Bringing Hope

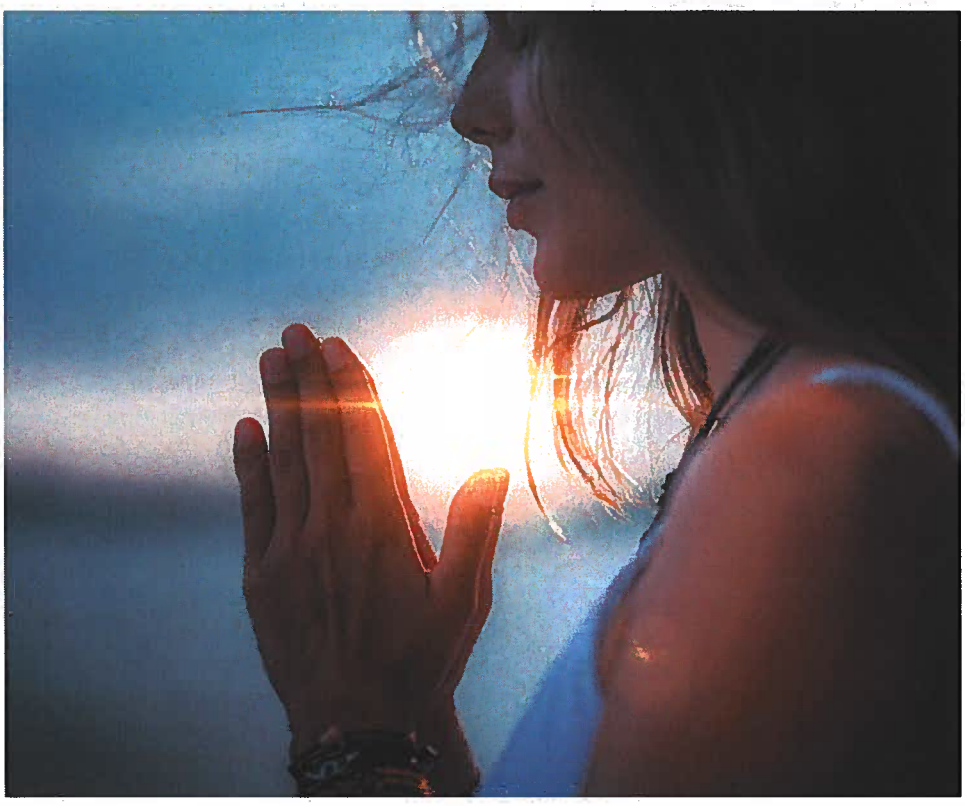
Incorporating Spirituality in Occupational Therapy Practice

by D. Scott Wengerd

Spirituality and the Person

The concept of spirituality is foundational to the provision of occupational therapy services. Many of our clients have spiritual needs that they would like addressed, and meeting those needs is part of a holistic approach to client care. However, while health care practitioners know intuitively that spirituality is a relevant and important topic, this aspect of practice is often neglected or simply not understood. The purpose of this article is to discuss how practitioners can enhance client-centered care by including spirituality as part of the therapy process.

Definitions and uses of the term *spirituality* can vary widely and be quite general, even esoteric or mystical. They usually refer to the aspect of human existence apart from the physical or the body.



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Spirituality involves connecting with others and a higher power, providing meaning and significance to one's life as well as self-worth (Collins et al., 2002; Oakley et al., 2010). Spirituality affects how we think, feel, and behave as occupational beings. Spirituality may, and often does, involve a religious tradition such as Christianity or Islam, but often does not. Many people connect with a "higher power" not included in a particular religious tradition, and people derive meaning and significance from any number of other sources in their lives, including nature, community, and family.

In occupational therapy, we work in a matrix of diversity as we serve clients from a variety of cultural backgrounds. In order for us as OT practitioners to meet the needs of our clients, it is important to understand what those needs are as well as what is important to each of them. We are not only to understand client factors such as body structures and functions, but also the values, beliefs, and spirituality of each person, which is an important part of the Occupational Therapy Practice Framework: Domain & Process (AOTA, 2020).

Therapist is derived from the Greek *therapon*, meaning servant or healer. This is the business in which occupational therapy practitioners are engaged, one of serving others as we help clients through the healing process. The people with whom we work are not just physical creatures, but spiritual beings as well. All too frequently we focus on the physical deficits, such as upper extremity strength, balance, fine-motor or gross-motor coordination, etc. We may consider aspects of brain function, such as cognition or visual perception. But our clients have a spiritual side as well, which consists of several components including mind, will, and emotions (Hayford, 1995). How our clients think, what they desire, and how they

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feel are vitally important and relevant aspects in the provision of occupational therapy services.

A person's culture and spirituality are among the many contributing factors that shape how they see the world and approach life. They inform one's values and beliefs. Culture is, according to Rah (2010), "a human attempt to understand the world around us. It is the programming that shapes who we are and who we are becoming. It is a social system that is shaped *by* the individual and that also has the capacity to *shape* the individual" (p. 421–428). Culture begins with the individual and how he or she experiences and interacts with the environment throughout development and includes the person's perception of the divine or supernatural in any number of forms or traditions.

Research on engaging clients' spirituality in the provision of health care services shows that the majority of patients regard the consideration of their spiritual needs to be important (Taylor et al., 2000). Interestingly, most health care practitioners, including occupational therapists, rarely address spiritual issues with their clients (Anandarajah & Hight, 2001; Oakley et al., 2010; Taylor et al., 2000). Chief among reasons given is that practitioners feel ill equipped to address issues related to spirituality, and not having a clear understanding of what spirituality means.

Anandarajah and Hight, both physicians, describe spirituality as consisting of three main components: cognitive, experiential, and behavioral (2001). The cognitive and experiential aspects of spirituality are more internal, involving "feelings of hope, love, connection, inner peace, comfort, and support" (Anandarajah & Hight, 2001, p. 83). This informs the development of relationships; the giving and receiving of love; and interactions with others, the environment, and the transcendent, such as God or a higher power. The behavioral component is the external manifestation of spirituality, which frequently includes religious practice as well as routines and rituals. Spirituality, therefore, can be related to religion but is not necessarily the same. Occupational therapy practitioners can address issues related to spirituality without delving into the realm of religion.

It is helpful, therefore, to understand the spiritual aspect of each client as it relates to the mind, will (volition), and emotions. The mind, for example, is where the person thinks, reasons, believes, and imagines. The will is the volitional aspect of the person, driving his or her desires. People tend to do what they *want* to do. It is out of their volition or will that people act or behave. Lastly, how or what a person feels is spiritual. Each of us feels love, joy, anger, frustration, loneliness, acceptance, desperation, and a myriad of other emotions. You probably already address these three aspects of the human soul or heart through holistic care and a psychosocial approach. Interestingly, the Greek word from which we derive our English prefix *psyche* is the word *psuche*, which means *soul* or *self*. Addressing spirituality is not something that is mystical or esoteric after all, but an ordinary, everyday, and practical part of the human experience and a recognized aspect of occupational therapy intervention.

Clients' spiritual needs often arise at some point during the therapy journey. As the occupational therapy practitioner develops a healthy therapist–client relationship, building trust and facilitating reciprocal communication, clients will share their concerns and goals. These are representative of how they think, what they desire, and how they feel. The plan of care can then be modified accordingly. The first step, of course, is determining what spiritual needs a particular client has and then devising strategies to meet those needs.

HOPE Questionnaire

Although information regarding a client's spirituality can be gathered informally during the course of treatment, it can also be gathered through an assessment. For example, Anandarajah and Hight (2001) devised a concise spirituality assessment tool called the HOPE questionnaire (see Table 1).

Information gathered using the HOPE questionnaire can be helpful in gaining increased understanding of the client's values and beliefs and will help the client and practitioner set relevant, meaningful goals. It also helps the occupational therapist choose appropriate interventions in which to have the client participate during treatment, as well as respecting the client's background and culture. For example, an OT might suggest that her pediatric client participate in a Halloween craft activity, not realizing that the child's parents are Jehovah's Witnesses and therefore do not celebrate Halloween. Using the HOPE questionnaire creates a structure for the therapist to collaborate on client- and family-centered goals and can be modified as indicated to suit the needs of a particular client and the therapeutic context in which it is being used.

Case Example

Maria was a 57-year-old female who returned home after being hospitalized following a stroke. She had limited mobility and independence with self-care. She voiced to her occupational therapist (OT) and occupational therapy

Table 1. HOPE Questionnaire

Letter	Representation	Example Questions
H	Sources of hope	What are your sources of hope, strength, comfort, and peace?
O	Organized religion	Do you consider yourself part of an organized religion?
P	Personal spirituality and/or practice	What aspects of spirituality or spiritual practices do you find most helpful?
E	Effects on medical care and/or end of life issues	Has your current condition affected your ability to do the things that usually help you spiritually? Has it affected your relationship with God? Are there any specific practices or restrictions I should know about in providing you with care or services?

assistant (OTA) that she was depressed about her condition, she felt like her life had no meaning, and she was having difficulty imagining herself being independent again and doing the things she used to do. She was unable to resume the roles that had previously brought her meaning and purpose, such as babysitting her granddaughter who is a toddler, taking care of homemaking tasks, going to church, and serving at the local shelter and food bank. These feelings of inadequacy and hopelessness, derived from the negative way she was thinking about her limitations, impacted her motivation (volition) to engage in occupations and participate in therapy.

During the assessment, which included the HOPE questionnaire, the occupational therapist highlighted Maria's abilities rather than her deficits. These abilities could then be used as compensatory strategies and adaptive techniques to enable her to experience "wins." For example, instruction in adapted dressing techniques to enable increased safety and independence with dressing provided Maria with a concrete example that this rehabilitative journey would bear fruit and result in improved function and restore purpose, significance, and dignity. Maria then participated in setting goals that were important to her, and the OT and OTA set about helping her to accomplish those goals.

As Maria's functional independence increased and she became more occupationally engaged, the OTA noticed that her desire to engage in various occupations was improving. Her thinking about her stroke was beginning to change. At the start of care, Maria thought only of her limitations and the impact they had on her life, but now she imagined herself continuing to improve her functional mobility, interact with her environment, and engage in occupations meaningful to her. This led to feeling joy, self-worth, connectedness, hope, belonging, and peace.

As Maria's spirituality needs were addressed, she was able to collaborate with the OT and OTA on more complex goals, including going to church. This complex task involves a variety of sophisticated ADLs and IADLs, significantly impacting the intervention planning as well as the acquisition of resources. For instance, Maria had limited mobility and would need to use a wheelchair. A host of other factors needed to be considered, including getting dressed, grooming, transportation, architectural barriers such as stairs and width of doorways, and the wheelchair accessibility of restrooms, to name a few. Although challenging, Maria achieved this goal. It had aligned with her mind (the therapeutic relationship with her practitioners helped her believe she could do it) her will (she wanted to reconnect with this valued occupation), and her emotions (she missed the ritual of going to church and the friends she would see each week).

Conclusion

Getting to know each of our clients, which is vital for a client-centered approach to practice, involves understanding cultural aspects that shape and are shaped by their values, beliefs, and spirituality. This is a challenge, being able to see things from our clients' perspectives (Odawara, 2005). Understanding the culture and spirituality of our clients enables us to tailor the plan of care around their goals, as well as having each client participate in interventions that are meaningful to them. "A culturally competent therapist reinforces the beauty of culture, incorporates it in therapy, and is open to different ways of engaging the patient in treatment" (Dillard et al., 1992, p. 723). Thus, a culturally shaped plan of care that considers a client's spiritual needs will be composed of both goals and interventions that are culturally relevant and meaningful, resulting in the client meeting his or her goals. This is really at the heart of a client-centered, holistic approach to occupational therapy practice.

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