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Spirituality in Mental Health Counseling

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SPIRITUALITY IN MENTAL HEALTH COUNSELING

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This is to certify that the Capstone Project of

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Abstract

Spirituality is a multicultural issue and is not given its proper importance in mental health counseling. Spirituality is central to the meaning of humanness and may be a key aspect of what defines the meaning found in interpersonal connections. Through the counselor-client relationship, which like relationships outside of the counseling office is ideally founded in mutual respect, safe levels of vulnerability, and trust, clients learn to navigate relationships outside of the therapeutic environment. Because for human beings, connection to significant and meaningful relationships with our families and our peers play such an important role for happiness and quality of life, and because spirituality can be seen as little more than deep and meaningful connection, spirituality is likely more than a multicultural issue, merely deserving of recognition by the profession as an important aspect of certain clients' lives. Spirituality is an innate human need, and through the work done in counseling, where the most accurate definition of spirituality may be connection to meaningful relationships, the greatest goal may be helping clients connect/reconnect with themselves and significant others. As a key aspect of client happiness and well-being, the counseling field has neglected the importance of spirituality in client lives and might best serve patients by increasing spirituality in nearly every case.

Contents

Abstract

The governing bodies of the mental health counseling profession including the American Counseling Association (ACA) and the Council for the Accreditation of Counseling and Related Programs (CACREP) dictate that as counselors, we are to appreciate and respect spirituality as a significant multicultural issue for clients who identify themselves as religious and/or spiritual (2016 CACREP Standards, 2016). The standards set by CACREP and the ACA, however, do not appear to give spirituality its proper importance.

> "*We are not human beings having a spiritual experience. We are spiritual beings having a human experience*."
>
> - Pierre Teilhard de Chardin

Pierre Teilhard de Chardin seems to exemplify the significance of spirituality in our lives as human beings. If we believe what he is saying, it seems we have to conclude that not only is spirituality important for clients who identify themselves as religious or spiritual, spirituality is basic to the human constitution and as such, needs to be addressed with each and every client who comes for therapy. In order to perform counseling with even the most basic of person-centered approaches, therefore, it seems unlikely that a practitioner would be able to assess and treat an individual without assessing and treating their spiritual wellness.

Spirituality comes from the Latin word *spiritus*, which means "That which is vital to life, such as the breath or life force" (Miller, 2012, p. 390). Spirituality is what helps us find meaning and purpose in the things we value, brings hope and healing in times of suffering and loss, and encourages us to seek the best relationship with ourselves and others (Spirituality and Psychiatry Special Interest Group, 2014). In many ways, spirituality at its root is a blend of positive emotions mixed with prosocial behaviors such as the joy of feeling connected to something

greater than oneself and the heartfelt gratitude associated with feeling loved or loving another person (Miller, 2012, p. 390). It is an integral aspect of one's path to meaningful happiness (GoodTherapy.org, 2016).

When considering client needs and what constitutes “good counseling practice”, if what is vital to life and integral for happiness is narrowly addressed as a multicultural issue of importance only to those individuals whose particular faith is important to them, if through therapy we are trying to improve the lives of the clients we treat, then the profession is clearly falling short when it neglects the spiritual aspect of its consumers.

According to the Spirituality and Psychiatry Special Interest Group (2014), a spirituality assessment should be a key aspect of *every* mental health assessment. Asking clients, “Do you identify yourself as religious or spiritual? And in what way?” in the initial assessment is important, no doubt, but it is important also to ask, "What gives you hope?", and "What keeps you going in difficult times?" (Spirituality and Psychiatry Special Interest Group, 2014). The answer to these questions will usually reveal a person's main spiritual concerns and practices (Spirituality and Psychiatry Special Interest Group, 2014). If using the client’s own resources as a means of healing, growth and strength is the ultimate goal, then it appears spirituality is the very means of successful outcomes.

Furthermore, spirituality appears to be a critical ingredient of an effective therapeutic relationship (Gockel, 2011) because a certain level of psychic connection is necessary for counselor and client, each to fully understand the other. Spiritual wellness is highly correlated to one’s ability to maintain interpersonal connection (Miller, 2012, p. 131), where the ingredients of effective counseling include care, concern, and empathy on the part of a counselor, so it appears

for this reason that spirituality is a necessary component of client healing. Because the therapeutic relationship is the foundation of good therapy (Lambert & Barley, 2001) and the person-centered approach seems to be foundational to all therapeutic techniques, where the repair of client connection to meaning in their lives is both a goal of therapy (MacDonald, 2016) and a byproduct of spiritual wellness (Miller, 2012, p. 3, p. 391), spirituality seems of primary importance to the clinical mental health counseling field. One's ability to relate to her or his peers is highly correlated to overall physical and mental health (Agnew & South, 2014) and because of the significant correlation between meaningful interpersonal connection and spirituality, if the recovery of one's psychosocial wellness is a primary goal of counseling, it seems that increased spirituality is also an indicator of good outcomes.

Review of Literature

Many individuals with mental disorders have lost the capacity to maintain close and meaningful interpersonal connections and they often seek counseling to regain this ability (Judd et al., 2004). If spirituality amounts to establishing connection or reconnecting to meaning in one's life, most especially connection to one's most meaningful interpersonal relationships as Miller (2012) tells us in the Oxford Handbook of Psychology and Spirituality, and Summers (1989) and Saner (personal communication, May 23, 2016) tell us that a professional counselor's most important role is as a professional relationship builder (Saner, personal communication, May 23, 2016; Ruffer, 2016), then the role of spirituality in counseling is two-fold; spirituality is the foundation of the therapeutic alliance in the counseling relationship between counselor and client, and the restoration of meaningful interpersonal relationships for clients is a spiritual undertaking.

Spiritual deficits appear related to mental health problems, and mental health problems appear related to relationship problems. It follows that spiritual, relationship, and mental health problems appear highly correlated (Agnew & South, 2014, Spirituality and Psychiatry Special Interest Group, 2014). If we as therapists intend to help people with mental health difficulties, then, it seems that in order to be effective in our work, the mental health professions need to understand also the nature of clients' spiritual health.

Indeed, close interpersonal relationships are the means by which one experiences spirituality and relationships with others are the only means by which one can come to any true spiritual knowledge (Summers, 1989). Some would say that one can only know God, in fact, through their relationships with other people. While by no means the only or even the best relationship in which recovery from mental disorder is fostered, recovery from mental disease or

disorder, as it relates to the clinical mental health profession, can only take place within the context of a relationship (Herman, 1992) – the *therapeutic relationship* between counselor and client seems in many ways a springboard for the healing and growth that takes place outside the office.

Spirituality

Spirituality can be accurately defined as "concerning matters of meaning, purpose in life, truth, and values" (Cook, Powell, & Sims, 2011, p.4). It is fundamental to the human constitution and foundational to the nature of our surrounding world (Miller, 2012). It appears, therefore, an integral aspect of the lives the counseling profession seeks to improve. Spirituality is defined by Merriam-Webster as "the quality or state of being concerned with religion or religious matters" (Spirituality, para. 1, n.d.), however, spirituality as a concept is quite difficult to define concretely. A common notion seems to be that spirituality is accurately defined as "Pertaining to religion or religious matters". Spirituality and religion are concepts that are regularly used interchangeably, and religious people often consider themselves "spiritual", however, there is a very important distinction to be made. Saucier and Skrzypinska, who have written many scholarly works on the topic, (2006) define spirituality as, ''an individual's search for meaning, unity, connectedness to nature, humanity, and the transcendent'' (p. 1260). Religion, on the other hand, "provides a faith community with teachings and narratives that enhance the search for the sacred and encourage morality'' (Saucier and Skrzypinska, 2006, p. 1260).

It appears that spirituality is the deeply personal pursuit of meaning in life, and religion appears to be the social construction of a spiritual quest, as well as the gathering of a community

around particular teachings. Despite the ever-common association of spirituality with religion, therefore, religion is merely a group expression of the universal, individual human experience of the search for life meaning (Miller, 2012). Even where spirituality and religion are used interchangeably, the concept has been evolving in the Western world with an increasingly popular "spiritual but not religious" identification (Cook, Powell, & Sims, 2011). It seems that individuals who identify themselves this way, while recognizing the importance of spirituality in their lives, reject the constraints of any particular religious label.

Despite the apparently widespread idea that the integration of religion or spirituality into psychology and science is ethically, professionally, and scientifically dangerous, (Plante, 2007), delinking the constructs of spirituality from their supernatural and most often religious brethren might show the mental health field generally and the counseling field in particular, that spirituality is an integral aspect of the work done by mental health professionals. In attempting to establish itself in the realm of science, psychology has historically distanced itself from religiosity because religion and spirituality are concepts that cannot easily be measured, however much work done in the final years of the 20th century and since has shown the benefits of spirituality and religion for mental health (Plante, 2007; University of Minnesota, n.d.). Prayer, meditation, yoga, and even journaling, for example, are considered spiritual practices (University of Minnesota, n.d.), and along with being behavioral techniques that are quite often introduced to clients, these practices improve mood, overall health, well-being, and resilience in the face of hardship (University of Minnesota, n.d.), as they should if they are commonly used in the field. In addition, the spiritual quest helps people answer some of the most important existential questions, including, "What really matters in life?" and "What is sacred to me?" (Miller, 2012, p.

388), which often arise during times of hardship, when the mental health profession is most likely to come into contact with its consumers.

Saucier and Skrzypinska (2006) tell us that "Beliefs about religious or spiritual phenomena have important effects on human behavior and functioning and they can also provide one with a cognitive map of the world that makes it meaningful" (p. 1257), which provides a paradigm from which one derives their beliefs about matters including, "how the universe began, what the purpose of life is, and how to understand injustice and death" (p. 1258). Furthermore, speaking on the religious component of spirituality, "such beliefs connect people, enabling the sharing of a system of values and rules that is obligatory for a social group" enabling them to find values and rules that may be a prime guiding force for actual behavior (Saucier and Skrzypinska, 2006, p. 1258). It seems possible that an innate sense of or need for spirituality in one's life is the driving force behind what eventually becomes religion, which in turn appears to be one of the primary driving forces for the formation of societal norms and values.

The human psyche connects us with the greater spirit, or consciousness, that is in us, through us and around us (Miller, 2012), where the individual psyche is the means by which one relates to oneself and connection in this regard also speaks to the very definition of spirituality (Summers, 1989). Spirituality is a cognitive and social construct (Miller, 2012); it appears a means of labeling the thoughts and subjective feelings of 'spirit' associated with finding deep meaning and connection; becoming emotionally, psychologically, and metaphysically "uplifted" in spirit. Because the use of language is critical for humanity to accomplish the things we have in our history, we've needed to provide labels for various phenomena in order to discern one from the next. The name given to the feeling of "spirit" when one feels uplifted, appears pertinent also pertinent in our relationships with others. Feeling supported in times of crisis as well as

supporting another through hardship in addition to the gathering of people behind a common cause no doubt changes brain chemistry in a way that in varying degrees feels uplifting. When we sing and pray in church, one has to wonder, along with high ceilings and beautiful architecture, is it the prayers themselves that brings God into our awareness or is it the deep sense of belonging to the group we're praying with that makes us feel His presence.

Recent studies in behavior genetics suggest that religiosity (though not denominational affiliation) is substantially heritable by mechanisms independent of commonly studied personality traits, and religious experience may be associated with specific aspects of brain function, where religious beliefs may play a physiological role in affect regulation (Saucier and Skrzypinska, 2006, p. 1259).

Counselor education programs certified by CACREP are mandated to integrate multicultural considerations into their curriculum (2016 CACREP Standards, 2016). It is required that the foundation of accredited programs, in fact, "reflect current knowledge and projected needs concerning multicultural counseling practice in a pluralistic society" (2016 CACREP Standards, p.8, 2016), and incorporate multiculturalism as one of its eight common core areas of education. However, the work done by Miller (2012) on spirituality, the extensive study of the concept by William James at the beginning of the 20th Century, and many other scholarly works tell us that spirituality is an innate human need not at all related only to those who particularly identify as religious or spiritual. Many students and young counselors, however, still see the importance of multiculturalism relative to client spirituality as an afterthought (Magaldi-Dopman, 2014), which seems a major disservice to the people the profession wishes to treat. Furthermore, despite the pervasiveness and importance of spirituality and religion in client lives, most psychologists have little training in dealing with religious and spiritual issues

(Shafranske & Malony, 1990, as cited in Nickles, 2011). It certainly appears that the field is falling short in its efforts to meet the needs of its consumers.

There are common themes among the world's various religious beliefs regarding what constitutes a good, spiritual, and well-lived life (Miller, 2012, Chapter 8). Investigating the common themes of "good" between the world's religions leads one to discover that what is seen as "good" most often involves behaving in ways that contribute meaningfully to one's interpersonal connections – "The conception of what is "good" centers on themes of self-transcendence, of which love – especially altruistic love – is the interpersonal manifestation" (Miller, 2012, p. 132). Jesus said above all, aside from loving God the Father, "Love your neighbor as yourself" is the most important commandment in Christianity. It seems, therefore, that if one lives life with concern for others, then he or she is living a spiritual life according to Christian doctrine. Because the most advanced form of love is operationally defined as "therapeutic treatment" (Cookerly, J., n.d.), the counseling relationship itself is a spiritual one, and if one of the primary goals of treatment is to improve a client's happiness and well-being, which appears a result of meaningful connection with significant others, so are its best outcomes.

Western Culture

Western culture seems to exacerbate spiritual sickness in its society's members. For example, one important dimension of any culture is the extent of the importance placed on individualism or collectivism. Collectivism, for example, puts an emphasis on distinguishing between in-groups and out-groups, engaging in cooperative tasks, and focusing on what people have in common (Basu-Zharku, J. O., 2011). Conversely, individualism is characterized by engagement in competitive tasks and by an emphasis on what makes the individual distinct from

other members of society (Basu-Zharku, J. O., 2011). In societies in which agreeing on social norms is important and jobs are interdependent, collectivism is predominant, whereas in complex, stratified societies like the United States and much of the Western world, affluence, independence, and differences are emphasized and individualism is predominant (Basu-Zharku, J. O., 2011). It does not appear by chance that societies which place greater importance on individualism and individual power are less happy overall than societies which stress the importance of the common good. Whether correlated to its economic systems and social ideologies or not, despite the increasing integration of Eastern philosophical and religious tradition which believe in the "unity of man", and a holistic concept of mind, body and spirit (Motak, 2009, p. 129), our culture remains quite individualistic and even an apparent incorporation of Eastern ideas into Western spirituality is individualized as a right to "individual freedom, the right to be authentic, special, and different" (p.139).

While the United States is economically the richest, most affluent country in the world, overall happiness is lower here than other developed countries (Schulte, B., 2015). The income gap in the United States has also been growing in proportion to the decrease in overall happiness (Schulte, B., 2015), and besides the focus on individualism which appears to foster disconnection between members of our society, it makes sense with increasing numbers of people falling below the poverty line given the findings in the Adverse Childhood Experiences (ACEs) study that individuals of lower income are at increased risk for experiences which lead to significantly increased physical and mental health problems later in life (Centers for Disease Control and Prevention, 2014).

Trauma

There are various definitions of trauma and there are certainly varying levels of traumatic experience, but common definitions appear to settle on the idea that trauma is the result of a highly stressful event which overwhelms an individual's ability to effectively cope. Feelings of being emotionally, cognitively, or physically overwhelmed often result from abuse of power, betrayal of trust, entrapment, helplessness, pain and confusion (Giller, 1999).

Childhood exposure to victimization is prevalent and has been shown to contribute to significant immediate and long-term psychological distress and psychosocial impairment (D'Andrea, et al., 2012). Exposure to traumatic stressors in childhood is extremely common and has been described as a "silent epidemic" (D'Andrea et al., 2012). Sixty-one percent of men and fifty-one percent of women have experienced trauma, while upwards of ninety percent of consumers of behavioral health services have experienced trauma in their lifetimes (Substance Abuse and Mental Health Services Administration, 2015). Some of the most profound spiritual deficits, therefore, and quite possibly the most profound schism between an individual and their most meaningful interpersonal relationships, appears to be a consequence of pathological childhood experiences.

These experiences are quite often associated with caregivers or other important adults in a child's life (D'Andrea et al., 2012). Early relationships with caregivers and other important adults form the foundation of every interpersonal relationship that comes after (Herman, 1992), so interpersonal trauma, especially between a child and caregiver, but also including the witnessing of violence, having significant medical problems, experiencing school-related trauma including bullying, or experiencing the death of a loved one also have significant negative effects on one's ability to relate to others later in life (D'Andrea et al., 2012; National Child Traumatic Stress Network, n.d.).

Without healthy and supportive adult relationships, after traumatic experiences, significant long-term consequences result (Sacks, Murphey & Moore, 2014; Herman, 1992; Sacks, Murphey & Moore, 2014; National Traumatic Stress Network, 2014) because children lack the capacity to process the overwhelming emotions associated with them. Children rely on healthy adults for the caring and supportive environment necessary to allow them to form their own self-regulatory skills (Florez, 2011; Herman, 1992). Adverse early-life experiences including physical or sexual abuse, living with someone with a substance use or other mental health disorder, witnessing domestic abuse, experiencing the death of someone close, and divorced parents have all been shown to be traumatic experiences for a child. The most common traumatic experience in childhood, economic hardship, tends to be long-standing and may be the most important predetermining factor leading to mental health diagnoses later in life (D'Andrea et al., 2012). Nearly half (46%) of all children in the United States have *at least one* adverse childhood experience (ACE) and these experiences correlate highly with anxiety, substance use, obesity, and depression later in life (Sacks, Murphey & Moore, 2014). Fairly consistent with the national average, 42 percent and 46 percent of children in Minnesota and Wisconsin respectively, have experienced at least one ACE in their lifetime. Other studies show, however, that a *majority* of individuals experience some form of childhood trauma, which the National Child Traumatic Stress Network and other work shows can also include variations of community violence, medical trauma, and natural disaster (National Child Traumatic Stress Network, 2014; D'Andrea et al., 2012).

Harvard's Center on Childhood Development (2016) says that early-life stress can create one of three responses in a child. Stress induces a positive, tolerable or a toxic stress responses in children who experience stressors (Center on Childhood Development, 2016). *Positive* responses

result from normal events, which can even be necessary for healthy development (Center on Childhood Development, 2016). Positive stress responses result from changing caregivers, immunization shots, or the first day of school. *Tolerable* stress responses include the physiological reaction when a child undergoes stress resulting from more severe and longer lasting difficulties including the death of a loved one or sustaining a frightening injury (Center on Childhood Development, 2016). Tolerable stress would, without the buffering effects of supportive adults, overwhelm a child's ability to cope and result in long-term biological damage to the brain (Center on Childhood Development, 2016). A *toxic* stress response is a child's reaction to strong, frequent and/or prolonged adversity stemming from physical or emotional abuse, chronic emotional or physical neglect, caregiver substance abuse or other mental illness, long-lasting exposure to violence, and/or the accumulation of family economic hardship (Centers for Disease Control and Prevention, 2014). Experiences leading to the toxic stress response in children appear to closely match the ACEs talked about in the CDC's longitudinal study of the health consequences that often result from them (Centers for Disease Control and Prevention, 2014).

Without adequate support, disruption of healthy brain development results and architectural brain changes have life-long consequences for stress-related disease and cognitive development (Center on Childhood Development, 2014) and while the CDC's correlational research does not, like the research done by the Center on Childhood Development, equate the long-term health consequences of early-life trauma to biological changes in the brain, the result is ultimately the same. Long-term effects of early-life trauma, which is incredibly common, include problems with mental health and well-being even much later in life. When the toxic stress response occurs continually, in fact, it takes a cumulative long-term toll on physical and

mental health, and may be one of the most significant causes of disease and disorder nationwide (Centers for Disease Control and Prevention, 2014).

Dissociation, which includes amnesia, derealization, depersonalization, and emotional numbing, is a primary effect of overwhelming traumatic experience and literally means "disconnection" (International Society for the Study of Trauma and Dissociation, 2016). Dissociation occurs by various adaptive psychological processes, allowing an individual to endure traumatic experiences from which they have little or no control, but is maladaptive later in life for one's ability to relate and connect meaningfully in their interpersonal relationships (National Child Traumatic Stress Network, 2014).

Dissociative symptoms are very often found in those seeking mental health treatment (International Society for the Study of Trauma and Dissociation, 2016). Where dissociation helps an individual survive an emotionally overwhelming experience, later in life it seems to cause disconnection from life-giving, supportive, uplifting relationships and spirituality. One can truly heal only by means of reconnection, and a counselor's role is helping clients integrate their experiences in a way that allows them to form the secure attachments they were once deprived of (Herman, 1992). The therapeutic relationship between counselor and client itself is of primary importance to healing and growth (Herman, 1992) and relationships are in fact the only means by which a client who has experienced interpersonal trauma can heal from its wounds (Herman, 1992). For abused or emotionally neglected children, who appear to make up around 90% of the consumers of mental-health services in the United States (Substance Abuse and Mental Health Services Administration, 2015), the therapist plays for the client the role of the emotionally stable adult the client once needed in childhood (Herman, 1992). Through the therapeutic relationship built in counseling, clients can often for the first time learn to be aware of subjective

feelings and emotions as they arise – they learn to self-regulate (Herman, 1992; Dell & O'Neill, 2009). Emotion regulation allows for perspective-taking, critical thinking, and empathy (Dell & O'Neill, 2009; Herman, 1992), which are integral qualities for one's ability to relate well in long-term interpersonal relationships.

Though the research shows that early-life trauma has very clear long-term consequences for one's ability to maintain significant interpersonal relationships, and this difficulty often has additional long-term mental health consequences (National Child Traumatic Stress Network, 2014; Herman, 1992; D'Andrea et al., 2012), trauma need not be experienced in childhood to have similarly adverse effects (Herman, 1992). Adult victims of domestic violence, rape, soldier experiences during wartime, and experiences of seeing loved ones hurt can also result in problems for one's ability to relate to her or his peers (Herman, 1992). Of significance here is psychosocial impairment. Psychosocial impairment is one of the primary criteria that must be met in order for a diagnosis of a mental health disorder to be made (American Psychiatric Association, 2000; American Psychiatric Association, 2013). A client's inability to relate well to his or her peers appears quite significant for the mental health community then, if one intends to help those suffering from mental illness.

Mental Health

Mental health is defined by Merriam Webster's Online Dictionary (n.d, paragraph 1) as "the condition of being sound mentally and emotionally, characterized by the absence of mental disorder (neurosis or psychosis) and by adequate adjustment, especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of life". Similar to the concept of spirituality, mental health can have a number of definitions, and

which definition is used depends upon the goals and aims of those defining it. According to the World Health Organization (WHO), for example, whose goal is "To improve equity in health, reduce health risks, promote healthy lifestyles and settings, and respond to the underlying determinants of health" (World Health Organization, n.d., paragraph 1), mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The Diagnostic and Statistical Manual of Mental Disorders (DSM), a foundational tool in the practice of counseling and other professions in the mental health field in the 21st century, takes a medical approach to the definition of mental health, requiring "the absence of mental disease or disorder" (American Psychiatric Association, 2000). If disease or disorder is not present, then there is nothing to treat. The writers of the DSM discern between psychopathology and normal psychology by reference to normative data which includes the range of thoughts, emotions, and behavior most often found in Western society (American Psychiatric Association, 2000). Deviation from what is considered 'normal' thought and behavior, then, is the determinant of whether an individual has a treatable mental illness. In the DSM 5, the current edition of the text, disorders fall on a continuum ranging in severity from mild, meaning it has few pertinent symptoms, to severe, where symptoms are many and significantly impact psychosocial functioning at home, work, or play (Willenberg, 2013). Normative deviation seems to imply that an individual does not fit well within a sample of their peers. It seems possible that the very reason mental illness is of significance in society is because of its cause for disconnection.

Classification of disease also indicates the types of treatments that are likely to work and in this way, simplifies and streamlines the course of treatment, i.e. a broken bone needs to be set and wrapped, an infection is cured with a course of antibiotics, and a headache fixed with an aspirin. Similarly, in the disease model of mental disorder, which is but an arm of the medical field, treatment cannot be justified and paid for without medical classification and different classifications of mental disorder also call for particular therapies, such as cognitive behavioral therapy for depression and anxiety or dialectical behavior therapy for borderline personality disorder (National Institute of Mental Health, 2016). No matter the treatment, however, it seems that whatever course of treatment is utilized, disorders appear to amount to little more than a function of disconnection from meaningful relationships to significant others, and at the core of the disconnection to meaningful relationships for most individuals suffering psychosocial impairment lies interpersonal trauma of varying degrees (Sacks, Murphey & Moore, 2014, National Childhood Traumatic Stress Network, n.d., D'Andrea, et al., 2012), exacerbated by living within the context of an overall, sick society.

Because of psychosocial distress, whether a function of client misperceptions or whether the disorder causes actual impairment in their relationship to self and other, mental disorders of every kind impair client health and wellness, of which close relationships to others are a critical ingredient (World Health Organization – Mental Health, n.d.). The World Health Organization sees mental health as including an individual's ability to contribute in a meaningful way to their community (World Health Organization – Mental Health, n.d.), which seems to reinforce the importance of a sense of belonging or connectedness to others for mental health. Contributions to community fosters in an individual a sense of purpose and meaning (Evolutionaryethics.com, n.d.), which seems to parallel the search for meaning one might find on their path to spiritual

wellness. The WHO recognizes that reconnection to community life helps individuals not only feel the sense of social support that they require through the normal ups and downs of life (WHO – Mental Health, n.d.), reconnection to community and meaningful relationships in a social world is necessary for the physiological biochemical reactions in the human brain which allow human beings to feel happiness and well-being in their truest sense (Reker & Chamberlain, 2000). One has to wonder whether the same inheritable brain states associated with increased religiousness and spirituality are also at play during the physiological biochemical reactions that occur within the brain when one connects to meaningful interpersonal relationships and finds their "truest sense of happiness and well-being" through them.

Social support, as discussed earlier in this draft may be directly correlated with spirituality and in fact might be a consequence of physiological chain reactions in the same, similar, or overlapping brain areas, inducing highly correlative brain-states, moods, and behaviors. Quite similarly, social support has been tied to mental health in multiple studies (Cobb, 1976; Anthony, 1993; Dalgard, Bjork & Tambs, 1995) as both a buffer against mental illness and significant in the process of healing from mental disease, so one has to wonder whether and how there are similarities in the behaviors of mentally healthy and socially supported individuals and the ways in which one's thoughts, feelings, and behaviors when mentally healthy correlate with the biochemical reactions in the brains of individuals who have adequate social support. It does not seem a large leap to suppose that because of the high correlation of social support to spirituality, with a high correlation of social support to mental health as well, that spirituality and mental health might also share similar brain pathways and physiological mechanisms, resulting in similar thoughts and behaviors as a consequence of both. Furthermore, because of the clear association of social support with both mental health and

spirituality, it appears possible that there might be a high correlation of mental health directly to spirituality and therefore, spirituality it seems, should be of greater concern overall to the mental health professions.

Conclusion

It is obvious that the concepts of mental health and its opposite, mental disorder, are important concepts for the behavioral health professions, among which the clinical mental health counseling field is a part (Facts about Mental Health Counselors, n.d.). Counselors seek to better the lives of their clients, whether children among hundreds of other students, students in college seeking career direction, or individuals seeking to build happier, fuller lives by adopting new ways of seeing themselves and the world in which they live (American Counseling Association, n.d.). Clinical mental health counselors help their clients discover new ways of seeing themselves and counselors help clients develop new perspectives on life situations, reframe their world-views in a way that causes less anxiety, depression, or other overwhelmingly persistent thoughts and feelings for which the client has struggled to find ways to cope (Counselor-License.com, 2016), with the end of helping them reconnect. It seems that one of the primary purposes of the counseling field is, as Saner (personal communication, May 23, 2016) tells us, relationship building. Are mental health counselors not, in their pursuit of helping consumers, helping clients mitigate the psychosocial impairment caused by their disorders in order that they can more meaningfully connect?

Counseling is “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (20/20 Consensus Definition of Counseling, para.1, n.d.) and the American Mental Health Counseling

Association defines counseling as a flexible, consumer-oriented approach combining traditional psychotherapy with a practical, problem-solving approach to change and problem resolution (Facts About Mental Health Counselors, n.d.). Mental health counseling is often the bridge between an individual who is seeking meaningful reconnection to themselves and reconnection to the communities they live in. Individuals seek counseling because they do not have the internal capacity to confront alone their current struggles; it appears that clients need help in the form of a neutral party to facilitate their own growth. Likely for the reason that these individuals do not have a skilled, objective, yet caring person to help them discover important aspects of themselves and their relationships with the external world, clients seek professional help with their life struggles.

According to the brain scan studies spoken of in Saucier and Skrzypinska (2006), the human brain responds to feelings of "spirituality" the same way that it responds to meaningful connection to significant others, and one might surmise that these are the very brain areas negatively altered by adverse childhood experiences and early-life trauma. Spirituality is "reaching a higher plane" of existence; it is being "uplifted" (Miller, 2012), and it doesn't take a study in the philosophy of language to understand that in order to feel uplifted or to reach this higher plane, one must have the "support" to do so. In the case of counseling individuals through difficult times, where they have been unable to find the support they need without paid assistance, when most effective, we are retraining their brains. Counselors retrain the human brain to think in ways other than the automatic thoughts, act out the same behaviors, or live the cognitive frameworks that they come to counseling with (Silver, n.d.). Patterns of thought and behavior become imprinted on the brain and the reason "practice makes perfect" is because of

physical brain changes that take place from repeated behaviors which over time make them second-nature.

Commonly used theoretical orientations which have been shown to result in structural brain changes include Eye Movement Desensitization and Reprocessing (EMDR) (Silver, n.d.), the emerging practice of Emotional Brain Training (Compass Point Counseling Services, n.d., Field, 2016), and the most commonly used evidence-based theory, Cognitive Behavioral Therapy (National Alliance on Mental Illness, n.d.), which is a general approach that includes Rational Emotive Behavior Therapy (REBT), Rational Behavior Therapy, Rational Living Therapy, Cognitive Therapy, and Dialectical Behavior Therapy (California State University, 2013).

Through the work done in the counseling office, it is hoped that a client is able to make strides towards regaining an ability to reconnect with the families, significant others, and communities they live in. By making adjustments to their thoughts and perceptions, where the individual might acquire the skills of self-regulation and be better able to cope with the struggles inherent to our social lives, one might regain also the ability to connect meaningfully to his or her loved ones, the truest support there could be. Where disconnection to meaningful relationships and/or other meaningful aspects of a client's world results in spiritual deficit, reconnection with it defines reconnection with the spiritual nature of human life. The counseling relationship itself, where psychic interpersonal connection is required in order for the client to experience the atmosphere necessary to facilitate growth, while professional and paid, is like any other, spiritual.

Author's Note

In my first semesters as a graduate student, having been in recovery from the disease of addiction already for a number of years by then, I began to wonder "What is it about Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings that helps individuals get clean and sober and get their lives back on track?" Each of the programs tell us that they are "spiritual" programs, however, each program at the same time allows each individual to choose their own "higher power" so long as their higher power is loving, caring, and not themselves – "Self-centeredness is the core of our disease" they say. If Alcoholics Anonymous and Narcotics Anonymous are spiritual programs, yet each person can choose their own higher power or God, I thought, and the program works equally well no matter what you choose, then it must be something about the programs themselves that helps its members out of the depths of addiction, with its seemingly never-ending, apparently inescapable cycles of drug and alcohol obsessions and compulsions. If I myself, an agnostic atheist with no religious affiliation whatsoever am able to recovery and find "spirituality", which I certainly did, then the fellowships themselves, and their respective 12-Steps (which are qualitatively identical between AA and NA) must be the means by which one is restored to spiritual health and might lose their desire to use.

I found in my initial research that the fellowships of these programs, meaning the connections made within the circles - the friendships and meaningful relationships with people who understand – is the most helpful aspect of Alcoholics and Narcotics Anonymous and all other "Anonymous" programs including Overeaters, Gamblers, and on down the line of mental diseases concerned with mental obsessions and behavioral compulsions to act in self-destructive ways. The self-destructive behaviors previously engaged in by members of these programs destroyed the connections with meaningful relationships that for most, give life its deepest meaning. Friends and family are hurt by the lies, manipulations, and downright ugly behaviors

engaged in by their addicted loved one, and even if they are able to cope with the ugly behaviors or if an addict doesn't lie, cheat, steal, or engage in any other harmful behaviors to those around him/her, the obsession with maintaining ready access to their chemical and its mind-numbing effects, seem to overrides the importance of behaving in ways that meaningfully contribute to their significant others, leading clearly to a reduction in one's ability to connect in a meaningful way, which leads to a steady decline in overall happiness.

My higher power is nature, of which the most pertinent aspect is the social atmosphere in which I live and the relationships that give my life meaning. I have come to know for myself, that having spiritual health is the very most important aspect of my life, because for me to be happy, I need to be connected to my loved ones and contribute meaningfully to the relationships that give me so much. In order to feel worthwhile, I need to contribute in a way that allows me to feel deserving of the connections in my life. The 12-Steps, broken down, can be seen and agreed upon between the religious and the agnostic alike, as a path of first, self-repair where one becomes humble enough to know his or her limits and to recognize the need for the help of a higher power to overcome one's character defects, which is essential for happiness in life. From there, one makes reparations of the important relationships one has damaged through their addiction by making a sincere amends, and finally, if one is diligent and whole-hearted in their pursuit of working the Steps, one is expected to have the spiritual health to recognize on a daily basis where they might be hurting the people around them. If one is painstaking in their endeavor, they might one day be given the gift of giving away what they've been given.

In summation, it appears that 12-Step programs' most powerful tool is the restoration of interpersonal connection. Aside from the communities that grow out of them, where one might finally feel understood and make connections with people who care, working the steps themselves helps one resolve the internal drives toward self-satisfaction where so often, attainment of one's selfish desires ultimately steps on the rights of others. Through the maintenance of a sense of gratitude, one might make the contributions necessary to maintain significant interpersonal connections and one again might become worthy of the love they seek. Jesus got it right when he said, "Ye must give love in order to receive", the Buddha knew well the importance of good karma, and my finding that the teachings of all of the world's major religions tell their practitioners how to live a "good life", which Miller (2012) showed us,

amounts to being good to others. Being moral in character is the means by which one obtains and maintains God's love, and finds a place in heaven.

References

20/20: Consensus Definition of Counseling. (n.d.). Retrieved February 04, 2016, from http://www.counseling.org/knowledge-center/20-20-a-vision-for-the-future-of-counseling/consensus-definition-of-counseling

2016 CACREP standards. (2016). Retrieved from http://www.cacrep.org/wp-content/uploads/2012/10/2016-CACREP-Standards.pdf

Agnew, C. R., & South, S. C. (2014). Interpersonal relationships and health: Social and clinical psychological mechanisms. *Purdue Symposium on Psychological Sciences*, *3*, 7. doi:10.1093/acprof:oso/9780199936632.001.0001

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR*. Washington, DC: American Psychiatric Association.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, DC: American Psychiatric Association.

Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990s. *Psychosocial Rehabilitation Journal*, *16*(4), 11-23. doi:10.1037/h0095655

Basu-Zharku, J. O. (2011). Effects of Collectivistic and Individualistic Cultures on Imagination Inflation in Eastern and Western Cultures - Student Pulse. Retrieved from http://www.studentpulse.com/articles/385/effects-of-collectivistic-and-individualistic-cultures-on-imagination-inflation-in-eastern-and-western-cultures

California State University (2013). *Treatment Programs*. Retrieved from http://teachingcommons.cdl.edu/mhap/treatment_programs/

Center on the Developing Child. (2016). Toxic Stress. Retrieved from http://developingchild.harvard.edu/science/key-concepts/toxic-stress/

Centers for Disease Control and Prevention. (2014, May 13). Adverse childhood experiences (ACE) study. Retrieved from http://www.cdc.gov/violenceprevention/acestudy/

Client-Centered Therapy (2016). Retrieved from Client-Centered Therapy. Retrieved from http://psychology.jrank.org/pages/118/Client-Cente red-Therapy.html

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine*, *38*(5), 300-314. doi:10.1097/00006842-197609000-00003

Compass Point Counseling Services. (n.d.). *Emotional Brain Training*. Retrieved from http://www.compasspointcounseling.net/treatment-types/emotional-brain-training/

Cook, C. H., Powell, A., & Sims, A. (2011). Spirituality and psychiatry. *Mental Health, Religion & Culture*, *14*(1). doi:10.1080/13674676.2010.487379

Cookerly, J. (n.d.). A behavioral (operational) definition of love. Retrieved from whatislovedrcookerly.com/124/a-behavioral-operational-definition-of-love/

Counselor-License.com (2016). What is a mental health counselor? Retrieved from http://www.counselor-license.com/careers/mental-health-counselor.html#context/api/listings/prefilter

Dalgard, O. S., Bjork, S., & Tambs, K. (1995). Social support, negative life events and mental health. *The British Journal of Psychiatry*, *166*(1), 29-34. doi:10.1192/bjp.166.1.29

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, *82*(2), 187-200. doi:10.1111/j.1939-0025.2012.01154.x

Evolutionaryethics.com. (n.d.). Altruism & ethical theory. Retrieved from http://www.evolutionaryethics.com/altruism.htm

Facts about Clinical Mental Health Counselors - American Mental Health Counselors Association. (n.d.). Retrieved January 21, 2016, from http://www.amhca.org/?page=facts

Florez, I. R. (2011). Developing young children's self-regulation through everyday experiences. Young Children.

Giller, E. (1999, May). What is psychological trauma?: Sidran.org. Retrieved from http://www.sidran.org/resources/for-survivors-and-loved-ones/what-is-psychological-trauma/

Gockel, A. (2011). Client perspectives on spirituality in the therapeutic relationship. *The Humanistic Psychologist*, *39*(2), 154-168. doi:10.1080/08873267.2011.564959

GoodTherapy.org. (2012, January 11). New Study Examines In-Session Immediacy. Retrieved from http://www.goodtherapy.org/blog/in-session-immediacy-0111123/

Herman, J. L. (1992). *Trauma and recovery*. New York, N.Y.: BasicBooks.

International Society for the Study of Trauma and Dissociation. (2016). Dissociation faq's. Retrieved from http://www.isst-d.org/?contentID=76

Judd, F., Weissman, M., Davis, J., Hodgkins, G., & Piterman, L. (2004). Interpersonal counselling in general practice. *Australian Family Physician*, *5*(33), 332-337.

Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, *38*(4), 357-361. doi:10.1037/0033-3204.38.4.357

MacDonald, C. A. (2016). *How to Achieve Success with Counseling*. Retrieved from healthpsychology.org/achieving-success-with-counseling/

Magaldi-Dopman, D. (2014). An "afterthought": Counseling trainees' multicultural competence within the spiritual/religious domain. *Journal of Multicultural Counseling and Development*, *42*(4), 194-204. doi:10.1002/j.2161-1912.2014.00054.x

Mental Health. (n.d.). In Merriam-Webster's online dictionary. Retrieved February 06, 2016, from http://www.merriam-webster.com/medical/mentalhealth

Miller, L. J. (2012). *The Oxford handbook of psychology and spirituality*. New York, NY: Oxford University Press.

Motak, D. (2009). Postmodern spirituality and the culture of individualism. *Scripta Instituti Donneriani Aboensi*, *21*, 129-141. Retrieved from https://ojs.abo.fi/index.php/scripta/article/view/372/540

National Alliance on Mental Illness. (n.d.). *NAMI: National Alliance on Mental Illness | Psychotherapy*. Retrieved from https://www.nami.org/Learn-More/Treatment/Psychotherapy

National Child Traumatic Stress Network. (n.d.). Effects of complex trauma | national child traumatic stress network - child trauma home. Retrieved from http://www.nctsn.org/trauma-types/complex-trauma/effects-of-complex-trauma

National Institute of Mental Health. (2016). Psychotherapies. Retrieved from www.nimh.nih.gov/health/topics/psychotherapies/index.shtml

Nickles, T. (2011). The role of religion and spirituality in counseling. Retrieved from http://digitalcommons.calpoly.edu/cgi/viewcontent.cgi?article=1024&context=psycdsp

Plante, T. G. (2007). Integrating spirituality and psychotherapy: Ethical issues and principles to consider. *Journal of Clinical Psychology*, *63*(9), 891-902. doi:10.1002/jclp.20383

Pope, J. B. (2011). The integration of spirituality issues in CACREP counselor preparation programs and accredited theological schools (Doctoral dissertation, Texas A&M University). Retrieved from https://tamucc-ir.tdl.org/tamucc-ir/bitstream/handle/1969.6/423/Pope_dissertation.pdf?sequence=1

Reker, G. T., & Chamberlain, K. (2000). Dimensions and discourses of meaning in life. *Exploring Existential Meaning: Optimizing Human Development across the Life Span* (p. 86).

Ruffer, P. E. (2016). Relationship building. Retrieved from paulruffer.com/couples-counseling/relationship-building

Sacks, V., Murphey, D., & Moore, K. (2014, July). *Adverse childhood experiences: National and state-level prevalence*. Retrieved from http://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

Saucier, G., & Skrzypińska, K. (2006). Spiritual but not religious? Evidence for two independent dispositions. *J Personality Journal of Personality, 74*(5), 1257-1292. Retrieved from http://pages.uoregon.edu/gsaucier/Saucier_Skrzypinska_2006.pdf

Schulte, B. (2015, May 11). Why the U.S. rating on the World Happiness Report is lower than it should be –and how to change it - The Washington Post. Retrieved from https://www.washingtonpost.com/news/inspired-life/wp/2015/05/11/why-many-americans-are-unhappy-even-when-incomes-are-rising-and-how-we-can-change-that/

Silver, S. (n.d.). *What is EMDR?* Retrieved from http://www.emdrhap.org/content/what-is-emdr/

Spirituality (n.d.). In Merriam-Webster's online dictionary. Retrieved February 04, 2016, from http://www.merriam-webster.com/dictionary/spirituality

Spirituality and Psychiatry Special Interest Group. (2014). Spirituality and mental health. Retrieved from www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx

Substance Abuse and Mental Health Services Administration. (2015). Trauma and Violence | SAMHSA. Retrieved from http://www.samhsa.gov/trauma-violence

Summers, M. V. (1989, January 1). Your relationships with others. Retrieved from www.newmessage.org/the-message/volume-2/relationships-higher-purpose/your-relationship-with-others

University of Minnesota. (n.d.). Why is spirituality important? Retrieved from http://www.takingcharge.csh.umn.edu/enhance-your-wellbeing/purpose/spirituality/why-spirituality-important

Verghese, A. (2008). Spirituality and mental health. *Indian Journal of Psychiatry*, *50*(4), 233. doi:10.4103/0019-5545.44742

WHO - Mental health: A state of well-being. (n.d.). Retrieved January 21, 2016, from http://www.who.int/features/factfiles/mental_health/en/

Willenberg, M. (2013, March 7). DSM-5: The end of one-size-fits-all treatment? Retrieved from https://www.thefix.com/content/dsm-5-substance-use-disorder-individualized-treatment8614