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SOPP

Like FICA and SPIRIT, SOPP is an acronym:

**SOPP**

**Strengths** Religion/Spirituality

**Organized** Religion/Spirituality

**Personal** Religion/Spirituality

**Problems** with Religion/Spirituality

**Screening Questions**

*Do you have any beliefs or practices that help you cope with difficulties or stress?*

*For some people, their religion or spirituality are a source of strength and comfort in dealing with life's challenges. Are they for you?*

If no: *Were they ever?*

If yes, continue interview below using client's terminology (e.g., specific personal or religious or spiritual beliefs and practices)

If both answers are no, ask,

What are your sources of hope, strength, and peace?

**Strengths: Religious/Spiritual Strengths and Coping Resources**

*How does religion/spirituality support your well-being and mental health?*

*Do you have spiritual beliefs that help you cope with stress?*

*Can you give a recent example of how religion/spirituality helped you with a recent challenge or problem?*

**Organized Religion**

*Do you belong to a religious/spiritual community (church, temple, mosque or other place of worship)? Does it support your well-being and mental health? How?*

*Is there a group of people you really love or you engage with on a regular basis such as at your yoga studio, dojo, choir, reading club, Bible study group?*

*If you don't have a community, would you like to find one?*

**Personal Religion/Spirituality**

*Do you have any personal religious or spiritual beliefs or practices that you do on your own and find helpful (e.g., prayer, meditation, reading scripture, listening to music, walking in nature)?*

*Do you have an altar in your home or room to honor deceased family members? Pets, a gardening area, access to nature?*

**Problems: Religious/Spiritual Problems**

*Does what is happening to you now change your relationship to God /or to your spirituality? (closer to God, more distant, no change)*

*What aspects of your religious community and their beliefs are helpful and not so helpful to you?*

*Do you have any spiritual needs in your life that are not being met?*

**Strengths Religious/Spiritual.** The contributions of consumers in developing the recovery model and in positioning spirituality as central within this approach has been noted by Southard (2009):

Clients gave us the notion of the recovery, and it was a profound gift to all of us. We found, however, that the recovery model doesn’t work without the inclusion of hope,…[and] that sustaining hope is difficult without spirituality. So the first gift of the recovery model to us by the clients ended up creating the next step, which is the emphasis on hope, which is now creating the next step, which is the emphasis on spirituality. (p. 5)

With the support of SAMHSA,the strengths-based recovery approach is fast becoming the dominant service model for mental health treatment (Jones-Smith, 2014). A well-documented strength for many mental health service recipients is their spirituality.

Another goal of the California Mental Health and Spirituality Initiative is to change the way in which religious and spiritual experiences that occur in psychotic and manic episodes are viewed by mental health and religious professionals. Studies have shown that religious content occurs in 22 to 39 percent of psychotic symptoms (Siddle, Haddock, Tarrier, & Faragher, 2002), and about 50% of manic episodes (Jamison and Goodwin). Father Jerome Stack (1997), a Catholic chaplain for 25 years at Metropolitan State Hospital in California, has observed that people in psychotic and manic states often do have genuine religious experiences:

Many patients over the years have spoken to me of their religious experience and I have found their stories to be quite genuine, quite believable. Their experience of the divine, the spiritual, is healthy and life giving…It is important not to presume that certain kinds of religious experience or behavior are simply ‘part of the illness.’ (p. 23)

Such experiences can help guide and encourage the healing process in recovery. This perspective is what initially motivated my work on the proposal for the diagnostic category *Religious or Spiritual Problem*, namely to reclaim spiritual experiences as an appropriate focus in clinical practice. I have published several case studies (Chapman & Lukoff, 1996; Lukoff, 1998; Lukoff & Everest,1985) that illustrate the value of integrating spiritual experiences from psychotic episodes, and have conducted six workshops at Esalen Institute (Big Sur, CA) and several for California counties, such as the one recently in Alameda county entitled “Psychosis as a Spiritual Crisis and Opportunity for Growth.” The questions in this area elicit important spiritual experiences (including ones that occurred during episodes of disorder), as well as beliefs, and practices that help support the client’s well-being and mental health.

**Organized Religion/Spirituality.** Participation in religion is one of the most robust variables in psychology of religion. The research is compelling that attendance at religious services is associated with lower rates of mental, medical and substance abuse problems as well as recovery from mental disorders, substance abuse, and surgery. Religious organizations function as sources of social support for members.

Research also indicates that social involvement through religious congregational services and activities likely enhances both prosocial and adaptive behavior and thus may elevate mood, lessen distress, and enhance well-being…Educational support is also provided by teaching the spiritual community about ethics, values, and both mental and physical health issues, such as substance abuse, violence prevention, enhancing healthful behaviors, and avoiding unhealthful behaviors—all of which may increase well-being. (Plante, 2009, p. 19)

The questions in this area include but go beyond congregational forms of worship:

*Is there a group of people you really love or you engage with on a regular basis such as at your yoga studio, dojo, choir, reading club, Bible study group?*

**Personal Religion/Spirituality**. As the survey revealed, many consumers are actively involved in religious and spiritual practices. Religious and spiritual practices enhance recovery by promoting a positive sense of self and hope, increasing quality of life, and reducing psychiatric symptomatology and suicide (Mohr, 2013). These benefits are above and beyond the social support offered by a religious organization: “It may be due to the impact of faith on emotional functioning associated with increased forgiveness and reduced guilt, which may contribute to feelings of well-being (Plante, 2009, p. 19).

**Problems with Religion/Spirituality**. Religious and spiritual struggle has positive links with indices of distress, such as depression, paranoid ideation, somatization, and anxiety (Exline, 2013). Perhaps the most developed area of research related to religious and spiritual problems has been on negative religious coping which predicts worse overall mental health, depressive symptoms, higher mortality and morbidity rates, social isolation, and life satisfaction after controlling for sociodemographic and other covariates (Gall & Guirguis-Younger, 2013). Pargament (2007), who pioneered this research, has categorized negative coping into three types: Divine (e.g., feeling angry at God), Intrapersonal (e.g., being unable to forgive oneself for a transgression, concern about divine punishment, facing moral imperfection, spiritual questions and doubts), and Interpersonal (e.g., feeling betrayed by a religious leader, disagreements about religious issues). Positive coping strategies include perceptions of spiritual support and guidance, congregational support, and attributions of negative life events to the will of God or a loving God. With the diagnosis of a major mental disorder or medical illness, a person’s religious and spiritual coping style may be challenged (Peteet, 2004) contributing significantly to a person’s distress.

For references see David Lukoff

From Personal Experience to Clinical Practice to Research: A Career Path Leading to Public Policy Changes in Integrating Spirituality into Mental Health

in *Spirituality In Clinical Practice 2014*

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