



Spirituality and Mental Health: A Consumer-driven Holistic Approach to Recovery

David Lukoff, PhD, Jay Mahler and Rev. Laura L. Mancuso, MS, CRC

Mental health systems throughout the U.S. are undergoing a quiet revolution as former patients, families, and other advocates work with service providers to incorporate spirituality into mental health care. A recent achievement is the California Mental Health & Spirituality Initiative that began in June 2008 with funding from 40 of the 58 county mental health authorities.

The therapeutic value of spirituality is widely recognized in substance abuse treatment due, in large part, to the success of 12-step programs since the founding of Alcoholics Anonymous in 1935. Similarly, the more recent incorporation of spirituality provides a holistic approach to the treatment of serious mental health problems such as bipolar disorder, depression, PTSD, and schizophrenia.

The Consumer Movement and Spirituality

The recognition of spirituality as an important component of recovery has been driven by consumer and family grassroots advocacy. In the late 1950s, with the advent of the civil rights movement, people began organizing to fight against inequality and social injustice. The women's movement, gay rights movement, and disabilities rights movement soon followed. In this context, in 1975, former mental health patients across the country began what was first known as the anti-psychiatry movement with groups such as the Network Against Psychiatric Assault. As a result, ex-mental health patients organized drop-in centers, artistic endeavors, and businesses.

Sally Clay, a pioneer of this movement and founder of the Portland Coalition for the Psychiatrically Labeled, wrote a seminal article in 1987 on spirituality and stigma that illustrated consumer concerns about the neglect of spirituality in their treatment. In reviewing her written psychiatric records from the Yale-affiliated Hartford Institute of Living, she found no mention of the spiritual crisis that triggered her episode or the role that attending religious services at the hospital had played in her recovery (Clay, 1987). This corroborated her recollection that the mental health providers involved in her treatment had never addressed these issues. Clay (1994) described how the lack of sensitivity to the spiritual dimensions of her experience was detrimental to her recovery: "Finding a spiritual model of recovery was a question of life or death...My experiences were, and always had been, a spiritual journey—not sick, shameful, or evil."

The anti-psychiatry activities of the 1970s have transformed into a movement of consumers who are taking an active role in shaping a spiritually-sensitive vision of recovery that is influencing the mental health system. Frank Leonard and Jay Mahler organized a spiritual support group in the San Francisco Bay area as early as 1978. However, conferences beginning in the 1980s provided a forum where consumers and mental health providers began dialogues to address spirituality in recovery more effectively. Among the many events funded by NIMH was the 1993 Alternatives Conference, "A Celebration of Our Spirit" organized by the National Empowerment Center (www.power2u.org). In 2002, The California Association of Social Rehabilitation Agencies had at their conference a keynote a talk on "The Spiritual Journey in Recovery" (with author DL). Another important event building momentum for this movement was the 2004 SAMSHA Conference *Building Bridges: Mental Health Consumers and Members of Faith-Based and Community Organizations in Dialogue* which brought together academic researchers such

LAW OFFICES OF ALAN I. KAPLAN

***We aggressively defend psychologists
against:***

Investigations and audits by:

- Board of Psychology
- Medicare/Medical
- Insurance Companies

**Subpoenas and Other Threats to
Confidentiality**

We also structure group practices

Over 27 years of experience

Tel: 310 420 6961

Fax 310 478 8006

**11111 Santa Monica Blvd., Suite 1000
Los Angeles, CA 90025**

Email: Alan@alanikaplan.com

AWARDS OF HONOR

CPA annually honors psychologists and others for their commitment to the betterment of the association, the profession and public mental health. These awards were presented at the CPA Annual Convention on April 16, 2009.

Lifetime Achievement Award

Mae Billet-Ziskin, PhD

Silver Psi Award For Service To The Association

Jana N. Martin, PhD

Silver Psi Award For Service To The Association

Jeffrey Younggren, PhD

CPAGS Bronze Psi Award

Jime Salcedo, MS

Distinguished Contribution To Psychology As A Profession

Morgan Taylor Sammons, PhD

Distinguished Scientific Achievement In Psychology

Stephen Hinshaw, PhD

CPA Jerry Clark Advocacy Award

Susan Chandler, PhD

CPA Jerry Clark Advocacy Award

Victoria Beckner, PhD

Student Advocacy Award

Erin Gabrielson, MA

Distinguished Humanitarian Contribution

Elsa Salguero, PhD

Outstanding Chapter

San Diego Psychological Association Under The Leadership Of Sallie Hildebrandt, PhD

Outstanding Newsletter

San Mateo County Psychological Association Newsletter, Under The Editorship Of Ann Watters, PhD

Division Of Education And Training (II) – Distinguished Service To Division II

David Hindman, PhD

Division Of Education And Training (II) – Distinguished Service To Division II

Patrick Petti, PhD

Division Of Education And Training (II) – Distinguished Service To Division II

Sheryn Scott, PhD

Division Of Industrial/Organizational Psychology (III) – Distinguished Service To Industrial/Organizational Psychology

David B. Peterson, PhD

Division Of Public Service Psychology (IV) – Distinguished Contribution To Psychology

Sharon Rippner, PhD

Division Of Clinical Psychopharmacology (V) – Distinguished Service Award

Jarline Ketola, PhD, MSCP

as Harold Koenig, MD, consumers (including author JM), and religious professionals.

A grassroots network of family members of consumers also organized and formed The National Alliance for the Mentally Ill (NAMI). Since 1998, their FaithNet network (www.faithnet.nami.org), founded by California physician Guannar Christiansen, has published a newsletter on outreach and engagement of faith communities with mental health concerns. In addition, NAMI's national conventions have featured many programs on spirituality.

Launch of the Mental Health and Spirituality Initiative

In November 2004, the passage of Proposition 63, the Mental Health Services Act (MHSA), provided the California Department of Mental Health with increased funding, personnel and other resources to support county mental health programs. Jay Mahler saw this as an opportunity to develop a systematic approach to remediating the neglect of spirituality in the public mental health system. In August 2006 Mahler invited a diverse group of about 20 consumers, family members and service providers, including the other two authors of this article to form a "spirituality workgroup" which met at Alameda County Behavioral Health Care Services. This group convened monthly in its first year for the purpose of sharing knowledge about diverse spiritual practices, religious traditions, and ethnic and cultural experiences. This dialogue led to the development of a concept paper for a state-wide project. Its goal was to "find effective, collaborative means to lead the public mental health system in California to inquire about, embrace, and support the spiritual lives of the people it serves or desires to serve" (p. 1). The concept paper (available at www.mhspirit.com) and Value Statement (see Table 1) formed the foundation for the California Mental Health & Spirituality Initiative. Specific activities of the initiative include conferences on mental health & spirituality, a website, community dialogues, teleconferences, development of online and face-to-face curricula, as well as surveys of mental health service recipients (individuals and families), provider agencies, and county mental health directors. The Initiative is housed in the Center for Multicultural Development at the California Institute for Mental Health CiMH (www.cimh.org). Currently, the Initiative is co-sponsoring two conferences in California. Information on this conference and a guide to scientific literature, spiritual practices, and books and other resources on spirituality and mental health are available on the Initiative's website.

Research on Recovery and Spirituality

Studies have found that people with serious mental issues place a value on religion similar to that of the general population and they turn even more to religion during crises. In one study, 94 percent of people with serious mental health problems indicated a belief in God or higher power and 70 percent reported they were "moderately," "considerably," or "very" religious" (Kroll & Sheehan, 1989). People with serious mental health problems also had lower spiritual well-being scores and were less likely to have talked with clergy than community sample groups. Thus they had not experienced the emotional and social support typically gained from religious communities (Fitchett, Burton, & Sivan, 1997).

Many people report using religious and spiritual practices during their recovery. In one study, 50 percent reported using religious/

Values Statement of the California Mental Health & Spirituality Initiative

- An appreciation for the significance of spirituality in personal growth, recovery and wellness
- A desire to reduce the suffering of people in recovery whose spiritual experiences have been denied and whose spiritual journeys have been impeded by their interactions with service systems
- An open, welcoming, and non-judgmental stance toward spiritual, religious, and cultural beliefs, practices, rituals, values, theologies, and philosophies – including non-belief or non-practice
- A clear commitment to the inclusion of voices that reflect the diversity of our state – including racial/ethnic diversity and a wide variety of faith traditions or practices
- A passion for choice – including the choice by individuals not to engage with spirituality and/or religion
- A holistic view of recovery that includes mind, body, and spirit

Table 1

spiritual readings, 31 percent meditation, and 20 percent yoga (El-lison, Anthony, & Sheets, 2002). Another study of 74 people with psychotic disorders, 30 percent reported an increase in religious faith after the onset of the illness and over 60 percent reported they used religion to cope with their illness (Lukoff, 2007).

To respond to these needs identified in research, the Initiative plans to create face-to-face and e-learning courses to improve the spiritual competency of mental health providers in addressing religious and spiritual needs and to support the spiritual journeys of consumers and families.

Altered State Experiences as Part of the Spiritual Journey

A goal of this initiative is to change the way in which religious and spiritual experiences that occur during acute 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). In people with bipolar disorder, religious delusions were present in 25 percent and over half of the hallucinations had religious content (Goodwin & Jamison, 1990). Deegan (2004) found that distress, even the distress associated with psychosis, can be hallowed ground upon which one can meet God and receive spiritual teaching. Additionally, Deegan found that those of us who are diagnosed can have authentic encounters with God and that these spiritual teachings can help to guide and encourage the healing process that is recovery.

Father Jerome Stack (1997), a Catholic chaplain for 25 years at Metropolitan State Hospital in Norwalk, California, has observed that people with psychotic disorders 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)

The first author has published case studies and an account of how his own spiritual experiences during a psychotic episode helped him to find strength, hope and support during recovery (Lukoff, 1991; Lukoff & Lu, 2005). An episode of mental problems can be a genuine route to spirituality.

How Spiritual Competency Can Aid Psychologists in Supporting Consumers

Conducting a spiritual assessment offers a way to help consumers connect to social and spiritual support networks and aids in uncovering healthy and dysfunctional forms of religious coping (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). The brief Faith and Interest Importance Community Address (FICA) in care interview, now taught at over two-thirds of medical schools, includes four questions and can be administered in three to five minutes (Puchalski & Romer, 2000). The list below includes some additional approaches that must be used in a culturally sensitive manner, but are additional ways to support the spirituality of consumers and their family members.

1. Educate consumers about recovery as a spiritual journey with a potentially positive outcome.
2. Encourage consumers' involvement with a spiritual path or religious community that is consistent with their experiences and values.
3. Encourage consumers to seek support from appropriate religious or spiritual advisors.
4. Encourage consumers to engage in religious and spiritual practices consistent with their beliefs (e.g., prayer, meditation, reading spiritual books, acts of worship, ritual, forgiveness and service).
5. Actively support a consumer during the learning process to explore various methods by sharing the experience of practicing together (e.g., meditation, silence, or prayer).
6. Model one's own spirituality including a sense of purpose and meaning, along with hope and faith in something transcendent.



O. Brandt Caudill, Jr., Esq.

Law Offices of
**Callahan, McCune
& Willis APLC**

111 Fashion Lane
Tustin, California 92680-3397
(714) 730-5700

**Representation of Psychologists and
other Mental Health Professionals in
civil and administrative litigation
and business matters.**

Additional Offices:
Los Angeles
San Diego
San Francisco

Biofeedback workshops for professionals... by professionals

**Hands-on training using the two
leading biofeedback systems,
NeXus and Infiniti®**



Stens
CORPORATION

The leading supplier of
biofeedback equipment and training

NeXus
wireless bluetooth
technology with Bio-Trace
is available exclusively
from Stens

**Call us at 800-257-8367 or
register for workshops online at
www.stens-biofeedback.com**

CEs for APA, CNA, BBS. Stens Corp is approved by the APA to offer CE for psychologists and maintains responsibility for the program. Infiniti is a registered trademark of Thought Technology, Ltd.

References

- Clay, S. (1987). Stigma and spirituality. *Journal of Contemplative Psychotherapy*, 4, 87-94.
- Clay, S. (1994). *The wounded prophet*. Retrieved 11/30/06, from <http://www.sallyclay.net/Z.text/Prophet.html>
- Deegan, P. (2004). *Spiritual lessons in recovery*. Retrieved 11/30/06, from <http://www.patdeegan.com/blog/archives/000011.php>
- Ellison, M., Anthony, W., & Sheets, J. (2002). The integration of psychiatric rehabilitation services behavioral health care structures: A state example. *Journal of Behavioral Health Services Research*, 29, 381-393.
- Fitchett, G., Burton, L. A., & Sivan, A. B. (1997). The religious needs and resources of psychiatric patients. *Journal of Nervous and Mental Disorder*, 185, 320-326.
- Goodwin, F., & Jamison, K. (1990). *Manic-depressive illness*. New York: Oxford University.
- Kroll, J., & Sheehan, W. (1989). Religious beliefs and practices among 52 psychiatric inpatients in Minnesota. *American Journal of Psychiatry*, 146, 67-72.
- Lukoff, D. (1991). Divine madness: Shamanistic initiatory crisis and psychosis. *Shaman's Drum*, 22, 24-29.
- Lukoff, D. (2007). Spirituality in the recovery from persistent mental disorders. *Southern Medical Journal*, 100(6), 642-646.
- Lukoff, D., & Lu, F. (2005). A transpersonal integrative approach to spiritually oriented psychotherapy. In L. Sperry & E. Shafranske (Eds.), *Spiritually oriented psychotherapy* (pp. 177-205). Washington, D.C: American Psychological Association Press.
- Pargament, K., Koenig, H. G., Tarakeshwar, N., & Hahn, J. (2004). Religious coping methods as predictors of psychological, physical and spiritual outcomes among medically ill elderly patients: A two-year longitudinal study. *Journal of Health Psychology*, 9(6), 713-730.
- Puchalski, C., & Romer, A. (2000). Taking a spiritual history allows clinicians to understand patients more fully. *Journal of Palliative Medicine*, 3, 129-137.
- Siddle, R., Haddock, G., Tarrrier, N., & Faragher, E. (2002). Religious delusions in patients admitted to hospital with schizophrenia. *Social Psychiatry & Psychiatric Epidemiology*, 37(3), 130-138.
- Stack, J. (1997). Organized religion is but one of the many paths toward spiritual growth. *The Journal*, 8(4), 23-26.

David Lukoff, PhD, is a Professor of Psychology at the Institute of Transpersonal Psychology in Palo Alto and consultant to the California Mental Health & Spirituality Initiative. He maintains the Spiritual Competency Resource Center at www.spiritualcompetency.com.

Jay Mahler is the Consumer Relations Manager at Alameda County Behavioral Healthcare Services

Rev. Laura L. Mancuso, MS, CRC, is a psychiatric rehabilitation counselor, interfaith minister, and Director of the California Mental Health & Spirituality Initiative

FREE CE CREDIT

CPA Members Only

See page 25