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BRIEF REPORT

Development and Implementation of a Spiritual Issues Psychoeducational Group for Those with Serious Mental Illness

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ABSTRACT: Recent research has suggested that religion and spirituality can be a resource or a burden for those with serious mental illness (SMI). Investigators have begun to explore the nature and impact of interventions that focus on spiritual issues in this population. This study describes an innovative program for people with SMI who are dealing with spiritual/religious issues. The program was a seven-week semi-structured, psychoeducational intervention in which participants discussed religious resources, spiritual struggles, forgiveness, and hope. This paper also reviews participants' feedback about the group intervention. Suggestions are made that may add to the clinical utility of this program in the future.

KEY WORDS: psychoeducational; spirituality; serious mental illness.

Recent research has noted the salience of religion and spirituality to those with SMI (Bussema & Bussema, 2000; Sullivan, 1993; Tepper, Rogers, & Coleman 2001). Religious resources and coping methods have been associated with both positive (feeling a source of comfort from God)

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and negative outcomes (guilt over being angry with God) (Bussema & Bussema, 2000; Sullivan, 1993). This research has led to the creation of treatment programs that address spiritual issues for those with SMI. Kehoe (1998) has described the development of a spiritual issues therapy group that is unstructured and psychodynamically oriented. The group encourages participants to examine their religious beliefs and background, as well as gain increased understanding of their feelings, problems, and questions that arise within this domain. Emphasis is placed on practicing tolerance and respect for spiritual differences between members, as well as questioning and exploring one's own spiritual beliefs (Kehoe, 1998).

Others have described similar interventions for people with SMI (e.g., Bussema & Bussema, 2000; O'Rourke, 1997). Lindgren and Coursey (1995) report on the only structured, psychoeducational group treatment approach for this population that deals with spiritual concerns. Quantitative analyses demonstrated that this intervention led to an increase in participants' perceptions of spiritual support (Lindgren & Coursey, 1995).

The present study attempted to add to this growing literature through the development of a semi-structured group intervention for those with SMI that combined the advantages of both the structured and unstructured models. The intervention was designed to provide both new information about spirituality to participants and to allow them to share experiences and knowledge that they felt might be of value to others. An additional goal was to present a more inclusive set of spiritual topics to clients with SMI than has previously been described, such as spiritual strivings, spiritual struggles, and hope. In the development of this program, the authors drew on research in the psychology of religion, including empirically derived treatments that have been shown to be effective in studies with other populations.

PROGRAM DESCRIPTION

Pre-Intervention

Group members were recruited through referrals from mental health workers at a local community mental health center. Potential members participated in individual interviews to determine whether their needs, expectations and level of functioning were appropriate for the group. The interview examined their religious/spiritual background, the role

that religion/spirituality has played in their experience with mental illness, and their expectations for the group. Participants were also asked if they were comfortable with the group rules of respecting others' spiritual beliefs, not proselytizing, and not actually engaging in spiritual activities, such as prayer or Bible study. All individuals were determined to be appropriate for the group and invited to join.

Participants

There were ten participants, all Caucasian and 70% were female. One-third of the group members reported a diagnosis of Schizophrenia, one-third indicated a diagnosis of Depression, and one-third reported personality disorders as their primary diagnosis. Other primary or secondary diagnoses included Bipolar and Schizoaffective disorder. In terms of religious affiliation, thirty percent identified themselves as Roman Catholic while all others were of Protestant denominations. Seventy percent indicated that they attend church on a weekly basis and all reported attending church at least several times a year. All individuals indicated that they pray at least once a month, with thirty percent reporting that they pray more than once a day. Half of the group members identified themselves as very religious, while the other half reported being "moderately religious." Forty percent identified themselves as very spiritual, fifty percent as moderately spiritual, and one individual reported being "slightly spiritual."

Intervention

Two doctoral students in clinical psychology served as ongoing facilitators for each group session. Furthermore, each week (with the exception of the first and last weeks) an additional graduate student joined the group to introduce discussion on a specific topic. Therefore, on most weeks there were three facilitators present.

The group took place once a week for 1.5 hours over the course of seven weeks. Members were provided folders, notebooks, and handouts on a weekly basis to facilitate processing of information. They were also given food and refreshments. The first and last sessions were primarily focused on introducing and terminating the group. The second through sixth sessions were organized in a psychoeducational format in which individuals were presented with information on specific topics, and given time to process and discuss these issues.

Week One: Introduction. The two permanent facilitators gave group members an overview of the group format and what topics would be discussed. In addition, the group rules were reviewed as suggested by Kehoe (1998) and participants were asked to share any comments or concerns. Group members shared their "personal spiritual journey" (Kehoe, 1998). Questions revolved around the theme of their past and present spirituality, how their spirituality is affected by their mental illness, and vice versa. The expectation of group participation was underscored early on as facilitators encouraged everyone to share their stories. The ongoing facilitators shared their stories too by giving a brief overview of their own religious backgrounds and their hopes and expectations for the group.

There was a wide range of answers to the questions about spirituality, revealing very different religious views and levels of cognitive functioning in the group. The topics covered in the group ranged from descriptions of religious activities they enjoyed to how they used religion to cope. The members appeared to be in very different places in their spiritual lives. For example, some individuals found themselves questioning their faith, while others felt strong in their convictions. Yet they appeared to connect with each other, as many pointed out similarities between their stories. For instance, those who found their religion to be a resource in times of need offered examples of other times when they too had experienced spiritual difficulty. Members appeared appreciative that the facilitators had shared their own spiritual backgrounds. Brief personal descriptions by the facilitators appeared optimal, as it kept the focus on the group but provided enough information to help the participants get to know the facilitators. Overall, this session appeared to enhance cohesion to the group in its early stages. The tone of the session was very positive, and members shared excitement over such a novel group, stating they had never experienced a psychologically oriented intervention that specifically dealt with spiritual issues.

Week Two: Spiritual Resources. This session was intended to elicit members' ideas of personal and community spiritual resources (Pargament, 1997). The session began by providing the group with definitions and examples of spiritual resources.

Multiple resources were generated by participants, including prayer, reading religious literature, prayer groups, going to religious services, journaling, listening to spiritual music, burning candles, doing artwork, and just socializing with friends. In addition, potential barriers to utilizing these resources were also explored, such as avoiding church when

experiencing high levels of symptoms. Following the group, a typewritten list of the resources generated by group members was compiled and distributed. Participants appreciated this listing.

Week Three: Spiritual Strivings. The primary objective was to have group members explore ways to create and achieve meaningful, realistic goals related to their spiritual journey. Emmons (1999) has discussed the importance and positive implications of spiritual strivings. The facilitator first discussed the importance of having strivings. To facilitate the discussion, group members generated personal lists of their strivings. These lists were based upon what participants found meaningful in their lives, e.g., family, religion. Members were then instructed to pick one specific striving to focus on. They were asked to consider whether the striving was reasonable, given their strengths, weaknesses, skills, and limitations. If the striving was considered reasonable, they were instructed to write down three goals to help them reach that striving. If the striving was not considered reasonable, they were asked to think about a new striving. Discussion then focused on the sometimes difficult process of creating strivings that are both meaningful and realistic, particularly given the difficulties associated with serious mental illness.

This session was the first that had more of a negative tone. Though the topic was positive in theory, it elicited feelings of sadness and anger among participants at how their mental illness had interfered with their achievement of strivings. The members were more quiet and, at times, even resistant to examining the subject matter. A part of the session was spent examining members' grief over the loss of their strivings. Leaders also reframed the loss of certain strivings as an opportunity to create new ones.

Week Four: Spiritual Struggles. The overall goals were to emphasize the importance of expressing thoughts and feelings about spiritual struggles, validate and normalize anger with God or the Church, and reframe struggles as a time of potential personal growth and change. Group members were given a list of common struggles with God (e.g., feeling abandoned, spiritual emptiness, feeling sinful, feeling frustrated) and Church (e.g., not feeling welcomed, feeling abandoned, stigma, paranoia) and asked to circle ones that they have experienced. They then shared with other group members ways in which they have dealt with these struggles (e.g., expressing feelings through journal writing or art). The group concluded with a visualization exercise in which each individual wrote on a piece of paper something that s/he was hoping to

let go of. They then visualized a Spiritual Being taking away their struggle, ripped the paper up, and put it in a common bowl passed around the table.

Overall, the session was very intense, marked by the sharing of many painful spiritual struggles. Though the session was generally sober in tone, it was dominated by a sense of active struggling, not a sense of being 'stuck'. Members appeared to be identifying and moving on from their struggles, in small steps, but forward nonetheless. For example, one group member became aware of why she had stopped attending church. She realized that the church had changed, and she was in the process of grieving the loss of how her church used to be.

Week Five: Forgiveness of Others. The primary goal was to examine how forgiveness related to the members' lives. First, group members discussed the definition of forgiveness. They then explored what forgiveness is not, i.e., forgiveness is not forgetting, reconciliation, acceptance or tolerance of injustice, letting go of anger, condoning, excusing, or legal pardon (Enright & Fitzgibbons, 2000). Next, group members generated ideas about the costs and benefits of forgiveness. Then members reflected on incidents in their life when they were hurt by another person or institution. Finally, the steps towards forgiveness were briefly outlined (Enright & Fitzgibbons, 2000).

The emotional tone of the session was, once again, quite intense. Participants differed over what it takes to forgive and the merits of forgiveness. Some believed that forgiving others was necessary and the "good" thing to do, relieving the offended of anxiety and hurt. Others felt forgiving could lead to more distress. Facilitators reiterated that forgiveness is not mandatory, but a choice. The term "forgiveness" had powerful connotations for many individuals, based on their past experience. Instead of the term forgiveness, a more neutral term such as "moving on" might have been less provocative.

Week Six: Hope. The primary goal was to explore spiritual strategies that could be used to hold on to hope. Facilitating questions were taken from readings on integrating hope and spirituality into treatment (Yahne & Miller, 1999). Group members first talked about the meaning of hope and reasons to retain hope. They then divided into pairs and discussed their personal hopes. Discussion focused on the difference between hopes and goals and explored ways to focus on real and positive hopes as well as ways to keep hope alive.

The major pathways to keeping hope alive were through spiritual

rituals (e.g., hymns, reading the Bible), trusting that God has a greater purpose, and through supporting each other or helping others. In the discussion of the importance of realistic hopes, the serenity prayer was suggested as a resource. Group members read the prayer together to emphasize this point. Overall, the session appeared positive. The facilitators encouraged a focus on the positive elements of hope to balance the previous sessions on spiritual struggles and forgiveness. Group members responded well, and were able to focus on this more uplifting side to hope. For example, they identified the positive outcomes of seemingly negative life events. They were also able to consider the advantages to hope. Participants appeared particularly adept at making hope applicable to their lives.

Week Seven: Wrap-up. In the final session, the two permanent facilitators reviewed the topics covered by the group, solicited feedback from group members, and shared their personal reactions. Emphasis was placed on maintaining confidentiality even after the group ended. A survey was also distributed to gather feedback on the group.

Similar to the previous session, the final session was very uplifting. The participants expressed their gratitude and their satisfaction with the group. Participants also had many recommendations for future groups.

CONCLUSIONS AND RECOMMENDATIONS

Participants were asked what they learned from the group, what they found most helpful and least helpful, and what suggestions they had for future groups. Most members spontaneously expressed that they wanted the group to continue. Although most members felt they did not necessarily learn new information, they enjoyed and appreciated the unique forum in which they could explore an area that is often neglected in the mental health services setting. Participants further reported that they liked hearing others' spiritual beliefs and interests. They felt listened to in a nonjudgmental way and experienced a sense of connection among themselves as well as the facilitators.

Participants also suggested ways to improve the intervention. Two structural comments were common: most members agreed that each topic could be explored in much greater depth, and that a consistent set of facilitators should lead the group. Members felt that the appearance of a different third facilitator each week was a hindrance to the group

process. Consistent facilitators, they suggested, would create the most optimal environment for sharing and building group cohesion.

The rules of the group, modified from Kehoe (1998), also appeared to enhance the outcomes of the intervention. The emphasis on these rules repeatedly throughout the beginning stages of the intervention encouraged tolerance of different points of view and increased sharing.

Our approach to 'balancing' the sessions was also valuable. Working from Pargament's (1997) theory of religious coping, we assumed that religion has both positive and negative implications. Thus, we encouraged group members to examine both uplifting and distressing aspects to their spirituality and we processed group emotions both within and across sessions.

In conclusion, this intervention appeared to reach many of its original objectives. It provided a safe environment for those with SMI to discuss spiritual concerns. This unique topic of intervention appeared to be highly valued by participants. The semi-structured format ensured a unique opportunity to provide consumers with information as well as enunciate their own perspectives in a very empowering and enlightening format. Useful feedback was gathered from both facilitators and consumers that could be utilized in future interventions. It is important to note that the group did not appear to trigger serious religious disturbances (e.g., delusions, hallucinations). (See Kehoe, 1998 for discussion on how to handle these issues should they arise.) Quantitative data are currently being collected and we expect to provide results in future descriptions of this intervention program.

Community mental health professionals may feel that it is not their place to employ a spiritual issues group in a publicly funded agency. Yet Richards and Bergin (1997, p. 159) note that there "are no professional ethical guidelines that prohibit therapists in civic settings from discussing religious issues or using spiritual interventions with clients." In fact, they assert, it is unethical to derogate or overlook this dimension. Of course, practitioners must be careful to avoid coercion of clients in the spiritual realm as well as in other realms of life. In this intervention, none of the participants reported that they had been spiritually coerced or proselytized. For help on other ethical guidelines, the reader is referred to Richards and Bergin (1997).

Overall, this intervention holds promise as a useful addition to current community mental health practice. Such groups have been run by licensed nurse practitioners (Kehoe, 1998), social workers (O'Rourke, 1997), and clinical/community psychologists (Lindgren & Coursey, 1995). With some training in the area of serious mental illness and

spiritual concerns, professionals from diverse areas of training (e.g., psychiatrists, hospital chaplains) could also lead groups or supervise the intervention. In summary, people with SMI are spiritual as well as psychological, social and physical beings. Their spiritual issues should not be ignored or downplayed. Instead, spirituality represents a source of strength as well as burden for people with SMI that needs to be addressed by those in the mental health field.

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