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Addressing Spirituality in Occupational Therapy Treatment

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ADDRESSING SPIRITUALITY IN OCCUPATIONAL THERAPY TREATMENT

by

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Literature review identified confusion in the definitions of spirituality with religion. However, there have been attempts to separate the two definitions by professionals who consider holism an important concept of clinical practice. This study was designed to identify occupational therapists' definitions of spirituality in clinical practice. Also under investigation was the therapist's assessment and use of spirituality for treatment purposes.

A survey was sent to a random sample of occupational therapists in order to gather data about their spiritual activities, their personal definitions of spirituality and their use of spirituality in evaluation and treatment of clients.

Occupational therapists who identified participation in religious activities were likely to include spirituality in their clinical practice. The inclusion of spirituality was context bound and initiated by clients. Spirituality remains unclear to practitioners, however a definition was proposed using therapist identified words associated with spirituality.

TABLE OF CONTENTS

Table of Contents-Continued

CHAPTER

Table of Contents-Continued

CHAPTER

APPENDICES

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

ADDRESSING SPIRITUALITY IN OCCUPATIONAL THERAPY TREATMENT

Introduction

The Problem

The discussion of spirituality in occupational therapy is relatively new. However, when looking at the enormous variety of definitions that exist for the word spirituality, one wonders if discussion regarding it is new after all. In Canada, spirituality has had an important place in occupational therapy assisting soldiers returning from war to re-integrate body, mind and spirit. Spirituality has been included in the *Occupational Therapy Guidelines for Client-Centered Practice* at the recommendation of other professionals who assisted in the early conceptualization of practice (Egan & Delaat, 1994). It was pointed out by these professionals that occupational therapists did deal with the spiritual concerns of their clients.

People in the United States are currently becoming more interested in the subject of spirituality (Prest & Keller, 1993). This interest is evidenced in daily conversations, social gatherings, and media presentations at large (Seaward, 1994). Garvin, Hieb, and Owens (1993) stated that "more and more people are turning to spirituality, preventative care, and alternative ways of healing in our high-stress and environmentally threatened society" (p. 53). Seaward (1994) supported this statement saying, "in this time and age where many people feel personal stress and social upheaval, there appears to be a need to acknowledge and nurture the spiritual

side of our increasingly diverse culture" (p. 165). He goes on to say that the word spirituality itself is taking on a greater comfort level in the vocabulary of the media and American population in general.

Background

Spirituality has been so culturally, religiously, and ethnically bound that any significant discussion about its meaning appears to be futile (Maher & Hunt, 1993). Unfortunately, because spirituality has been confused with religion, there was a time where mere mention of the word spirituality would cause someone to become uncomfortable. Even today many healthcare professionals regard spirituality as a part of religion or are unclear of what spirituality means and so associate the two words. When this association is made, the use of spirituality in treatment is unlikely. Many professions have looked down upon spirituality as a relevant topic, particularly the biomechanical and reductionist world of medicine and the psychology profession (Duckro, 1992). For example, there are no listings for spirituality, meditation, or religion, in the *Index Medicus*, the index of articles relating to medicine (Siedl, 1993). However, these topics have been, and continue to be, valued for their role in maintaining health.

In the field of psychology, beginning with Freud, spirituality has been renounced (Gutsche, 1994; Seaward, 1995; Seaward, 1994). Carl Jung disagreed with his contemporary Freud, and stated that "every crisis a person experiences is 'spiritual' in nature" (Seaward, 1994, p. 156). Other modern psychologists have concurred with Jung. In recent years prayer has even been suggested as an enhancement of spirituality in conjunction with psychotherapy (Finney & Maloney, 1985). Joan Borysenko, Dr. Herbert Benson, and Dr. Randolph Byrd, are among

those in the medical profession to have examined the crucial role the spirit has in the health and healing process of the body (Seaward, 1995).

Occupational therapy has begun to consider spirituality and its role in treatment. Especially as holism is incorporated into occupational therapy foundations and frameworks, practitioners are looking for ways to include spirituality in practice. A piece of the whole individual includes the spirit which practitioners and academicians in the field of occupational therapy are beginning to acknowledge. Many therapists may think that because spirituality is subjective it has no place in occupational therapy (Prest & Keller, 1993). Spirituality is subjective because the definition and level of understanding that each individual has of the subject varies. Since the definition of the mysterious concept, spirituality, is vague and often uncertain to practitioners, it may not be a part of treatment in the way that occupational therapy frameworks suggest.

Purpose

The purpose of this study was to identify the personal views of occupational therapy practitioners and their definitions of spirituality. Also sought were the therapists' views on the use of spirituality in practice. This investigation reviewed the concept of spirituality and how it relates to the field of occupational therapy. Conventional wisdom would suggest that in order to incorporate and use spirituality in occupational therapy practice, practitioners must have a clear and usable definition of the term spirituality. This study reviewed numerous views of spirituality as well as several accepted definitions. The definitions and personal views considered are primarily from other professions, with only a few from occupational therapy itself. Therapists were surveyed regarding the use and relevance of spirituality in treatment. The opinions of practicing therapists regarding the actual role of spirituality in treatment were pursued as well.

Although the purpose of this research was informative, it is believed that many generalizations benefiting the profession can be made from the findings of this study. This study will provide some quantitative information that suggests the need for further investigation of spirituality in occupational therapy practice. The quantitative data in this study also contributes to occupational therapy's knowledge base surrounding the issue of spirituality. The results of this study, remind practitioners of the holism element of occupational therapy. Clarity can be brought to a subject that has generally been excluded from treatment. Hopefully with the awareness of the concept of spirituality, practitioners and academicians will be open to further discussion and incorporation of spirituality in practice. The profession needs to articulate its own definition of spirituality that would be available to the practitioner for use in treatment.

Objectives

The objectives of this study were to discover a definition of spirituality by occupational therapists, individual therapist's opinions on how it should be incorporated into practice, how spirituality is being used in practice, and its importance in the recovery of a patient.

Outline

An overview of the recent literature relevant to spirituality and occupational therapy will be discussed, as well as the findings from the survey of occupational therapists regarding their views of spirituality in practice. The documented definitions of spirituality will be compared with the definitions practicing therapists possess. Discussion regarding the relevance and reality of this subject to occupational therapy in treatment will follow.

CHAPTER II

LITERATURE REVIEW

Spirituality and Religion

Spirituality is a subject that has often been confused with religious practice and is bound by cultural and ethnic differences. It is important to make the distinction between spirituality and religion, as identified by researchers in their studies (Egan & Delaat, 1994; Seaward, 1994; Seaward, 1995; Siedl, 1993; Duckro, 1992, Heriot, 1992). As Gutsche (1994) stated in her definition of spirituality, it may or may not involve a deity. Definition of religion has been less elusive than that of spirituality. Some definitions of religion include references to social or organized means by which a person expresses spirituality or may refer to an external, formal system of beliefs (Grimm, 1994; Heriot, 1992). Religion is also defined as personal commitment to serving God or a transcendental power through worship. Conducting oneself in accordance with defined commands as found in sacred writings or declared by authoritative teachers, is another piece of this definition of religion. It may involve service to God, within an organizing framework following a set of prescribed beliefs (Egan & Delaat). Using these definitions, religion is more specific than the definition of spirituality.

Religion may be used to assist in the growth and expression of spirituality of an individual, consistent with Grimm's (1994) definition. According to Egan and Delaat (1994) this occurs when an individual improves his or her relationship with self, others and a transcendental power. Seaward (1994) described religion being "based upon a

specific dogma: active application of a specific set of organized rules based on an ideology of the human spirit" (p.166). Since religion may enhance a person's spirituality, but is a separate concept, an individual may be very spiritual and yet not be religious. Conversely, a person may be very religious, but not be aware of his or her spirituality.

Defining Spirituality

Spirituality has been defined in a variety of ways. Some of these definitions include our whole unique selves and beliefs, and other definitions contain references to a higher power. Many authors agree that spirituality is not a religion and may or may not involve a deity or supernatural power (Ross, 1994; Maher & Hunt, 1993; Gutsche, 1994; Brown and Peterson, 1988). The true essence of an individual, which is connected to life and interacts with the mind and body or with the physical, social, intellectual, and emotional dimensions of the individual is one definition presented for spirituality (Egan & Delaat, 1994; Heriot, 1992). Others propose that spirituality contains elements of purposefulness, that is how the individual is understanding his or her purpose and meaning in life (Seaward, 1994; Seaward, 1995; Potter-Efron & Potter-Efron, 1989; Siedl, 1993; Maher & Hunt, 1993; Egan & Delaat, 1994).

According to the World Health Organization spirituality is "that which is in total harmony with the perceptual and nonperceptual environment" (Seaward, 1995, p. 112). Some authors see spirituality in connection with other human and metaphysical systems (Prest & Keller, 1993). Narrowing that definition, spirituality requires our ability to relate to ourselves, others and some sort of Higher Power (Brown & Peterson, 1988; Grimm, 1994; Seaward, 1995; Gutsche, 1994; Ross, 1994; Potter-Efron & Potter-Efron, 1989). Spirituality can also refer to the force behind human motivation, therefore spirituality is expressed through all our actions (Seaward, 1995;

Gutterman, 1990). There are references to spirituality being an aspect of our well-being by Siedl (1993) and Seaward (1995). Other definitions mention spirituality's role/effect in developing and organizing a personal value system (Seaward, 1995; Siedl, 1993; Mahre & Hunt, 1993).

Spirituality is also considered as an entity that separates humans from animals, focusing on what happens in the heart, and the way an individual leads his or her life (Heriot, 1992; Maher & Hunt, 1993; Egan & Delaat, 1994). When viewing the number of definitions or even components of a single definition of spirituality, it is easy to see how occupational therapy practitioners may not have a clear understanding of this concept (Egan & Delaat, 1994). None of these definitions break spirituality down into a usable piece for assessment and treatment, although several authors simplified spirituality into actual behaviors and traits that have a spiritual component (Seaward, 1994; Seaward 1995; Heriot, 1992; Brown & Peterson, 1988).

Spiritual Behaviors

Many behaviors are described as spiritual which may help the process of using spirituality as a piece for assessment and treatment (Brown & Peterson, 1988). They include but are not limited to "laughing, meditating, exercising, thinking positively, communicating, risking, touching, forgiving, being patient, ventilating and telling our story, being humble, using imagery, having self-acceptance, and working with a self-help group program" (Brown & Peterson, 1988, p. 159). Behaviors that facilitate, improve, deepen, or enhance our ability to relate positively to ourselves, others or a higher power are also considered spiritual in nature (Brown & Peterson, 1988). Honest self-evaluation, meditation, imaging, good nutritional habits and exercising, positive thinking, patience, and self-acceptance are behaviors related to self-care or self-understanding. Behaviors that relate to others include communicating, expressing

affection, forgiving, honesty, self-disclosure, imaging, risking, touching, and working with a self-help program. Higher power behaviors include self-evaluation, meditation, imaging, and all aspects of communication.

Spiritual Traits

Many traits are considered to be a part of human spirituality. Seaward (1994) included higher consciousness, transcendence, self-reliance, self-efficacy, self-actualization, love, forgiveness, mysticism, grace, compassion, enlightenment, self-assertiveness, community, bonding, creativity, will, intuition, faith, courage, and optimism as human spiritual traits and behaviors. He also saw values, meaning of life, and a sense of connectedness being related through spirituality (Seaward, 1995). Heriot (1992) included many of the same traits as components of the spirit. Specifically, Heriot (1992) said:

> The development of a sense of meaning and purpose of life, including finding meaning in suffering; a means of forgiveness; a source of love and relatedness, including the ability to both give and receive love; a sense of transcendence; a sense of awe or wonder about life; and a deep experience of trustful relatedness to God, a Supreme Being, or a universal power of force are needed by our human spirits (p. 23).

As needed, our spirit can grow or diminish. Experiences promote growth and health for the human spirit.

Similar Domains and Relation to Healthcare

Many issues are considered both spiritual and religious; such as prayer, church attendance, or belief in God or a higher power. In the United States, statistics support healthcare professionals addressing spiritual issues. Various studies indicate that 95 to 99% of the population claim a belief in God or a higher power; 92% express a religious preference; 89% report they pray; 69% are affiliated with a religious institution; 59%

state their religious beliefs are very important to them, and approximately 40% attend church or synagogue once a week (Gallup and Poling, 1980; Princeton Religion Research Center, 1979-80; Rosten, 1975; Spilka, 1986). These statistics suggest that it is highly likely that many practitioners and clients believe in something outside of and larger than themselves (Dennis, 1989).

Dennis (1989), acknowledged that large numbers of Americans believe in God or a universal spirit and attend church regularly. Spilka (1986) believed that religion provided clients with a sense of control, self-esteem and meaning for their lives. Ross (1994) found a client's participation in religious activities to be useful in assessing his or her social skills, or for developing a therapeutic relationship during treatment. Ross (1994) also stated that "we limit our work if we do not address the religious and spiritual components of our patients lives" (p. 10). He gave an example that if a patient was religiously observant, disregard of the patient's religious practices could damage the therapeutic relationship. This is similar to the therapist disregarding a client's culture.

Another author stressed the importance of addressing spirituality. According to Spilka (1986), church attendance and membership appeared to be growing, and those affiliated with a church exhibited more happiness and satisfaction that those who were not affiliated religiously. His opinion is that to not address spirituality in psychotherapy would eliminate the consideration of a very pervasive and significant aspect of life for many if not most people (Spilka, 1986).

An example of the relevance of religion to treatment involved assisting women to overcome the experience of sexual abuse (Valentine & Feinauer, 1993). It was stated by the women that religion or church was helpful in:

> Providing a support network of people with which to interact, that it was important in assisting them to make meaning of the experience in a manner that served to free them of blame and guilt for the abuse. It also assisted them in

> making sense of the experience in a manner that gave them the faith to hold onto life and find meaning and purpose in their lives (p. 220).

Spilka (1986) supported these purposes of religion, by saying that religious doctrines and institutions served the purposes of "(1) making that which is unclear and confusing, meaningful; (2) providing a sense of personal control in situation which may appear hopeless; and (3) maintaining or enhancing one's self-esteem" (p. 94). He also listed conflict resolution, anxiety reduction, strengthening ego defenses, broadening perspectives, improving interpersonal communication, reducing separation and alienation, reducing social isolation, countering guilt and elevating one's sense of control, as other benefits of religious express (Spilka, 1986).

Ross (1994) supported the tenet that spirituality provides meaning to client's lives and provides a framework for one's ethical life. He suggested religion provided answers to questions people may have regarding life and death, as well as an appropriate context to work on these answers. Another view of the contributions of religion to therapy is that it provides a moral or ethical frame of reference and contributes a unique set of techniques for use in therapy (Grimm, 1994). Grimm (1994) included scripture study, prayer, rituals, counseling and group identification as techniques to use in (psycho) therapy. Egan and Delaat (1994) added that the assimilation of attitudes fostered by mass media in describing spirituality may be embodied in the way a client looks at life.

Religious development and spirituality are intertwined with facets of personal functioning such as cognitive, social, emotional, and psychological components (Genia, 1990). Duckro (1992) acknowledged the difficulty of separating psychological health and religious beliefs when working with religious professionals. For many individuals pastoral counseling is an important source for

spiritual growth, for others that type of counseling may not be in their best interests. In response to this, Genia has used an interreligious encounter group (1990). This type of religiously diverse group is used for individuals who have spiritual deficits. According to Hume (1984), "religion will have a far greater influence on lifestyle than that to which we in the West have become accustomed" (p. 374). He mentioned the codes of conduct and family position, as well as different dietary requirements that may need to be considered in order to deliver effective occupational therapy services to religiously diverse groups. The literature proposed that religion used as a context to enhance spirituality may in fact be valid in therapy with certain individuals.

The Role of the Practitioner's Personal Spirituality

In order to use spirituality as an enhancement to therapy, therapists need to be aware of their own personal spirituality which can be either an obstacle or an asset in the therapeutic process (Prest & Keller, 1993; Egan & Delaat, 1994). Spilka (1986) stated that:

> In the last analysis if religion is a pertinent consideration for therapy, it should be employed. Its place and function in the life of the individual must be understood in order to comprehend how it can contribute to personal meaningfulness, control, and esteem. Not a small step in this process may be the necessity of critical self-examination by the therapist (p. 99).

Dennis (1989) stated that "who can separate his faith from his actions, or his belief from his occupations? . . . Your daily life is your temple and your religion" (p. 54). In order to be effective in therapy, particularly in addressing spirituality it is important that a therapist is aware of his or her personal spirituality. This is stated by Grimm (1994):

> Because spiritual and religious values cannot be precluded from therapy and because these values might enhance the probability of positive therapeutic outcome with many clients, it is critical that therapists should be aware of their own related values, of their attitudinal and affective responses to particular

> spiritual and religious values, and of any unresolved conflicts pertaining to these values (p. 163).

One reason for this is that it is difficult to assist a client toward spiritual development beyond one's own working knowledge and understanding of spirituality (Maher & Hunt, 1993). If a therapist does not understand the concept of spirituality and is not aware of his or her own spirituality, it is highly unlikely that he or she will recognize spiritual dysfunction in a client.

The Practicality of Spirituality in Occupational Therapy

Due to the meaning within individuals lives that is ascribed to occupations (the familiar things people do daily), it is said that they have spiritual meaning (Clark, 1993; AOTA, 1995). The actual use of spirituality can be as simple as sharing or listening to one's life experiences (Heriot, 1992; Clark, 1993). Egan and Delaat (1994) identify listening as the first principle for homecare workers who speak with clients about spiritual issues. This sharing can be the therapist's use of self (Prest & Keller, 1993), a concept embodied by occupational therapists. Heriot (1992) suggested asking not only the client's religious preference, but also the client's thoughts about meaning of life, expressions of love for others and self, what provides a sense of wonderment in life, the client's experiences with transcendence, and his or her basis for forgiveness. Siedl (1993) supported the value of questioning the meaning of life with patients. He suggested that each patient be assessed spiritually at the time of admission to treatment, and that this assessment should be included in the patient's medical record. This information would have relevance to treatment by any healthcare provider, including an occupational therapist.

The *Occupational Therapy Guidelines for Client-Centered Practice* discusses the value of getting to know your client, listening, finding out how the client

connects with self, others, and creation, and being in touch as a therapist with one's own spirituality and it's care (Egan & Delaat, 1994). Siedl (1993) predicted that as the relationship between physical dysfunction and spiritual health are better understood, new roles and expectations would be created for a holistically oriented healthcare delivery system. Therefore each member on the treatment team would need to be holistically focused to bring the person to full spiritual, mental and physical health.

In a study of counseling graduate students, Grimm (1994) found that many showed ambivalence, hostility, or confusion toward spiritual or religious values. These students were concerned, with the absence of cross-cultural training they received in this area (Grimm, 1994). Occupational therapists need to be aware of spiritual issues. However there may be ambivalence, hostility, or confusion in understanding spirituality among those in the profession.

Two principles that extend from current concepts of spirituality and are guiding tenets of occupational therapy practice are: (1) the basic dignity and worth of all individuals, despite physical, cognitive, emotional or any other type of impairment; and (2) the acknowledgment of potential for growth inherent in all people (Egan & Delaat, 1994). Consistent also with occupational therapy is that "we recognize the life-affirming force of what our clients connect with, and remember the value of strengthening this connection for individuals through listening, validation of experience, encouragement of creative expression and facilitation of personal style in everyday activities" (Egan & Delaat, 1994, p. 101). An individual's spirit may be expressed in his or her occupational performance in work, self-care and leisure (Egan & Delaat, 1994; AOTA, 1995). These are the domain of occupational therapy. If occupational therapists do not consider an individual's spirituality in therapy, a very essential part of the individual will have been neglected. However, if therapists are

uncertain as to the meaning of spirituality and what it encompasses, spirituality will never be dealt with. The occupational therapy profession needs its own clear and usable definition of spirituality to incorporate into practice.

Spirituality and Occupational Therapy

Prest and Keller (1993) mention that professional literature that addresses spirituality is lacking in occupational therapy. It is clear from the mere number of definitions that there are different views and explanations of spirituality. Not only is this term undefined in occupational therapy, but the general public has many ideas about what this vague concept actually entails. It is possible that occupational therapy does address spirituality under such theories as the Model of Human Occupation which deals with values and beliefs as components of volition (Kielhofner, 1992; Miller & Walker, 1993). Gail Fidler's discussion of the nonhuman environment and object relations contains symbolic meanings which may or may not include spiritual meanings for clients (Miller & Walker, 1993). Gutterman's (1990) definition of spirituality includes the spirit as the force behind motivation, which is important in the healing process. Gutterman (1990) said:

> Spirituality and occupational therapy interconnect when we define spirit as the life force within us that tells us who we really are. Occupational therapists can stimulate, or inspire, the client towards self-actualization and insight by teaching or providing opportunities for learning self-healing techniques (p. 236).

There are however, other views of how to aid a client spiritually.

In an AIDS day treatment program, occupational therapists assist clients' spirituality through implementing relaxation techniques, pain and anxiety reduction techniques, therapeutic touch, teaching problem solving skills, and other holistic modalities (Gutterman, 1990). This occupational therapy program actively incorporates spirituality, by employing a holistic approach that addresses the

emotional, social, psychological, physical, environmental, and spiritual needs of its clients and groups. Everyone works toward the highest level of function possible for each individual. The program acknowledges a spiritual facet of the individual in the domain of self-care through the incorporation of self-healing. Through health education and promotion, spiritual, physical and emotional support are provided (Gutterman, 1990).

As humans choose to nurture or neglect their bodies and minds, so they can also nurture or neglect their spirits (Heriot, 1992). Nurturing of the spirit promotes health and well-being, parallel to the goals of occupational therapy. Since spirituality is viewed as an essential component of the individual that interacts with the mind/soul and body, it seems that when we, as occupational therapists, treat the body and/or mind/soul we affect the spirit as well, whether we are conscious of it or not (Egan & Delaat, 1994). Ross (1994) stated that the goals of psychotherapy and spirituality were to help an individual grow, develop and think about his or her life and its meaning. Gutsche (1994) says that "religion, spirituality and world-views of both client and clinician are important dimensions in the making of problems and solutions, however these views are frequently invisible players in the therapy room" (p. 5). This last statement is particularly applicable to occupational therapy. Many of the issues occupational therapists deal with in therapy have spiritual essences. If spirituality is a part of all someone does, occupational therapists must address and be aware of this side of the person. Gutsche (1994) stated that perhaps spirituality was the most unexamined issue of diversity. In many ways a person's culture and spirituality are similar. Both culture and spirituality may be pieces of the puzzle in a client's motivation, decision making process, or behavior.

Spirituality and Other Professions

Several academic disciplines, including philosophy, theology, sociology, and psychology have studied human spirituality. This topic has also recently been investigated in the fields of physics, nursing, and clinical medicine (Seaward, 1995). Despite this recent interest in spirituality, the field of marital and family therapy, as well as other fields (including occupational therapy), continue to lack professional literature addressing the issue of spirituality (Prest & Keller, 1993). Therapists in these fields work with families, many of whom adopt an expression of spirituality in some form, thus there is a need for this concept to be understood by therapists. Psychologists began to look at spirituality more in depth with Jung, who proposed a spiritual drive in the unconscious mind (Seaward, 1995). In psychotherapy, spirituality is often considered a legitimate topic of discussion (Duckro, Busch, Mclaughlin, & Schroeder, 1992).

Heriot (1992) discussed the use of spirituality by the nursing profession, in working with older adult clients who often emphasized the spiritual aspects of their lives. Kerrigan and Harkulich (1993) created a spiritual assessment tool after observing the need for spirituality to be addressed in nursing homes. Heriot (1992) mentioned how clients with dementia may have many long-term spiritual memories that can be used to access a person's memory for treatment. Siedl (1993) mentioned the questions regarding mortality and meaning of life that are frequently raised when a person becomes ill or is hospitalized. All of these concerns are present in working with the older adult, thus the use of spirituality is appropriate.

Nursing as a whole incorporates the concepts of holism and thus the spiritual side of an individual; the word "nurse" has to do with nurturing of the spirit (Siedl, 1993). Siedle (1993) in her article discussing the value of spiritual health, saw an

increased focus on spirituality by Catholic healthcare providers as a precursor to physical and emotional health. Spirituality appeared to benefit overall health as it was addressed on a personal level. Maher and Hunt (1993) and other healthcare providers asked the 'why' of spirituality in health: "If artists can convey beauty through their spirituality, and scientists the truth of the universe through spirituality, then why can't the practitioners of the helping arts bring out the health and goodness of others through the same spirituality?" (p. 27).

The Relevance of Spirituality in Other Professions to Occupational Therapy

Occupational therapists, like marital and family therapists, deal with support networks, but also have a therapeutic relationship with the individual client who benefits from the inclusion of spirituality in practice. Occupational therapists are taught to view the individual in much the same way as those practicing in the psychology profession. As psychology continues to include the discussion of spirituality in its profession, the need for occupational therapy to include spirituality also increases because much of the profession's knowledge and theoretical base comes from this discipline.

Siedl's (1993) nursing studies identify additional reasons spirituality is relevant to occupational therapists who work with the older adult population. Occupational therapists can access memories in clients with dementia and help clients deal with death and dying issues through an awareness of spirituality. In order to be successful in working with older adults, there is a need for occupational therapists to develop knowledge about the spirit. Due to the caring nature of both nurses and occupational therapists, it makes sense for them to address spirituality similarly.

Wellness Relating to Spirituality

Occupational therapists are helping people to accomplish wellness. The importance of spirituality as a base for physical health and emotional well-being has been increasingly recognized by healthcare professionals as well as patients (Siedl, 1993). Not only is spirituality said to be at the core of the foundation for health and well-being, but some would say it is essential (Seaward, 1994). The World Health Organization acknowledged spiritual well-being as critical to the overall well-being of an individual (Seaward, 1995).

Well-being, like holism contains several parts. Maher and Hunt (1993) explained that for a person to attain high-level wellness there must be a balance between the six dimensions of occupational, intellectual, social, physical, emotional, and spiritual well-being. Seaward (1993), expounding on Elizabeth-Ross' wellness paradigm, encompasses the physical, emotional, and mental components in the spiritual component of wellness. To attain wellness each of these components needs to be addressed. Valentine and Decker (1985) stated: "a central aim of occupational therapy is to help people achieve a maximum degree of wellness and productivity and maintain a sense of independence and control" (p. 745). Wellness, is indeed a key part of occupational therapy, as the feelings of wellness versus illness influence behavior and improvement through treatment.

Holism Relating to Spirituality

The concept of holism is frequently used to describe occupational therapy, and yet there has been controversy as to what holism means and implies (McColl, 1994). The *Occupational Therapy Guidelines for Client Centered Practice* (Canadian Association of Occupational Therapists, 1991), "the perception of the client as a

whole person . . . (whose) overall state of health . . . (is) a result of complex interaction of factors including physical, mental, sociocultural and spiritual components" (McColl, 1994) (p. 73). According to Friedland and Renwick (1993) holistic interventions in occupational therapy are needed more than ever before, particularly with the aging of the population. Despite occupational therapists' need for the incorporation of holism, there is a trend toward specialization in health care, leading to psychosocial therapists, physical disability therapists, or hand therapists. This designation of practice specialties suggests a departure from our holistic perspective (Schkade & Schultz, 1992). We must consider however that even our early theorists acknowledged that effective occupational therapists should recognize the holistic nature of function, meaning that all therapists should assess psychosocial factors for each client (Bonder, 1993). There is a need for occupational therapists to assess not only psychosocial factors, but all physical, mental, sociocultural, and spiritual components of the individual.

When looking at the word holism, many related words come to mind such as whole or holistic. According to McColl (1994) the word holism comes from "holos," a Greek word, meaning unity or oneness. The concept of holism is based on the interdependence of the body, mind and spirit, that is making up the whole person (Garvin, Hieb, & Owens, 1993; Heriot, 1992; Siedl, 1993). This implies that each of these parts must be in balance and harmony in order to attain or maintain health. As Seaward (1994) says "the whole is greater than the sum of the parts, and any attempt to separate, tease, or distill factors from the whole negates a complete understanding of its entirety" (p. 165). Thus, health from a holistic frame of reference would include health in body, mind and spirit, as separate and individual pieces, yet intertwined to make up the whole individual.

Other conceptions of holism include physical, mental, emotional, and spiritual components of the person (Kirchman, 1984; Seaward, 1995). These conceptions separate what other authors refer to as the mind into two parts; emotional and mental. However, the Hebrew word for soul "nephesh" refers to a life, self, mind, personality, inner desires, and feelings. "Nephesh" incorporates mind or the mental part with the emotional of an individual as well. Based on its Hebrew meaning, soul is a logical choice of a word for this piece of the whole person. Soul comprises the wholeness of the individual, both mind and emotions. Thus, the whole person is spirit, soul, and body. The general concept of holism has existed for centuries. Throughout history there has been such a strong connection between body and spirit, that in some early cultures illness was viewed as a punishment from God for some trespass (Siedl, 1993). Today holism, viewing the person as spirit, soul and body, is again being brought to the forefront of health, even to the extent of developing holistic retreats (Garvin et al., 1993).

There are consequences for not incorporating holism fully. If the spiritual side of the client is neglected there may be physical and/or emotional disease due to the imbalance. Nurturing the spirit can create and aid physical and/or emotional well-being (Heriot, 1992). At the very least it can be said that incorporating the spirit in a holistic approach enhances well-being. Spirit can be either healthy or unhealthy, experiencing growth and aiding in wellness or prompting illness. According to Siedl (1993) a spiritually healthy person:

> Is free from addictive habits, finds fulfillment in self, others, work, and leisure, accepts the limitations of humanity, takes time to meditate or communicate with the Holy, finds illness as enabling, not disabling, knows mortality to be inescapable yet redeeming, investigates and interprets illness within the context of meaning, balances dependence and freedom, uses health to serve others, balances the spiritual with the physical and emotional, and takes responsibility for health (p. 49).

There are many pieces included in this complex definition of a spiritually healthy person, thus further illustrating the differing beliefs regarding spirituality and what it entails. However, it again includes the importance of balance between the spiritual, physical and emotional, encompassing holism.

For occupational therapists, holism incorporates beliefs about the occupational nature of humans. McColl (1994) stated:

> A belief in the idea that the occupational nature of humans can best be understood by considering the individual as a balanced, integrated whole, a belief that the occupational nature of humans is expressed, not in how the various systems of the human work, but in the dynamic interaction of the individual with the environment, and a belief that the essence of the occupational nature of humans is lost when the human organism is considered as a series of parts (p. 76).

What is meant by a series of parts goes to the levels of nervous system, organ systems, tissues and even cells. These focus on the human body, the physical part of the whole. Looking at just these parts or even the parts of body, soul, and spirit separately is not holistic occupational therapy according to McColl (1994).

Many occupational therapists have asked if our practice is holistic as it claims, and some have come to the conclusion that it is not (Sharrott, 1986). If our practice is not holistic, then it most certainly is not incorporating spirituality as a central piece of the whole person. Spirituality has held an important place in the practice model adopted by the Canadian Association of Occupational Therapists. However, therapists have had trouble identifying the concept and its place in practice (Egan & Delaat, 1994). Seaward (1995) says "spirituality has proved elusive to define because its essence seems to permeate everything. Harmony with self, others, earth, and a higher power is often considered a description of this concept" (p. 125). Although many behaviors and aspects are included in the concept of spirituality no particular aspect seems sufficient to describe the true essence of human spirituality. Beliefs about spirituality and its components for occupational therapy are under investigation.

Questions regarding the role of spirituality in practice lead to the development of this study.

CHAPTER III

METHODOLOGY

Research Design

This study sought information regarding how practicing occupational therapists view spirituality, how they are assessing spirituality, and if they are addressing spirituality in treatment. The study used a survey developed to gather information about the following: general information such as age, sex and race; religious practice, beliefs and experiences; and spirituality in occupational therapy, the importance of spirituality in recovery and assessment as well as it's role in treatment. The "Addressing Spirituality in Occupational Therapy Treatment" survey instrument is included in Appendix A.

Development of the Survey Instrument

Questions used in the survey were first formulated through a series of three guided and open-ended informal interviews with practicing occupational therapists. This was done to insure validity and reliability. This survey also used several questions included in the INSPIRIT questionnaire by Dr. Jered Kass. His questions were used with permission as is stated in Appendix D. The survey was then pilot tested on a group of twenty occupational therapy graduate students to make sure that each question and its potential answers were clearly stated. These students were selected by convenience from among those in a graduate class at Western Michigan University. Revisions were then made for clarification. Prior to the survey being

used, it was approved by Western Michigan University's Human Subject Institutional Review Board (HSIRB). This process assured protection for subjects, confidentiality of data collected and provided for informed consent (see Appendix B).

Selection of Subjects

The population for this study was 200 randomly selected members of a national membership organization for occupational therapists. This survey was sent out to these subjects from a list, systematically generated by the national membership organization, choosing every nth member. This nth selection was not a true random selection due to the constantly changing number of members across the United States. A cover letter and a stamped, self-addressed response envelope were sent with each survey. The cover letter, included in Appendix C, introduced the survey and its purpose. In addition the cover letter informed the respondents of their assumed consent as well as the deadline for returning the survey in the enclosed envelope. These surveys were sent to the home or work address provided by the national membership organization for each subject. Participants were asked to fill out the survey and return it two weeks from when they were expected to have received the survey.

Instrumentation

The survey contained 27 questions, concluding with an open-ended question for sharing insights or experiences if desired. This survey was divided into three sections: general information, personal spiritual information, and beliefs about spirituality in occupational therapy.

Therapists were asked questions involving general information about themselves and their practice of occupational therapy. Next, therapists were asked

information regarding their personal spiritual and religious background, including a personal definition of spirituality. Numerous words and phrases, often included in definitions of spirituality, were provided as suggestions for inclusion in these therapists' personal definitions of spirituality. Several of the questions in this personal spiritual beliefs and religious background section were taken from the INSPIRIT questionnaire put forth by Dr. Jared Kass and used with permission in the "Addressing Spirituality in Occupational Therapy Treatment" questionnaire (Kass, 1991) (see Appendix D). In the last section of the survey regarding spirituality in occupational therapy, therapists were asked questions regarding the assessment and addressing of spirituality in treatment. The majority of the questions in this section were compared with other key questions in analysis, providing many significant results.

Data Collection and Recording

Each individual survey returned, received its own number and was put into the computer using that code. This was done to keep responses confidential. Data was put into spreadsheet form and analyzed using Chi-square tests; the Pearson r, Likelihood Ratio, and Mantel-Haenszel tests. Data was analyzed on SPSS for MS Windows Release 6.1 which performed Chi-square tests. The Pearson r, Likelihood Ratio, and Mantel-Haenszel tests each analyzed the data in different ways, measuring the association between two interval or ratio variables. They test the relationship between variables, being a product of sampling error. When both the Pearson r and Likelihood Ratio tests are significant (less than 0.05), the Mantel-Haenszel test for linear association is applicable. If the data table has the majority of its cells full and the three Chi-square tests agree, the conclusion or assumption about the two variables is valid. For each Pearson r score that is reported, it can be assumed that the Likelihood Ratio and Mantel-Haenszel test for linear association were also in agreement.

However, the Pearson r number is the chosen score to report the finding for the purposes of this paper (p values at = or less than 0.05). As this research was informative, meaning it was completed to provide information on practicing therapists, formal assumptions were not made. However questions from the general information and personal spiritual information sections were compared with the beliefs about spirituality in occupational therapy section.

Limitations

Survey research has several limitations, some of which are significant. Each question measures a respondent' self-reported activities or beliefs, leaving the possibility for subjectivity in response. Another problem with survey research is that a respondent must form an opinion promptly and within the constraints of the forced choice responses about a subject if they do not have a preconceived opinion.

Survey research is generally weak on validity, but strong on reliability. In this survey the definition of spirituality is not clear and is even included as a part of the survey. This is an example of how validity is influenced. Due to the careful construction of this survey, including both pilot testing and informal interviews, the questions are considered to be reliable and consistent. Each occupational therapist participant received the same survey and was randomly chosen, increasing reliability.

Survey research can be done by mail or in person. This survey was mailed after Thanksgiving but before Christmas or Hanukkah, with the hope of avoiding busy holidays. However, because surveys were returned even after the deadline given on the cover letter, many respondents may have been distracted with holiday activities. Each survey was completed under different conditions by each respondent. Each respondent may have had strong positive or negative feelings regarding the subject matter of the survey, influencing his or her return of the survey.

CHAPTER IV

RESULTS AND DISCUSSION

Population Description / General Information Contained in Table 1

In this study 105 surveys were returned from the 200 sent out nationwide, yielding a response rate of 52%. The sample was representative of the occupational therapist population as the percent of respondents in Table 1 show. Ninety-seven percent of the respondents were female, 93% Caucasian, and 80% in nonmanagerial, noneducational positions in various fields of practice. The three most frequently reported (by percentage) fields of practice among respondents were geriatrics, subacute care, and pediatrics. The majority of occupational therapists had been practicing for between 6 and 20 years (72%), and were between the ages of 21 and 50 (87%). Most therapists were either Catholic or Protestant (75%), mainly liberal at 59% with 41% identifying themselves as conservative. Liberal and conservative choices were obtained on a likert scale of 1 to 10, 1 to 5 being liberal and 6 to 10 conservative. The majority of therapists had been in their current religious practice for over 21 years (64%). Occupational therapists responding "Other" to current religious practice were Buddhist, Hindu, Atheist or practiced an earth religion.

Spirituality of Population / Personal, Spiritual and Religious Background Contained in Table 2

The profile of this population's participation described spiritual activity as follows: 74% enjoyed nature or the environment as a part of their spirituality, 69%

Table 1

General Information

Question*	Choices**	Percentages
Age	31-40	38%
	41-50	29%
	21-30	21%
Sex	Female	97%
Race	Caucasian	93%
Field of Practice	Geriatrics	22%
	Subacute Care	22%
	Pediatrics	19%
	Mental Health	13%
Clinical Position	OTR, Managerial	80%
Years in Practice	11-20	33%
	6-10	21%
	21-20	18%
Current Religious Practice	Protestant	39%
	Catholic	36%
	Other	11%
	Jewish	8%
Characterize Religious Beliefs	Liberal (1-5)	59%
	Conservative (6-10)	41%

*Question refers to the survey question.
**Choices refers to the survey forced choice responses.

prayed or meditated, 49% attended spiritual meetings, 44% read spiritual literature, and 38% shared their spiritual experiences with others (see Table 2 for percentage information on all activities; spiritual meetings, literature, prayer, and sharing). Most respondents felt somewhat strongly or strongly religious or spiritually-oriented at 78%. Seventy-four percent of the respondents spent time daily or weekly on spiritual practice and 92% believed in God or a Higher Power. Seventy-four percent also felt somewhat

Table 2

Personal Spiritual and Religious Background

Question*	Choices**	Percentages
Spiritual Activities	Nature	74%
	Prayer	69%
	Meetings	49%
	Readings	44%
	Sharing	38%
How Strongly Religious	Somewhat Strongly	51%
	Strongly	29%
Time Spent on Spiritual Practice	Daily	40%
	Weekly	34%
Close to Powerful Force	Never	34%
	Several Times	18%
Belief in God	Yes	92%
Closeness to God	Somewhat Close	54%
	Extremely Close	25%
God Dwells in Me	Definitely Agree	42%
	Tend to Agree	29%
Convincing Experience	Yes	62%

*Question refers to the survey question.
**Choices refers to the survey forced choice responses.

or extremely close to God or a Higher Power. Seventy-one percent either tended to agree or definitely agreed that God dwelt within them and 62% had experienced something that convinced them that God existed.

Practitioners in certain fields of practice were more likely not to respond that spirituality is not assessed in occupational therapy treatment ($p = 0.04$). These three fields were home health, pediatrics, and subacute care. However, practitioners in the school system were more likely to state that spirituality was not assessed in

occupational therapy treatment ($p = 0.04$). Those respondents who rated themselves as conservative on a scale of one to ten were more likely to believe that spirituality is important in recovery ($p = 0.04$). Self-rated liberals on the same scale of one to ten, were more likely not to respond that spirituality should be a part of all that they did ($p = 0.04$). The question which listed activities, relating to spirituality that respondents were participating in showed consistent significance. Of the six fixed responses, five continued to have significance; these were attending spiritual meetings, reading spiritual literature, prayer and meditation, and sharing one's spiritual experiences with others.

Spiritual Meetings

As previously stated, 49% of the occupational therapists reported attending spiritual meetings in Table 2. Those occupational therapists who attended spiritual meetings stated that spirituality is a part of all that they do ($p < 0.001$) and that there is a connection between their beliefs and their service delivery ($p = 0.006$). Those therapists who did not attend spiritual meetings did not think that spirituality should be a part of all that they do ($p < 0.001$), nor should it be addressed in treatment ($p = 0.05$). Spirituality was not addressed by therapists in this group who did not attend meetings ($p = 0.02$).

Spiritual Literature / Spiritual Readings

Reading spiritual literature was the next spiritual activity that many therapists engaged in (44% as stated in Table 2). Those who stated that spirituality should not be addressed in occupational therapy treatment most likely did not read spiritual literature ($p = 0.04$). Those therapists who believed that spirituality should be addressed in treatment were more likely to read spiritual literature. Respondents who

marked participation in reading spiritual literature were more likely to assess spirituality with indirect questions ($p = 0.004$), state that spirituality is a part of all that they do ($p < 0.001$), and believe that personal beliefs regarding spirituality should be a part of service delivery ($p = 0.006$). Other statistically significant correlations among those who did not read spiritual literature included; not assessing spirituality ($p = 0.02$), not addressing spirituality in occupational therapy ($p = 0.03$), not believing that spirituality should be part of all that the person does ($p < 0.001$), nor having it as a part of all that is done ($p < 0.001$), and not seeing a connection between beliefs and service delivery ($p = 0.006$).

Prayer

Another spiritual activity that exhibited significant results was prayer. Sixty-nine percent of the occupational therapists prayed as stated in Table 2. Those therapists who prayed were more likely to say they assessed spirituality in their patients through observation ($p = 0.02$), yet they did not address spirituality in treatment ($p = 0.001$). Therapists who prayed felt that spirituality should be addressed in occupational therapy treatment, however it dependent upon the context ($p = 0.01$). These praying therapists also believed that it depended upon the context as to whether or not personal beliefs regarding spirituality should be a part of service delivery ($p = 0.06$). Therapists who pray were also just as likely to say that personal beliefs should be included in the delivery of occupational therapy services. People who did not pray did not see a connection between their beliefs and service delivery, however those therapists who did pray found a connection between their beliefs and treatment ($p < 0.001$). The therapists who prayed were not as likely to say that spirituality should not be addressed ($p < 0.001$).

Sharing

The last statistically significant spiritual activity from Table 2 was sharing spiritual experiences with others (38% of occupational therapists reported sharing as a spiritual activity). Therapists who shared their beliefs were more likely to consider their spirituality as a part of all that they do ($p < 0.001$). Those who did not share their beliefs did not consider spirituality to be a part of all that they did. These therapists who did not share their beliefs were not as likely to see a connection between their beliefs and service delivery or to say they did not know if there was a connection ($p = 0.01$).

Strength of Religious Belief / How Strongly Religious Contained in Table 2 and Figure 1

Strength of religious belief showed many statistically significant results (see Table 2 for percentage information). The stronger someone's religious belief the more likely he or she tended to believe that spirituality is important in recovery ($p = 0.06$), is a part of all that he or she does ($p = 0.02$), that it should be a part of all that the therapist does ($p < 0.001$), and that there is a connection between personal beliefs and service delivery ($p = 0.01$). Figure 1 shows these results in graph form. Therapists with a strong religious belief were less likely to believe that spirituality should not be addressed ($p = 0.005$).

Time Spent on Spiritual Practices Contained in Table 2 and Figure 2

The frequency of time spent on spiritual activities was inquired about (see Table 2 for percentage information). The more time that was spent in spiritual practice the more likely a therapist was to see spirituality's importance in recovery ($p < 0.001$), the

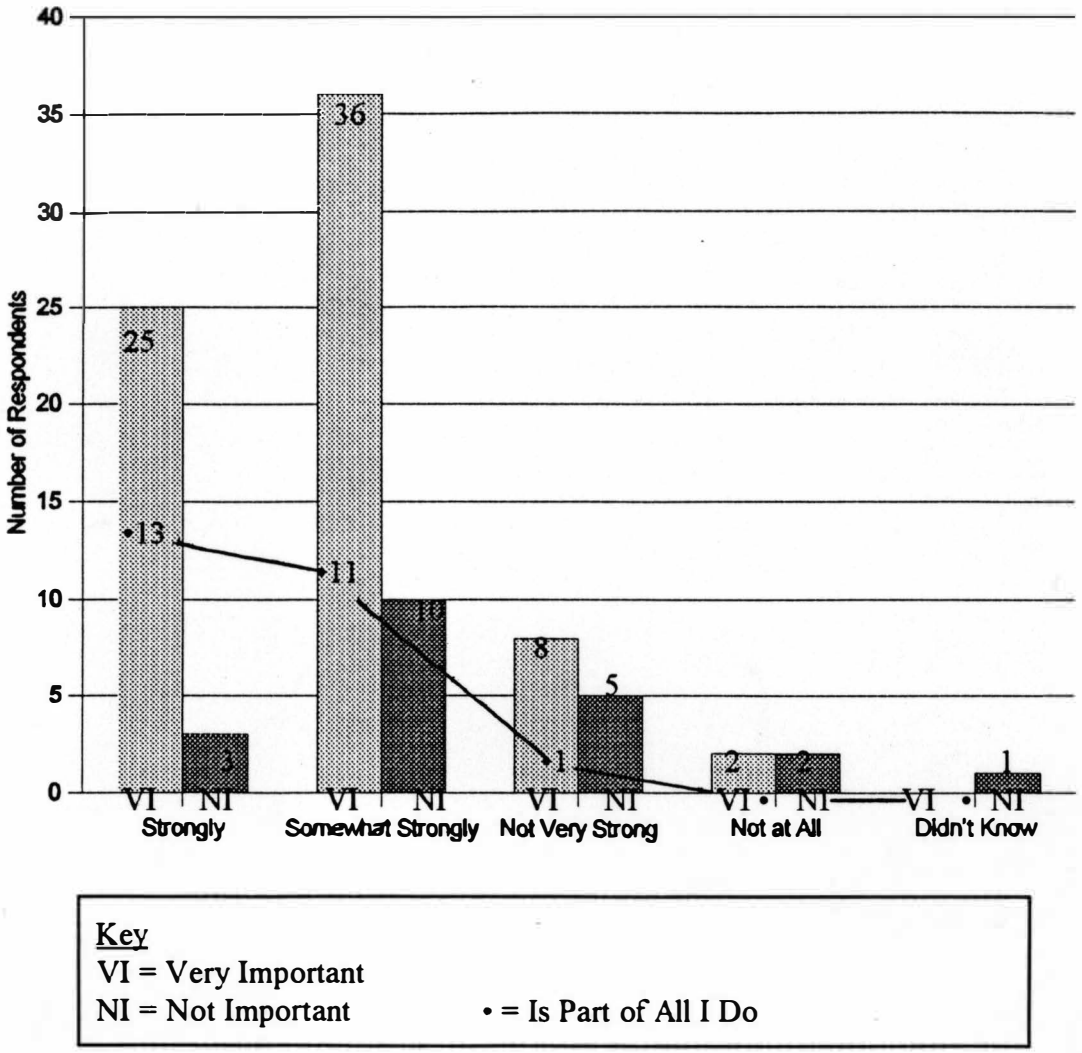

Figure 1. Strength of Religious Belief.

more likely the therapist is to say spirituality is a part of all that he or she does (p = 0.02), and the more likely he or she is to see a connection between beliefs and service delivery (p = 0.004) (see Figure 2). Therapists who spent time in religious activity frequently were less likely to feel that spirituality should not be addressed in treatment (p = 0.01).

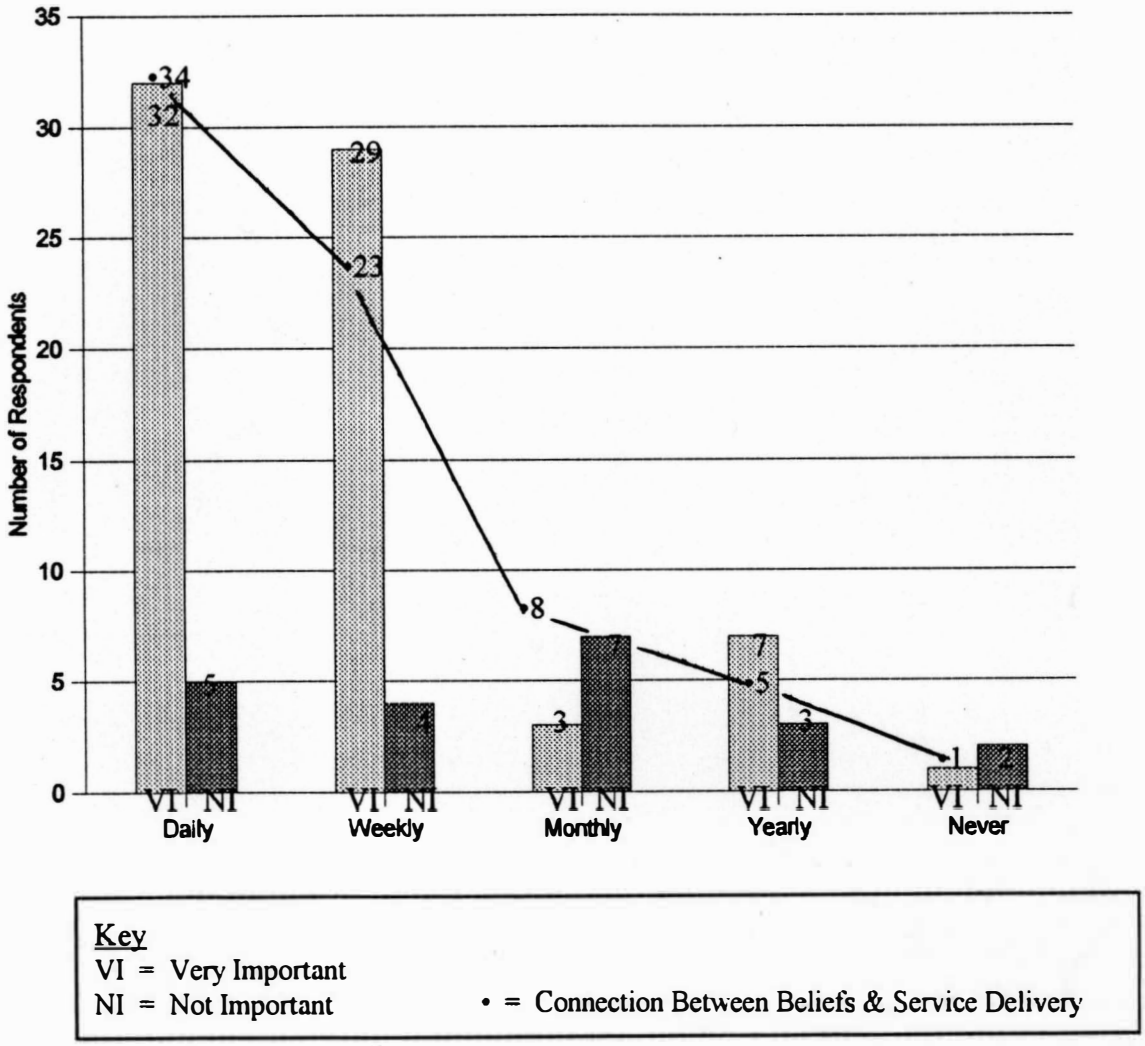

Figure 2. Time Spent in Religious Practice Related to Service Delivery.

Belief in God or a Higher Power Contained in Table 2 and Figure 3

The majority of therapists believed in God or a Higher Power at 92%. Those who believed in God or a Higher Power were more likely to believe that spirituality is important in recovery ($p = 0.01$) and see a connection between beliefs and service delivery ($p = 0.01$) (see Figure 3). These therapists were less likely to feel that

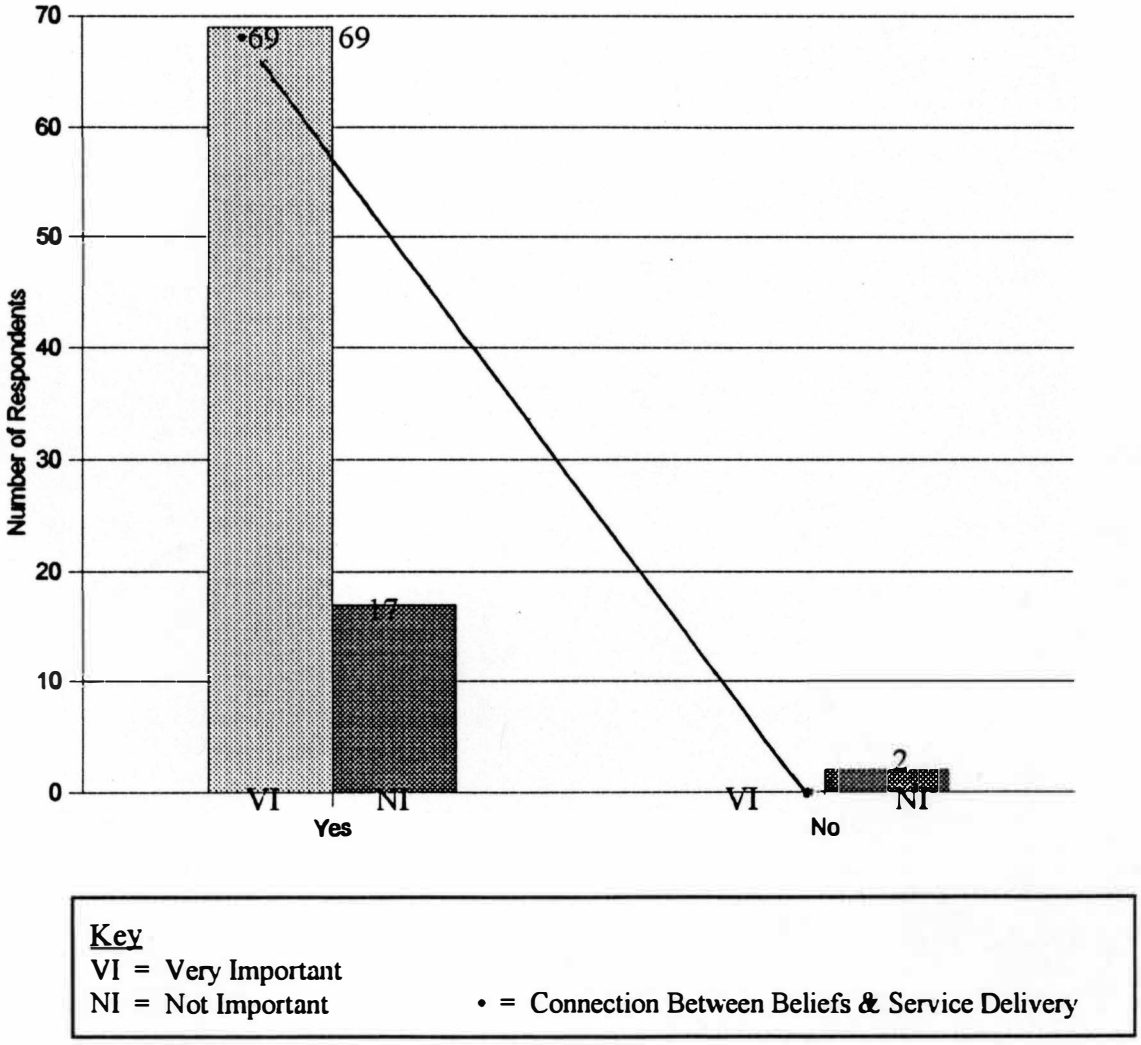

Figure 3. Belief in God.

spirituality should not be addressed ($p = 0.005$). Most therapists felt somewhat close at 54% and some felt extremely close at 25%. The closer the therapist felt to God or a Higher Power, the more important spirituality seemed in recovery ($p = 0.05$), the less likely he or she was to refer to a chaplain ($p = 0.002$), and the less likely he or she was to feel spirituality should not be addressed ($p = 0.02$).

Assessment and Spirituality in Treatment / Spirituality in Occupational Therapy Contained in Table 3

Looking directly at percentages, spirituality is not assessed by most therapists at 42%. General information, such as field of practice or age of the therapist, did not influence whether or not spirituality was assessed in treatment. If spirituality is assessed, the therapist assesses it by waiting until the client states interest (36%) or through observation (19%). Again, most therapists are not addressing spirituality (35%) or are addressing the issue through the deepening relationship in treatment (29%) or as a part of all that they do (25%). No therapists reported actively pursuing spirituality in treatment.

Therapist's beliefs about how spirituality should be a part of therapy differ. Some say spirituality should be addressed in the deepening relationship with the client at 31% and others say as a part of all that they do at 27%. It is also engaging to notice that 24% of the respondents marked other for this question, commenting on their ideas for how spirituality should be addressed in occupational therapy treatment.

Importance of Spirituality in Recovery Contained in Table 3

Many therapists responded that spirituality was important in patient recovery. Seventy-seven percent of therapists felt that spirituality was very important in recovery, with a mean score of 7.3 out of 10 for importance. The majority of therapists saw a connection between their beliefs and service delivery at 72% and many believed that it depended upon the context that personal beliefs regarding spirituality should be a part of service delivery (51.5%).

Table 3

Spirituality in Occupational Therapy

Question*	Choices**	Percentages
Importance of Spirituality in Recovery	Very Important (6-10)	77%
	Not Important (1-5)	23%
Should Spirituality be Addressed	Depends on Context	75%
	No	12%
	Yes	9%
How is Spirituality Assessed	Not Assessed	42%
	Wait	36%
	Observe	19%
How is Spirituality Addressed	Not Addressed	35%
	Deep Relationship	29%
	Part of All	25%
How Should Spirituality be Addressed	Deep Relationship	31%
	Part of All	27%
	Other	24%
Connection Between Beliefs/Services	Yes	77%
	No	15%
	I Don't Know	12%
Should Beliefs be Part of Service	Depends on Context	52%
	No	34%
	Yes	11%

*Question refers to the survey question.
**Choices refers to the survey forced choice responses.

Defining Spirituality

Table 4 contains information regarding the phrases or words that therapists used to define spirituality, gathered from the literature review. Therapists were asked to circle and rank in order of importance all words or phrases that were included in their definition of spirituality. Many respondents circled and ranked all 21 choices, and

many ranked only their top two or three. To determine importance, if a word was ranked from 1 to 5 it was regarded as important and 6 or higher meant it was unimportant (despite its importance to the therapist who ranked it a 6 or higher). The top five choices as definitions for spirituality were meaning of life, structures values and beliefs, essence of life, caring for others, and peace of mind. These words and phrases are different if percentages for all choices are viewed together, not ranking importance. The most frequently reported phrase is still meaning of life followed by structures values and beliefs. Third most reported phrase changed to caring for others and fourth was peace of mind. Essence of life, previously the third most reported phrase when in rank order was not in the top four responses for overall importance (meaning a rank of some sort whether it be a 1 or a 20). Definitions of these respondent therapists differ significantly from published definitions of spirituality.

Table 4

Spirituality Defined by Practicing Occupational Therapists

Word Choice*	Ranked
Meaning of Life	54%
Structures Values/Beliefs	47%
Essence of Life	42%
Caring for Others	40%
Peace of Mind	36%
Related to a Higher Power	33%
Well-Being	31%
Purposeness	29%
Response to Higher Power	25%
Soul Growth	24%
Attitude	24%
Relationship with Environment	19%
Religion	19%
Wholeness/Holism	16%
Connectedness	16%
Interaction with Mind/Body	14%
Oneness in Spirit	14%
Motivation	12%
Symbolic	9%
Related to Sacred Matters	8%

*Word choice refers to question number 19 on the survey defining spirituality.

CHAPTER V

DISCUSSION

Summary

This research study held several significant results consistent with previous studies and provided information to further the inclusion of spirituality into occupational therapy practice. These findings provide some information about the therapist who is using spirituality in practice. It is interesting to note that not one therapist stated that spirituality is actively pursued as an element in treatment. This study supplied information about how many occupational therapists assess spirituality. The majority of therapists did not assess (42%) or address spirituality (35) and yet 80% considered themselves strongly or somewhat strongly spiritually oriented or religious. Results of this study indicated that current religious practice among therapists did not make a difference in assessment of spirituality, nor did other general information such as age, sex or race.

Data that exhibited significance in assessment was related to activities that therapists participated in that were associated with spirituality. Therapists who read spiritual literature were more likely to assess spirituality in their patients. Therapists who prayed were more likely to observe their patients for assessment. Those therapists who did not address spirituality, or felt that it should not be addressed, were those who did not attend spiritual meetings or read spiritual literature. The stronger a therapist's religious belief and the more frequently he or she spent time in religious activity the less likely he or she was to feel that spirituality should not be addressed.

A therapist who believed in God or a Higher Power was also less likely to feel that spirituality should not be addressed, yet many did not address spirituality. Those who assessed spirituality either waited until the client stated interest or observed their clients. When spirituality was addressed it was done through the deepening relationship in treatment or as a part of all that the therapist did. Many therapists had other ideas as to how to address spirituality and commented in the other choice for that question.

Consistency With Current Literature

According to Siedl (1993) and Heriot (1995) there is a need for those who work with the older adult to address spirituality. A positive finding from this study was that occupational therapy practitioners who worked in geriatrics were less likely to respond that spirituality was not assessed. This suggests that geriatric therapists may address spirituality. Dennis (1989) and Grimm (1994) support the idea of spirituality as a part of all that the therapist does, which one-fourth of the therapists felt was how spirituality should be addressed. Spirituality as a part of all that one does leads to the need for an awareness of individual's personal spirituality, a need consistent with literature (Dennis, 1989; Egan & Delaat, 1994; Maher & Hunt, 1993; Prest & Keller, 1993).

The sample population of occupational therapists was consistent with the general public in that over 90% believed in God or a Higher Power. The number of therapists who reported participating in prayer as a spiritual activity was lower (69%) than the 89% of the general population reported by Spilka (1986). Those therapists who reported attending spiritual meetings were in the 40th percentile mentioned by Spilka (1986). This information is important to note because it adds to the reliability of the data due to the consistency of the findings with current literature.

Defining Spirituality

It is evident from the results of this study that collectively therapists have no clear and usable definition of spirituality for practice. There was not that large a range between choices, with no one or two answers chosen by most therapists. Holism, a foundational concept of occupational therapy contains a spiritual domain, and yet only 16% of practicing occupational therapists ranked wholeness/holism in their top five responses. If therapists are not incorporating spirituality in treatment then our practice may not be as holistic as it claims (Sharrott, 1986). Spirituality is said to be a foundation of well-being and yet only 31% of respondents ranked it in the top five responses (Maher & Hunt, 1993). Despite the distinction between religion and spirituality, 37% of therapists included the word religion in their definition of spirituality. Almost half of the respondents included related to a Higher Power, one-third included response to Higher Power, and one-fifth included related to sacred matters. Many published definitions of spirituality include relating to a Higher Power, however the word sacred is strongly associated with religion (Brown & Peterson, 1988; Grimm, 1994, Gutche, 1994; Potter-Efron & Potter-Efron, 1989; Seaward, 1995). Practitioners did consistently respond that meaning of life, structures values and beliefs, essence of life, caring for others, and peace of mind, were words or phrases included in their definition of spirituality.

To say that spirituality has to do with structuring values and beliefs is extremely significant in that those values affect one's practice of occupational therapy. To separate the two is to separate a piece of oneself in the work place. This being the case, to not address spirituality in treatment is to leave out a very vital aspect of client's lives. If meaning of life and peace of mind are included in spirituality, how ethical is it to leave clients groping for answers to these questions without some direction? If

caring for others is a part of spirituality, is it true that all therapists are using their spirituality without realizing it, as a part of all that they do in interaction with clients? If spirituality truly deals with meaning of life, caring for others and structuring values and beliefs, are therapists providing treatment of the spiritual aspect of the individual using the Model of Human Occupation's volition subsystem and Fidler's object relation and nonhuman environment theories (Miller & Walker, 1993)? Defining spirituality for the profession can help answer these questions and lead the way for concrete assessment and addressing of spirituality in occupational therapy treatment.

Proposed Definition of Spirituality in Occupational Therapy

Using the words or phrases that practicing occupational therapists included in their definitions of spirituality, it is possible to propose a definition of spirituality for practice. Spirituality is those thoughts, behaviors and beliefs dealing with self, others and a higher power that relate to the meaning of life and structure our values and beliefs. This experience is unique to each individual. The spirit itself is the essence of life and provides peace of mind, a separate piece of the whole individual suggesting integration with the other parts of the individual.

Recommendations

More research is yet needed in the area of spirituality. One area that is needed is an appropriate and terse process for assessment of spirituality. A review of the behaviors and traits that are considered spiritual from the literature is a good place to begin the development of an assessment tool.

Several occupational therapists believed that it depended upon the context as to whether or not spirituality should be addressed. The context for addressing spirituality

needs to be clarified so that it can be incorporated in practice as is suggested. Since no therapist stated an active pursuit of spirituality in treatment as found in this study, perhaps the question "why not?" needs to be asked. Are therapists knowledgeable, comfortable, and trained to deal with spirituality? Is the definition generated from this study adequate and clear enough for therapists to use in assessing and addressing spirituality in treatment? A clear and usable definition and assessment tool will lead to knowledge and training for applying spiritual agents in treatment.

Since many of the therapists who were active in spiritual activities believed that spirituality was important in recovery, research on how these spiritual activities influence participants might be helpful. Research using a different research design, less subjective than a survey is necessary. Case studies, pretest-posttest experiments, and static-group comparisons would all be acceptable means of quantifying spiritual research. These and many more future studies could and should be done in the area of spirituality in occupational therapy treatment.

Appendix A

Addressing Spirituality in Occupational Therapy Treatment Questionnaire

Addressing Spirituality in Occupational Therapy Treatment

(If you prefer not to respond to any question please circle other, and state that you prefer not to respond)

I. General Information

1. Your Age: a) less than 20 b) 21-30 c) 31-40 d) 41-50 e) 51-60 f) 61 or higher

2. Your Sex: a) female b) male

3. Your Race: a) Caucasian b) African American c) Asian American d) Hispanic American e) American Indian f) Eastern Indian g) Pacific Islander h) Other, Please Specify:_____

4. Your Field of Practice: a) Acute Care Hospital b) Consultation c) Geriatrics d) Home Health e) Hospice f) Mental Health g) Pediatrics h) School System i) Subacute Care j) Work Hardening k) Other, Please Specify:_____

5. Your Clinical Position: a) OTR b) COTA c) OT Aid d) OT Manager e) Other, Please Specify:_____

6. Number of Years in Practice: a) 0-2 b) 3-5 c) 6-10 d) 11-20 e) 21-30 f) 31 or more

7. Currently Practicing in:_____
State

II. Personal Spirituality and Religious Practice

8. Your Current Religious Practice: a) Catholic b) Protestant c) Muslim d) Jewish e) Hindu f) Buddhist g) Earth/Nature Religion h) Atheist g) Other, Please Specify:_____

9. How would you characterize your religious beliefs: Liberal 1 2 3 4 5 6 7 8 9 10 Conservative

10. Number of Years in Current Religious Practice: a) 0-5 b) 6-10 c) 11-20 d) 21-30 e) 31-40 f) 41-50 g) 51-60 h) 61 or more

11. What activities do you participate in that are relating to you spirituality (Circle all that apply): a) Spiritual meetings b) Reading spiritual literature c) Prayer and meditation d) Sharing your spiritual experiences with others e) Enjoying nature and the environment f) Other, Please Specify:_____

(The following questions concern your spiritual or religious beliefs and experiences. There are no right or wrong answers. For each question, circle the letter of the answer that is true for you.)

12. How strongly religious (or spiritually-oriented) do you consider yourself to be: a) Strongly b) Somewhat strongly c) Not very strong d) Not at all e) I don't know

13. About how often do you spend time on religious or spiritual practice: a) Never b) Daily c) Weekly d) Monthly e) Several times per year f) Yearly

14. How often have you felt as though you were very close to a powerful spiritual force that seemed to lift you outside yourself: a) Never b) Once or twice c) several times d) Often e) I don't know

(Please use your definition of God [or a Higher Power] when answering the following questions.)

15. Do you believe in God: a) Yes b) No c) I don't know d) Sometimes e) Rarely

16. How close do you feel to God: a) Extremely close b) Somewhat close c) not very close d) I don't believe in God e) I don't know f) I question the existence of God

17. Indicate whether you agree or disagree with this statement, "God dwells within me": a) Definitely disagree b) Tend to disagree c) Neutral d) Tend to agree e) Definitely agree

18. Have you ever had an experience that has convinced you that God exists: a) Yes b) No c) I don't know

19. In your definition of spirituality, circle and rank in order of importance all words or phrases that are included:

_____a) essence of life	_____b) symbolic	_____c) response to higher power
_____d) religion	_____e) related to higher power	_____f) related to sacred matters
_____g) well-being	_____h) attitude	_____i) connectedness
_____j) purposeness	_____k) wholeness/holism	_____l) interaction with mind and body
_____m) motivation	_____n) caring for others	_____o) structures values and beliefs
_____p) soul growth	_____q) one in spirit	_____r) peace of mind
_____s) meaning in life	_____t) relationship with the environment	

III. Spirituality in Occupational Therapy

20. How important is spirituality in recovery of a client: Not important 1 2 3 4 5 6 7 8 9 10 Very Important

21. Should spirituality be addressed in occupational therapy treatment: a) Yes b) No c) I don't know d) Depends on the context

22. How do you assess the spirituality of your patient in your occupational therapy treatment: a) Spirituality is not assessed b) Direct questions c) Indirect questions d) Observe e) Wait for client to state interest in spirituality f) Other, Please Specify:_____

23. How is spirituality addressed in your occupational therapy treatment: a) Spirituality is not addressed b) In the deepening relationship with the client c) It is actively pursued as an element in treatment d) It is a part of all I do e) Referral to chaplain f) Other, Please Specify:_____

24. In what context should spirituality be addressed in occupational therapy treatment: a) Spirituality should not be addressed b) In the deepening relationship with the client c) It should be actively pursued as an element in treatment d) It should be a part of all I do e) Referral to chaplain f) Other, Please Specify:_____

25. Do you see a connection between your own belief system and your service delivery: a) Yes b) No c) I don't know

26. Should your personal beliefs regarding spirituality be a part of your service delivery: a) Yes b) No c) I don't know d) Depends on the context e) Other, Please Specify:_____

27. Please share any insight or experiences that you desire to share:

Appendix B

Human Subjects Institutional Review Board Approval

Human Subjects Institutional Review Board

Kalamazoo, Michigan 49008-3899
616 387-8293

WESTERN MICHIGAN UNIVERSITY

Date: November 3, 1995

To: Barbara Howe

From: Richard Wright, Chair

Re: HSIRB Project Number 95-11-05

This letter will serve as confirmation that your research project entitled "Addressing spirituality in occupational therapy treatment" has been **approved** under the **exempt** category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you must seek specific approval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: November 3, 1996

xc: Susan Meyers, OT

Appendix C

Cover Letter

Occupational Therapy Department

Kalamazoo, Michigan 49008-5051
616 387-3850
FAX: 616 387-3845

WESTERN MICHIGAN UNIVERSITY

My name is Barbara Howe. I am a graduate student in the occupational therapy department of Western Michigan University. Using the enclosed questionnaire, I am seeking information regarding how occupational therapists view spirituality. I am interested in finding out who assesses spirituality and how they are assessing it, as well as discovering how spirituality is being addressed in treatment. Your viewpoint on spirituality as a part of occupational therapy is also a desired finding from this questionnaire. As a holistic profession, occupational therapy has included spirituality as a component of the whole person. In writing this questionnaire I worked from the assumption that everyone has a varying spiritual being that is unique to that individual. By your willingness to complete and return the questionnaire, informed consent is assumed. Please return the questionnaire in the enclosed envelope by Friday, December 22, 1995.

Thank you for your time and energy!

Barbara R Howe, OTS

Barbara R. Howe, OTS

Occupational Therapy Department

Western Michigan University

Appendix D

Permission for Use of the INSPIRIT Questionnaire

LESLEY

THE GRADUATE SCHOOL
DIVISION OF COUNSELING PSYCHOLOGY
AND EXPRESSIVE THERAPIES

November 22, 1995

Ms. Barbara Howe
1410 Greenwood St. #6
Kalamazoo, MI 49006

Dear Ms. Howe,

Thank you for your letter on Nov. 6, 1995, requesting use of some of the questions from the INSPIRIT scale. I am happy to agree to this, assuming you will provide the proper references and citations to the INSPIRIT scale in your thesis or any relevant publications, and assuming that you will share the results of your research with me when it is complete.

Your research sounds very interesting. Good luck with it!!

Sincerely,

Jared D. Kass, Ph.D., Professor

LESLEY COLLEGE
29 EVERETT STREET
CAMBRIDGE, MASSACHUSETTS 02138-2790
(617) 868-9600

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