

ADDRESSING SPIRITUALITY IN HEALTHCARE NEEDS:  
THE MENTAL HEALTH CLINICIAN'S ROLE IN ENHANCING THE QUALITY  
OF THE MEDICAL HEALTH EXPERIENCE BY TREATING THE SPIRIT

A Dissertation Submitted to the  
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## Abstract

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Throughout the history of medicine and healing, religiousness and spirituality have played an important, yet significantly small role in the treatment of an array of afflictions. Many turn to God or a higher power to attain strength and guidance, and to also provide a sense of both serenity and security. While faith has been historically present in healing practices before modern medicine, there currently is a renewed interest and importance placed upon addressing spirituality and religiousness, not only in a physical medical realm, but in the mental health field as well. Facing the current trends in modern medicine, in which many individuals feel that it is important that their

spiritual needs be addressed as a way of being treated holistically, for the person as a whole, complete entity comprised of a multitude of domains, clinicians must be prepared to attend to client needs, and furthermore, have an understanding of the culture of spirituality and through that understanding, garner a respect for it as well. In addition, clinicians must be able to utilize various techniques and interventions that can prove helpful in the treatment of diverse clients that may present a unique need for a deeper healing beyond the physical and beyond the wall of psychological ailments. Because current trends dictate the need for mental health clinicians and practitioners to incorporate techniques and interventions that will address both spirituality and religion within the patient-clinician relationship, spiritual specific training as a form of cultural awareness and cultural sensitivity is vital. As society moves into a mind-body-spirit awareness, clinicians must be trained and made aware of the advantages of addressing the spiritual needs and domains that exist for the individual, as well as be cognizant of the tools that can assist in enhancing and further delving into those spiritual areas. It is a goal that this research will serve as a source of insight, knowledge, and understanding of the importance of addressing spirituality in mental

health care, specifically in its application for patients that are enduring difficulties with their medical healthcare. Additionally, it is this research's goal to also offer actual therapeutic interventions and guidelines that focus on spirituality and can be utilized in the counseling relationship as a way to enhance the patient's overall medical healthcare experience.

For this research, focus is given to previous research and their findings, and well as various items of text and literature that pays special focus to spirituality and its role in improving patient's medical experiences and outcomes. More specifically, a review in research on the psychological and therapeutic ways in which mental health clinicians can address spirituality in their counseling relationship with their clients as a way to enhance the overall medical experience of the diagnosis is provided.

The significance of this research lies in the fact that spirituality is an essential component of a person's being and everyday life. Because research has shown that there exists a high percentage of individuals who report the importance of spirituality and/or religion in their everyday lives, there is a great need for clinicians to be able to address these needs over the course of their work with their patients. To do so will not only be beneficial for the person's emotional well

being, but can also prove to increase physical well-being, as well as nourish the patient-clinician relationship. Furthermore, it will aim to provide a better understanding of the interplay among spirituality, religion, and healthcare (medical and psychological). Additionally, the discussion of various interventions and guidelines that can be utilized by mental health clinicians can provide current and future clinicians ways in which they can incorporate it into their own practice for the benefit and healing process of their clients. This research will also encourage mental health clinicians to become more culturally and spiritually aware in treating their patients, as well as increase the likelihood that physicians refer their patients for therapeutic counseling as a way to enhance patient prognosis and overall experience of their medical diagnosis.

To my parents, Robert and Grace whose love and support  
made me the person I am today  
and to my Papa, Herman,  
who sat me down as a little girl and taught me "school first".

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“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”

-Jeremiah 29:11, Holy Bible

I would like to take the opportunity to thank my parents, Robert and Grace Jutchenko for their constant love, support, and guidance. Your belief in me has made me into the woman I am today. Your expectations of me have always made me strive to do my best and succeed in any challenge set before me. Your values and morals of kindness, goodness, faith, love, perseverance, education, and to always try to help those in need have led me to my chosen educational and career paths.

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## **Introduction**

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you. I will uphold you with my righteous right hand.

-Isaiah 41:10, Holy Bible

As a mental health clinician, young to the field, I found that in working with people of all ages and backgrounds, there is dominant theme of the importance of both religion and spirituality for these individuals. Intrigued by the power of religion and spirituality, I have done my own personal research and investigation on how these two can indeed impact the human person, making them stronger, more determined, and more at peace, despite whatever obstacles may prevail. As part of the human experience, we experience the good, the bad, the beautiful, and the ugly. Each person is faced with their own challenges, their own trials and tribulations, some more than others. What defines our time here on earth is not the superficial bits of humanity, such as what car we drive, how big our house is, or even

how much money we make; rather, what defines it is how we responded and prevailed against the challenges set before us, as well as how we interacted with those who were around us- how we chose to help or not to help, how we chose to be good or not be good.

These very things are the spirit of humanity. Our spirits are the basis of who we are; it is what gives us the drive, the passion, the veracity that is with us all.

Spirituality is an essential component to the human experience. It is a culmination of all that is a person's being. It encompasses one's ideas, morals, beliefs, and experiences that are not focused solely on the physical. As the organic basis of what makes up each and every one of us, we all have our very own picture of what defines spirituality. Each person has an idea of what spirituality is, but when it comes time to define it into concrete, clear-cut terms, it becomes difficult. How does one define spirituality in an absolute way, when it can be a multitude of things? There does not exist a physical construct of spirituality that allows it to be defined by size, color, shape or feeling. It does not have a personality; rather, spirituality is what we as human beings make it to be. It is an invisible force that drives us; it is our inner compass. With that in mind, spirituality is an aspect of the

human person that, like our bodies and our minds, needs nourishment and care. We nurture our bodies with food, exercise, and sleep; we nurture our minds through education, through entertainment, and through the emotions of life, fed by our relationships with ourselves and those around us. Our spirits get nurtured by how we ourselves express our spirituality. Not only that, but our spirituality is oftentimes the first source of support for many of us. It is what gives us hope, love, the power to forgive, and the ability to feel happiness and pain, among other things. Many of us also turn towards our spirituality to cope with many of life's stressors.

Given current trends in modern society in which there has been a surge of interest in yoga, meditation, and relaxation therapies, people are nurturing their spirits by utilizing these practices, in addition to being involved with their religion by attending church or other religious ceremonies, should they identify with one. In response to these growing trends in treating ourselves spiritually, healthcare professionals must be able to see the importance of spirituality and utilize it in patient care to achieve better quality of care and patient outcomes. To integrate attention to spirituality in care, various techniques can prove helpful in the treatment of diverse clients that



may present a unique need for a deeper healing beyond the physical. Because current trends dictate the need for clinicians, both mental health and medical, to incorporate techniques and interventions that will address both spirituality and religion within the patient-clinician relationship, spiritual specific training as a form of cultural awareness and sensitivity is essential. As society moves into a mind-body-spirit awareness, mental health clinicians are to be trained and aware of the advantages for addressing spiritual needs, as well as be aware of the tools made available to them.

Although, I am a mental health clinician, I am also a medical humanitarian. Through my continued education in mental health counseling, and later, medical humanities, I have been trained how to clinically counsel individuals with mental health issues through my counseling education, and from my education in medical humanities, I have been able to further enhance my abilities to approach my clients on a more personal, deeper level in the sense that I do not look at them and make judgments based on their symptoms alone; rather, I look at them for the person that they are. I believe I make great strides to make a more personal connection with them that will serve to be therapeutically beneficial. My medical humanities training has

taught me how to improve my own perceptions of my clients and how I interact with them, further enhancing my recognition of the multidimensionality of the person being treated, while also appreciating them for their mind, body, and their spirit. My medical humanities training has also allowed me to think outside of the “clinical” box in which care is typically so focused on theory and statistically proven interventions, into a more flexible and meaningful approach that sort of caters to each person’s individual needs. Based upon my own clinical experiences, oftentimes treatment can be dry and inflexible to creative thinking or creative approaches. Medical humanities, as a field, has given me the opportunity to see creative avenues as a tool that can enhance my clinical practice in working with clients. More specifically, in my course selection, I found that I had been attracted to courses that focused specifically on spirituality in healthcare and how grace is integrated in to the healing dynamic. Courses such as this have further enhanced my interest in spirituality and have opened my eyes to how the treatment of one’s spirituality is an essential part of the care of the clients with whom I work. In my own work, intakes, assessments, and therapeutic discussion completed have constantly brought to light that spirituality and faith are a major important support system for many of the clients with whom I work.

Not only was I reading about how spirituality is beneficial in care, but I was consistently hearing clients report that their spirituality has served as a basis of support, guidance, and strength through the challenges of life be it physical, medical, emotional, or even in the recovery of substance abuse. Many of my clients reported that whatever challenges they had experienced, the belief in God was key to improving their situations.

With these ideas and experiences in mind, I firmly believe that patient care and outcomes can be enhanced when combined with sound spiritual attention and care. Given that medical doctors are known to be overwhelmed with a demanding workload and exhausting schedules, I believe that mental health clinicians can be utilized as an additional caregiver who can assist in improving the quality of care a patient experiences. Patients can be encouraged to meet with mental health clinicians to discuss their experiences and together, the patient and clinician can explore the meaning of the patient's illness or ailment and also explore how spirituality fits in this process. If agreed upon, the clinician and the patient, together, can address the patient's spiritual needs through the exploration of what their spirituality means to them and how it can serve as an effective support system through which many can derive strength and the drive for perseverance.

The significance of this research lies in the fact that spirituality is an essential, existing component of a person's being and how that person experiences his or her own everyday lives. Because research has shown that there exists a high percentage of individuals who report the importance of spirituality in their everyday lives, there is a great need for both physicians and mental health clinicians to be able to address these needs over the course of their work with their patients. To do so will not only be beneficial for the person's emotional wellbeing, but can also prove to increase physical wellness; working together, this can only serve to foster and enhance the relationship and dynamics that exist between the provider and the patient. Furthermore, it will aim to provide a better understanding of the interplay among spirituality, religion, and healthcare (physical and mental), while also enhancing the reader's knowledge of how a person's spirit needs to be addressed in care, and how this can be done. This research, with its investigation and exploration of interventions that can be utilized by mental health clinicians in care, will hope to provide knowledge of treatments that will enhance the quality of care by focusing on the patient's inner spirit and discovering what it means to that patient as they work towards healing.

To further support the idea that spirituality must be addressed in patient care is research that has reported the strong admission of spirituality being a vital part of the human experience. Research has reported that “over 90% of American adults cite religion and spirituality as being important in their lives.”<sup>1</sup> With such a high percentage of people reporting the importance of spirituality and religion in their lives, it is safe to assume that, like the importance of mental health care for the mind, and physical medical care for the body, that spiritual care must be present to aid the spirit. In addition, despite globalization and mixed cultures, 77% of the world’s population identifies with a specific religion and has taken great strides to preserve their religious identity and culture.<sup>2</sup> Given that society is constantly evolving, the importance of spirituality and religion remains constant. With the current renewed surge of interest in religion and spirituality, factors causing this may be due to the fact that many people turn toward their faith under extreme circumstances, such as severe illness, economic strife, and catastrophic events. “Religious

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<sup>1</sup> Betina Yanez et al., “Facets of spirituality as predictors of adjustment to cancer: Relative contributions of having faith and finding meaning.” *Journal of Consulting and Clinical Psychology* 77, no. 4 (2009): 730-41, <http://dx.doi.org/10.1037/a0015820>.

<sup>2</sup> Yanez et al., 730.

coping in particular has demonstrated associations with a variety of social, personal, and situational factors, as well as links to psychological and physical health.”<sup>3</sup> With the high statistics in which individuals have placed great importance on either their spirituality and/or religiousness, it becomes clear that there is a significant need for mental health clinicians and health care providers to be able to competently address those in their care’s spiritual and religious facets, in addition to their mental and physical states. In addition, religiousness has been found to be a considerable influencer in mental health. Connectedness with religion and/or spirituality can aid in lower rates of depression, suicide, and substance abuse, which infers that that connectedness can foster overall well being. <sup>4</sup> Not only can one experience great mental health deriving from spirituality, but should a person become afflicted with an illness, “it has been posited that spiritual meaning and faith may organize one’s sense of self so that symptom distress and pain are not the defining features of one’s

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<sup>3</sup> Terry Lynn Gall et al., “Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework.”, *Canadian Psychology/Psychologie Canadienne* 46, no. 2 (2005): 88-104, accessed January 12, 2014, <http://dx.doi.org/10.1037/h0087008>.

<sup>4</sup> Erin L. Moss and Keith S. Dobson, “Psychology, spirituality, and end-of-life care: An ethical integration?”, *Canadian Psychology/Psychologie Canadienne* 47, no. 4 (2006): 284-99, accessed January 2, 2014, <http://dx.doi.org/10.1037/co2006019>.

overall well-being.”<sup>5</sup> Through the utilization of faith, one can find the strength and spiritual guidance to cope with one’s own stressors and/or illness.

To adequately foster the mind, body, spirit connection, and to assist in improving health experiences and outcomes, I believe that it is imperative that clinicians address spiritual concerns and needs when working with patients. Through the incorporation of spirituality in the both the medical care and mental health care treatment planning, clinicians are allowing patients a form of empowerment by allowing for the free expression of the spirit and by paying attention to it’s importance. As we will come to see through further discussion and exploration of what defines spirituality, it is my hope to illustrate the expansive definition of spirituality. Through this realization, readers and treating clinicians will see that spirituality can be a multitude of things. Each patient will possess his or her very own construct and definition of what is spirituality and will also have varying levels of what he or she perceive as their own spirit’s importance. Additionally, despite high reports of the prevalence of spiritual awareness and impressed importance, there still exists a population of people who

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<sup>5</sup> Moss & Dobson, 285.

would argue that the spirit does not exist and report that they do not feel that addressing spirituality is important. Whatever the case may be, clinicians must be prepared to treat their patients according to what the patient determines to be important.

Moving forward, I have broken up the paper into four parts. The first part will examine the varying definition of spirituality and how it differs from religion and will also examine how spirituality develops in terms of growth development utilizing psychological theories. The second part will explore the perceptions of mental health clinicians and physicians and will also discuss the pertinent need for addressing spirituality in health care. The third part will explore the clinical applications of addressing spirituality in mental health care by discussing assessments and interventions utilized to treat the spirit. The fourth and final part will discuss areas of concern and provide readers with the final conclusion.

As we explore how spirituality can be integrated into medical and mental health care, it is important to note that from a medical humanitarian perspective, this topic serves to enhance the knowledge and understanding of spirituality and how it is a vital and existing component to the human experience. As it is acceptable to treat both the mind and the body, it must be accepted to treat the spirit as well



as a way to ensure that the patient is being treated holistically.

Patients cannot be truly healed until all their parts are healed as well.

Medical humanities, as a field, serves to enhance the quality of patient care by educating medical practitioners, mental health clinicians, and hospital administrators. Through this research, conducted by examining existing literature and thoughts surrounding the incorporation of spirituality into healthcare as a way to further enhance my assertions that it is imperative that clinicians address the spirit, it is my hope that the field of medical humanities will be further enlightened of the benefits that can be provided in patient care in addressing the spirit. Medical humanities fosters and nourishes the idea of creative, personal approaches to patient care and because of that, I have been inspired to explore treating the spirit as a way to improve the health care experience and the improvement of patient outcomes.

## **Part I**

### **Defining the Spirit**

I have inside me the winds, the deserts, the oceans, the stars,  
and everything created in the universe. We were all made by the  
same hand, and we have the same soul.

— Paulo Coelho, *The Alchemist*

**Chapter I**  
**Spirituality and Religion**  
**What Defines the Two**

My religion consists of a humble admiration of the illimitable superior spirit who reveals himself in the slight details we are able to perceive with our frail and feeble mind.

— Albert Einstein

Throughout the history of medicine and healing, spirituality and religion have played an important role in the treatment of an array of afflictions. Many turn to God or a higher power to attain strength and guidance, and to also provide a sense of serenity. While faith has been historically present in healing practices, there currently is a renewed interest and importance placed upon addressing spirituality and religiousness, not only in a physical medical realm, but in the mental health field as well. Facing the current trends in modern medicine in which many individuals feel that it is important that their spiritual needs be addressed as a way of treating the client holistically, mental

health clinicians must be prepared to attend to client needs, and furthermore have an understanding of the culture of spirituality and respect for it as well. In addition, mental health clinicians must be able to utilize various techniques that can prove helpful in the treatment of diverse clients that may present a unique need for a deeper healing. As we begin our journey in examining how mental health clinicians can treat the spirit as a way to facilitate improved patient health care experiences and outcomes, it is important to first examine what is spirituality, and furthermore, examine how it is alike and different from religion. The terms spirituality and religion are two in which can at first appear to be words that are one in the same, meaning that oftentimes, one may believe that to be spiritual is to be religious, or, to be religious is to be spiritual. While many may believe that to be religious is to be spiritual, and to be spiritual is to be religious, it is important to note that this idea is in fact not completely accurate. One can be spiritual without having any religious affiliations or practice, and one can be religious by being affiliated with a particular religious group and adhering to religious practice without being spiritual. As discussed previously, spirituality is a word that carries with it many

meanings, as each person has one's own experiences of the spirit, as well as one's own unique perspective on it.

To provide a basis for spirituality, common definitions of spirituality, as a word and a concept, are "relating to the nature of spirit, being intangible or nonmaterial, and concerning or affecting the soul. The soul refers to the animating principle, ethereal essence, or actuating cause of individual life. The word spirit comes from the Latin *spiritus*, which translates as breath."<sup>6</sup> While this definition offers attempts to explain what spirituality means, it is by no means matter of fact. Through this particular definition, we are introduced to the term "soul." The soul, as part of the spirit, is discussed as being the action component of the spirit. The definition itself is vague, and carries little specificity with it. This vague definition serves as a basis from which individuals can expand and make it unique based on their own experiences and thoughts. Spirituality is a word that carries with it a wide array of interpretations and meanings. Definitions, ideas, and concepts surrounding spirituality are all developed based upon how an individual experiences the spiritual and what it offers that particular person. Because of the individual nature and experience of

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<sup>6</sup> Carolyn Williams-Orlando, "Spirituality in Integrative Medicine," *Integrative Medicine* 11, no. 4 (August 2012): 34.

spirituality, defining it into one, universal, definitive term becomes cumbersome. "Defying development of a standard definition, spirituality remains a highly subjective, personal, and individualistic concept."<sup>7</sup> Not only do definitions of spirituality differ from person to person, but they also differ slightly from field to field; for example, in theology, spirituality tends to be defined by the belief in God which is then expressed in circles of organized religious groups who have their own practices and beliefs. Psychology, on the other hand, finds spirituality to be about the internal aspects of the human experience, such as desires and how it impacts the self. The field of sociology, in contrast, focuses on spirituality in the dynamics of a group and how, in groups of people, the majority determines what is practiced and what is the group idea and defining features of spirituality. The field of sociology, focusing on how social groups impact the individual, would be particularly interested in spirituality on a religious level and would examine spirituality in a way that would allow them to see how groups of people interact in spiritual and/or religious environments.

To further attempt to define spirituality, "spirituality is often

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<sup>7</sup> Caroline Young and Cyndie Koopsen, *Spirituality, Health, and Healing* (Thorofare, NJ: Slack Incorporated, 2005), 7.

described as a journey of lived experience, characterized by a greater sense of peace, meaning, purpose, and connectedness. An important characteristic of this emerging understanding of spirituality is that it's a uniquely individual experience, though experienced in relationship."<sup>8</sup> In addition, spirituality is truly about a person's individual relationship with God and one's self-defined meaning of life. Part of being human requires the spirit within one's being; to be human is to have spirituality. Daily living and the emotions that go with it can be considered a spiritual process. Spirituality is the human awareness of a relationship or connection that goes beyond what is the physical observable and tangible. This relationship or connection is received and interpreted by each individual and is then translated into a higher awareness of knowledge.<sup>9</sup> Spirituality is also articulately defined as "a human capacity for relationship with that which transcends sense phenomena. A person perceives it as a heightened or expanded consciousness that is independent of one's efforts and that

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<sup>8</sup> Barbara Pesut et al., "Conceptualising spirituality and religion for healthcare", *Journal of Clinical Nursing* 17, no. 21 (November 2008): 2803-10, accessed December 1, 2013, <http://dx.doi.org/10.1111/jcn.2008.17.issue-21>.

<sup>9</sup> Helen Lavretsky, "Spirituality and Aging", *Aging Health* 6, no. 6 (2010): 751..

deepens one's awareness of self, others and the world."<sup>10</sup> Definitions such as this enhance and expand the understanding of the spiritual. Spirituality encompasses a multitude of things, be it the understanding of a higher power, the belief that a higher power surrounds us all, the human experiences that are part of everyday living, and the interactions we have with others and the relationships we have with ourselves.

Spirituality as part of our being human, involves our interpretations of our lives and ourselves. "Spirituality can be understood as a search for the sacred, or a process of self-discovery in relation to the sacred. Many writers emphasize a search for a meaning to life as a central aspect of spirituality. Traditionally, spirituality was used to describe the deeply religious person, but it has now expanded to include the religious seeker, the seeker of wellbeing and happiness and the completely secular person."<sup>11</sup> Given this definition, spirituality no longer requires religious practice and following; rather spirituality is all inclusive of anyone and everyone, further supporting the idea that spirituality is within us all.

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<sup>10</sup> Lavretsky, 751.

<sup>11</sup> Lavretsky, 751.



Other views of spirituality have recognized its impact on the whole person. For example, "the definitions of spirituality have been changing over time and are increasingly considered a construct related to mental and physical health."<sup>12</sup> Spirituality is connected to mental and physical health because of the mind-body-spirit connection. What affects one component, will affect the others. For one to maintain complete wellness, all areas must be balanced.

In the discussion of mental health, views on spirituality have evolved and have validated it as an important source of information when working with clients, offering clinicians a way to approach and work with their clients. "Spirituality has been examined as a dimension of human experience, researched as a therapeutic method, and identified as a source of provider stress in deciding how to meet client's specific spiritual needs. Conceptualization of the individual as a biopsychosocial spiritual entity validates recognition, assessment, and interventions in the spiritual variable."<sup>13</sup> The fact that the mental health field has recognized the importance of spirituality and have implemented ways to assess, identify, and intervene is major as there

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<sup>12</sup> Lavretsky, 751.

<sup>13</sup> Mary Linda O'Reilly, "Spirituality and Mental Health Clients", *Journal of Psychosocial Nursing* 42, no. 7 (July 2004): 45.

is certainly an increase in need for spiritual treatment. "Studies have shown that most people would like their spiritual issues to be considered when receiving health care and that they identify the health care provider as a resource for spiritual guidance."<sup>14</sup> Views supporting the notion that spirituality is important in care only further increases the need for quality interventions and treatment of the spirit in care. Not only is there a reported value in spiritual care, but spirituality serves to be beneficial for individuals who are in tune with their spirituality. "Spirituality enhances inner resources and sense of self, provides meaning to the experience of suffering, supports relatedness to others, and is an expression of the transcendent ways in which human potential is fulfilled."<sup>15</sup> The spiritual facets of a person, serve to enhance one's experiences of being human.

The spiritual is meant to be a positive force, there within a person serving as a source of support and guidance. The idea that spirituality is a positive force lends way to positive spirituality.

"Positive spirituality is defined by developing an internalized relationship with the sacred and transcendent world that is not bound

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<sup>14</sup> O'Reilly, 46.

<sup>15</sup> O'Reilly, 46.

by race ethnicity, economics of class, and promotes the wellness and welfare of the self and others.”<sup>16</sup> Positive spirituality focuses on the intangible, that which is not a material object or that that lacks concreteness. Rather, positive spirituality embraces that which cannot be seen; it embraces the unknown, as well as the emotion and the vitality that is within a human. It is the action and belief of faith. Faith is a component of spirituality in the sense that it is the belief in something more than what is here on earth. “Spirituality is that which allows a person to experience transcendent meaning in life. Spirituality is a construct that involves concepts of faith and/or meaning. Faith is a belief in a higher transcendent power, not necessarily defined as god, and not necessarily through participation in the rituals or beliefs of a specific organized religion; faith in a transcendent power may identify this power as being external to the human psyche or internalized; it is the relationship and connectedness to this power, or spirit, that is an essential component of the spiritual experience and is related to the concept of meaning.”<sup>17</sup> Spirituality is the connection to life and it is

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<sup>16</sup> Lavretsky, 751.

<sup>17</sup> William Breitbart, “Spirituality and Meaning in Supportive Care: Spirituality and Meaning Centered Group Psychotherapy Interventions in Advanced Cancer”, *Supportive Care in Cancer* (August 28, 2011): 2.

what allows us to make meaning of our lives. It is the emotions that give us faith, hope, happiness, comfort, and inner support.

"Spirituality may be expressed through a relationship with a supreme being; sought through experiences such as religious rituals, the arts, or altruistic activities; or experienced through feelings of acceptance of and wonder at life's offerings."<sup>18</sup> The way people can express their spirituality is as versatile and expansive as the definition of spirituality itself. Much of what people do in their everyday lives especially that which they take great pleasure in, can all be considered spiritual activities.

Given the large percentages of individuals reporting the importance of spirituality, it is also important to note that certain populations and cultures may differ in the perceived importance of spirituality and the prevalence of spirituality may be influenced by major events that occur. "Though the importance of spirituality tends to vary with culture and geography, in the midst of economic crises and the looming threat of terrorism, spirituality seems to be increasingly important around the world."<sup>19</sup> With the challenges of

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<sup>18</sup> O'Reilly, 46.

modern society in which economic strife is prevalent and the media constantly portrays violence that occurs on a daily basis, more and more people are turning to spirituality as a way to cope and from which to derive strength. Spirituality serves as a valid coping mechanism as it allows people to draw both strength and courage in experiencing difficulty, and at times traumatic, events.

In contrast, religion, when defined, is more concrete and maintains a more organized focus. Religion is "more focused on the institutional elements, such as dogma, doctrines, and organization. As such, religion would tend to be a more static entity, associated with tradition."<sup>20</sup> While this definition is clearly more focused on the structure of organized religion and their ceremonies and religious activities, other definitions of religion serve to include not only the organized acts of practicing religion, but also includes the basis for such practice, such as the religious framework of beliefs, virtues, ceremonies and rituals which would be specific to the identified religious group. Also, other definitions of religion further adhere to the

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<sup>19</sup> David H. Rosmarin, Amy Wachholtz, and Amy Ai, "Beyond Descriptive Research: Advancing the Study of Spirituality and Health", *J Behav Med* 34, no. 1 (2001): 410.

<sup>20</sup> Moss & Dobson, 205.

idea of an “organized system of beliefs, practices, rituals, and symbols, designed to facilitate closeness to the sacred and transcendent, and to foster religious communities. Spirituality encompasses religion but spreads beyond to promote an understanding of the meaning of life, and an individual’s relationship to the transcendent.”<sup>21</sup> Religious beliefs further enhance spirituality in the sense that religious followers are challenged to think of a greater power and experience their God’s love and care.

With the idea of beliefs and virtues, one can consider this to be a form of spirituality, therefore portraying the idea that to be religious can include being spiritual. While spirituality is certainly an important key component to religion, one does not necessarily have to identify with a specific religion to be spiritual. “Inclusive spiritual experience is intended to account for the experience of the sacred that transcends the religion experience and to acknowledge that even those who hold no belief in God experience spiritual needs.”<sup>22</sup> This idea challenges atheist views, which purport the idea that God does not exist and that the idea of God is man-made. Despite these views, being atheist can

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<sup>21</sup> Levritsky, 751.

<sup>22</sup> Pesut, 2804.

still embrace the idea of spirituality in the sense that all human experiences are part of the spiritual. Those that are atheist still have a soul or spirit within that makes up all that they are; the emotions, the feelings, the thoughts, and the interactions one experiences on a daily basis are all spiritual processes. To argue that spirituality does not exist is to argue that the human experience does not exist.

As such, spirituality is an important component to the human experience. While much of health care focuses on the ailments of the body, the other components of the human experience, such as the mind and the spirit, are oftentimes not addressed during medical treatment. Oftentimes, patients will be referred to psychiatric or mental health care should a physician observe any signs of mental illness, but the question remains as to what happens to a person when his or her spirit is not whole or is injured? The spirit is most often forgotten. The spirit cannot be seen or examined; the spirit cannot be interviewed or tested concretely. There does not exist a test given in the exam room that looks for holes or damages in the spirit, and because of that how does one realize the spirit is broken and in need of repair or treatment? Because of this, the treatment of the spirit is a rare, if at all, occurrence. The interest our society has displayed in

Eastern healing and traditions has peaked, causing the influx of health programs encouraging people to utilize yoga, and meditation, and reiki as a way to heal the body and the spirit, but the question remains to how are mental health clinicians and physicians responding? As we are at the beginning years of a new century with new demands, unique stressors, technology, in addition to changing attitudes and perspectives in our society, those new changes bring with them new concerns and needs for adjustments, most especially in the healthcare industry, and ways their mental and health clinicians interact with their patients to address their therapeutic needs. Interventions that believe in the idea of spirituality as being worthy of care, embrace spiritual practices that will allow for its free expression. Non-religious approaches describe spirituality as “deep inner silence, insight, compassion, connection with the ground of being, transcendence of personal self, wonder, transformation, and a concept that sensitizes us to a region of human experience.”<sup>23</sup>

Studies conducted in the field of the spirituality versus religion debate have learned that many people believe religiousness to include both the personal beliefs in God and organizational practices, such as

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<sup>23</sup> Lavretsky, 750.



church attendance, as well as “higher levels of authoritarianism, orthodoxy, parental religious attendance, and self-righteousness.”<sup>24</sup> When taking into account spirituality’s complexity in our discussion as it is attempted to bring to light the multitude of perspectives on spirituality, it can be seen that spirituality is frequently described in experiential terms, “such as faith in God or a higher power, or integrating one’s values and beliefs with behavior in daily life. It is associated with mystical experiences and new age beliefs and practices. Although religiousness and spirituality describe different concepts, they are significantly correlated. Most people consider themselves to be both religious and spiritual. Their self-rated religiousness and spirituality are associated with frequency of prayer, church attendance, religious orthodoxy, and an intrinsic religiosity that uses religion as a guide for everyday decisions.”<sup>25</sup> While some people tend to blend together their ideas of spirituality and religion, it is important to be mindful of their distinct, differing features. Religion is a very complex entity, possessing its own attributes that spirituality does not share. While religion and spirituality are believed to overlap

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<sup>24</sup> Lavretsky, 751.

<sup>25</sup> Lavretsky, 751.

and blend together, one must remember that they are not conceptually the same. More specifically, "religion refers to the external expression of faith that is the inner beliefs or values that relate to God or any higher being. It is composed of beliefs, ethical codes, and worship practices that unite an individual with a moral community. Religion is a type of spiritual experience, which is part of an organized belief system, practices, and knowledge. These experiences are regarded as an expression of spirituality."<sup>26</sup> While spiritual thinking and practices serve as a source of support, it is important to note that religion has its place in providing support and guidance. Through networks of religious communities and the upheld idea that God cares for all, religion remains to be an important source of coping; "first, religion may be an element of coping through one's interpretation (e.g. a tragic situation is part of God's plan). Second, religion may affect coping by shaping the coping process (e.g. religious background may help an individual to fight addiction). Third, religion may be shaped by the coping process (e.g. a near death

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<sup>26</sup> M. Michelle Rowe and Richard Allen, "Spirituality as a Means of Coping with Chronic Illness", *Journal of Health Studies* 19, no. 1 (2004): 63.

experience may help an individual to seek out organized religion)." <sup>27</sup>

Religion, too, has its place in health care.

For treating health care practitioners, it is important to fully understand and recognize the varying definitions and interpretations of spirituality. While the experience of spirituality is unique and while each person has one's own idea of what spirituality is, it is beneficial that practitioners be open to and accepting of varying ideas and beliefs. Patient views should be embraced, and we as clinicians must be open to understanding them and appreciating them. The treatment of a person's spirit can prove to be a valuable tool in improving a patient's medical health care experience, and also one's outcomes.

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<sup>27</sup> Rowe, 63.

## **Chapter II:**

### **Spiritual Development**

We are travelers on a cosmic journey, stardust, swirling and dancing in the eddies and whirlpools of infinity. Life is eternal. We have stopped for a moment to encounter each other, to meet, to love, to share. This is a precious moment. It is a little parenthesis in eternity.

-Paulo Coelho, *The Alchemist*

Since the beginning of time, humans have had an idea of a higher power and these ideas developed into religion and the recognition of the spiritual self. While there is a constant awareness of the spiritual in our existence, there are questions as to where does this awareness comes from and how it develops. Other questions seek to explore the meaning of the spiritual, to define it, to determine if there is some concrete, observable reality of it. "Almost all ancient civilizations had a strong belief in God, soul, and spirituality and well laid-down means and methods through which

spiritual enlightenment could be attained."<sup>28</sup> Additionally, more questions arise as to how do concepts of spirituality differ from person to person and, furthermore, how does spirituality impact people?

Recent studies examining the prevalence of spirituality and religion in modern day society are consistently finding overwhelmingly high percentages demonstrating that despite the hustle and bustle of the times, in which technology has taken precedence, people of our generation are reporting that spirituality and/or religion is important to them and that they are aspects of the self that need to be treated in health care. One study, in particular, found that out of their participants, 93% identified themselves as spiritual, also reporting themselves either high or moderate on religion.<sup>29</sup> With statistics supporting the knowledge that there exists a strong, self-defining presence of "spiritual" beings that also follow the ideas rooted in religious traditions, it is in further support that medical practitioners, and more importantly, mental health clinicians

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<sup>28</sup> Pulkit Sharma, Ruby Charek, and Vibha Sharma, "Contemporary Perspectives On Spirituality and Mental Health", *Indian J Psychol Med* 31, no. 1 (June 2009): 21.

<sup>29</sup> Lavretsky, 752.

be open to working with patients. These high percentages of patients who are openly identifying themselves as spiritual must have clinicians who work with them in such a way that they explore what "spirituality and religion" means to their patients and how they experience it.

Most believers approach the sacred through the personal subjective and experiential path of spirituality, even though they differ on whether they should include organizational or institutional beliefs and practices in their self-identity. It is the responsibility of mental health professionals and general practitioners to understand what spirituality means to each individual in order to provide complete holistic care of the psychological and spiritual needs.<sup>30</sup>

Current trends in society have demonstrated the high importance of spirituality, and while it has been discussed that organized religion has taken a secondary role to the free expression of spirituality, there still exists strong religious followers.

As discussed previously, there exists a wide range of definitions attempting to explain spirituality. The spiritual, as part of the human being, can be viewed as the soul and the spirit of who a person is. "In the holistic perspective of health care, the mind, body, and spirit it are interconnected and interact in a dynamic way in the 'whole

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<sup>30</sup> Lavretsky, 752.

person,' making it difficult and artificial to try to spate these three dimensions. However, health care providers find it useful to distinguish between them for purposes of assessment and treatment."<sup>31</sup> That being said, it is important to look at the human being as a whole that is made up of three parts or dimensions: the psychological, the physical, and the spiritual.

The psychological dimension, or the mind, encompasses a person's self-consciousness and identity, it is from where human interactions and emotions stem.<sup>32</sup> The physical dimension, or the body, is "world conscious," allowing for humans to experience the senses and be experienced by those around them.<sup>33</sup> "The spiritual dimension (spirit) is described as a unifying force within an individual, integrating, and transcending all other dimensions. This dimension is also described as God consciousness, or related to a deity or supreme values. It is concerned with the meaning of life, individual perceptions of faith, and an individual's relationship with the ultimate

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<sup>31</sup> Young & Koopsen, 5.

<sup>32</sup> Young & Koopsen, 5.

<sup>33</sup> Young & Koopsen, 5.

being.”<sup>34</sup> Thinking of a person in this way of the psychological (mind), the physical (the body), and the spiritual (spirit) will help clinicians to see that like the mind and the body that get treated by medical and therapeutic interventions, the spirit must be attended to as well, as it is a vital component of what encompasses a person. “Spiritual health may be considered as the ability to develop our spiritual nature to its fullest potential. This would include our ability to discover and articulate our own basic purpose in life, learn how to experience love, joy, peace, and fulfillment and how to help others and ourselves achieve their full potential.”<sup>35</sup>

To answer the questions of how constructs and the awareness of the spiritual develop, many psychological theorists have developed various theories that serve to explain the stages of spiritual development and examine the constructs of spirituality at different ages throughout the life span, and further examine what purpose it serves for the person. “Spirituality serves several purposes in different stages of life, which is similar to the concept of different needs and conflicts associated with different ages, as stated in Erik

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<sup>34</sup> Young & Koopsen, 5.

<sup>35</sup> Young & Koopsen, 17.



Erikson's eight stages of human development. In addition, James Fowler recognized six stages of faith, and also recognized the fact that individual development may stop at any stage."<sup>36</sup> Fowler's six stages of faith development works through the ages of two to end of life attempts to identify the dynamic process by which human beings find meaning in life and a purpose of their existence;<sup>37</sup> the stages are as follows:

- Stage 0- Undifferentiated Faith (infancy to 3 years) a period during which infants and toddlers acquire the fundamental qualities of faith, trust, mutuality, and love.
- Stage 1- Intuitive-projective faith (3-7) a period during which children are influenced by stories, examples, moods, and actions of visible faith, usually displayed in the home.
- Stage 2- mythic-literal faith- (usually up to 12 years of age, but can extend into adulthood) - a period during which children try to sort out fantasy and fact. They often demand proof of reality and interpret stories literally. They begin to realize that they belong to a community beyond the home.
- Stage 3- synthetic conventional faith- (adolescence but can extend into adulthood) - a period during which the individual reflects on the incongruities of the stories. Individuals conform to the beliefs of those around them because they have not yet learned to view others objectively.

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<sup>36</sup> Lavretsky, 752.

<sup>37</sup> Young & Koopsen, 13-14.

- Stage 4: Individuative-reflective faith (young adults into adulthood) a period during which a self- identity and worldview are differentiated from other's identities and views. Independent lifestyles, beliefs, attitudes form during this stage.
- Stage 5: Conjunctive faith (adults past midlife)- a period in which adults find a new appreciation for their past, value their inner voices, and become aware of deep seated myths and prejudices due to their social background. Individuals who reach this stage do not try to convert someone of another faith. Instead, they embrace persons of other faith traditions and try to glean new understandings from them.
- Stage 6- Universalizing Faith- midlife and beyond- a stage that is infrequently reached...with passion and yet some detachment, individuals at this stage continue to spend themselves in love, devoted to overcoming division, oppression, and violence.<sup>38</sup>

Fowler's stages of faith development break down the lifespan, explaining how faith develops and evolves throughout the course of one's life. "Spirituality is a lifelong developmental task, lasting until death."<sup>39</sup> Fowler recognizes that awareness of one's faith can be halted and stuck at a certain stage, and can even skip a stage. While there exists other theories of faith development, Fowler's stages remain the most known and discussed in the discipline of psychology.

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<sup>38</sup>Young & Koopsen, 13-14.

<sup>39</sup> Levritsky, 752.

The spiritual, as part of the human dimensions, can often times become “ill,” like the mental and the physical. Spiritual distress, or spiritual issues “are core life issues that cannot be quantified and often have clear answers or explanations.”<sup>40</sup> Spiritual issues, oftentimes, can be identified in the following categories: mystery, suffering, forgiveness, grace, hope, and love. These words may appear to be just that and not considered to be spiritual in nature, but when these words are described, one can see the spiritual tone permeating throughout. Caroline Young and Cyndie Koopsen, describe these spiritual issues as follows:

- Mystery- that which cannot be understood or explained
- Suffering- why mind, body, and spiritual pain are present and what they mean
- Forgiveness- the choice to release one’s self or another from judgment because of a perceived wound
- Grace- an understanding of the gifts of life that are often attributed to providence
- Hope- desire accompanied by expectation or fulfillment
- Love- an acknowledged mystery that is experiment and expressed in caring acts, both given and received.<sup>41</sup>

These spiritual issues are those with which, when faced with a medical dilemma or problem, individuals may need help. To take

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<sup>40</sup> Young & Koopsen, 8.

<sup>41</sup> Young & Koopsen, 8.

these spiritual issues and apply them to what would be a medical problem would be quite easy. Mystery, as a spiritual issue, is when something occurs that cannot be understood or easily explained; when faced with a medical issues, oftentimes, individuals may ask themselves where this medical issue came from and what is its meaning, or even why God put this challenge before them. Suffering, as a spiritual issue, involves the pain that one experiences throughout one's illness. Forgiveness, as a spiritual issue, involves when a person with a medical issue releases blame from oneself or anyone else whom may have believed to be the cause of their medical issue. This can even be forgiveness of a higher power for allowing a medical illness to prevail. Grace, a spiritual issue in which a person attempts to understand the gift of life, may cause one to learn how to deal with the medical issues in a graceful manner. Hope is one in which individuals may express hope for healing, or hope that his or hers difficulties may end. Finally, love, as a spiritual issue, is the continued expression of love despite whatever challenges may prevail and can even be the love of the self and those that are surrounding the person in a caring and loving way. "As human beings we are made for meaning, and in the presence of meaninglessness

our psyches cry out, begging us to formulate an explanation that will place events in a meaningful perspective."<sup>42</sup> Meaning is important in spiritual and religious thought and discussion, most especially when individuals are going through difficult times. Facing a medical diagnosis or illness can be a difficult and challenging experience whether it be a simple 24-hour stomach flu or a chronic, life-threatening illness. In the midst of experiencing the complications of an illness many wonder and ask themselves "why?" They attempt to determine the meaning behind their suffering and hope to get well soon and put their suffering behind them. Hope, as a spiritual experience, is one which builds up our spirit. "Hope is a multidimensional dynamic attribute of an individual that concerns dimensions of possibility and confidence in future outcomes. Hope can address secular matters, such as future plans and relationship, or religious matters of ultimate destiny. Hope is an aspect of spiritual wellbeing."<sup>43</sup>

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<sup>42</sup> Siroj Sorajjakool, Henry Lamberton, and editors, *Spirituality, Health, and Wholeness: an Introductory Guide for Health Care Professionals* (New York: Routledge, 2004), 1.

<sup>43</sup> Harold Koenig, Dana King, and Verna B. Carson, *Handbook of Religion and Health*, 2 ed. (Oxford: Oxford University Press, USA, 2012), 23.

When examining the facets of spiritual issues, much of the terms used to explain the types of spiritual issues are spiritually driven as well. One's spiritual self and spirituality is the basis for how people live their daily lives and cope with the various stressors that may be a part of that. "For better or worse, spirituality is often embedded in the process of coping with major life stressors, such as a diagnosis of cancer. Studies have shown that spirituality is among the most common resources people rely upon when they are faced with traumas."<sup>44</sup> Spiritual resources as a place where one can find solace and the ability to cope with life stressors, particularly medical stressors, works hand in hand with the healing process, as the healing process is spiritual in itself. "Healing is a spiritual process that attends to the wholeness of an individual... it is important to understand the differences between healing and curing. Curing is physical, alleviating the sign and symptoms of disease at the anatomical level. Healing, in contrast, is spiritual, intangible, and experiential, involving an integration of mind, body, and spirit."<sup>45</sup>

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<sup>44</sup> Sorajakool & Lamberton, 50.

<sup>45</sup> Young & Koopsen, 13

## **Part II**

### **Perceptions of Spirituality in Health Care:**

#### **A Closer Look at the Need of Spiritual Care**

Health care is about being there with people in their finitude and doubt, in their pain and uncertainty, respecting each one and saying that one cares, and showing by one's deeds that one really does care in all the ways that one can. Such caring does not mean acting in a way that promotes the best results possible. But the results ultimately are really someone else's business.

-Donald Sulmasy, *The Healer's Calling*

## **Chapter III**

### **Treating the Spirit:**

#### **The Pertinent Need in Health Care**

He gives strength to the weary and increases the power of the weak. Even youths grow tired and weary, and young men stumble and fall; but those who hope in the Lord will renew their strength. They will soar on wings like an eagle; they will run and not grow weary, they will walk and not faint.

-Isaiah 40:28-31, *Holy Bible*

When thinking of the mind-body-spirit connection, it is easy to separate and to see that the mind gets treated by psychological interventions and the body gets treated by medical avenues, but how does the spirit get treated? To treat a patient holistically requires that clinicians also treat the spirit to ensure overall healing and wellbeing. While there has been an increasing amount of research and studies which have determined to define spirituality and to shed light on the fact that spiritual care can improve patient outcomes and perceptions



of well-being in patients with medical issues, more and more patients are demanding that their spiritual needs be met by their health care providers, be it medical doctors or mental health clinicians. Medical doctors, despite recognizing the importance of spirituality on a person's well being, may find it more appropriate to refer their patients to the care of mental health clinicians who could better devote their visits with patients to focus on the spiritual component of the person, since at times, the nature of the mind may go hand in hand with the spirit. "Spirituality and the field of mental health have one common major goal, i.e. to alleviate emotional suffering, to liberate and blossom the self. A major goal of mankind since ages has been to seek liberation from suffering, both physical and mental."<sup>46</sup>

Medical care focuses on the biology of the human body and the various ailments that may infect, plague, infest, and spread throughout it and includes how physicians respond to these ailments, how they can treat the body and cure it by utilizing various medical interventions, be it medically or surgically. In medical and mental health care, religion and spirituality have been a major part of the

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<sup>46</sup> Sharma, 17.

healing process and the basis of a solid ethical and moral code to practice beneficence, among other virtues, for those that seek healing and care. "Religion and spirituality have been connected to medicine for centuries. Hospitals and universities originally were based on religious tenants and grounded by religious temples or societies. Nevertheless, in the early part of the 20<sup>th</sup> century, there was a separation between religion, spirituality, and medicine as the emphasis of medicine shifted to a more scientific focus."<sup>47</sup> Despite the shift in focus from spiritual to scientific, medicine and psychological care have taken a renewed interest in the spiritual and have, in a way, merged the two, recognizing that spirituality has its place in science. In fact, "according to large patient surveys, over 75% of individuals who seek medical care for any reason feel that their religious or spiritual beliefs are directly related to their health concerns."<sup>48</sup> Patients, themselves, are stressing the importance of merging the spiritual with the science of medicine and it is time that healthcare listen and adapt. Other evidence also reports the need for

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<sup>47</sup> Giancarlo Lucchetti, Alessandra Lanas Granero Lucchetti, and Christina M. Puchalski, "Spirituality in Medical Education: Global Reality?", *J Relig Health* 51 (2012): 3-19.

<sup>48</sup> James Lake, "Spirituality and Religion in Mental Health: A Concise Review of the Evidence", *Psychiatry Times* (March 2012): 35.

humanity to be restored to healthcare. "Patients want to be seen and treated as whole people, not as disease states. Being a whole person implies having physical, emotional, social, and spiritual dimensions. Ignoring any of these aspects can interfere with healing. In healthcare systems, many patients want their physicians to integrate religion; over 75% want their physicians to include spiritual issues in their care."<sup>49</sup> The demand for spiritual care is clearly there.

Without any medical or health care issues, spirituality has been associated with many life-enriching benefits. "People engaging in spiritual pursuits report being generally happy, cheerful, at peace most of the time, rarely depressed, have excellent physical health, and are satisfied with the meaning and purpose they find in their lives."<sup>50</sup> Healthy spiritual domains have been associated with affirming healthy relationships, strengthening trust in humankind, fostering self awareness and morality, enhancing concern for humankind, improving enjoyment of life through the recognition of life's beauty, providing a concept of discipline and self control, facilitating cognitive, emotional, and behavioral framework and

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<sup>49</sup> Lavretsky, 749.

<sup>50</sup> Sharma, 19.

integration, providing a basis for intellectual and existential thought, providing a sense of identity, purpose, and meaning of life, helping a person to experience the emotions of love, hope, and peace, and allowing for the process of forgiveness and restoration.<sup>51</sup> Additionally, through the importance of spiritual belief, the idea and support of community is suggested. "People who are more spiritual and religiously committed have lifestyles that lead to reduced mortality. They are less likely than others to use tobacco, abuse alcohol and drugs, engage in premarital sex, or become divorced. They are more likely to belong to supportive social networks, and to experience serenity and peace with themselves, other people, and God."<sup>52</sup> Also, spirituality "moderates positive relationships with various measures of life satisfaction, psychosocial well-being, both psychical and mental health, and is helpful in the quest for meaning and purpose in life."<sup>53</sup> Spirituality is, in essence, all that a human is, and is all that a human experiences. To not address the spirit would be to ignore the person, focusing only on what is physically perceived.

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<sup>51</sup> Allan M. Josephson and John R. Peteet, eds, *Handbook of Spirituality and Worldview in Clinical Practice* (Washington, DC: Amer Psychiatric Pub, 2004), 36.

<sup>52</sup> Lavretsky, 752.

<sup>53</sup> Lavretsky, 749.

Spirituality having its place in science has been supported by ample research and personal accounts dictating that utilizing spiritual interventions and practices as a part of holistic healing has in fact improved patient medical care experiences and outcomes.

Additionally, spiritual beliefs have also influenced patients in making critical medical decisions and because of that, clinicians must assist patients in exploring what those beliefs mean to them as they make important decisions and cope with the stressors of medical ailments.

"Many patients are religious, have religious beliefs and traditions related to health, and have health problems that often give rise to spiritual needs. Religious beliefs will frequently influence the kind of health care patients wish to receive. Those beliefs affect how patients cope with illness and derive meaning and purpose when feeling bad physically or unable to do the things they used to do that give them joy and pleasure."<sup>54</sup> Beliefs in a spiritual system are beneficial to patients, as it has been purported that the support of these beliefs helps to provide a safe support system which will provide the patient with hope. "Such beliefs help patients maintain hope and motivation

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<sup>54</sup> Koenig, King, & Carson, 23.

toward self-care in the midst of overwhelming circumstances.”<sup>55</sup>

Adding to the need of addressing spiritual concerns in healthcare, for example, is patients that are hospitalized and isolated from their spiritual communities. “Patients, particularly when hospitalized, may be isolated from their religious communities, and, because spiritual needs often come up during this time, healthcare providers must recognize and address those needs.”<sup>56</sup> Patients who derive a strong sense of support and identity from the spiritual will benefit from physicians and clinicians who raise the subject of spirituality in their care. “Religious beliefs can also influence medical decisions, conflict with medical treatments, and influence patient’s compliance with treatments prescribed. The patient’s involvement in a religious community can affect the support and monitoring he or she receives after discharge.”<sup>57</sup> Another important part of spiritual practices is that of prayer. Oftentimes, certain individual’s preferences result in the need for prayer: “Need for mental health clinicians to consider assessing for levels of spirituality and/or religious commitment in the screening process in order to identify those clients who may have a

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<sup>55</sup> Koenig, King, & Carson, 23.

<sup>56</sup> Koenig, King, & Carson, 23.

<sup>57</sup> Koenig, King, & Carson, 23.

preference for explicit or implicit prayer interventions in their counseling session. Once these individuals have been identified, mental health clinicians may also consider openly communicating to these clients that prayer could be included in their work together.”<sup>58</sup> By providing a safe, open, and respectful place for which patients can practice their spirituality and have their spiritual needs attended to will strengthen not only the therapeutic relationship, but also patient experience of healthcare.

Addressing spiritual needs in patient care has a long list of benefits, both non-observable as those mentioned above, and the observable. In fact, patients are aware of their benefits and are actively requesting that their spiritual needs be attended to. Observable medical benefits of spirituality are those that demonstrate improved management of symptoms and overall health. “Spirituality helps depressive patients figure out a meaning or a purpose in their life, which they had lost due to their illness. The resurrection of meaning and purpose brings back the hope and vigor to face the

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<sup>58</sup>Roswitha Saenz and Michael Waldo, “Clients' Preferences Regarding Prayer During Counseling”, *Psychology of Religion and Spirituality* (August 2013): 9.

difficulties of life.”<sup>59</sup> Spirituality is conducive to enhanced health effects and alleviation of anxiety and depressive disorders, as well as being linked to an increase in longevity.<sup>60</sup>

In addition, quantitative and qualitative research have found that spirituality assists those with severe medical diagnoses to better cope with their illness, offering them a source of hope and stability during a time which can certainly be both daunting and challenging. This has been particularly true for patients experiencing chronic, life threatening illness, or even lifelong disabilities.<sup>61</sup> These findings have been observed in palliative care, cancer care, treating disabilities, and treating depression. “Even those who critique the research on spirituality and health admit that spiritual care and religion can be a great coping mechanism for dealing with challenging health conditions.”<sup>62</sup> Patients dealing with these challenging life conditions are oftentimes the type of patient that benefits the most from

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<sup>59</sup> Sharma, 19.

<sup>60</sup> Farr A. Curlin et al., “Religion, Spirituality, and Medicine: Psychiatrist's and Other Physicians' Differing Observations, Interpretations, and Clinical Approaches”, *The American Journal of Psychiatry* 164, no. 12 (December 2007): 1825.

<sup>61</sup> Augustine Meier, Thomas St. James O'Connor, and Peter L. VanKatwyk, eds., *Spirituality and Health: Multidisciplinary Explorations* (Canada: Wilfrid Laurier University Press, 2005), 17.

<sup>62</sup> Meir et al., 17.



spiritual care interventions. For example, cancer patients are stricken with very difficult physical, emotional, and spiritual difficulties.

"While pain and physical symptoms are indeed distressing to cancer patients with advanced disease, the fact remains that symptoms relating to psychological distress and existential concerns are even more prevalent than pain and other physical symptoms. Integrating spirituality and issues of meaning and faith into the supportive care of cancer patients with advanced disease is now an essential component of optimal supportive care."<sup>63</sup> Research surrounding the benefits of spiritual care in hospice patients had learned that hospice patients experienced spirituality in a truly unique way. "Among hospice patients, spirituality was a healing force when it was expressed at the discovery of the true self, through caring relationships, in giving thanks, and by embracing grace. Higher levels of spirituality were associated with lower levels of anxiety, as well as lower risks of suicide."<sup>64</sup> It is important to recognize that those dealing with difficult

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<sup>63</sup> Breitbart, 1.

<sup>64</sup> O'Reilly, 47.

medical diagnosis and chronic, life-threatening illnesses are vulnerable to many psychological stressors.

Patients with chronic illness often face an array of difficulties and stressors, such as pain, feeling of uncertainty, and changes in body image, because these illnesses cannot be cured, only managed. These kinds of stressors can lead to changes in wellbeing, to spiritual distress, and to the struggle with existential questions. Often these individuals search for relevant meaning and purpose in life, which may, in turn, bring out unresolved conflicts with other people and regret about certain life choices. The inability to resolve such conflicts may then lead to great psychological distress, such as depression and anxiety.<sup>65</sup>

Mental health clinicians must be aware of these vulnerabilities and be prepared to help their patients on this spiritual journey in which they face these spiritual challenges.

Support groups that are created to join individuals who are experiencing some of the same stressors and difficulties of health have been known to also be beneficial to patients, most especially when there exists a common spiritual theme in the group. "Support groups built around shared spiritual themes have beneficial effects on

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<sup>65</sup> M. Michelle Rowe & Richard G. Allen, "Spirituality as a Means of Coping with Chronic Illness", *Journal of Health Studies* 19, no. 1 (2004): 62.

self esteem, quality of life, and community involvement... Religious beliefs and practices are an important source of encouragement, social support, and insights into individuals who suffer from chronic illness.”<sup>66</sup> Not only would it be beneficial to address spirituality during the counseling session when one is coping with a medical ailment, but it would also be beneficial to implement group therapy as an additional support system aiding the therapeutic process.

Since integrating spiritually therapeutic interventions as a component of healthcare, meant to enhance the healing experience, as well as address the spiritual within the person, has been in demand, it is becoming more acceptable in healthcare. “Although many patients consider religion and spirituality to be important in their healthcare, it is rarely used in the healing process. There has been a surge in the popularity of spiritual activities, such as yoga or meditation to improve and maintain health. Religious beliefs may help patients cope and provide them with meaning to their diseases. In addition, along with encouraging a healthy lifestyle, religious groups may promote access to better healthcare and sponsor

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<sup>66</sup> James Lake, “Spirituality and Religion in Mental Health: A Concise Review of the Evidence”, *Psychiatric Times* (March 2012): 36.

preventative programs."<sup>67</sup> This increase in popularity and the fact that patients are readily reporting that their spiritual needs are important in their care, as well as reporting the benefits of it in terms of the quality of care and the quality of life, are all key factors that are contributing to the changes made in medical and mental health care. Additionally, research has further supported and shed light on the benefits of addressing spiritual needs, as well as on its discussion of the many different aspects and interpretations of spirituality.

"Research into spirituality is appropriate to the extent that it instills a greater sense of awe by consciously celebrating plurality and contradiction that points beyond itself to the reality of a transcendent mystery. For a practitioner of spiritual care, the goal is to develop ways to honor, accept, and celebrate the mystery as it is pointed to through the diversity of created life, including human experiences and expressions of the spiritual."<sup>68</sup> By implementing spiritual interventions that honor, accept, and celebrate one's spirituality,

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<sup>67</sup> Lavretsky, 753.

<sup>68</sup> Sabine Moritz, "A Spirituality Teaching Program for Depression: Qualitative Findings On Cognitive and Emotional Change", *Complementary Therapies in Medicine* 19 (2011): 201-7.

clinicians are able to honor and respect their patients as they attend to their spiritual self.

It is important that mental health clinicians who are working to address patients spiritual needs work to present themselves in an open and accepting light, offering their patients a safe arena by which they are able to freely express themselves. Stereotypes have marked mental health clinicians as being unwilling to discuss spiritual matters with patients. This is not true, as much of what occurs in the counseling dynamic is spiritual in nature. "Because psychotherapists have traditionally not been willing to address spiritual issues in therapy, clients may not wish, or may not believe it is appropriate to discuss such issues in therapy."<sup>69</sup> Patients that perceive their mental health clinicians to be not open and disinterested in discussing spiritual issues and addressing the spirit may be more inclined to not divulge private information. "Research suggests that potential clients have concerns about how therapists may respond to their spiritual beliefs, and these concerns may have an impact on clients willingness to discuss spiritual issues and their beliefs about how appropriate the

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<sup>69</sup> Elizabeth Rose, "Spiritual Issues in Counseling: Clients' Beliefs and Preferences", *Psychology of Religion and Spirituality* 48, no. 1 (2001): 18.

counseling setting is for such discussion."<sup>70</sup> Patients prefer that their clinicians display a sense of humanity in their work and treat them for who they are as a person, rather than a disease or a diagnosis.

Patients seeking care from a clinician want to feel that they are supported and have their emotions and feelings validated.

"Regardless of religiosity, patients prefer counselors (mental health clinicians) to support rather than challenge clients' religious beliefs, believe a supportive counselor is more effective, and are more willing to return to such a counselor or even one who ignores client's beliefs rather than return to a challenging counselor."<sup>71</sup> Mental health clinicians must also be aware that individuals looking to discuss spiritual concerns "are searching for a sense of healing and spiritual direction from sources outside religious traditions...these individuals seek healing not simply for physical or emotional pain, but also for a sense of wholeness and wellness. They are also seeking spiritual direction that can bring meaning, purpose, and a sense of inner fulfillment to their lives."<sup>72</sup>

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<sup>70</sup> Rose, 19.

<sup>71</sup> Rose, 19.

It is also important to note that while spiritual care is important and there is a pertinent need for it to be addressed in health care, mental health clinicians must be cautious and take great care not to force their patients into spiritual or religious dialogue should patients state that they prefer not to discuss it, or if they report not having any spiritual or religious beliefs. There are instances in which patients may feel that they have no spiritual needs and express a great disinterest in being involved in any spiritual discussion or practices. Mental health clinicians may find that some patients are self-described atheists, who may not be open to spiritual discussions. "Atheism is a disbelief or denial of the extended of God or gods. Although, integrative medicine proposes that spirituality is a component to optimal health, this is simply a belief amongst beliefs. To discuss or recommend spirituality to atheists is not respectful to their personal dignity or their healing."<sup>73</sup>

As mental health clinicians, it is important to respect patients and recognize their autonomy and not serve as a barrier to their self-

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<sup>72</sup> Len Sperry, *Spirituality in Clinical Practice: Theory and Practice of Spiritually Oriented Psychotherapy*, 2 ed. (Ann Arbor Michigan: Routledge, 2011), 5.

<sup>73</sup> Williams-Orlando, 35.

determination. "Self-determination purports that individuals are able to make their own decisions and have their own beliefs."<sup>74</sup> Therefore, if patients express that they do not want their spirituality or religiosity to be addressed, it is the mental health clinician's responsibility to respect that and not push clients to have these discussions.

In providing care to the mind, body, and spirit, patients are able to receive treatment for the entire human self. Holistic healing encompasses these three dimensions and to ensure that each dimension has been cared for, health practitioners and mental health clinicians must work diligently to provide care that integrates the three. For those that cannot provide the care, they must be prepared to refer their patients to a competent clinician who can assist in addressing the spirit. Addressing the spirit and discussing spiritual concerns have been an embraced concept for patients who have reported the need for spiritual care in conjunction with medical care. By addressing the spiritual dimension in patients experiencing medical crises, mental health clinicians are able to improve the

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<sup>74</sup> Williams-Orlando, 35.



healthcare experiences, and furthermore, enhance quality of life while enriching and nourishing the spirit of patients.

## **Chapter IV**

### **Physicians and Mental Health Clinicians:**

#### **Perspectives on Spirituality and Need for Competency**

Historically, the art of healing itself was a spiritual venture on its own. The relationship between physician/clinician with the patient was and is one that is intimate, in which the patient is at one of his or her most vulnerable moments in need of being treated by a stranger. It involves, on the treating provider's part, a sense of empathy and sympathy and an involved air in which it is recognized that there is something deep occurring. While the act of healing is spiritual, each party of the experience carries with them their own religious views and ideas of what spirituality is, as well as considerations of how important it is to them. While patients have certainly voiced needs for their spirituality to be addressed in their care, physicians and mental health clinicians have also been having important discussions

pertaining to the importance of spirituality in health care and its benefits.

Medical practitioners often discuss the miracles of healthcare and have reported their beliefs that spirituality and its use in health care have allowed for greater experiences for their patients, witnessing improved outcomes and the relief of many ailments. While this is so, physicians have reported that there simply is not enough time for them to address the spiritual after treating the physical. "Many medical practitioners would agree that there is a link between spiritual and religious beliefs and health status. They know that religiosity can energize health behaviors and that spirituality can be a wellspring of strength....At the same time, most physicians have concerns about how extensive their roles should be in their patients' spiritual lives."<sup>75</sup> Saddled with burnout and demanding schedules, physicians already have sometimes burdening obligations. Some physicians believe that it is misguided to expect them to address spiritual concerns and that their competencies do not allow them to adequately address religious and spiritual conditions; furthermore, it

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<sup>75</sup> Helen Meldrum, "Spirituality in Medical Practice: How Humanitarian Physicians Draw Their Boundaries with Patients", *Integrative Medicine* 10, no. 3 (June/July 2011): 26-30.

is believed that it is preposterous to think that overworked physicians can extend their obligatory routine to also include conducting spiritual assessments and implementing spiritual interventions.<sup>76</sup> In addition to that, physicians may not feel competent to adequately address spirituality in healthcare. Lack of training in medical school regarding spirituality and in continuing education has been blamed for the barriers physicians experience in recognizing spiritual cues, assessing spirituality, and providing interventions to address spiritual needs.<sup>77</sup> Not being able to recognize and address spiritual concerns inhibits the physician from treating the patient holistically. "According to surveyed physicians, lack of time, inadequate training and discomfort in addressing the topics are responsible for the discrepancy. Overcoming these barriers toward proper assessment, and understanding and respecting an individual's spirituality can help shape personalized medical care for adults and improve health outcomes."<sup>78</sup>

In contrast to this idea, are those that advocate spiritual dialogue between the patient and the physician. It is believed that

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<sup>76</sup> Meldrum, 26.

<sup>77</sup> O'Reilly, 51.

<sup>78</sup> Lavretsky, 749.

"the discussion of spirituality is vital to holistic patient care and is relevant to the patient's medical decision making."<sup>79</sup> Additionally, "the guidelines of the joint commission on accreditation of healthcare organizations require hospitals to meet the spiritual needs of patients. The DSM-IV recognizes spirituality and religion as relevant sources of either emotional distress or support." Governing and accrediting organizations are taking a great interest in how spirituality fits into care and are working to ensure that it gets incorporated into health care. Greater strides are being made specifically in the training programs that exist for medical doctors, which now incorporate spirituality and religion as a form of cultural awareness. This training for physicians and mental health clinicians addresses these needs and begs the question of cultural competence. Cultural competence is the "ability to interact effectively with people who have diverse beliefs. Cultural competency is significant due to the centrality of the patient-clinician relationship in healing and the diversity of spiritual and religious beliefs."<sup>80</sup> To be culturally competent requires that the mental health clinician, as well as the

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<sup>79</sup> Meldrum, 28.

<sup>80</sup> Williams-Orlando, 34.

medical practitioner, is aware first of their own beliefs, and in continuation of that, awareness of the beliefs of others, and the capability of respecting and being open to the beliefs of others.

"Cultural competency is essential because patients are unlikely to fully disclose aspects of their lives if they perceive that their mental health clinician is biased, prejudiced, or uneducated in their religion or spirituality."<sup>81</sup> When clinicians acknowledge their patients' beliefs and demonstrate that they are open to exploring what their patients' spirituality consists of, patients are more open to working with the mental health clinician and succeed in treatment plans created in partnership with their mental health clinician. Mental health clinicians are required to be culturally competent, respectful, and accepting of their patients, which in turn will allow for better dialogue and outcomes with their patients. "A growing number of medical schools are offering courses in spirituality in medicine. Some programs focus on spirituality and medicine, while other courses included additional components on cultural competency and end of life care. Most curricula used several educational methods, such as lectures, small

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<sup>81</sup> Williams-Orlando, 34.

group discussions, standardized patient interviews and readings.”<sup>82</sup>

As much as 90% of medical schools are now offering an extensive range of courses and lectures on various aspects of spirituality and health.<sup>83</sup> To further enhance the quality of spiritual competencies, it has been recommended that training continue past the four years of medical school and into residency programs. To continue spiritual competencies into residency will allow physicians to learn how spiritually mingles in with other disciplines in health care; this integration “from basic to more sophisticated and specialty relevant material, extending into residency years with interdisciplinary course that include nursing, social work, allied health, and clinical pastoral education programs, with faculty representation from theology, chaplaincy and humanities,”<sup>84</sup> will further enhance the physician’s knowledge of spirituality, as well as prepare them to address such concerns in treating patients. Education and learning from experiences can allow practitioners to explore their “own spiritual experiences to support a transpersonal understanding of the world

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<sup>82</sup> Lavretsky, 758.

<sup>83</sup> Lake, 36.

<sup>84</sup> Lavretsky, 748.

and how individuals influence the human experience. Being grounded in one's own values, attitudes, and beliefs also helps avoid undue influence on client's spiritual experience."<sup>85</sup> It is vital that practitioners and clinicians become self-aware and neutral in attempting to address spiritual concerns with patients.

While medical organizations are increasingly discussing the importance of spiritual care in the medical world, and while doctors have certainly come to accept its beneficial role and have been recommended to take into consideration the religious and spiritual histories of their patients to provide this type of care,<sup>86</sup> and to also be able to perform various interventions to meet these goals, most physicians are still not addressing the spiritual facets of their patients. "Most physicians recognize the importance and values of patients' spiritual beliefs in the health of those patients and feel that they need to know about these beliefs. However, when asked specifically about what they are doing and what is appropriate to do, few physicians actively assess or address spiritual issues or are open

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<sup>85</sup> O'Reilly, 51.

<sup>86</sup> Lavretsky, 754.



to doing more in this area."<sup>87</sup> This can be a result of the demanding schedules and obligations they have on a daily basis.

Because of the reports of physician burnout and lack of time being dominant themes that prevent physicians from addressing spirituality with their patients, physicians should be prepared to, at minimum, recognize the spiritual need in their patients and refer them to a mental health clinician who could better address spirituality and explore, within the counseling dynamic, what spirituality means to the patient and how it impacts them in coping with a medical illness or stressor. To meet with a mental health clinician who could provide a safe, respectful environment from which to have these discussions, would be beneficial to the client in that they would have an open and private forum to process difficulties and heal their spirit. Mental health clinicians, with their background in psychology and their training in counseling and therapy, have recognized the importance of spirituality in their work with patients. The American Psychiatric Association (APA) guidelines state that in working with patients,

important cultural and religious influences on the patient's life be collected as part of the initial evaluation of the psychiatric

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<sup>87</sup> Koenig, King, & Carson, 27.

patient; evaluation ought to be performed in a manner that is sensitive to the patient's individuality, identifying issues of development, culture, ethnicity, gender, sexual orientation, familial, genetic patterns, religious/spiritual beliefs, social class, and physical and social environment influencing the patient's symptoms and behavior and assessment must include information specific to the individual patient that goes beyond what is conveyed by the diagnosis.<sup>88</sup>

Because of guidelines such as these that point out spirituality and religion as being important in regards to a patient's individuality, mental health clinicians are more likely to address spiritual concerns than physicians, and to also recognize its appropriateness in working with a patient.<sup>89</sup> Additionally, "many psychotherapists are of the opinion that psychotherapy by itself is a spiritual enterprise as it provides insight that human beings are interdependent and need each other."<sup>90</sup> This thinking truly embraces the idea of addressing and treating the spirit during care. Further "evidence suggests that patient outcomes improve when psychiatrists integrate therapy with patient's religious beliefs. Psychiatrists views toward religion/spirituality likely shape the ways in which they respond to

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<sup>88</sup> Harold G. Koenig, *Medicine, Religion, and Health: Where Science and Spirituality Meet* (West Conshohocken, PA: Templeton Press, 2008), 323-324.

<sup>89</sup> Curlin et al. 1829.

<sup>90</sup> Pulkit Sharma, Ruby Charek, and Vibha Sharma, "Contemporary Perspectives On Spirituality and Mental Health", *Indian J Psychol Med* 31, no. 1 (June 2009): 21.

patients who bring religious or spiritual matters to the clinical encounter and may affect the types of care patients receive.”<sup>91</sup>

To inform and further solidify the safety and openness that the mental health visit facilitates, informed consents should list and detail the patient’s rights in utilizing services. “Every patient’s bill of rights should include a statement that the patient has a right to practice his or spirituality and religion in a respectful and supportive clinical environment.”<sup>92</sup> Also, mental health clinicians must be cautious not to infringe upon these rights and allow their patients to express themselves without having the mental health clinician infringe their values upon them. “Healthcare professionals with religious beliefs should not force religion on patients, but they should respond to the religious patient seeking some acknowledgement of his or her spirituality and religiousness and not have to worry about losing licensure for allowing a moment of silence or prayer.”<sup>93</sup> To force one’s beliefs onto the patient and engage in spiritual debate would be considered inappropriate and disrespectful to the patient and be considered unethical practice. To allow the patient to express the

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<sup>91</sup> Curlin et al., 1825-26.

<sup>92</sup> Koenig, King, & Carson, 21.

<sup>93</sup> Koenig, King, & Carson, 21.

importance of their spirituality and religion, in contrast, would be acceptable and ethical. "Whereas it would be ethical for a clinician to accept an invitation from a patient to pray for or with them, it would be unethical to suggest prayer to or coerce prayer upon a patient. It would be unethical for the clinician to pray aloud over a patient of his or her own accord, or of course, to proselytize to a patient."<sup>94</sup>

Additionally, while mental health clinicians may feel comfortable enough to share their spiritual beliefs, how the mental health clinicians respond could affect the relationship as well. For example, "To decline a patient's request for prayer risks damaging trust in the healing relationship and inducing feelings of abandonment, dismissal, or unworthiness in the patient."<sup>95</sup>

Overall, both mental health clinicians and physicians recognize the importance of spirituality and religion in healthcare and the benefits of addressing these parts of the human experience in health care. What differs mostly is the action taken by each medical practitioner and mental health clinician, and how they respond to the spiritual needs of their patients. "The majority of physicians believe

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<sup>94</sup> Williams-Orlando, 38.

<sup>95</sup> Williams-Orlando, 38.

that religious involvement and spirituality often help patients cope with illness and give patients a hopeful state of mind. Most psychiatrists believe that religious involvement and spirituality have positive influences on health. This is consistent with the findings that psychiatrists are more likely to encounter religious or spiritual issues in the context of patient care and are more comfortable addressing these issues when they arise in clinical encounters."<sup>96</sup>

With its marked importance, religion and spirituality will impact the lives of clients who undergo counseling. Their treatment will be further enhanced and beneficial. Because of the positive impact addressing spiritual concerns within the counseling dynamic, mental health clinicians must be open to incorporating spiritual interventions. For mental health clinicians, it is imperative that they become knowledgeable of the culture and dynamics that surround spirituality and religion. With the wide array of cultures, ethnicities, and heritages comes with it a wide array of religious backgrounds and affiliations, as well as different perceptions and beliefs about spirituality. Mental health clinicians undergo multicultural training, yet it is rare that mental health clinicians experience an in-depth

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<sup>96</sup> Lake, 35.

education on spirituality and religion. "Training and continuing education programs can help mental health clinicians learn to (a) navigate potential pitfalls that can occur when religion or spirituality are brought up in session; (b) use the interactions that emerge to highlight typical relationship patterns; and (c) steer conversations in a therapeutic direction."<sup>97</sup> It is important to recognize that one's own religiousness and connectedness to one's spirituality does not make one knowledgeable and competent to work with the dynamic culture of spirituality and religion. To ensure the adherence to ethical guidelines, it is recommended that "sufficient competence in spiritual and religious issues in psychology should resemble competence in other areas of expertise; a sufficiently broad and detailed combination of course work, supervised experience, continuing education, professional reading, consultation, and other standard training vehicles that together are satisfactory to licensing boards and ethics committees."<sup>98</sup> In addition, mental health clinicians must be

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<sup>97</sup> Marilyn A. Cornish, Nathaniel G. Wade, and Brian C. Post, "Attending to religion and spirituality in group counseling: Mental health clinicians' perceptions and practices.", *Group Dynamics: Theory, Research, and Practice* 16, no. 2 (2012): 122-37, <http://dx.doi.org/10.1037/a0026663>.

<sup>98</sup> J. Gonsiorek, "Ethical Challenges Incorporating Spirituality and Religion Into Psychotherapy", *Professional Psychology: Research and Practice* 40, no. 4 (2004): 385.

aware of their own biases and prejudices and consistently act in such a way that they avoid passing judgments and making assumptions that could prove harmful within a therapeutic relationship.

For mental health clinicians attempting to look within themselves to determine their level of comfort and competence in addressing spiritual matters, it is suggested that they complete a short self evaluation in which they ask themselves the following questions: "1) Do I have the ability to create a spiritually safe and affirming therapeutic environment for my clients? 2) Do I have the ability to conduct an effective religious and spiritual assessment of my clients? 3) Do I have the ability to use or encourage religious and spiritual interventions, if indicated, in order to help clients access the resources of their faith and spirituality during treatment and recovery? And 4) Do I have the ability to effectively consult and collaborate with, and when needed, refer to clergy and other pastoral professionals?"<sup>99</sup> These self-evaluation questions are minimal at best, yet they allow mental health clinicians to introspect and reflect

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<sup>99</sup> P. Scott Richards and Allen E. Bergin, *A Spiritual Strategy for Counseling and Psychotherapy*, 2nd ed. (Washington, DC: American Psychological Association (APA), 2005).

on their capabilities and level of comfort, as clinicians addressing spiritual needs.

An important resource is mentioned in the fourth question, which reminds mental health clinicians that they are able to consult with pastoral professionals to assist them in working with clients. By consulting with pastoral professionals, mental health clinicians can build a stronger rapport with clients, and furthermore garner exposure and deeper understanding of the religion of the pastoral professional. In addition, "clergy and other pastoral professionals can often be of great assistance in helping clients more fully access the social and spiritual resources of their religious beliefs and community during treatment...Collaborative relationships with pastoral professionals can help psychologists to keep their role boundaries clear so that they do not engage in ecclesiastical functions that are more appropriately performed by clergy or other pastoral professionals."<sup>100</sup> Mental health clinicians must always remember that should they not feel competent enough to deal with certain components within the counseling relationship with their client, it is their responsibility to either refer out or consult with other

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<sup>100</sup> Richards & Bergin, 2005.



professionals. In consulting pastoral professionals, mental health clinicians are able to gain further knowledge and understanding in addressing the needs of their client's spirituality and/or religiousness.

While it is clear that mental health clinicians must address spiritual and religious concerns, it is important to note how mental health clinicians perceive the incorporation of spirituality within their scope of practice. "Research has found that counselors (mental health clinicians) perceive some religious and spiritual interventions to be appropriate, such as knowing the religious backgrounds of clients and using religious language, metaphors, and concepts during counseling sessions with religious clients."<sup>101</sup> Not only should mental health clinicians be educated on the culture of religion and spirituality, but they must be able to utilize various interventions to foster that care. An intervention that can be utilized during the counseling session, hones in on spirituality as a tool to foster wellness. Because there is such a high percentage of individuals who believe in God and believe that religion is important to them, there is also the need for mental health clinicians to address their clients' spirituality and/or religion in counseling. In fact, many "religious

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<sup>101</sup> Cornish, 4.

clients prefer therapy that in some way includes their belief system. The vast majority of these clients also believe that religious values, practices, and themes should be addressed in therapy.”<sup>102</sup> Mental health clinicians can find that addressing spirituality and religiousness, it will allow clients to arrive at spiritual well-being. “Spiritual wellness is equated with positive emotional states such as transcending, feeling connected, having hope, and experiencing power or energy and existential pursuits pertaining to meaning and purpose in life. These understandings of spirituality have been critiqued as leaving little room for despair, anger, fear, and brokenness.”<sup>103</sup> It is clear that spiritual wellness is an objective that one may want to attain as a way to experience overall well-being in inclusion of the mind and body.

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<sup>102</sup> Jamie D. Aten and Barbara Couden Hernandez, “Addressing Religion in Clinical Supervision: A Model.”, *Psychotherapy: Theory, Research, Practice, Training* 41, no. 2 (2004): 152-60, <http://dx.doi.org/10.1037/0033-3204.41.2.152>.

<sup>103</sup> Pesut, 26.

### **Part III**

## **Clinical Applications of Addressing Spirituality in Mental Health Care**

Until man duplicates a blade of grass, nature can laugh at his so-called scientific knowledge. Remedies from chemicals will never stand in favor compared with the products of nature, the living cell of the plant, the final result of the rays of the sun, the mother of all life.

-Thomas Edison

## **Chapter V**

### **Spirituality Assessment**

My son, pay attention to what I say; listen closely to my words. Do not let them out of your sight, keep them within your heart; for they are life to those who find them and health to a man's whole body.

-Proverbs 4:20-23, Holy Bible

To begin treating patients with the intent of addressing spiritual needs, mental health clinicians must recognize the importance of assessments that will adequately determine and shed light on their patients' spiritual and religious worldview and framework. When working with patients, it is imperative that mental health clinicians take thorough assessments to understand their patients and where they are in their illness and the difficulties they are currently experiencing. Additionally, assessments will allow mental health clinicians to recognize how their patients may or may not utilize their spirituality and religion as a source of support, guidance, and a

coping mechanism. "In assessing these issues with the clients, therapists can ascertain how spiritual belief systems can be a positive sustaining force for the client."<sup>104</sup> More specifically, spiritual assessments are assessing spiritual issues, most often during a clinical encounter. The goals of a spiritual assessment include identifying spiritual or religious language, spiritual concerns, special considerations, and implications that would assist in developing a cohesive, well rounded treatment plan.<sup>105</sup>

While spirituality can be difficult to measure and define, spiritual assessments that are formatted with open questions, which allow for elaboration, rather than closed questions which may only garner short, specific answers that may leave much unexplained. "Measuring spirituality in a clinical practice and research has been a challenge because of the complexity of contributing elements and definitions. There is no widely accepted measure of spirituality. Components such as spiritual wellness and spiritual maturity received more attention, because scientific research depends upon

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<sup>104</sup> Mary Thomas Burke, Jane C. Chauvin, and Judith G. Miranti, *Religious and Spiritual Issues in Counseling: Applications Across Diverse Populations* (New York: Routledge, 2005), 1.

<sup>105</sup> Williams-Orlando, 35.

measurements, while human services require assessments."<sup>106</sup>

Assessments that are more open and subjective will allow for greater exploration of views of spirituality and how each patient finds one's spirituality to be an important component to the human experience.

Many assessments exist with the intention of gathering information that will help the clinician to arrive at a clear understanding of their patient's spirituality and religiosity. "Spiritual assessment may include a variety of modalities, both formal and informal, that obtain information about a person's spiritual well-being, history, crisis, or dilemmas. The results of such as assessment are typically used to guide care and/or interventions."<sup>107</sup> Questions that are part of the spirituality assessment will also help to build upon the patient-clinician relationship by having patients experience the mental health clinician asking them to share their spiritual selves. For some, this may be off putting if they are not used to discussing such matters with a healthcare provider, medical or mental, and in the face of some difficult questions, patients may be inclined not to answer completely as a result of not feeling entirely comfortable.

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<sup>106</sup> Lavretsky, 755.

<sup>107</sup> Mark Brennan, Debbie Heiser, and editors, *Spiritual Assessment and Intervention with Older Adults: Current Directions and Applications* (Binghamton, NY: Routledge, 2005), 4.

"Acknowledging the spiritual lives of patients may involve asking about their spirituality when recording their history during the clinical interview, which may not be appropriate for every patient. Some practitioners suggest four simple questions that might be asked of seriously ill patients:

- Is faith (religion, spirituality) important to you in this illness?
- Has faith been important to you at other times in your life?
- Do you have someone to talk to about religious matters?
- Would you like to discuss religious matters with someone?<sup>108</sup>

Short, direct assessments, such as the one mentioned above, would also be appropriate for physicians to use to determine spiritual needs and begin to assist the patient in determining a more appropriate source of treatment and allow for the encouragement of having the patient meet with a mental health clinician who can utilize spiritually based interventions to meet the patient's needs. "This understanding can help practitioners determine whether patients' religious and spiritual beliefs, as well as community involvement, can be a useful

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<sup>108</sup> Lavretsky, 755.

resource to assist with their coping and healing process.”<sup>109</sup>

Additionally, by conducting spiritual assessments, both medical practitioners and mental health clinicians will be able to recognize dominant themes that pave the way to the realization of what the patient sees as important. More specifically, for example, dominant themes of hope that become apparent in assessments will provide a key to how mental health clinicians will approach patients and also give clues to the patients’ goals and how they cope with certain stressors. “Knowing that a person is hopeful guides the provider in determining ways to sustain that hope. If a person lacks hope, the providers would need to determine what aspects of their life could be drawn upon in order to ignite hope.”<sup>110</sup> Other themes that may come up during this discussion are those of affect, behaviors, cognitions, communion, conscience, and intuition.<sup>111</sup> Themes of affect focuses on what about the patients’ spiritual life gives them support or happiness. Themes of behavior include the rituals and practices that a patient is involved with, such as

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<sup>109</sup> Lavretsky, 755.

<sup>110</sup> Lavretsky, 758.

<sup>111</sup> Joshua M. Gold, *Counseling and Spirituality: Integrating Spiritual and Clinical Orientations* (Upper Saddle River, NJ: Pearson, 2010), 103.



attending Mass, or meditating. Themes of cognition encompass patients' current spiritual beliefs and ideas, as well as how the spiritual affects their processing of their diagnosis. Communion involves their direct relationship with a higher power and the impact this relationship has on patients. Conscience included all of the patients' values and morals they hold close. Intuition involves the insights they have to their experiences. Also, clinicians can and should pay attention to how their patient is responding to certain questions as they can offer additional clues to their patient's insight.

For the most part, assessments made to explore spirituality for patients focus on how they define spirituality and what it means to them. "Assessments that exist for this are similar in that they tend to ask for the patient to share what their spiritual and religious beliefs are and how they practice, determine where they derive sources of hope, community and support, and by exploring how the physician or clinician can help the patient to address their spiritual needs in their treatment."<sup>112</sup> By having these conversations and exploring what spirituality and religion means to the patient, mental health clinicians

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<sup>112</sup> Williams-Orlando, 45.

are able to determine just how much the patient finds it to be important in their care and allow them to utilize interventions that will help them to foster and nourish their spirit. Added benefits to assessment lie in the fact that “addressing spirituality in the clinical encounter improves both patient and mental health clinician satisfaction. Mental health clinicians can address spiritual issues with culturally competent assessments that acknowledge patient’s spirituality, religion, or atheism, determine sources of support, and find relevance to care giving, including end of life care.”<sup>113</sup> Through this relationship, patients are able to witness their clinicians as being present and open to their stories and the idea of having a present mental health clinician aids in the patient-clinician relationship as they together venture to using spiritual interventions to feed and nourish the spirit. Mental health “clinicians support spiritual needs of patients by being fully present with their patients, providing a compassionate and respectful relationship, encouraging those things that make a condition better, and including patient’s beliefs in treatment. Mental health clinicians may further support spiritual needs with psychotherapy, retreat, ceremony, or prayer, dependent

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<sup>113</sup> Williams-Orlando, 39.

on patient's interests."<sup>114</sup> Additionally, religious and spiritual assessments can reveal resources within a patient's religious beliefs or religious community that could facilitate treatment and provide additional support networks.<sup>115</sup>

By being present and providing a safe, open, caring environment, the mental health clinician and patient commence the healing, therapeutic process. "Religious and spiritual assessments can improve the treatment alliance. All patients desire to be understood and are more likely to follow the recommendations of a clinician whom they perceive to understand them, empathetically. By the same token, the patient with strong religious or spiritual inclinations may feel rebuffed if a mental health clinician either actively or passively avoids asking about issues that the patient considers so important."<sup>116</sup> As in within any therapeutic relationship, the mental health clinician must appear and be open and non-judgmental, being able to demonstrate both empathy and sympathy, and a sense of professionalism. By providing an open dialogue and

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<sup>114</sup> Williams-Orlando, 39.

<sup>115</sup> Allan M. Josephson and John R. Peteet, eds., *Handbook of Spirituality and Worldview in Clinical Practice* (Washington, DC: Amer Psychiatric Pub, 2004), 17.

<sup>116</sup> Josephson & Peteet, 17.

being respectful to patients, mental health clinicians are able to foster their relationship with the patients, allowing them to feel safe, and in turn to provide better therapy in the long run.

A possible negative aspect of the religious and spiritual assessment of the patient may present itself in the form of transference and counter-transference, which can prove to be uncomfortable for both the patient and clinician. Feelings of discomfort “can lead to various interviewing problems. Some thereabouts may ignore religious material because of awkwardness or ignorance, while others who have negative feelings about religious material may be unable to facilitate an effective discussion of these issues. On the other hand, clinicians who have a positive view of spirituality and religion may have other problems. They may not confront the patient’s religiously based pathology, because they may feel too closely aligned with the patient’s faith position. Awareness that such factors may influence the assessment will improve a clinician’s understanding of how his or her worldview is likely to affect the clinical encounter.”<sup>117</sup> This awareness will assist in preventing possible instances of transference and counter-transference.

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<sup>117</sup> Josephson & Peteet, 19.

A popular spiritual assessment highly utilized in the field is the FICA. FICA is an acronym created to assist clinicians in being able to quickly recall the assessment and put it into practice. "Puchalski's FICA questionnaire lists open-ended questions in the areas of hope, personal spirituality, religious practices, and effects of spirituality on health care."<sup>118</sup> A fairly brief assessment, FICA involves the following: (F) Faith or Beliefs; (I) importance and influence; (C) Community; and (A) address. This assessment brings with it the questions below:

*F-faith or beliefs*

- f- what is your faith or belief
- f- what things do you believe in that give meaning to life?
- f- do you consider yourself spiritual or religious?

*I- Importance and Influence*

- i- is it important in your life?
- i-What influence does it have on how you take care of yourself?
- i- how have your beliefs influenced your behavior during this illness?

*C- Community*

- c- are you part of a spiritual or religious community?
- c-is this of support to you?
- c-is there a person or group of people whom you really love or who is/are really important to you?

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<sup>118</sup> O'Reilly, 48.

A- Address

a-how would you like me, your health care provider to address these issues in your care?<sup>119</sup>

Based on patient responses to these questions, mental health clinicians will be able to determine how to proceed further in treatment. "In response to screening questions, patients may give answers that indicate no further need to proceed with questioning about spiritual or religious matters... however, such responses do not mean that religion or spirituality is not important or will not resurface in later clinical contacts."<sup>120</sup> In instances where religion and spirituality is not deemed important by the patient, there is oftentimes the possibility that the patient may be uncomfortable sharing one's religious preferences and concepts of spirituality. Mental health clinicians should be aware that this is likely and further recognize that "screening and initial assessments may be cursory and that only later, in the deepening of a psychotherapeutic treatment, may important religious and spiritual material emerge."<sup>121</sup> Also, clinicians must be also be prepared to hear that their patients may

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<sup>119</sup> Brietbart, 2.

<sup>120</sup> Josephson & Peteet, 21.

<sup>121</sup> Josephson & Peteet, 21.

recognize themselves as atheist and not be in need or want of spiritual care.

Other assessment techniques that clinicians are able to utilize which are more creative in their approach are assessments such as the spiritual lifemap or a spiritual genogram. A spiritual lifemap is a "diagrammatic alternative to verbally based spiritual histories."<sup>122</sup> Using a spiritual life map, patients are asked to create a timeline, which demonstrates their spiritual life. Patients are given a large sheet of paper and art supplies, such as collage material, markers, crayons, or colored pencils and are encouraged to be as expressive as they would like. This process encourages and allows patients to express themselves freely while also thinking about their spiritual experiences and beliefs. One of the strengths of a lifemap is that it is a client-centered approach, meaning that it focuses strictly on clients and gives them control of how they want to proceed and what they want to disclose. "With little specification of life events beforehand, clients are free to designate salient and trivial life occurrences and events...participation in such an exercise alleviates the helping profession from creating a specific direction, allowing the client to

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<sup>122</sup> Gold, 104

lead and the counselor to follow.”<sup>123</sup> Because this assessment allows the client to lead, mental health clinicians are put in a position where they can question patients and try to gather more information.

Asking patients to describe what they have put onto paper helps them to highlight important and key areas in their spiritual lives.

Also, this assessment would prove useful for clients who appear to be more sensitive, as this approach “offers a subtle shifting of attention from the individual to what appears on the paper, reducing the emotionality and potential explosiveness of the situation.”<sup>124</sup> Also, clinicians must be aware that not all patients may be comfortable being assigned a “creative” task. If this is to occur, mental health clinicians are encouraged to use their clinical judgment for alternate interventions, or to reassure the client that the life map can just be a simple timeline, and not necessarily a creative venture.

Spiritual genograms are assessments that explore spirituality in the context of the family dynamic. Much like a family tree, patients are encouraged to map out their familial network as a way to “place current functioning within the historical context of the spirituality of

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<sup>123</sup> Gold, 104.

<sup>124</sup> Gold, 104.



the unique family system in which one was reared.”<sup>125</sup> This particular assessment would only be utilized during the very first stages of working with a patient. The first step would be the actual creation of the genogram and presenting it to the mental health clinician. After it is presented to the mental health clinician, patients share their depiction with the mental health clinician. During this step, patients may begin to discover links between their current issues and the way they are processing them spiritually, as well as their beliefs, their practices, and their orientation. “The genogram may reveal spiritually meaningful events and how the events might have transformed the faith of the individual. It is also possible to denote the strength and direction of spiritual relationships within the genogram.”<sup>126</sup> Mental health clinicians should pay attention to the manner in which patients put the information on paper as the direction of lines and the shading of certain areas can be clues to what is important to them or not. This assessment is particularly beneficial as it allows patients to “develop a greater objectivity and appreciation for the ways in which they have been shaped (consciously or not) by the role of religion

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<sup>125</sup> Gold, 105.

<sup>126</sup> Gold, 105.

and spirituality in their families."<sup>127</sup> Moving forward from this point, both the clinician and the patient will have a more thorough understanding of the spiritual as viewed by the patient.

In utilizing various spiritual and religious assessments to serve as the basis through which spiritual and religious discussion may begin in a therapeutic relationship, mental health clinicians must remember that the way they present themselves and respond to what their patients share will determine how effective their treatment will be for their patients. Also, it is imperative that "tools used in spiritual assessments must be unobtrusive and nonjudgmental, adaptable to client context and need, and worded so as to encourage participation and convey respect."<sup>128</sup>

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<sup>127</sup> Gold, 105.

<sup>128</sup> O'Reily, 48.

## **Chapter VI**

### **Spiritual Interventions to Address the Patient's Spirit**

Anyone who is having troubles should pray. Anyone who is happy should sing praises. Anyone who is sick should call the church's elders. They should pray for and pour oil on the person in the name of the Lord. And the prayer that is said with faith will make the sick person well; the Lord will heal that person. And if the person has sinned, the sins will be forgiven. Confess your sins to each other and pray for each other so God can heal you. When a believing person prays, great things happen.

-James 5:13-16

As discussed, treatment of the spirit is of utmost importance.

"Religion and spirituality are important aspects of human diversity; these concerns are important to our client; and these concerns are interesting, important and legitimate subjects"<sup>129</sup> of clinical use.

"These features require that psychology not flinch from exploring this integration. But the profound differences between psychology and

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<sup>129</sup> Gosniorak, 2005

religion also require that we do so cautiously, with frank acknowledgment of the challenges.”<sup>130</sup> Challenges that may arise may be a result of spirituality being held close and sacred, as it is oftentimes a personal area for a person, or it can be a result of complete disinterest in the spiritual. Despite whatever challenges, spiritual interventions are the action piece to treating the spirit. Spiritual interventions can prove useful within the mental health clinician-patient relationship because of the fact that the goal is to create positive outcomes. The spiritual is also “an abiding belief that positive change is achievable and encourages a loving acceptance of life, the self, and others.”<sup>131</sup> Since spirituality is also considered the belief in which changes can be made, mental health clinicians may find that patients are open to using spiritual interventions as a way to make positive changes in their lives. As this is so, it is important that mental health clinicians possess spiritual intervention tools through which they can thoroughly address the spirit with their clients. Once mental health clinicians have performed their assessments and determined that their patient would benefit from and be open to

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<sup>130</sup> Gosniorak, 2005.

<sup>131</sup> G. Nash, “Researchers, health professionals and the 'S' word”, *DATA* 16 (1997): 2-3.

receiving treatment that focuses on the spirit, clinicians may decide which intervention they would like to implement. It is important to remember that before treating the spirit and utilizing spiritual interventions, mental clinicians must discuss with patients their preferences. If a patient does not agree, it is the mental health clinician's duty to find alternative therapeutic techniques that would benefit their patients and assist them as they process their medical experiences that could oftentimes be stressful and worrisome. Mental health clinicians must be cautious as to not impose or infringe upon their patients' beliefs or preferences.

To begin, there exist clinical therapeutic techniques that can address spiritual needs. These interventions are rooted in psychological research and practice. By addressing spirituality in a therapeutic relationship, the use of versatile approaches is essential. Through spiritual exploration, mental health clinicians are able to assist patients in exploring meaning and purpose in their lives, more specifically the meaning and purpose of their illness. "As clients express their issues and concerns, counselors (mental health clinicians) must listen actively to themes and narratives that will facilitate the exploration of the client's choices. Considerations of the

spiritual influences in a person's life will assist the counselor (mental health clinician) understanding the client more fully, in responding to his or her needs, and providing resources and options compatible with the client's interest and aptitudes."<sup>132</sup> Based on what mental health clinicians learn about their patients and their patients' perspectives on their illness, mental health clinicians are able to further understand them and use what they learned as a tool to improve the experience and quality of their care.

More and more interventions that address spiritual needs are being developed and put into practice, but how does one go about translating life situations, such as medical illnesses into that of the spiritual? Being that there exists a recognized importance placed upon spirituality and religion, researchers have found that its incorporation into psychological care falls in line with the much used biopsychosocial framework. "The biopsychosocial perspective involves the recognition that patient's problems are multifaceted, and have biological, psychological, and social aspects. This holistic conceptualization of health involves recognition of how physical

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<sup>132</sup> Mary Thomas Burke, Jane C. Chauvin, and Judith G. Miranti, *Religious and Spiritual Issues in Counseling: Applications Across Diverse Populations* (New York: Routledge, 2005), 7.

health is intricately associated with attitudes, thoughts, feelings, and behaviors.”<sup>133</sup> This particular perspective would serve to provide useful interventions, allowing for mental health clinicians to highlight and to focus just how the stressors clients may experience relate to the biological and social impact of their illness. When patients are experiencing the stressors of a medical illness, their spirits may be weakened, along with their emotional, physical, and social facets. At these moments in which patients may need the assistance of a mental health clinician to help process and heal their spirit while they cope with their medical difficulties, spiritual interventions allow patients to process and make meaning of their experiences. Because of the effectiveness and usefulness of the biopsychosocial approach in treating patients, this model has since been revitalized to include a spirituality component so that spiritual needs can be met and addressed. This biopsychosocial-spiritual model, in particular, is an effective and multifaceted approach to addressing spirituality. It “does not take a dualistic approach to mind and body, but instead proposes that the biological, the psychological, the social, and the

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<sup>133</sup> Moss , 286.

spiritual cannot be disaggregated from the whole.”<sup>134</sup> Approaches such as this embrace individuals in their entirety, for each and every part of them and in recognizing patients for who they are rather than thinking them of them solely by their symptoms or diagnosis.

To adequately address the need for mental health clinicians to discuss spirituality and religiousness with patients, there needs to be an appropriate and effective framework upon which mental health clinicians can base their approaches. Research conducted by Gall et al. (2005) have found that religious coping has been associated with all aspects of a person’s life whether it is social, personal, situational, physical, and/or emotional.<sup>135</sup> The framework (Figure 1) provided by this research focuses on the main stressor, in this case the patient’s medical issue, with the approach of a spiritual appraisal. From that spiritual appraisal, religious preferences and spiritual preferences are taken into account.

In this particular model, a person’s beliefs or spirituality serves as the framework that is the basis of the individual’s interpretation,

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<sup>134</sup> Moss, 287.

<sup>135</sup> Terry Lynn Gall et al., “Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework.”, *Canadian Psychology/Psychologie Canadienne* 46, no. 2 (2005): 88-104, <http://dx.doi.org/10.1037/h0087008>.



understanding, and responses to the experiences occurring in their lives. The framework takes patients' illness, or stressor, and has them reflect and conduct a spiritual appraisal of themselves. This is then used as a basis to examine patients' personal factors (including problem solving styles), spiritual connections (the understanding and view of nature, people, and transcendent others-God), and spiritual coping behavior. Based on all these areas, the patient's responses are then taken and translated to determine the collective meaning of it all and how this stressor is a part of all that. Finally, once all of these factors are examined the mental health clinician and the patient can work together towards meaning making and progressing towards spiritual and emotional healing.

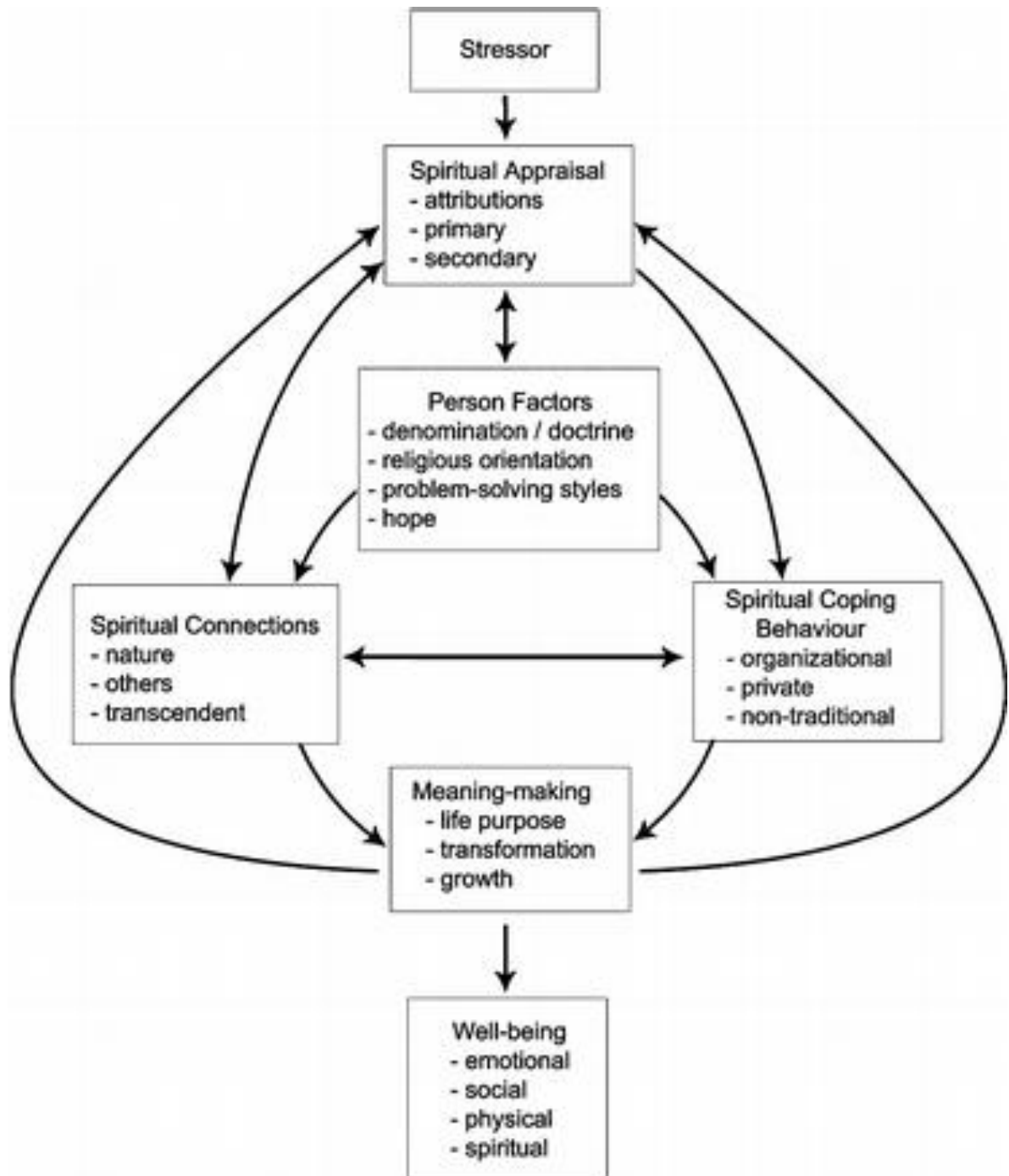


Figure 1. Biopsychosocial spiritual framework. Terry Lynn Gall et al., "Understanding the Nature and Role of Spirituality in Relation to Coping and Health: A Conceptual Framework.", *Canadian Psychology/Psychologie Canadienne* 46, no. 2 (2005): 88-104, <http://dx.doi.org/10.1037/h0087008>.

Researchers have found that this “spiritual framework of coping can be easily integrated and studied within the context of the original transactional model, allowing for the exploration of relationships between the spiritual and the general psychosocial aspects of life. This framework holds much promise for cross-cultural applications as it has the potential to be applied to various types of stressors encountered by individuals from different faith backgrounds.”<sup>136</sup> This approach would serve to be beneficial for a wide range of spiritual and religious beliefs, as well as across a wide range of cultures. Oftentimes, cultural differences will determine which intervention can be utilized. Interventions that are versatile and can apply to a multitude of backgrounds and faiths are beneficial for mental health clinicians so that they can competently address their patients’ spiritual needs.

To begin treatment, a mental health clinician can begin by conducting an intake interview to understand the patients and their reason for seeking counsel while also asking the patient to share their medical story, along with accompanying emotions. Next, mental health clinicians can ask patients to focus on the stressor they are

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<sup>136</sup> Gall et al., 90.

experiencing. What kind of emotions are they experiencing? What are their hopes and fears? During this moment mental health clinicians can ask patients to focus on their “independence and the integration of himself or herself”<sup>137</sup> for patients have nothing to hide from the mental health clinician.

For the spiritual appraisal component, mental health clinicians can ask patients to “make sense of events in relation to the causal representation of self, chance (fate or luck), others, and God/Devil.”<sup>138</sup> For attribution: What do they attribute their stressors to? Do they believe their circumstances to be a result of a higher power? For primary appraisal: How do the patients believe this event to be a violation of their lives? What are the positives and negatives of their diagnosis? For secondary appraisals: mental health clinicians can ask patients to reflect on how they believe they can effectively cope with their diagnosis and accompanying stressors on a spiritual level. At this time, mental health clinicians can ask the patients to “trust themselves” to be honest and open in the expression of these questions.

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<sup>137</sup> Gall et al., 92.

<sup>138</sup> Gall et al., 92.

Person Factors can be explored by discussing with patients their spiritual beliefs and/or religious denominations, if they have any, and how involved they are in it- are they active or inactive? What are the patients' identification of self in regards to spirituality and/or religion? Mental Health clinicians should also want to determine their patients' problem solving and coping styles- how have their patients responded to these stressful life events, the impact of their illness on their emotions and their bodies, and how active are they in attempting improve their medical diagnosis, if possible, or cope with it? How do patients attempt to make themselves feel better on a spiritual level? Also, the mental health clinician should question and examine their patients' value of hope. Do their patients hope for a change in their situation and are they able to envision rising above it all? If they are faced with a prognosis that may prove life threatening, mental health clinicians should explore with their patients how they want to further proceed and what approach to life they are going to take. Also, this would be an appropriate time to discuss with patients and ask them to "rely on their internal sources and further evaluate themselves."<sup>139</sup> From within, patients can reflect

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<sup>139</sup> Gall et al., 2005.

and further explore the meaning of their illness and determine the answers to these questions. In this case that act of introspection musters up great spiritual energy from within.

Spiritual Coping Behavior as a construct can help patients to refocus the negatives into positives and can also allow patients to begin to determine how to make needed changes in their lives and to also cope with their medical diagnosis. Through this step, the mental health clinician can ask patients to begin to involve themselves more and more in the community and through particular organizations whether it is through volunteering, attending spiritual events, or even attending support groups that deal with their specific medical issues. Also, mental health clinicians can help patients to determine appropriate private ways that they can cope with their situation, such as meditation, prayer, journal keeping, reading and so on. Finally, mental health clinicians can help patients to also determine non-traditional ways in which they can cope, whether it be through hobbies or interests that have been unexplored. At this time it would be appropriate for the mental health clinician to will patients to encourage personal growth within themselves despite their current medical issues. Patients can experiment and try new things that can better help them cope with the medical issues they are

experiencing, or even improve their health. There exists many support groups and networks that focuses on specific ailments, and depending on the patients' diagnosis they can link up with others who are experiencing much of the same challenges, feelings, and issues.

Examining spiritual connections can allow patients to refocus their attention from themselves to other living beings. Patients can be asked to think about or interact with nature as a healing experience. Also, patients can shift their attention to other people and think about the other possible situations that others are experiencing. Patients can also be asked to think about God and examine/reflect on their relationship with God. This step aligns with "becoming accurate in self-perception and communication with others" in person-centered wellness. Patients can also be asked how they are similar to or different from the others upon which they reflect on.

Next, meaning making can allow patients to determine the meaning behind their medical diagnosis and the discomfort, pain, stress, and depression they may be experiencing. This will allow patients to further examine and reflect on their life's purpose, their current period of transformation and transition, and determine what areas they wish to grow, improve, or expand upon. Focus is now

shifted onto “living and experiencing the present.” During this step, patients may also reflect on ways they can possibly improve on their health, or if no improvement can be made, at least to have a quality of life that will make them happy and comfortable. Once patients have moved through meaning making, patients can refocus their attention onto their personal well being, including emotional, social, physical, and spiritual aspects. Mental health clinicians can help a patient to determine their current “thoughts and emotions” including the good and the bad, and begin to process them together.

Another intervention that can be utilized are cognitive behavioral therapy techniques that incorporate components of spirituality, such as relaxation techniques and mindfulness meditation or praying. While these approaches may not appear to be very “clinical” interventions, they are in fact tools that are utilized in treatment. As mindfulness and meditation work hand in hand, the basis of mindfulness is in fact meditation. Meditation is the “physiological state of reduced metabolic activity that elicits physical and mental relaxation, and is reported to enhance psychological balance and emotional stability. Meditation produces the sense of calm, limited thought, and attention. Meditation is widely used as an



alternative therapy for physical ailments.”<sup>140</sup> Mindfulness is defined as “moment to moment awareness. It is learning to wake up to each moment of your life so that you are fully living your life in this moment. Mindfulness is part of all religious traditions. Mindfulness meditation has its origins in the Buddhist tradition and has now been assimilated into the Western world.”<sup>141</sup> While it is rooted in Buddhist traditions, the techniques employed can be utilized by all people regardless of their religious or spiritual affiliations or preferences.

Mindfulness, as an intervention, may prove to be useful for patients that are cautious in proceeding into spiritual discussion, or even those that proclaim themselves to be atheists. “Mindfulness is not a mysterious mystical state; rather, it is being fully aware of the reality around you. Mindfulness is maintaining awareness of the sensations in your body, the flow of thoughts through your mind, the sounds and sights in your surroundings. Thus, mindfulness is

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<sup>140</sup> Lavretsky, 760.

<sup>141</sup> John R. Mcquaid and Paula E. Carmona, *Using Mindfulness & Cognitive Behavior Psychology to Overcome Depression: Peaceful Mind*. New Harbinger Publications, Inc. (2004):20.

awareness expanded in ourselves and outward into the world.”<sup>142</sup> For patients that are experiencing difficulties in coping with the challenges of their medical stressors, mindfulness techniques can allow patients to clear their minds and find a way to relax. As mindfulness is about awareness through all the senses, it is clearly a spiritual process and intervention that can be utilized in sessions as a way to both relax and heal, as well as cope with the stressors of the day. “Mindfulness is a conscious discipline of paying attention to the present moment in a particular way and in a nonjudgmental state. Three key elements of the definition include intentionality, present centeredness, and absence of judgment...the process of intention, attention, and attitude engaged simultaneously in the process of mindfulness.”<sup>143</sup> Because mindfulness seeks to release negativity from the mind, body and spirit, patients who meditate will find that symptoms related to their diagnosis may be relieved. In addition, tension, depression, anxiety, stress, and so forth can all be relieved by meditative practices. Meditative practices also employ visualization or spiritual imagery, which encourages them to focus on something

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<sup>142</sup> Mcquaid & Carmona, 25.

<sup>143</sup> Lavretsky, 759.

they might interpret as relaxing, such as visualizing the ocean and imagining various things about the particular scene.<sup>144</sup>

In most instances, mental health clinicians who work with patients who may have no experiences in meditation may choose to guide and walk their patients through the meditation steps. "The first step involves creating a comfortable physical environment. Next the client chooses a word, phrase, or object, on which to focus; this should be connected to their client's spiritual belief system. The client is then directed to close his or her eyes to relax and to repeat the word or phrase, or think about the chosen object, while exhaling. Intrusive thoughts are allowed to pass through one's awareness and to be relaxed; all the while, the person is focusing on breathing and the chosen object."<sup>145</sup> Meditation and visualization are practices that are beneficial and effective treatment interventions, and are becoming more and more utilized in therapy and medical practices.

Spiritual journaling is another simple, yet effective intervention that mental health clinicians can employ as a tool for allowing the

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<sup>144</sup> Marsha Wiggins Frame, *Integrating Religion and Spirituality Into Counseling: a Comprehensive Approach* (Pacific Grove, CA: Cengage Learning, 2003), 188.

<sup>145</sup> Gold, 224.

patients to work through and with their diagnosis, especially for those that find that writing on a regular basis is therapeutic in itself. In moments of difficulty it is common to bottle up one's emotions and stress. As mental health clinicians, we are all aware that to do so is only detrimental to one's emotional, spiritual, and physical health. In fact, the increased levels of stress and anxiety can also exacerbate any medical ailments or diagnosis a patient is experiencing. When working with patients, suggesting a spiritual journal will allow patients to freely express what is dominant in their mind. Spiritual journaling can act as a diary, an art book, or an area of expression for poetry, phrases, or even stories; whatever patients decide to put in their book becomes an expression of themselves and their thoughts. "Over time, journaling creates a history of the client's exploration and growth"<sup>146</sup> through their medical experience. This documented exploration and growth through the medical experience will allow both the patient and the mental health clinician to monitor and discuss their process in expression and how it served to be a cathartic experience in which some of the patients' most inner thoughts have poured forth. The art of making a spiritual journal

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<sup>146</sup>Gold, 226

allows the patient to process and treat themselves in the sense that it is a primarily individual action. The mental health clinician does not take part in the journal writing, but what the mental health clinician can do is to invite the patient to share some of their work and to discuss it together, exploring the meaning behind what is in the journal. Spiritual journals provide patients with "a tool for self-discovery, an aid to concentration, a safety valve for emotions, and a mirror for the spirit."<sup>147</sup> Subject matter or themes that become dominant in the spiritual journal will serve as clues to how the patient is processing their experiences and give light to key signs that could prove beneficial in discussing in the therapeutic relationship between the clinician and the patient. This ability for mental health clinicians to view their patients' spiritual work without having to encourage, or at times pull, information from them pays way to externalizing conversation, which is the ability "to view one's story from a distance, as occurs when it appears on paper, (it) allows the client and the counselor to develop a series of questions about what is said

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<sup>147</sup> Gold, 226.

and what is left unsaid.”<sup>148</sup> This may encourage greater insight on behalf of the patient and new views on spiritual beliefs.

As writing can prove to be therapeutic for patients, and can even enhance the therapeutic relationship, another form of simple intervention techniques is the use of literature, or bibliotherapy. While reading a book may not seem spiritual at first glance, the act of reading, much like writing, is in fact a spiritual process in which one is able to quiet the mind and focus on one particular thing, particularly when the subject matter speaks to patients and their experiences. The use of bibliotherapy may not work for all clients, as some people may not enjoy the art of reading. Patients who find themselves to identify with a specific spiritual thought or religious preference, may find that reading sacred texts, such as the Bible, the Torah, or the Quran can be spiritually and emotionally healing. Mental health clinicians who work with patients, who identify with a specific religious group, may find it beneficial to consult clergy for recommendations.<sup>149</sup> Interventions that encourage the use of bibliotherapy find that it is “helpful for those who can transcend their

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<sup>148</sup> Gold, 227.

<sup>149</sup> Gold, 228.

own lives to find meaning in the lives described in the written word."<sup>150</sup> This in itself is a spiritual process to become both empathetic and sympathetic to the characters of a story, or to take to heart inspiring word from a book; it becomes a unique way to forget one's own troubles for a moment and to look at other situations. When a patient finishes reading a book that was powerful or enlightening, they can look at their situation or illness from a fresh perspective. B.B. Taylor, an advocate and firm believer of the benefits of bibliotherapy, once stated, "A good book, like a good prayer, is one that takes us to the center of ourselves and then leads us back into the world again, with our spirits refreshed and our hearts enlarged."<sup>151</sup> The use of bibliotherapy can also be translated and, instead of books, mental health clinicians can encourage the use of movies and music to offer some of the same therapeutic benefits that bibliotherapy offers. The discussion of the use of bibliotherapy in a clinical session can begin with the mental health clinician discussing and enacting the following process.

1. The patient selects a book, myth, or story from a list of resources that is germane to the presenting issue.

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<sup>150</sup> B.B. Taylor, "Bibliotherapy", *The Christian Century* 121, no. 5 (2004): 41.

<sup>151</sup> Taylor, 41.

2. The patient reads the text. (A clinician can offer assistance if the patient is impaired.)
3. The patient is then asked to retell the story with a specific focus on the characters and actions.
4. The patient shares his or her perceptions and thoughts about the characters and their actions.
5. The patient is asked to ponder alternative actions and outcomes that might have been included in the story.
6. The patient is directed to personalize the story and determine how it is related to his or her own circumstances.
7. The patient is directed to consider ways in which to incorporate the characters' options as responses to his or her own problems.<sup>152</sup>

This approach to bibliotherapy may allow the patients to feel more open and more casual when discussing their own situation when relating it to their subject matter of their books, movie, or music. The discussion that ensues will allow information to flow more freely from the patient. Previous patients who have utilized bibliotherapy as a therapeutic intervention had reported experienced benefits after its use, reporting feelings of the release of suppressed emotions and stressors.<sup>153</sup> Bibliotherapy is a creative and interesting approach to

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<sup>152</sup> Len Sperry, *Spirituality in Clinical Practice: Theory and Practice of Spiritually Oriented Psychotherapy*, 2 ed. (Philadelphia, PA): Routledge, 2011), 1.

<sup>153</sup> John T. Pardeck and Jean A. Pardeck, *Bibliotherapy: a Clinical Approach for Helping Children* (Yverdon, Switzerland.: Routledge, 1993).



clinical interventions that is oftentimes considered dry and uninspiring.

Prayer, oftentimes a personal act and experience, is also a valid intervention that patients can be encouraged to use by clinicians in therapy, if they feel comfortable with it. Many religious groups embrace the practice of prayer as a way to connect to God to give thanks and show devotion. Those who do not necessarily identify with a religious group may also find that prayer is an act they find both soothing and supportive. Prayer is comprised of "actions, thoughts, and attitudes that connect a person to the sacred realm."<sup>154</sup> While prayer can be an act in which a person speaks in silence or aloud to a higher power, prays within a drumming circle, or meditates, just to name a few, there also exists a breakdown of the types of prayers individuals may use. "Prayer is a powerful form of coping that helps people physically and mentally. Nearly 60% of Americans report praying daily. Prayer is a communication or conversation with divine powers or a higher self. Prayer is practiced by all western theistic

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<sup>154</sup> Geri Miller, *Incorporating Spirituality in Counseling and Psychotherapy: Theory and Technique* (Hoboken, NJ: Wiley, 2003), 191.

religions and several of the eastern traditions.”<sup>155</sup> Prayer is a common practice for many allowing people a moment to connect with something beyond the physical as a way to attain momentary peace. “Prayer may reduce anxiety and provide encouragement, comfort, connection, and unconditional love and acceptance.”<sup>156</sup> Also, when prayer occurs in a group dynamic, such as in a religious gathering (church, temple, mosque, and so forth), findings support that it too has its benefits. Group prayer is beneficial to patients as well as it is associated with a greater overall well-being and happiness.<sup>157</sup>

The breakdown of prayers includes five types of prayers: meditative, ritualistic, petitionary, colloquial, and healing prayer. Meditative prayer, as alluded to earlier, is the act of prayer, which allows individuals to transcend beyond themselves, or be in “God’s presence.” Petitionary prayer is when a person asks God for something. Ritualistic prayer is prayer that is performed as a ritual, such as praying before a meal. Colloquial prayer “is relational to your higher power in the sense of gratitude or requests for guidance (more

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<sup>155</sup> Lavretsky, 769.

<sup>156</sup> Williams-Orlando, 38.

<sup>157</sup> Lavretsky, 769.

conversational than petitionary).<sup>158</sup> Healing prayer is prayer by the clinician for or with the patient.<sup>159</sup> While some people may find that to pray in session with a mental health clinician is uncomfortable, mental health clinicians can encourage patients to utilize prayer in their own time. Going back in history, it was a common practice that healers prayed for their patients or prayed with their patients.

"Prayer was essential and intrinsic to their function. Prayer refers to sending thoughts or well wishes at a distance."<sup>160</sup> Despite this, mental health clinicians must still proceed with caution when suggesting prayer and not be intrusive to the patient's belief systems, spiritual ideas, and preferences. To infringe this upon a patient who may not be open to prayer can negatively impact the counseling relationship.

Mental health clinicians and patients utilizing psychotherapeutic interventions will find that many of these techniques are rooted in spiritual tenants. "The word psychotherapy stems from the Greek

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<sup>158</sup> Miller, 191.

<sup>159</sup> Sperry, 143.

<sup>160</sup> Williams-Orlando, 38.

psukho (soul) and therapeia (an attendance)."<sup>161</sup> From these arises the creation of various psychotherapeutic, psycho-spiritual, and spiritual practices that can be incorporated throughout psychotherapy. "Psychotherapeutic techniques include cognitive restructuring of maladaptive thoughts, beliefs, and emotional reactions surrounding religion or spirituality. Psycho-spiritual interventions consist of spiritual discussions, mindfulness, experiential practices, spiritual journaling, and spiritual guidance from a religious leader...spiritual practices incorporate aspects such as prayer, fasting, meditation, using sacred writings, worship, contemplation and meditation, repentance, atonement, and forgiveness, worship and ritual, and fellowship in a spiritual/religious community."<sup>162</sup> Depending on the patient, each of these practices may offer an additional unique and beneficial intervention.

It is important to note that while individual counseling can be beneficial to patients, the inclusion of spirituality and religiousness in group therapy must be proceeded with great caution. Group therapy presents a uniquely different dynamic for the mental health clinician

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<sup>161</sup> Williams-Orlando, 36.

<sup>162</sup> Moss, 285.

and the patients participating in the session, as compared to an individual session. In group therapy, "the counselor needs to pay attention to the preferences, needs, and concerns of multiple clients, as well as the group as a whole. As a result, religious and spiritual issues might be more complicated in a group setting at the individual level."<sup>163</sup> Examples in which complications may arise within the group dynamic are those in which "one client might appreciate an intervention tailored to her or his religious or spiritual worldview, there might be other clients who would take offense at those same interventions. Also, religious or spiritual interventions provided to one patient might align the clinician (accurately or not) with that patient as opposed to others. Those not sharing the religious commitment or worldview might believe the clinician does not align him or herself with religious clients, which could jeopardize the therapeutic alliance."<sup>164</sup> Because of the potential difficulties that may arise from the discourse of spirituality and religion, mental health clinicians may feel more inclined to avoid the topic completely, unless a patient was to bring it up on his or her own accord, in which case mental health

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<sup>163</sup> Cornish, 2011.

<sup>164</sup> Cornish, 2011.

clinicians will have to address it, as it is being presented as something of importance to the patient. In addition, interventions such as prayer and the reciting and reading of religious scriptures may be considered inappropriate and uncomfortable for group members who do not engage in those practices and will additionally hinder group cohesion and discourse.<sup>165</sup>

In contrast to the pitfalls that spirituality and religion can inflict upon group dynamics, mental health clinicians must not forget their importance. "Group counselors of heterogeneous groups may be missing opportunities to discuss the spiritual aspects of clients' lives. Because religion and spirituality are important to many, clinicians have an ethical responsibility to be thoughtful about how religion and spirituality influence their clients."<sup>166</sup> It can be argued that addressing these needs is worth risking group cohesion and worth the extra time and discussion to thoroughly attend to it. To attend to these matters in group therapy, mental health clinicians must approach the topic in a subtle and smooth fashion. "Religion and spirituality can be divisive topics; managing these in a way that

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<sup>165</sup> Cornish, 2011.

<sup>166</sup> Cornish, 2011

promotes a deeper and more genuine experience for group members without damaging the group cohesiveness and trust is a potentially delicate business.”<sup>167</sup> Mental health clinicians must act to respect all group members and try their best not to offend.

While the discussion of spirituality and religion can prove to present difficulties among groups, there is an exception for groups in which all members are of the same faith and/or religious background. Research has found that Christian mental health clinicians practicing in Christian-oriented settings “tend to rate the appropriateness and use of religious and spiritual interventions much more favorably. For example 100% of mental health clinicians in Christian private practice and 79% of mental health clinicians in Christian counseling centers reported it was appropriate to pray with a client.”<sup>168</sup> Also, mental health clinicians who recognize that members of their group share the same religious and spiritual foundations (such as in church groups) become aware of the ability and appropriateness of utilizing religious interventions for their group.

When mental health clinicians choose spiritual tools and interventions for their patients they will take into account results

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<sup>167</sup> Cornish, 2011.

<sup>168</sup> Cornish, 2011.

from their assessments. Mental health clinicians should take into consideration and think about their patients and their disclosed views and preferences, as well as think about what intervention will best suit their patients. Not every intervention will work for every patient. As it is known that each person is unique and has his or her own ideas of what spirituality is, clinicians must always be respectful of the patients and aim to help them in a positive way. Through this counseling relationship, a spiritual relationship is forged for the benefit of the patient. In working with their mental health clinicians, patients are provided with a sense of additional spiritual support, inner peace, feelings of being healed, a safe connection, and are able to make meaning of their experiences.<sup>169</sup> Discussions with patients should be about meaning and exploration. Through the spiritual care provided by the mental health clinician, patients are encouraged to maintain or attain their own personal integrity, their relationships with their spiritual selves, and their relationships with others.<sup>170</sup> Mental health clinicians should never aim to influence or tell patients what their beliefs are or should be, nor should mental health

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<sup>169</sup> Young & Koopsen, 103.

<sup>170</sup> Young & Koopsen, 104.



clinicians force their beliefs on to their patients. Mental health clinicians should also build their therapeutic relationship in such a way that they exhibit empathy and sympathy, while refraining from judgment. This spiritual care that is provided, "responds to both religious and non-religious needs. It involves the humanistic desire to be there and listen to another. It acknowledges the dignity and nobility of life. And it respects each person to the point of death."<sup>171</sup> Spiritual interventions should be a positive experience, one that addresses and seeks to improve the spiritual state of a patient. Mental health clinicians should "make discourse about spirituality about what it does for the person rather than defining it and trying to force it into a specific definition or identity."<sup>172</sup> Understanding that spirituality is hard to define into one set meaning and recognizing that there exists an infinite amount of views of what spirituality is, the counseling session will be about the exploration of what spirituality means to the patient. Together the mental health clinician and the patient can discuss the meaning, the importance, and the practice of spirituality in the patient's eyes and work towards spiritual

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<sup>171</sup> Young & Koopsen, 104-105.

<sup>172</sup> Lavretsky, 749.

healing when experiencing a medical illness. Through the use of these interventions and techniques, patients can be encouraged to further discover themselves and find healing through their own understanding and introspection.

## **Part IV**

### **Conclusion**

A wise man should consider that health is the greatest of human blessings, and learn how by his own thought to derive benefit from his illnesses.

-Hippocrates

## **Chapter VII**

### **Special Areas of Concern:**

#### **Ethical & Clinical Concerns & Spiritual Training for Clinicians**

Keep your thoughts positive because your thoughts become your words. Keep your words positive because your words become your behaviors. Keep your behaviors positive because your behaviors become your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny.

- Gandhi

Mental health clinicians, working with patients, must always remember to adhere to their moral and ethical code. While there are certainly benefits to addressing spirituality as a way to enhance the patient health care experience, clinicians must be cautious of the fact that not all spiritual interventions will work for all patients. Some patients may find that they do not need their spirit to be treated, while others may find that they have no belief in the spiritual.

Additionally, some may find that spirituality is a topic that should not be discussed, as for many it is a rather personal experience.

Whatever a patient's preference is, mental health clinicians must be mindful to never overstep and cause any undue stress to their patients.

The American Psychiatric Association (APA) Ethical Principle of Psychologists and Code of Conduct of 2002<sup>173</sup> lists five principles which mental health clinicians are to follow and keep to. These principles are beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and the respect for people's rights and dignity. In regards to beneficence and nonmaleficence, mental health clinicians are obligated to always act in the best interest of their client/patient and to do them no harm. In regards to spiritual interventions, mental health clinicians should not encourage the patient to do anything that would be detrimental to their current physical or mental health; for example, a mental health clinician should not encourage their patient who presents with severe respiratory issues to attend a bikram yoga session in which room temperatures are sweltering, for it may impact their health

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<sup>173</sup> American Psychiatric Association, (2002). Ethical Principles of Psychologists and Code of Conduct. <http://www.apa.org/ethics/code/principles.pdf>

negatively. Rather, mental health clinicians should work towards beneficence by utilizing techniques that would prove to be a positive experience for their patient. Fidelity and responsibility refers to remaining a trustworthy mental health clinician who does not breach confidentiality and share any information without a patient's request and/or permission and to also assume a moral code to uphold ethical standards, and to see to it that their peers are doing so as well. In this instance, patients referred to counseling as a result of medical issues may have family and friends who want to monitor the progress of their loved one. Mental health clinicians would not, and should not, disclose any information regarding what has gone on in the therapeutic relationship, unless the patient gives written authorization. Integrity encompasses the mental health clinician's standards of being accurate and honest in the scope of their practice and not do anything that is fraudulent or misleading. Justice requires that all mental health clinicians act in a fair and just way. Respect for people's rights and dignity would encompass respecting people for who they are, for their beliefs, for their religion, for their nationality, for their gender and so forth. This particular point is especially important for the purposes of religious and spiritual discussion because of the fact that in employing spiritual interventions in work

with patients, mental health clinicians must be cautious and not force spirituality or religion on to their patient.

Forcing spirituality or religion onto the patient is considered to be an imposition of values. Imposing one's values onto another is considered to be a breach of the moral and ethical guidelines and standards that mental health clinicians follow. Violations of these standards are "offering literature about the therapist's religious denomination, inviting clients to attend services at the mental health clinician's place of worship, or teaching clients about the mental health clinician's religious beliefs when those beliefs are irrelevant or tangential to the client's presenting issue."<sup>174</sup> Imposition of ones values can also extend past those just mentioned. Other impositions of values that would be a breach of ethical standards are instances in which a mental health clinician, in disagreement with patient's views, decides to criticize and ridicule the patient's preferences and lifestyle or if in disagreement, decides to try to will their patient to change their preference to that which aligns to the clinicians. Also, it would be unethical for clinicians to impose interventions without the patient's knowledge or consent.

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<sup>174</sup> Gold, 175.

Spiritual interventions are meant to be about the exploration of what spirituality means to the patient, as a way to address spiritual needs. If the patient is vocal about any distaste for the use of spirituality and the mental health clinicians approach, it is the mental health clinician's obligation to seek alternate options to assist the patient. Spirituality and religion can often be a touchy subject for many and with the different beliefs that exist in the world, some may feel apprehensive to discuss it openly.

Society today is so diverse, with many nationalities, ethnicities, and religious beliefs that mental health clinicians must be culturally competent to work with an array of people. In response to the diversity that exists, recommendations have been put in place to educate clinicians. These ethical recommendations are as follows:

With regard to client diversity, helping professionals are charged with:

- Becoming more aware of their own biases and assumptions
- Actively attempting to understand and not to discriminate against a client's expression of religious or spiritual preference
- Accepting the differences between one's personal spiritual/religious path and that chosen by the client
- Recognizing that indicators of spiritual wellness vary among religious groups and within denominations



- Knowing that an attempt to be spiritually neutral in session may be construed by the client as being “anti-spiritual”
- Learning about the cultural values and assumptions of certain groups, and developing culturally appropriate intervention strategies.<sup>175</sup>

These ethical recommendations take into consideration areas with which a mental health clinician may have some difficulty. By focusing on these points, and by some introspection on the mental health clinician’s part, mental health clinicians can begin to be more mindful of how they are approaching diverse clients with equally diverse spiritual preferences.

With these recommendations in mind, mental health clinicians are aware of the constant challenges of diverse populations, as well as extensive psychological literature and techniques that are constantly evolving and expanding. As the world changes every day, mental health clinicians must be prepared to go with those changes and be able to competently address a wide range of needs. To remain competent, mental health clinicians must constantly expand their circle of knowledge. This can be done by taking continuing education classes that focus specifically on spirituality and religion as a cultural

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<sup>175</sup> Gold, 170.

awareness, by reading current literature published on the topic at hand, and by attending seminars that aim to spread awareness in a clinical network of professionals. As a mental health clinician, working to ensure that one is a competent mental health clinician and by constantly practicing self-education, while also being aware of one's own self, it is important not to misuse spiritual interventions when working with patients as this can prove to be problematic for the patient. For example, mental health clinicians have been cautioned against "misusing spiritual resources (prayer, religious scripture) to avoid facing painful issues in counseling, focusing solely on religious or spiritual goals to the exclusion of client's nonspiritual agenda, and utilizing spiritual interventions in cases that warrant medical intervention."<sup>176</sup> Mental health clinicians must be cautious not to use a patient's spirituality or religion as a scapegoat for dealing with major issues, for there are many times in which clinicians must point out and discuss issues with which the patient must come to terms. Mental health clinicians, again, must not force spiritual practices or interventions on patients who do not want to discuss or work on their spirituality, as it goes against patients self

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<sup>176</sup> Gold, 172-173.

determination and rights to practice their spirituality in their own way. Lastly, there are cases in which spiritual interventions are not appropriate for the issues a patient may be having and instead would benefit more from medical attention; for example, if a patient reports suicidal ideation and has a plan to commit suicide, a clinician would not be acting in way that is positive for the client by discussing the patient wanting to “go to God;” instead the patient needs to be hospitalized and in a safe place.

Avoidance of problems that can stem from a lack of knowledge and competency can be rectified with the following recommendations that seek to improve clinician competencies. Mental health clinicians are charged with:

1. Obtaining training in multicultural counseling, because spirituality/religion is a component of cultural diversity.
2. Being responsible for increasing their professional knowledge of the psychology and sociology of religion and of spiritual issues in psychotherapy.
3. Attending professional development workshops on this topic.
4. Utilizing at least one comprehensive book as a reference on world religions, regardless of personal preference, because understanding and receptivity are more critical than shared beliefs.
5. Acquiring specific information on the spiritual/religious traditions found in their client population.
6. Seeking supervision or consultation when first working with clients on spiritual issues or when working with a client from an unfamiliar spiritual or religious orientation.

7. Seeking supervision when introducing new spiritual interventions in clinical work. <sup>177</sup>

By taking command of these areas, mental health clinicians can better equip themselves to be competent mental health clinicians who are prepared to address spiritual and religious needs for their patients and, in doing so, not overstep their bounds and be aware of their actions in providing therapy.

Outside of the mental health clinician's ethical and moral areas guidelines and standards that may prove to be areas of concerns, clinicians must also be cautious of issues that may arise for patients during their clinical sessions. Oftentimes, when dealing with difficult life stressors, individuals will experience their stressors in different ways. Some patients may have positive attitudes in which they very much have a "survival" mind set, while others may have feelings of guilt, anger, and depression. More specifically, patients coping with life threatening illness may develop spiritual problems, or spiritual distress that impact their own spirituality and life experiences.

"Spiritual distress is described as a state in which an individual is experiencing or is at risk of experiencing a disruption in the values or

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<sup>177</sup>Gold, 173.

beliefs that provide them with strength, hope, and meaning.”<sup>178</sup> With the fact that spirituality is a major part of being human, spiritual distress will result in a damaged or hurt spirit and in turn become detrimental to the person in their mind-body-spirit connection. Spiritual distress can manifest in a variety of ways. Symptoms of spiritual distress can include spiritual doubt and questioning and conversion to a faith or spiritual belief that is different from their previously held beliefs.<sup>179</sup> Additionally, more specific symptoms may present when patients are experiencing illness, especially those which renders them disabled, persistent chronic illnesses that can cause great discomfort, and those which are life threatening. When experiencing these illnesses, on a spiritual level, “distress may raise challenging emotions like despair, guilt, shame, and isolation. It can raise questions like, “Is God punishing me? Or “Has God abandoned me?”<sup>180</sup> These symptoms can be spiritually burdening for a person and lead to greater emotional disturbances and impact them physically. Spiritual distress disrupts the spirit and this disruption “in the life principle that pervades a person’s entire being and that

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<sup>178</sup> Young & Koopsen, 116.

<sup>179</sup> Young and Koopsen, 116.

<sup>180</sup> Williams-Orlando, 36.

transcends one's biological and psychological nature. In other words, it means that the person is disintegrating."<sup>181</sup> Distress will also result in patients not being able to make meaning of their situation and their lives, impact their hope, impact their love of life, themselves, and others, cause difficulty in making or finding peace, or cause difficulty in finding strength in battling their diagnosis.<sup>182</sup> Mental health clinicians may find that patients presenting with symptoms of spiritual distress will oftentimes exhibit dominant themes of feeling emotionally down, feeling abandoned by God or by friends, family, and even doctors, and may also vocalize thoughts in which they doubt their spirituality, their faith, or even God. Additional symptoms of spiritual symptom are as follows:

- Questions about the moral/ethical implications of a therapeutic regimen
- Feelings of worthlessness, bitterness, denial, guilt, and fear
- Nightmares and/or sleep disturbances
- Anorexia
- Somatic complaints
- Verbalization of inner conflicts about beliefs
- Inability to participate in usual religious practices
- Seeking spiritual assistance
- Questioning the meaning of suffering

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<sup>181</sup> Young & Koopsen, 116.

<sup>182</sup> Young & Koopsen, 116.

- Questioning the meaning of one's existence
- Anger towards God
- Alterations in mood/behavior (anger, crying, withdrawal, anxiety, apathy, etc.)<sup>183</sup>

All these symptoms of spiritual distress can greatly impact individuals' quality of life and their ability to cope with the illnesses they are experiencing. Not only that, but these symptoms will also cause great issues in their social facets and disrupt personal and professional relationships.

Under the umbrella of spiritual distress, more specific terms and definitions aim to specify the forms of spiritual distress one can experience. They include spiritual pain, spiritual alienation, spiritual anxiety, spiritual guilt, spiritual anger, spiritual loss, and spiritual despair. Spiritual pain consists of emotions or feelings that cause patients suffering or discomfort, as a result of being spiritual unfulfilled or having a lack of peace in their relationship with their faith and beliefs.<sup>184</sup> Spiritual alienation consists of feelings of persistent isolation and distance from one's scope of spiritual belief and practice. Oftentimes, patients may manifest symptoms of

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<sup>183</sup> Young & Koopsen, 116.

<sup>184</sup> Young & Koopsen, 117.

spiritual alienation by making statements such as “Why has God abandoned me when I need him the most?”<sup>185</sup> Spiritual anxiety presents when patients become anxious or concerned that their experiences are a form of punishment from God. Spiritual guilt presents when patients feel that they are not doing enough in their spiritual journeys and wish they could have done more. Spiritual anger presents with symptoms of “frustration, anguish, or outrage directed at God for allowing trials, sickness, or perceived unfairness.”<sup>186</sup> Patients might display spiritual anger by making statements such as, “I am so angry with God for putting me in this situation!” Spiritual loss can manifest as feelings of not finding any solace in spiritual or religious beliefs, which might have once been fulfilling. Finally, spiritual despair is the sadness and feelings of being uncared for that a patient may experience. Spiritual despair maintains an air of hopelessness and thoughts that any efforts made will go without any impact on their spirit or relationship with God. All of these forms of spiritual distress can greatly impact a person’s quality of life, their relationship with themselves, others, and God,

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<sup>185</sup> Young & Koopsen, 117.

<sup>186</sup> Young & Koopsen, 118.



and also cause an increase in somatic symptoms, as well as emotional disturbances.

Mental health clinicians must also focus their attention to spiritual guilt. The topic of spiritual guilt is an important area that must not be ignored within the counseling session. "Addressing guilt is the principle mission of both the helping professions and the spiritual traditions."<sup>187</sup> Both helping and spiritual perspectives maintain the idea that "human frailty and lack of constant self-monitoring, and perhaps lack of self-control, may result in an individual failing to live up to the standards of conduct set by the individual or by others."<sup>188</sup> In regards to working with patients with medical issues, their diagnosis may often times be a result of poor health decisions, such as having a diet rich in carbohydrates and sugars, and then being diagnosed with diabetes, or smoking three packs of cigarettes a day and being diagnosed with lung cancer. When it comes to health, our daily habits and choices impact our body. Also, on the other hand, individuals may receive a diagnosis that is not related to their daily habits. A person who has a healthy

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<sup>187</sup> Gold, 113.

<sup>188</sup> Gold. 113.

diet, exercises regularly, and is active in maintaining a healthy lifestyle, may receive a diagnosis that has no bearing on one's choices. Regardless, health issues will cause people to question themselves and they may even ask themselves, "what could I have done to prevent this?" or for example, say to themselves, "I wish I had stopped smoking when I was younger," for the patient diagnosed with lung cancer. The thoughts and questions that can fill people's minds after receiving a diagnosis and working through their health care issues can result in persistent feelings of guilt. Mental health clinicians must work with their patients and discuss their feelings of guilt. By exploring what their guilt means, patients will be able to put their illness and feelings into perspective and in turn better cope with the stressors at hand.

These clinical areas of concern, in which spiritual distress has been explored, are guaranteed to occur in some capacity when working with patients who have sought the help of a mental health clinician. Mental health clinicians must be able to recognize these areas of spiritual distress and work with patients to explore the feelings and emotions that accompany their illness, while also utilizing spiritual interventions that will prove both therapeutic and

beneficial to patients. In order to encourage and stress that competency is of utmost importance, mental health clinicians should always be sure to be up to date in literature and training. Cultural awareness will allow mental health clinicians to be aware of the wide range of cultures and belief systems that exist, as well as allow mental health clinicians to be aware of the diversity of their patients. Mental health clinicians must be mindful to always be respectful and open to their patients, and never overstep the role and try to challenge, change, or force their patients. Mental health clinicians must respect the rights patients have to their self-determination and work directly with them to develop a treatment plan on which they can both agree on.

## **Chapter VIII**

### **Conclusion**

It's the action, not the fruit of the action, that's important. You have to do the right thing. It may not be in your power, may not be in your time, that there will be any fruit. But that doesn't mean you stop doing the right thing. You may never know what results come from you action. But if you do nothing, there will be no result.

-Gandhi

Through this journey of exploration, we have learned the defining features of spirituality and religion, while also recognizing that what defines the two may differ from person to person, as each person carries one's own definition each. With recognition that there exists an overwhelmingly high percentage of individuals who report that their spirit and spirituality is important to them, it becomes further apparent that with that arrives a great need for the attention and care of the spirit. In moments of mental and

physical weaknesses, the spirit can falter, and this is a moment in which practitioners must be ready to not only address the physical and the emotional, but they must also be ready to treat the spiritual as well.

The treatment of the spirit, in a clinical setting, requires that mental health clinicians first be aware of their own beliefs and values and be open to their patients that come to them for aid. It is important that clinicians then work with their patients to explore what their spirituality and belief systems mean to them. Through the use of simple assessments, mental health clinicians can gather pertinent information relating to their patients' beliefs in the spiritual. From the findings of these assessments, mental health clinicians can decide whether to approach a patient's spirit or not. Some assessments may determine that spirituality is not an important area for certain patients, while others may demonstrate that spirituality and the spirit are important to them. Instances in which the mental health clinician learns that their patient is not spiritual would defer to other interventions that focus more on the emotional psychological basis of current stressors. In doing so, mental health clinicians can play their part in alleviating much of

the spiritual stressors and distress that a person experiences on a spiritual real through the use of spiritual interventions and techniques such as the biopsychosocial framework, prayer, spiritual journaling, bibliotherapy, meditation, mindfulness, and other cognitive behavioral and psychodynamic approaches.

Over the course of this paper, not only did we discuss and explore the expansive pool of definitions aiming to state just what spirituality is, but we also examined attribute of religious beliefs, comparing the similarities and the differences that exist between the two. Also, spiritual and faith development are a part of all human development that begins at a young age. Spiritual belief in a higher power has existed since the beginning of time and has continued to be a dominant force through which many derive support, guidance, and strength. The mere fact that we are all made up of spiritual energies, and much of our daily thoughts, feelings, and experiences are all forms of spiritual activities, is a testament that the spiritual is an area that can be validly treated within the clinical counseling dimension. Research findings further support and spread awareness to the fact that a large number people are reporting their beliefs in a higher power and believe that their spiritual needs are components of the self that need to

be addressed in healthcare. In response to such findings, mental health clinicians must be aware and make themselves prepared to meet these needs in treating patients. The whole goal of clinical therapy is to assist patients process and cope with the difficulties they are experiencing in their lives.

Resources pertaining to patient care, particularly that of the spiritual, are valuable in the sense that when one thinks of health care one does not think about how medical issues impact the spiritual; so in instances in which resources begin to have these discussions of the importance of spiritual care, more and more people will begin to embrace the concept of spiritual treatment and healing from sources that are outside the scope of a religious institution. People will become more open and accepting of spiritual interventions and utilize them in their everyday lives. For example, interventions that are simple and do not seem to be anything more than reading a book or watching a movie, will then be appreciated for being a spiritual process which provides the reader with introspection and reflection.

For Medical Humanities, because it is a field that is focused on the quality of patient care and values the importance of an

approach to medicine and mental health care that embraces the human touch and compassion within the healing process, the discussion of spiritual care and treatment is such a valuable contribution to the field. Care givers, practitioners, mental health clinicians, and humanitarians must all recognize the spirit as being just as important as the mind and the body. The mind-body-spirit connection is a powerful entity that comprises each and every human on this earth. To be human, is again, a spiritual act. Without the spirit we would cease to exist.

For mental health clinicians, treating the spirit will allow patients to have a safe and respecting environment in which they can discuss and explore what their spirituality means to them in relation to their medical diagnosis. It is a goal that in utilizing spiritual techniques and interventions when working with patients, that the patient medical experience be improved, as well as relieving the spiritual distress, psychological stressors, and physical discomfort they may experience. In doing so, mental health clinicians can assist the patient in feeling supported and encouraged to reflect on their illness and make meaning out of it. This whole process can serve to be cathartic and tension relieving



for many patients, and also provide them with tools through which they can attain greater supports and coping mechanisms as they work towards healing on all levels.

As a mental health clinician, I have found that many of the clients that I work with consistently report their beliefs in the spiritual and share that they derive a great deal of support and inspiration when practicing spiritual interventions, such as that of meditation, prayer, and reading the bible. In addition, I find that the therapeutic alliance that mental health clinicians have with their patients is a spiritual process in itself. In a counseling session, patients are vulnerable and expose some of their most personal thoughts and experiences, especially when it comes to discussing medical and health related issues. While this process can be uncomfortable for many when first beginning, clinicians and patients go on a journey together to explore and reflect on issues that the patients are experiencing and, in doing so, there is a truly spiritual process that occurs. From my own experiences, I have been able to see first-hand how the spiritual is fostered within the dynamics of a counseling session, and have also seen how patients can report the spiritual without much prompting.

As our society is constantly developing and changing, and as society goes through its ups and downs of the good and the bad, what will always remain is the spiritual and the support which it can offer in helping people to cope with the stressors of life. Moments in which people can experience spiritual distress as a result of life's stressors and difficulties may find that with a little bit of attention and spiritual counseling that they can work towards wholeness and peace with the assistance of a clinician who can work with the patient to arrive at well-being again in their emotional and spiritual facets. In turn, when a person's spirituality has been addressed and treated, the person can improve their other issues in life, be it medical, or social, in some capacity.

To adequately foster the mind, body, spirit connection, and to assist in improving health experiences and outcomes, I believe that it is imperative that mental health clinicians address spiritual concerns and needs when working with patients. Through the incorporation of spirituality in the both the medical care and mental health care treatment planning, mental health clinicians are allowing patients a form of empowerment by allowing for the free expression of the spirit and by paying attention to its importance. Spirituality, as a part of the human entity, is just as important as

the mind and the body and because of that, clinicians and other health care professionals must always remember to treat their patients in this realm if they are open to it and agree.

*"A bodily disease, which we look upon as whole and entire within itself, may, after all, be but a symptom of some ailment in the spiritual past."*

*-Nathaniel Hawthorne*

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<b>Graduate:</b>			
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