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EDITORIAL

Spirituality is in the Air

Santosh K. Chaturvedi

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Spirituality is increasingly being recognised as an important dimension in life and healthcare. Spirituality in mental health including mental illness has attracted enough attention, though not as much as in other life-threatening diseases. There is definitely a role of spirituality in mental health rehabilitation, but it is not addressed as often as it should be. The difficulties arise due to inadequate understanding about spiritual assessment, interventions and making sense of the information about spiritual aspects.

Psycho spiritual and socio spiritual environment is observed and felt in many holy places. This concept can be appreciated and understood with the example of people wanting to die in such holy places or live there if they have chronic incurable illnesses like mental illnesses or are lonely, abandoned or wish to remain alone. In places such as these people suddenly begin to live spiritually. They feel that their spiritual distress is less here. The spiritual quality of life and the overall quality of life seems acceptable to persons who reside in such places. There may be some divine intervention!

Charitable hospitals in such spiritual settings have a similar impact. On spending a week at the three charitable hospitals of the Jagadguru Kripalu Chikitsalaya at Vrindavan, Barsana and Mangarh in Uttar Pradesh, I was amazed to experience the peaceful atmosphere and selfless services provided by the honorary doctors, nurses and healthcare professionals. About two thousand poor (and not so poor) persons are provided free consultations, medicines and investigations, every day. Patients felt a marked reduction of their suffering and distress on entering the precincts of the hospitals. There is a soft chanting of bhajans in the background. The spiritual surroundings itself are so therapeutic. Such experiences endorse the importance of spirituality in healthcare.

Though spirituality is both a complex and simple concept, and one 'feels' it more rather than make practical sense of it. However, we must make an attempt to do a simple spiritual assessment and intervention whenever possible and feasible in clinical settings. There are a number of scales available for assessment of spirituality for research, including for Indian settings (Gielen et al. 2022; Bhatnagar et al. 2016). Some practical steps of *Spiritual Assessment* in clinical settings can be described as follows-

Step 1: Elicit spiritual history, including information about spiritual practices and beliefs that exist within the patient's family. Gather information about spiritual development, which means find out age and stage at which interest in spirituality developed and progressed. There exists a common

S. K. Chaturvedi (✉)
Jagadguru Kripalu Chikitsalaya,
Vrindavan, Barsana and Mangarh, Uttar Pradesh, India
e-mail: skchatur@gmail.com

misconception that spirituality is associated, with the elderly, towards the end of life, and with death. There are various spiritual milestones that one encounters as one passes through the various stages of life. Many teenagers and adolescents show interest in spirituality. Spiritual milestones differ between individuals. A person can recall events when the first awareness of the interest and attraction towards spiritual activities and people appeared. Spiritual development progresses to spiritual growth.

Step 2: Elicit spiritual concerns, problems, and challenges: Some of the findings in a study (Simha et al. 2013) showed that common spiritual concerns were—belief in God, importance of doing religious activities or pooja, belief in karma and rebirth exists. There is little religious struggle seen in traditional societies like India in comparison with the western culture. Common questions such as 'why me?' and 'was god angry with me?' indicate spiritual distress.

Step 3: Assess Spiritual pain: Physical, social, psychological, emotional and spiritual pain all exist in a person who is suffering. Spiritual pain is the pain that is experienced when a person tries to find meaning for their problems and suffering. What is the meaning of this suffering? In such a situation, the person feels the pain but cannot locate the pain physically.

There are a number of attributes that reflect spirituality-

- Meaning – what does it mean to be alive and here? What does my illness mean to me?
- Believing in God and practicing religious activity is religion but believing in God or a faith and not practising religious activities is spirituality or seeking a higher meaning.
- Purpose: What is the purpose of my being or my life or suffering?
- Hope: What will happen? Waiting for something positive to happen.
- Legacy – Will I be remembered or how will I be remembered?
- Values – The values held by the person play a significant role in their life.
- Attachment and detachment related to worldly things and situations.
- Faith in oneself and the higher powers.
- Acceptance of reality with reconciliation
- Transcendence
- Relationships: Handling loneliness during illness and suffering.
- Forgiveness: To forgive and to be forgiven are both spiritual experiences.
- Losses – experienced at various levels like work, people, and finally with our own body – coping with that is spiritual growth
- And many more….

Step 4: Spiritual distress –The above-mentioned attributes are related to spiritual distress [4].

Step 5: Assessment of spiritual strength and weaknesses: There is no easy way to measure these and that is a challenge. Spiritual strength is subjective, and a person can 'feel' it. Spiritual strength is perhaps related to the positive attributes mentioned above, like faith, transcendence, values, hope and having understood the meaning of suffering and the purpose of life, and spiritual weakness a lack of these. Feelings of hopelessness and abandonment, inability to forgive, or feeling unforgiven are other spiritual weaknesses.

Step 6: Spiritual Quotient: It can be considered as the ratio of strength to weakness. It helps to indicate to us how spiritual a person may be. Like the concept of an emotional quotient and intelligence quotient, spiritual quotient can give an idea about a person's spiritual strengths and weaknesses. It also depicts the person's status in a positive way. This will help us to gauge how people use spirituality to cope up to reality. Spiritual quotient can be estimated as spiritual strength divided by spiritual weaknesses X 100, to derive a percentage spirituality quotient.

Step 7: Spiritual sensitivity is a personality trait. In some people it is in-built and for the others it can be developed. We must sensitise the mental health team to be cognizant about this in health care and rehabilitation settings.

Step 8: Spiritual atmosphere: All health care settings must have a cordial and welcoming spiritual atmosphere. It should comprise of an environment that encourages listening to each other, and people with similar spiritual wavelengths working together in an atmosphere of warmth, caring and kindness.

Spiritual Interventions

Spiritual assessment itself is therapeutic. Just by listening to people we can help them de stress. Same way, the process of doing a quality-of-life assessment itself improves the quality of life for a patient, as this assessment was never done by anyone before. Many a times, this process leads to the patients resolving their concerns themselves. The assessment also confirms that some one cares for them and hence enquires about their concerns, values, and sufferings. Spiritual intervention should focus on strengthening the faith and reducing the feelings of hopelessness and abandonment.

Spiritual Counselling

This differs from general non-specific counselling; in this case we limit our interaction by not saying 'be strong' or reassuring or giving guidance or advice on how to solve their problems. Instead, we must plant a seed in their mind for them to think for themselves and eventually they will handle their own spiritual distress and come to peace with themselves. This involves listening to patient, strengthening the person's own spirit, allowing them to reflect and thereby encourage them to find their own meaning. Usually in cases where spiritual distress is seen the patient will not accept our answer as a solution to the problem. Spiritual support facilitates what the patient wants in terms of spirituality.

Complementary and Alternative Medicine (CAM) have a large spiritual element. Various practices such as yoga, reiki, pranic healing, meditation and many more, focus on the whole person and not on any symptom. That indicates the significance of spiritualism in such interventions. As the guru's, baba's and local religious healers provide so much solace to a person, similarly the health professional or doctor must also pinpoint on what is important to the patient and then work on that. It is important that the healthcare professionals do not project their own principles, values, beliefs onto the patients or their caregivers. The medical team must have self-awareness, in order to maintain boundaries.

Spiritual Healing

It is well known that faith heals. Also healing of spiritual distress is important in reducing overall suffering of the person. Spiritual pursuits provide a healing to the soul and the spirit.

When providing spiritual care in a multi religious setting like mental health rehabilitation, one should avoid any religious symbols/depictions or have those with multi-cultural symbols. In mental health settings we should promote spiritual advancements and prevent spiritual distress. The staff and health care professionals should maintain spiritual and religious anonymity, i.e., the patient should/need not know their beliefs, values, and attitudes and these should also not be imposed onto them. The patient's care givers must also be taken care of. The most important issue is that we should understand each other's spirituality and enhance spiritual satisfaction (Chaturvedi 2022).

This issue of the journal has a spectrum of interesting papers. The Adapted Questionnaire of Work Motivation for People Living with Chronic Mental Disorders" (CAMT): Validation in Mexican People with Bipolar Disorder from Mexico, Recovery from Psychosis: An Integrated Model of Interpersonal and Intrapersonal Factors from the Perspective of Psychologists from Australia, Challenges in Adopting Recovery-oriented Practices in Specialized Mental Health Care: "How Far Should Self-Determination Go; Should One be Allowed to Perish?" from Norway and Goal Setting in Mental Health Rehabilitation: References to Competence and Interest as Resources for Negotiating Goals from Finland. A paper from the USA on a Grassroots Approach to Addressing the MCH Workforce Crisis is another interesting contribution. Other papers in this issue are contributed from different parts of India, namely, Descriptive Analysis of Inclusion in Quota-Based Employment for Persons with Mental Health Conditions, Evaluation of a Day-Care Rehabilitation Skill Training Programme on Burden and Quality of Life of Caregivers of Persons with Severe Mental Illness from Kerala, Need for Family-Centric Rehabilitation to Mitigate Socio Genesis of Mental Illness: Case Scenarios, Family Reintegration of a Homeless Person with Intellectual Developmental Disability (IDD): A Case Report and Use of Smart Phone Among Students with Intellectual and Developmental Disability from Chandigarh, India. An important editorial on Mainstreaming

of persons with disorder of intellectual development with the society life through a life-span approach, highlights the need for specific legislations. Lastly, there is an interesting book review on a book entitled Reflective Practice and Professional Development in Psychotherapy edited and authored by Poornima Bhola, Chetna Duggal and Rathna Isaac.

References

Chaturvedi SK. (2022) Santosh, the spiritual satisfaction. J Psychosoc Rehabil Ment Health. 9: 125-126.

Bhatnagar S, Gielen J, Chaturvedi SK. (2016) Development and psychometric assessment of a spirituality questionnaire for Indian palliative care patients. Indian J Palliative care, 22:9-18.

Gielen J, Bhatnagar S, Chaturvedi SK. (2017) Prevalence and nature of spiritual distress among palliative care patients in India. J Relig Health. 56(2):530-544.

Gielen J, Bhatnagar S, Komal. Surajpal, Chaturvedi SK. (2022) Psychometric assessment of SpiDiscI: spiritual distress scale for palliative care patients in India. Indian J Palliative Care, 28: 13-20.

Simha S, Noble S, Chaturvedi SK. (2013). Spiritual concerns in Hindu cancer patients undergoing palliative care: a qualitative study. Indian J Palliative Care, 19, 99-105,