



Concepts, Practices and Advantages of Spirituality Among People with a Chronic Mental Illness in Melbourne

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Abstract

There is a relative paucity of literature in the field of spirituality among people who have a lived experience of severe mental illness from Australia. Sixteen individuals with a severe mental illness were interviewed on their experiences of spirituality. The three themes that emerged from the data were concepts of spirituality, benefits of intentional spiritual practices and perceived spiritual benefits of recreational pursuits and physical activity. This paper adds to the relatively sparse literature on spirituality among persons with a mental illness in Australia.

Keywords Spirituality · Religion · Mental disorder · Mental health services · Recovery

Introduction

The role of religiosity is increasingly being discussed in the field of psychiatry (Talbot 2012). Empirical studies show that religious individuals tend to fare better than their secular peers in some disorders (Koenig et al. 2012). For instance, religiosity appears to be beneficial in improving coping abilities in persons with severe mental disorders (Mohr et al. 2011) as well as in reducing suicidality (Sisask et al. 2010). Positive outcomes have also been reported when organisations have adopted ways to address patients' spiritual needs as part of their medical treatment (Cook et al. 2012). Moreover, spirituality has shown to play a crucial role in mental health recovery (Green et al. 2009; Ho et al. 2016; Young 2015). Notwithstanding its usefulness, religion and spirituality can also have serious negative consequences among those with severe mental illness (Weber and Pargament 2014).

Religiosity and Spirituality

Until about the middle of the twentieth century, spirituality was inextricably linked to a religion and pertained to finding order and meaning in religious rituals and practices (Roof 2003). However, since then, for a significant proportion of people, spirituality has been less

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contained within religious structures and more about seeking out the sacred in new vistas (Roof 2003). Nonetheless, currently, spirituality as a concept is understood and described in different ways. While some like Koenig argue that there is no spirituality unless it is related to the transcendent or sacred (Koenig et al. 2012), there are others who argue that spirituality can be viewed in humanistic or secular, and individualistic terms and can be 'redefined in terms of subjective self-fulfillment' (Smith and Denton 2005, p. 175). There are also people who identify as 'spiritual but not religious' whereby they demonstrate an identity but also specify who they are not (Roof 2003). Spirituality for many people is a unique and personal experience. It is challenging to define generally, and there is a lack of universal agreement in the literature; the only consensus being that it relates to what cannot be commonly perceived by the physical senses (Miller and Thoresen 2003; Russinova and Cash 2007; Wilding et al. 2005). Owing to the different views and understandings of spirituality, Koenig acknowledges that 'spirituality has become largely self-defined and can mean nearly anything a person wants it to mean' (Koenig 2015, p. 21).

For mental health service users, there are several aspects to spirituality such as a sense of purpose or connectedness either to self, others, Nature or God or perhaps a 'quest for wholeness; a search for hope or harmony' or any activity that gives one meaning and value in life (Cornah 2006).

In Australia, 52% of the population report being Christian, but the fastest growing group currently accounting for 30% of the population are those who report having no religion (Australian Bureau of Statistics 2017). Those who report being spiritual but not religious commonly have a mixture of religious beliefs, presume that life has an ultimate purpose and meaning, and are on an inward journey of self-discovery (McCrinkle et al. 2017). Aboriginal spirituality, in common with other First Nations people, is quite different from most modern day spiritualities. Some refer to it as 'the dreaming', and it encompasses creation stories, ancestors and a deep connection to land, sea and the natural world (Greaves 2008).

Religiosity/Spirituality and Recovery

Reports from the USA indicate that a significant proportion of people with a mental illness feel that religiosity or spirituality is an important component of their recovery (Bussema and Bussema 2007). It is a source of strength and comfort, helps with relieving psychiatric symptoms and is associated with reduced length of hospital stay and improved satisfaction with life (Fallot 2007). Being part of a religious group also provides a support network and regular spiritual activities such as prayer and worship fortify coping abilities (Fallot 2007). Several case studies have also described how spirituality has contributed to recovery from severe and persistent mental illness (Lukoff 2007).

Religiosity/Spirituality [R/S] in Mental Health Care

Religious beliefs and practices are commonly used by people to cope with their mental health problems and stressful life events (AbdAleati et al. 2016) particularly when they are in a crisis (Wilding 2007). Activities such as yoga and reading self-help books (Pandya 2017) and meditation (Sampaio et al. 2017) are also shown to be useful for better mental well-being.

Although service providers acknowledge the importance of religious beliefs in mental health and illness, it is not often explored as part of mental health care (Carlisle 2015). This is because there is scepticism about its use (Carlisle 2015), or because each religion has a

unique bearing on the mental health of each individual (Baumsteiger and Chenneville 2015) or because despite the fact that they wished to discuss it, service users did not request for their spirituality to be explored (Wilding et al. 2006).

The failure of mental health professionals to include the spirituality of their patients in care has been referred to as the ‘spirituality gap’. This can be due to reasons such as mental health professionals being less religious than those in the general population or their lack of awareness and training on how to deal with R/S in clinical practice (Moreira-Almeida et al. 2014, p. 176).

Regardless, it is generally accepted that for service users with strong spiritual beliefs, supporting their spirituality is crucial to their care and well-being and failure to do so might lead to poor engagement and motivation (Da Silva and Pereira 2017; Raffay et al. 2016).

In Australia, views on the usefulness of spirituality and religiosity in health care continue to be mixed with calls for an exploration of Australian spirituality (Eckersley 2007; Peach 2003; Williams and Sternthal 2007). Some authors have also expressed dismay at the very notion of mixing science and religion (Van der Weyden 2007). Considering these factors, we explored views and experiences of spirituality among people living with a mental illness in an Australian setting.

Methods

Study Design

Qualitative description was chosen as the research method as it enables exploration of participant’s experiences without bringing in theoretical and philosophical assumptions (Neergaard et al. 2009; Sandelowski 2000). The aim of qualitative description is a rich, straightforward representation of an experience or event. Throughout the analytical process and presentation of the findings, researchers remain close to the data and represent the findings in plain language.

Setting and Participants

This research was undertaken at Out Doors Inc., a mental health community support service (MHCSS) previously referred to as Psychiatric Disability and Rehabilitation Support Service (PDRSS). A non-clinical mental health service, Out Doors is a not-for-profit, community-managed mental health organization, based in Melbourne, Australia. Clients of Out Doors Inc. are eligible for Out Doors’ service if they have a psychiatric diagnosis, are aged 16–64 and live in the state of Victoria. Referrals to Out Doors Inc. are received from local GPs, psychiatrists/psychologists, other MHCSSs or through self-referral. Out Doors Inc. offers a variety of programmes such as bushwalking, canoeing, rafting, skiing and rock climbing and other recreational activities like bush-art, tai-chi and gardening. A key element of the programme is contact with the natural environment.

Participants were recruited using flyers and a poster placed at the office of Out Doors Inc. Those who responded to the invitation were given the explanatory statement and consent forms. Participants were accepted into the study if they provided informed written consent. Ethics approval was obtained from Monash University Human Research Ethics Committee (CF10/1009: 2010000524).

Table 1 Demographic profile of participants ($N = 16$)

Demographic characteristic	%	Demographic characteristic	%
Gender		Employment status	
Female	37.50	Unemployed	62.50
Male	62.50	Part time employed	25.00
Age group		Student	12.50
26–35 years	25.00	Diagnoses*	
36–45 years	31.25	Depression and anxiety	68.75
46–55 years	18.75	Bi-polar disorder	12.50
56–65 years	25.00	Schizophrenia	37.50
Relationship status		Schizo-affective	12.50
Single	100.00	Substance abuse	12.50
Religious affiliation		Eating disorder	6.25
Christianity (protestant)	37.50	Post-traumatic stress disorder	12.50
No religion	25.00	Duration of illness	
Christianity (Roman Catholic)	6.25	< 6 years	6.25
Buddhism	6.25	6–15 years	43.75
Jehovah's Witness	6.25	16–25 years	18.75
Islam	6.25	26–35 years	12.50
Judaism	6.25	Unknown	18.75

*Participants may have reported more than one diagnosis

Data Collection and Analysis

One-to-one semi-structured interviews were conducted using the HOPE schedule (Anandarajah and Hight 2001) at the office of Out Doors Inc. The HOPE schedule was used because it offers an appropriate framework in which to explore spirituality and its relationship to their mental health, well-being and recovery. The HOPE schedule utilises questions related to hope (h); organised religion (o); and personal spirituality and practices (p). Questions related to the 'e' component of the HOPE mnemonic—effects of medication and end of life were changed (with permission) to those related to the environment in order to explore the benefits of contact with the natural environment. Data were analysed thematically (Braun and Clarke 2006). Codes from each manuscript were initially grouped into categories which were then refined by merging or splitting them (Green et al. 2007). Categories were then grouped to form themes. Where categories appeared lean, they were simply merged to form a theme. Key quotes that best represented each category were then discussed. Following this, we attempted to theorise the relationship between spirituality, religion and related practices.

Results

Seventeen people responded to the invitation. Sixteen of them provided informed written consent to participate. Demographic details of participants are given in Table 1. Participants were evenly spread across age groups. The majority (68.75%) had depression and anxiety. 62% were unemployed and the duration of illness varied from less than

6–35 years. Although over 37% stated that they were Christian, not all of them practiced Christian spirituality.

Three main themes emerged from the data. They were: Concepts of Spirituality; Benefits of intentional spiritual practices; and Perceived spiritual benefits of recreational pursuits and physical activity.

Concepts of Spirituality

This theme pertains to participants' notions or concepts of spirituality. It outlines what spirituality means to different people who experience a chronic mental illness.

Participants' concepts of spirituality were grouped into five different categories. They were: Spirituality as part of a religion, Spirituality in nature, Spirituality in art, New age spirituality and Indeterminate spirituality.

Spirituality as Part of a Religion

Spirituality was described as being part of a religion and its rituals.

Well I'm a Christian. So I believe that the Bible is true and I believe that it gives me – like a blueprint of life. It's not a book of rights and wrongs; it's a book of correction and love; it's like God's love letter to me. And so, when I read the Bible, I find that it gives me wisdom and understanding on life, of spirituality. (Christian male aged 43)

Yes, I believe in God, one God, I pray to God. We have certain principles and guidelines tied to religion that we have to follow because our beliefs are that religion. (Catholic male aged 43)

Spirituality continues to be linked to traditional religious practices that give people wisdom and meaning to life.

Spirituality in Nature

In this category, participants describe different ways in which spirituality is connected to nature. For instance nature was an important aspect of knowing God and understanding spirituality.

I think in our days, religion and stuff don't recognise nature as a big part of spirituality but I definitely believe that when people come to know God and come to know spirituality, nature is part of God and part of the perfection of it all. So nature definitely has a lot to do with spirituality for me. (Christian female aged 57)

Getting out of the house and into the natural environment was 'good for the soul' and particularly important for people with a mental illness since it was often very challenging to leave the safety of the home, let alone explore the natural environment.

Getting in natural environment is great ... because people with mental health issues don't usually have the ability to leave their place of residence... but even just walking, getting movement, I think is good for the soul; just to see different things, to smell different things, to hear different things, to touch different things, just get out of the usual environment, shake up the senses... (Christian male aged 26)

Being in nature and experiencing its sounds and sights was a spiritual experience in itself.

I was just recently ... in the Alpine National Park... and you know I was amongst the snow gums by myself; some bird life in a field of beautiful white wild flowers, and there's silence and you can hear waterfalls... Yes, that is creation for me; that is very spiritual for me. I always feel very happy to be retouching with nature in mountains and lakes and trees and birds and wildlife. (Buddhist male aged 40)

Hence for these participants, spirituality in nature was conceptualised in two different ways—as being inherent to knowing and understanding the sacred or God and being in nature as a spiritual experience in itself.

Spirituality in Art

This category pertains to the finding of spirituality in art.

My artwork is sort of quite spiritual to me and I'm interested in Aboriginal art and how they sort of tie in their artwork to the drawings of the landscape and things like that. (Christian female aged 46)

This participant was Christian and not of Aboriginal background. However, her spirituality was related mostly to Aboriginal art and how it is connected with nature.

New Age Spirituality

This category refers to a type of spirituality that is highly eclectic and holistic in nature. New Age beliefs usually encompass the entire universe within which humans are a part.

I've been practicing spirituality, which for me is New Age books, spiritual books, even as far as some doctrine and religious – not religious but spiritual books – yeah. (Male aged 57)

For some, spirituality involved a self-directed exploration of New Age books.

Indeterminate Spirituality

This category refers to spirituality that is yet unknown or undiscovered. Some participants had not considered spirituality in the past. They were unsure of what their beliefs were.

Well, that's something I've never really thought about...What are my spiritual beliefs? I've never really thought about it... (Non-spiritual female aged 52)

Others were pragmatic about it stating that any type of spirituality was ambiguous and indemonstrable and that it was a matter of finding something one believed in to 'hang their hat on'.

If you can't believe in it then it's no use; doesn't matter whether it's true; no one will ever prove that one spirituality is true and another is not. All of them are absolutely unprovable; so just choose what works; but you've got to find something that you can believe in; you got to find something to hang your hat on. That's hard sometimes and it changes all the time... (Non-spiritual male aged 31)

Thus, not everyone has a spiritual aspect to themselves and one reason might be that concepts of spirituality are not considered to be rational or tangible.

Benefits of Intentional Spiritual Practices

This theme relates to the different ways participants practice their spirituality and the perceived benefits of those practices. There are three categories in this theme. They are meditation and yoga, prayer and reading scripture and preparing a calming ambience.

Meditation and Yoga

Meditation helped participants attenuate their delusions and its negative impacts.

Meditation is very helpful, just by stopping, slowing down all those thoughts, just slowing the mind down is incredibly helpful from meditation. I can't always stop the thoughts; I can't always stop being mixed up in them; but it's definitely helpful in slowing down; it's definitely helpful [with] making those negative events [have a] less negative impact. (Christian male aged 57)

Meditation and yoga also helped alleviate stress.

I think meditation would be by far the number one as far as slowing the mind ... is a good way of refreshing the body and soul and getting it clean- getting rid of any tension or what have you... Yeah, and then yoga I found really good... the best way of late. I guess it's comforting as well. (Christian male aged 53)

Participants speak of 'slowing down', of relaxing and of being able to cope with their negative thoughts including delusions. Meditation and yoga helped them achieve this.

Prayer and Reading Scripture

Spiritual practices such as praying and reading scripture were practiced by participants to cope with the impacts of their illness. Prayer gave people hope and strength to endure their illness particularly during the difficult times.

Prayer is number one! ...by reading the Bible and know that certain times that are hard to deal with, will not [last] forever. God is going to put his hand in and change everything soon. So that gives me hope and understanding and strength and endurance to cope with times that are hard to deal with. (Jehovah's Witness female aged 45)

Prayer was also a source of comfort and an enabler of recovery.

I get comfort from praying ... like someone listening to you... like God on the other end listening to what you got to say, if you know what I mean...(Christian male aged 57)

And I find prayer to be a really powerful source of overcoming my illness and staying well and the blessings I get are just wonderful, just wonderful. (Christian female aged 52)

Participants reported benefiting from prayer and reading scripture, particularly during challenging periods of their lives. These practices gave them hope and comfort as well as strength to cope with the effects of their illness.

Preparing a Calming Ambience

A spiritual practice that was not associated with any religion was to create an ambience at home that provided tranquillity and calm. This was achieved by lighting candles or burning incense.

I light candles, I sometimes burn incense, and try to create the environment particularly in the home which is sort of tranquil and calming. I [also] play soft music or have a guided commentary and listen to a meditation. So without that being tied to any ... belief system necessarily; it's just an attempt to recreate some emotions without fixing that one person or thing responsible for that. (Christian male aged 26)

Some participants described finding calm and tranquillity through a calming ambience as a form of spiritual experience.

Intentional spiritual practices therefore helped participants cope with the disturbing symptoms of their illness by helping them become less tense and anxious. These practices also gave them hope and comfort.

Perceived Spiritual Benefits of Recreational Pursuits and Physical Activity

This theme relates to how recreational pursuits and physical activities could be considered spiritually beneficial.

Others said that artwork was a spiritual exercise akin to praying. Doing art afforded them tranquillity and strength, which in turn fostered recovery.

I find it very calming to do the artwork. I find it very expressive and very involving and it's sort of not like praying, but it's sort of appreciating things, and concentrating on things that make you feel more tranquil and healthy... Yeah, it gives me a lot of strength and I've recovered a long way from what I was. (Christian female aged 46)

Still others indicated that strenuous physical activity was a spiritual exercise in a way.

I used to be in a neighbourhood house... put my hand up there to do the job of washing the toilets... I find that even spiritual in a way because I like to get in there, work hard, work hard, and yeah! (Christian female aged 52)

Although spirituality was not formally practiced by some participants, they were able to obtain some form of spiritual benefit from activities such as reading new age books, artwork and physical activity.

The findings of this study demonstrate that people with a mental illness could be either spiritual in nature or not. Those who were spiritual, associated their spirituality either to religious or non-religious practices. Their choice of spiritual practice did not necessarily align with their stated religion. Therefore even when one had a stated religion, their spiritual practices could be non-religious. See Fig. 1.

Discussion

This study aimed to describe the views and experiences of what participants believed to be spirituality. It has shown that Australian concepts of spirituality are diverse and that religion constitutes only a part of it. The findings from our cohort suggest that people who

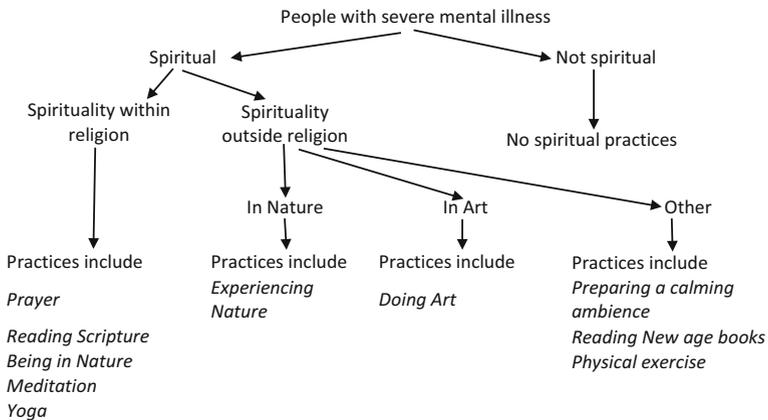


Fig. 1 Flowchart showing type of spirituality and associated practices among people with a severe mental illness in Melbourne, Australia

were spiritually inclined aligned their spirituality either to a religion or to other forms of spirituality. Their spirituality was practiced according to what gave them comfort, tranquillity, strength, happiness, hope and understanding. Although spirituality as part of religion is the traditional form of spirituality, its understanding appears to be changing in the western world (Koenig 2015). An interesting finding was that for some people, developing a mental illness was the catalyst to explore their spirituality (Wilding 2007).

The concept of spirituality in nature was perhaps influenced by the setting in which this research was undertaken. Utilising the natural environment to enhance one's understanding of the divine and to explore one's spirituality is not a new concept with some centres dedicated to it (The centre for spirituality in nature 2017). Other studies have shown that outdoor adventures could be beneficial for people with mental disorders (Bloomfield 2017; Cotton and Butselaar 2013; Schell et al. 2012). Interestingly, even virtual contact with nature has shown to result in significantly higher levels of positive affect and lower levels of negative affect (McAllister et al. 2017). Our findings suggest that irrespective of one's religiosity, being in the natural environment has the potential to improve one's mood and overall well-being and by actively seeking the service of Out Doors Inc., clients were perhaps indirectly suggesting that being in the natural environment did improve their mental health.

There is also a close historical association between spirituality and art in several religions (Coleman 1998) including among Aboriginal tribes of northern Australia (Morphy 1989). The usefulness of art therapy in mental health has been studied albeit with uncertain results (Slayton et al. 2010; Uttley et al. 2015). The findings of this study indicate that the sacred or God does not appear to be part of spirituality in all cases, although, Koenig and others argue otherwise (Koenig 2007; Tsuang and Simpson 2008; Koenig 2015),

People with mental disorders undertake spiritual practices when they believe it alleviates their symptoms or improves their well-being. Spiritual practices among participants in this study also reflect the diverse concepts of spirituality. They mostly aim to provide the person with tranquillity, ability to cope with their mental illness and hope for the future. For instance, meditation has shown to have a mild to moderate effect on reducing psychological distress (Goyal et al. 2014). Yoga, on the other hand, has shown to have more of an adjuvant effect on mental health (Bussing et al. 2012; Panesar and Valachova 2011),

and prayer is known to correlate positively with certain coping styles (Banziger et al. 2008). Although exercise and physical activity are known to prevent or delay the onset of mental disorders, there is little evidence to confirm the usefulness of exercise as part of treatment for mental disorders (Wolff et al. 2011; Zschucke et al. 2013).

Group reading activities have shown to significantly improve cognitive and psychosocial functioning in patients with psychosis (Volpe et al. 2015), and others have suggested that healthy reading could have a place in stepped care models of community mental health services (Robertson et al. 2008). Although the documented usefulness of some of these spiritual practices may not be clear, participants certainly found them helpful.

Mental illness is inextricably linked to one's cultural makeup and religion and spirituality is part of this makeup. It is therefore essential for clinicians to enquire about their client's spiritual beliefs and practices. This could be done by taking a spiritual history (Moreira-Almeida et al. 2014). Since most of the spiritual practices discussed in this paper align with the recovery agenda, these discussions could be had without using language that is specifically associated with religion or spirituality (Cook 2015). Treatment options and recovery programmes need to be reconciled with the patient's views on religion and spirituality in order to achieve better outcomes (Weber and Pargament 2014).

The World Psychiatric Association's Position Statement on Spirituality encourages clinicians to have an understanding of the relationship between spirituality and mental illness and to routinely consider patients' beliefs and practices when engaging with them (World Psychiatric Association 2016). The book titled, 'Spirituality oriented Psychotherapy' by Shafranske and Sperry (2005) is a good place to start for mental health clinicians. Spirituality and spiritual practices could also be beneficial to clinicians for whom battling severe and chronic symptoms in their patients over a prolonged period of time might be despairing (Pargament 2013).

Limitations

This study was conducted among clients of Out Doors Inc. where contact with the natural environment was a key part of the services offered. This might have influenced participants' views. Self-selection of participants and small sample size may also have prejudiced and limited the findings. Even so, they described a wide range of spiritual concepts.

Conclusion

Concepts of spirituality were found to be diverse among persons with a severe mental illness in Australia. Spirituality in nature, art, and faith were recognised as was indeterminate spirituality. Spiritual practices which included mediation, yoga, prayer and worship, preparing a calming ambience, hard physical work, art work and reading new age books gave participants tranquillity, ability to cope with their mental illness and hope for the future. This paper adds to the relatively sparse literature on spirituality among persons with a mental illness in Australia and has implications for mental health care and recovery-oriented programmes.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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