

***The Value of Incorporating Spirituality into Mental Health Practice:
A Professional Imperative for the Global 21st Century***

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Abstract

Spirituality is increasingly recognized as a critical yet challenging and often neglected aspect of effective, ethical, and holistic mental health practice. It is perhaps imperative that mental health professionals incorporate this essential element into contemporary practice, especially considering the rapidly and radically changing world. The U.S. is becoming more diverse and divisive. While spirituality encompasses the narrowly defined aspect of religion, it is a distinctly different concept that promotes universal human connections that potentially unite rather than divide individuals and groups. Social work in the U.S. has a long-standing tradition that values spirituality as integral to education and practice. Both the Council on Social Work Education, the national accrediting body, and the National Association of Social Workers, the main professional organization, explicitly include spirituality in their respective policies and standards for competent, multi-cultural practice. A solid scholarly literature, including numerous national and international journals, addresses this topic. Recent research indicates that social workers and other mental health practitioners in the U.S. report positive attitudes, particularly toward mindfulness-based interventions, and high levels of self-awareness. Yet, studies also find reluctance regarding potential value dilemmas and ethical conflicts. This presentation examines these core concerns and possible problems while arguing for continued and further integration of spirituality into mental health practice consistent with educational and professional standards. Given the shifting demographic patterns and cultural conflict emerging in the U.S., Europe, and beyond, this is more important than ever. Spiritual sensitivity is now imperative for competent practice and professional integrity in the global 21st century.

Keywords: Spirituality; Mental health; Social work practice

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Introduction

Spirituality is increasingly recognized as a critical yet challenging and often neglected aspect of effective, ethical, and holistic mental health practice that is important from a global perspective in the 21st century. Spirituality may be defined as a focus on the subjective experiences of the individual, a multidimensional space including overt observable behaviors (e.g., spiritual practices), beliefs about transcendence and connection to the universe, experiences of wholeness, integration, and meaningfulness that are pluralistic, and inclusive, universal, cultural, and human qualities. This broad definition of spirituality as lived experiences that are meaningful may be distinguished from a narrow definition of religion as prescribed beliefs, rituals, and practices of a social institution (cf., Miller, 1999; Richards & Bergin, 1997, 2000, 2004).

The first author of this paper is a social work professor. Social workers and other mental health professionals are called upon to show multicultural sensitivity to all people, including women and LBGQT clients from fundamentalist backgrounds. In this respect, religion can be divisive while spirituality can find common ground, especially promoting cross-cultural dialogue (Lambe & Tekaronianeken, 2002; Weaver, 2008; WHOQOL-SRPB Group, 2006).

Social work has a long-standing history of value-oriented and ethical-based practice. There is a well-established scholarly literature on spirituality and on ethics, but these literatures are seldom linked. There are many legitimate concerns in this link that can be effectively overcome (e.g., Canda, Nakashima, & Furmann 2004; Loue, 2017; Sheridan, 2009). The social work and mental health professions can continue to be recognized for their social justice mission and can be leaders for global equity in the 21st century through advocacy for spirituality. This is recognized important emerging area of diversity and inclusion in US, UK, Europe, and worldwide.

Although a secular profession, social work has strong religious roots. This can be viewed as a motivating factor for entering social work as a helping, caring professional (Hirsbrunner et al., 2012; Liechty, 2013). Social work has gradually recognized the need to address religion and spirituality in practice, and the profession has slowly evolved in this regard. Interest in this area has greatly expanded more recently (Hodge, 2015). Older, more experienced social workers with a positive attitude toward religion and spirituality are more likely to incorporate these into their practice (Larsen, 2011). We note that licensed clinical social workers report positive attitudes toward religion and spirituality, high self-efficacy, and integration as feasible, but show low levels of religion and spirituality in their practices (Oxhandler et al., 2015).

A spiritual/religious orientation can have profound impact on clinical outcomes. It can predict development of a social justice orientation in young adults (Chenot & Kim, 2013, 2017; Oxhandler et al., 2015). Spiritual practice can influence the religion / spirituality of the clinician regarding knowledge and growth (Pandya, 2018). Mindfulness practice, which promotes spiritual awareness, is the most common clinical social work intervention in the US (Gockel et al., 2013). It can be viewed as a core mode of direct practice in the US, Europe, and Australia (Pandya, 2018). A

spiritual perspective has been shown to be associated with greater levels of empathy (Stewart et al., 2019).

Overall, research shows that attending to religious / spiritual concerns in counseling is related to positive outcomes (Koenig, King, & Carson, 2012). More research is available on mental health practice in hospice and healthcare settings (e.g., Duncan-Daston, Foster, and Bowden, 2016). Clients are increasingly expressing a desire for healthcare and mental health providers to address religion and spirituality (Oxhandler & Pargament, 2014). Although social work is the most represented mental health profession in the US (SAMHSA, 2012), all mental health professionals in the US are requesting more religious and spiritual content in their training (Crook-Lyon et al., 2012).

What shall we recommend for training and mental health practice? The second author of this paper is a clinical psychologist with twenty years of experience as an adjunct professor in a masters' counseling program situated in a theological seminary. In his teaching and practice, he has used the Myers-Briggs Type Indicator (MBTI; Myers, 1980; Myers et al., 1998) in conjunction with evidence-based psychotherapy interventions. The MBTI and psychological type theory can augment psychotherapy by drawing emphasis to clients' personality strengths (Hawkins & Meier, 2015). Different spiritual practices have been recommended according to different psychological types (e.g., Grant, Thompson, & Clarke, 1983; Corlett & Milner, 1993; Hirsch & Kise, 1997) and temperament (Michael & Norrissey, 1984). At the Fielding Training Clinic at New Life Institute (NLI), the second author includes the MBTI in the general psychological assessment measures for his doctoral clinical psychology practicum students. Although most of the clients receiving psychological testing and psychotherapy at NLI receive secular care, they may elect spiritually sensitive counseling as an option.

He applies a spiritually sensitive counseling model in this clinic. The stages of change in the model are as follows: (1) Symptom relief and/or reduction; (2) Improvements in interpersonal relations and in social and occupational functioning; (3) Clarifying values, finding meaningful experiences; and, (4) Spiritual growth, integration, and individuation. These last two stages implicitly (sometimes explicitly) involve spiritual change, according to the broad definition of spirituality we have proposed (i.e., meaningful lived experiences). The MBTI can be used to help foster psychological type development (McCaulley, 2000) as can spiritual practices (Hawkins, 2004).

This clinical practice provides clinical anecdotal support for the claim that meaningful spiritual experiences accompany positive outcomes in longer term psychotherapy. The second author informally reviewed his notes on psychotherapy clients to identify clear cases where the third and fourth stages of change occurred. This review identified 44 clients, approximately equal in the number of males and females, who had had meaningful spiritual experiences broadly defined. Table 1 presents the list of these clients' spiritual growth themes. Please note that in some instances, clients may have had spiritual growth experiences in more than one category.

Spiritual Growth Themes in Psychotherapy

- N = 44 cases
- Religious beliefs / prayer (10)
- Alcoholics Anonymous 12 Steps (6)
- Women's career attainment (5)
- Artistic / musical expression (7)
- Mechanical expression (3)
- Atheistic transitions (2)
- Caring for people or animals (5)
- Nature experiences (3)
- Jungian dream work (2)
- Mindfulness - Buddhism (2)

Table 1: Spiritual Experience Growth Themes

Table 1 shows that about a quarter of clients who had important spiritual growth reported enhanced religious beliefs and prayer experiences (10). In addition, other forms of spiritual experiences were also profoundly meaningful for some clients (e.g., Alcoholics Anonymous 12 Steps, artistic / musical expression, women's career attainment, and caring for people or animals). Even some atheistic clients reported changes in their meaning-making that were spiritual in the broader sense of our definition.

These anecdotal impressions need to be confirmed by carefully designed research studies.

However, we regard these spiritual lived experiences as an important goal for longer term change processes in psychotherapy (Hawkins & Meier, 2015; Mahoney, 2003; Pargament, 2007). Future directions in religion and spirituality are critical for the increasingly diverse culture in the US, Europe, and closely related countries. Integrating this content into therapy will not only help therapy clients, it might promote potential healing of deep divisions caused by religious misunderstanding in our cultures as well.

Conclusion

In this presentation we have offered a broad definition of spirituality as meaningful lived experiences and have argued for the further integration of spirituality into mental health practice consistent with educational and professional ethical standards. We then provided some clinical anecdotal data suggesting that spiritual growth experiences are characteristic of more advanced stages of the psychotherapy change process. Given the shifting demographic patterns and cultural conflict emerging in the U.S., Europe, and beyond, spiritual sensitivity is now imperative for competent practice and professional integrity in the global 21st century.

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