehabilitation practitioners need to include spirituality in the assessment phase. This may be in the initial presentation and assessment or as a part of ongoing assessment of a person's health status and needs. It is also important to include spirituality in assessment when the person is struggling to come to terms with the meaning of his or her existence. However, Hassed (2002: p.12) cautioned that:

'how far, clinically and ethically, should a therapist become involved in the spiritual life of their patients or clients is hotly debated. Helpful encouragement to consider issues of meaning might be encouraged but imposition of an agenda or dogma on an unwilling person is likely to be very unhelpful. Taking one's lead from the person and gauging their spiritual awareness and sense of meaning in life may well form an integral part of a thorough medical, social and psychological history'.

Some existing quality of life measures include elements of faith or belief value, for example, the Mayers Lifestyle Questionnaire (Mayers, 1995; 1998). A framework to include spirituality in assessment addresses the following:

- **Opening questions:** Need to consider an appropriate context for bringing in the spiritual-related matters or questions. Assessing the spiritual aspects of people's lives needs to be carried out with sensitivity and practitioners should be prepared to take a step back if it proves to be a very sensitive topic.
- **Style of history taking:** Sensitivity is extremely important when assessing the spiritual aspect of the person's life. Practitioners should attempt to build up trust and provide clear explanation as to why questions surrounding a person's spiritual history are asked before the spiritual assessment. The person may have the suspicion that his/her spiritual experiences disclosed to the practitioner may be interpreted as 'dysfunctional' and subsequently become very guarded in their responses.
- **Form and content:** Any religious affiliations,

which may be a resource, should be explored when one considers appropriate interventions. It is necessary to explore spirituality because it may have a profound motivating and integrating effect on the person's 'doing' or 'being', as D'Souza, (2003: p.14) states:

'Spirituality enjoys both vertical and horizontal dimensions, thus encompassing both transcendental aspiration and compatible social networks'

Therefore the person's sense of hope and connectedness to selves, others, to living, God and environment and to larger meaning and purposes will need assessing.

Interventions

A review of the literature highlights some ways in which spirituality and, in particular, the instillation of hope is incorporated into therapy. Longo and Peterson (2002) proposed four key components of spirituality which have unique contribution to healing and recovery from mental health problems:

- Spirituality is seen as a form of coping with stressful life events
- Activities surrounding spirituality or religious gathering in some cases are perceived as a source of support
- Spirituality seems to boost the self-esteem of people with psychiatric disability
- Spirituality may sustain hope in the face of adversity.

An example of practical intervention is the spirituality-augmented cognitive behavioural therapy developed at The University of Sydney. This emphasizes four key elements: acceptance, hope, achieving meaning and purpose, and forgiveness; all achieved through relaxation, meditation and prayer/ritual exercises (D'Souza and Rodrigo, 2004). Assessing these personal aspects will assist the practitioner to understand the recovery journey of the individual and to enable recovery. Recovery is a deeply personal experience with each person's story being different and unique. Treatment interventions may not differ substantially when one considers spirituality. However, a greater understanding of the importance of spirituality, and in particular, hope, will allow practitioners to assist the individual to gain purpose and meaning in his or her life.

Hope and the future

Spiritual beliefs give comfort and instill hope so that one can begin the journey of recovery despite obstacles such as mental illness, trauma or loss. Clarke (2003) summarizes how the element of hope can be integrated into practitioner intervention

(Figure 1). Hope is affective, volitional, expectant and looks to the future. Without hope, there is a loss of anticipation about the future and of the meaning and purpose of life itself. This demoralization erodes an individual's sense of self-worth and mastery. Practitioners' interventions should initially focus on exploring possibilities and choices for the future. This is a process of engagement with the individual in his or her search for meaning and hope.

Listening and empowering

Interventions may employ a range of methods but an important element is listening to the person and valuing their lived experience. Their experiences need to be validated by the practitioner recognizing what is being said and acknowledging this. This provides a springboard for the practitioner to work collaboratively with the individual with mental health problems. The practitioner assists the individual both to take action against the problems he or she faces and to make choices. This enables the person to gain a greater sense of self-control over their life and, by so doing, gain a sense of new meaning and purpose in life. The role in recovery is to support individuals moving beyond the limitations placed on them by their disability. While there is still a sense of

connectedness with 'old' self, others, divine or higher power and the environment, there is now a 'new, emerging' self that stands before the world. The illness is no longer seen as the barrier, but rather as the pathway for development.

Developing hope

With regard to ways of instilling hope, there are several practical steps, such as emphasizing the importance of establishing a vision of the future, finding out what individuals want to become and highlighting the fact that development of hope is an evolving process. Practitioners can then equip people with specific problem-solving skills to get over the obstacles to achieving the vision. However, it is important to honour the process of helping individuals develop hope when none seems to exist, and to acknowledge grief and sense of despair. Lastly, one of the most powerful tools available to practitioners is to help individuals find hope through the experience of engaging in meaningful activities and achieving small goals leading to more possibilities in the medium or longer term. This in turn creates a belief in possibilities, which were thought lost or were never imagined (Spencer et al, 1997).

Figure 1. Integrating hope and spirituality in recovery-orientated interventions

CONCLUSIONS

This article has proposed an assessment and intervention process for mental health practitioners, which acknowledges the important concepts of spirituality, hope and recovery. Including a spiritual component does not mean that rehabilitation practitioners have to completely change their practice. Rather, it involves a process of redefining how information is gathered about people with mental health problems. It involves a focus on spiritual resources that may be useful in assisting the individual to find meaning and purpose in life. When practitioners begin to consider the spirituality of people with mental health problems, holistic intervention can become a reality. Similarly, when individuals consider their own spirituality, they access another source of hope, which assists them in their journey of recovery. Therefore, a mental health service which focuses on spirituality and recovery enables rehabilitation practitioners to consider the importance of hope, purpose and meaning in therapeutic interventions. **IJR**

Conflict of interest: none

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KEY POINTS

- Spirituality is the process of pursuing meaning and purpose in life.
- Spirituality may be central to the individuals' core perception of themselves and may help them to cope with the psychological pain associated with mental health problems.
- The authors suggest that rehabilitation practitioners need to include spirituality in the assessment and intervention phases of rehabilitation.
- A process has been proposed to enable practitioners to integrate hope and spirituality into recovery-oriented intervention.

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The past 15 years have witnessed an explosion of interest in the role of religion and spirituality in medicine and psychiatry. Given that an estimated 86% of the world's population define themselves as religious (Barrett et al, 2001), it is an area that deserves exploration.

This article presents an overview of some significant ways in which an individual's spiritual beliefs and practices can affect their recovery from serious mental illness, with a particular emphasis on the role of hope and meaning. The authors highlight the impact that religion can have on coping, social support and self-esteem.

The article also cites the reluctance of some practitioners to delve into this arena. This wariness is understandable; there are a number of potential pitfalls involved in bringing religion or spirituality into the rehabilitation process. Although a growing body of research demonstrates the supportive role of spirituality in

healing and recovery, some forms of religious belief and practice are harsh and blaming, and may be harmful to rehabilitation. Some clients may have even experienced abuse at the hands of religious authorities (Fallot, 2007). Learning to work with spiritual values such as faith, forgiveness and surrender without losing discernment requires a delicate balance. In addition, the growing cultural and religious diversity in most parts of the world demands that we consciously create an environment where all faiths and spiritual practices are accepted and supported. Practitioners may at times find it challenging to put their own beliefs aside to accommodate different faith traditions, or on the other hand, may be overly wary of proselytizing.

There are a growing number of resources available to rehabilitation practitioners who are willing to enter this unfamiliar terrain. Mental health consumers/survivors have written eloquently on spiritual dimensions of recovery,

the power of ascribing meaning to one's experience, and the social support available in faith communities, such as Clay (1996). Many religious traditions include concrete techniques for working with the mind and the emotions, and research is beginning to establish the efficacy of many of these tools. Clinicians have also begun to explore the similarities and differences between altered states of consciousness and psychotic symptoms (Nelson, 1994). Cultural approaches to health care are opening the door to a wide variety of alternative healing practices, and the practical issues involved in building consultation networks with religious practitioners are beginning to be addressed (Day et al, 2005). Recently, an entire issue of the *Psychiatric Rehabilitation Journal* was devoted to the development of 'supported spirituality' as a key rehabilitation domain (Blanch and Russanova, 2007). Research suggests that it is time to acknowledge that religion and spirituality

is, for many, a key to their 'personhood' and therefore a key to the rehabilitation process.

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This article suggests human spirituality is ignored, or even pathologized, by health-care professionals in the field of mental health rehabilitation. This view resonates with my experience in physical health care. Even where spirituality is recognized as important, as in palliative care, this may not be translated into actual practice (Cornette, 1997). The reasons for this are complex and include misunderstanding, historical and social context, resistance, confusion with religion and lack of confidence. Yet more and more people are talking about spirituality in ways that suggest such neglect diminishes health-care provision. Meaning and purpose, creativity, connection and hope, all themes linked with

spirituality, surely contribute to the holistic understanding of health. Any health crisis, mental or physical, may be the catalyst that moves a general interest to spiritual exploration with the potential to aid rehabilitation and recovery. Any discussion of spirituality is a potent reminder that life is more than what we see and do, just as health care is more than our targets and pathways. In ways we may never fully understand, ignoring this indefinable quality of life will somehow make our work less effective.

The authors outline a model for assessment and treatment of spiritual concerns in mental health care. While such models are very helpful, I believe they need to be underpinned

by the development of a shared understanding of spirituality. This process will instill greater confidence about integrating spirituality into health-care practice even though it is unlikely to provide us with answers to all of our questions. Multiprofessional teams can create a safe but challenging space in which to explore spirituality with particular emphasis on how it affects their work (White, 2006).

Finding the words to talk about spirituality is not easy, especially where there is anxiety about criticism or misunderstanding. Human spirituality is deeply personal but it is also about relationship and connection; reflecting together can be a profoundly enriching process for all those involved with many

positive outcomes for health-care practice. Health-care professionals come to this exploration not as experts but as human beings and may find that it enhances their personal, as well as professional, experience. It is this journey towards shared understanding of spirituality that will truly enable us to approach people in the right spirit.

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The lexicon on spirituality and spiritual care is expanding in nursing and health care as a result of health-care professionals' concern about the dispirited person as consequence of illness. If spirituality is the essence of being and it gives meaning and purpose to our very existence, then spiritual care is the greatest gift that rehabilitation professionals could bring to those persons who have to navigate and negotiate through the terrains of personal catastrophes and suffering. It is a real privilege to be part of the sufferer's journey and sometimes we find ourselves helping because of the compassion and connection we have with other people.

This timely article provides a discourse on how spirituality and hope in rehabilitation can help mend the person experiencing mental crisis. Spiritual care can be therapeutic to mental health clients (Narayanasamy, 2006), and this article adds to the emerging trend in psychiatry, where spirituality is increasingly being recognized as impor-

tant to mental health (Culliford, 2002). Further work on spirituality provides a focus on users' spirituality by giving them voices to articulate what it means to them, both positively and negatively (Barker and Buchanan-Barker, 2005). However, in spite of this development, Paley (2008) suggests that spirituality in nursing is reification and in the absence of proper scientific study, spiritual care has no place in health care. Paley appears misguided in ignoring substantive empirical evidence in health care that spirituality is a reality and lived experience for many in health and crises (Narayanasamy, 2006).

However, this article is a clear indication that reductionist and mechanistic explanations based on biomedical science are giving way to more holistic and ecological ways of understanding the world. Culliford (2002) suggests that there is a positive correlation between spirituality and symptom reduction in depression, anxiety, addictions, suicide prevention, anorexia and schiz-

ophrenia. Koenig and Larson's (1998) work charts studies covering more than 1200 studies and 400 research reviews looking at both positive and negative effects of religion and spirituality upon health outcomes.

For many of us, our sense of hope can be a powerful motivator in enabling an open attitude toward new ways of coping. The spiritually-distressed person may experience a feeling of hopelessness and may see no way out; there may be no other possibilities other than those dreaded. Spiritual care may open up avenues and possibilities of new meaning that elude the person experiencing depression.

This article offers empirically-based frameworks for spiritual assessment and hope-fostering strategies for rehabilitation professionals working with mental health clients. The discourse complements those assessment and hope-fostering strategies in nursing and palliative care (Narayanasamy, 2007). This article will be useful to rehabilitation professionals caring

for people with mental health problems, and-to those looking for the spirit in rehabilitation. It is inspiring through hope.

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