

Role of Spirituality in the Treatment of Work Stress and Mental Health.

(An Exploratory Empirical Study of Health Assessment)

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Abstract--*The present study explores the treatment of work stress and mental health. An exploratory empirical study of health assessment of managerial personnel in India. A sample size of 150 employees working in different organization to see the effect of spirituality in the employee workstress and mental health in India health assessment, the scale is used workplace spirituality and general health questionnaire respectively and finding of research that how the spirituality used as a treatment of work-stress and mental health, spirituality have a negative relationship between workstress and mental health. The study also found that workstress harms health while spirituality positively correlated with mental health.*

The finding also gives the practical benefit of spirituality to reduce the work-stress and employee mental health in the organization. The exploratory study also motivates the future of research to understand how spirituality copes this situation of work-stress and mental health. The Study's significant findings of the study were that most of the mental health professionals based on their orientation and exposure to the same defined spirituality differently. Very few professionals used as part of therapy but encouraged the faith of the clients even if they did not believe in it. When used, spiritual techniques and suggestions were introduced once acute. The symptoms were under control. The use of spirituality was mainly in the case of minor mental illness and the form of supportive therapy. Clients' responses were positive in most cases where spirituality was integrated. Findings further reveal that this integration strengthened rapport and the therapeutic relationship. In cases where the professional's beliefs' about spirituality, especially about treatment contrasted sharply with those of the clients, professionals indicated that they did not let their personal views influence their clients. Most Professionals were of the view that the interest of the client was paramount and not their personal beliefs and views about spirituality. The most common adverse impact reported was that of the client stopping the treatment.

Key words--*Spirituality, Work Stress, Mental Health, client, therapy, yoga, meditation.*

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I. INTRODUCTION

Today's business world is full of rush and competitive era. So because of these competitive, every individual has to face the problems and the challenges. In these today, businesses if an individual wants to give quality and quantity themselves. They have to work hard with a stressful mind, and those situations create work stress and mental health problem. The work stress may cause the family problem, strain, and strain create moral disharmony, mental health it creates imbalance of the work environment, and face a full stress situation in the organization as a result for long time it causes the mental health of an employee. In addition to the traditional way to cope with that situation and improve the health of the employee and overcome with this situation, spirituality is the way to reduce or cope with this situation of stress and mental health, the people want to incorporate their spiritual faith and beliefs in the workplace, it also implements in individual, personal and professional. This paper focuses to reduce full stress situation in the work environment, and it is the right treatment of mental health. Mental. Behavioral. So social problems are an increasing part of the health problems the world over. The organization has to give special attention to the organization environment.

WHO have declared the year of work stress and mental health in year 2001. Due to work load and work pressure it is the main cause of the brain disorder in the family and neighbourhoods, most of the employees they face day today life in this work stress and the work overload, because of this the brain disorder causes and the inside the employee or the family and friend between them the behaviour changed aggression, frustration, and the depression symptoms may be seen to the employee face. (ICMR 2001). The result will help to obtain the course of stress and mental health, which we fail to acknowledge the reality of ignorance and suffering from stress and mental health. The health organization has "Stop exclusion dare to care." Due to work stress and the work overload the mental health from psychiatric and behavioral disorders is enormous represent the data from current public health statistics, which they have focus on mortality and than the morbidity or dysfunction. (DeSousa A, 1984)

The historical death of the employee are find that mental health is disorder by the work stress and the workload which in inner part it can't be seen, due to this reason the death rate increases the government have focus in this area. The death attributed to liver failure because of alcohol drunk, the national and international health statistics do not reflect the enormous toll of misery from mental disorders and it takes time to cause death. In few research papers have found that specific economic costs of mental illness (Murthy S 2001). The cost burden of depression is about the same to heart disease. (DeSousa A 1984) The cost comparisons made in the USA showed that the cost burden from depression is about the same as that from heart disease. (DeSousa A, 1984) Psychiatric disorders create an account for 5 of 10 leading causes of disability as measured by years lived with a disability. The overall DALYs burden for neuropsychiatry disorders is projected, and it will increase up to 15% by the year 2020, and it is more significant than for cardiovascular disease.

Mental Health Situation in India.

Over the years in India, too, mental illness has increased manifold. As per the research Psychiatrist estimates that about 2% of all Indians suffer from mental illness, a staggering 20 million out of a population of 100 million. While 10 to 15% suffers from so-called mental disorders like anxiety, aggression, frustration, depression, fear, obsession, somatic symptoms due to tension, they used to take alcohol, and drug abuse. 1% or 2% percent of

Indians suffers from manic-depressive illness alone. Nine million people have schizophrenia in India (one out of 1000).

Mental Health policies in India.

After the report from several committees in the field of mental health we did not get the satisfactory level. After the independence the several committee have work on these issue and they have recommended policies to conduct epidemiological survey to collect data and some other information regarding this issue to develop this mental health system. By the report of the National Mental Health Programme (1982) have a significant development in providing mental health care to different methods as well as overall satisfaction level of goals and health care in general. However, the implementation of the NMHP has had an initial spurt, with delays in expansion. (Kumar A, New Delhi)

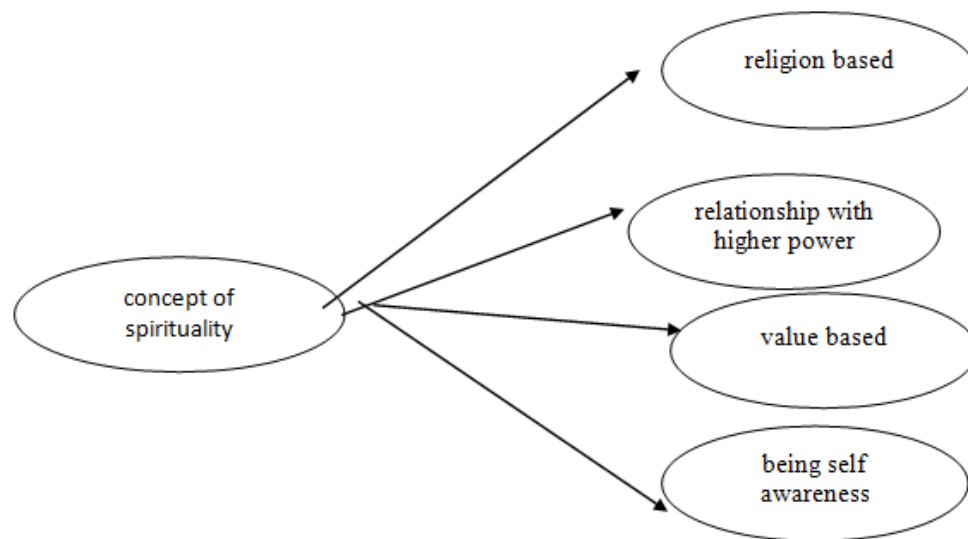


Fig.1Conceptual Framework of spirituality

Spirituality:

What is it? Any endeavor to give the exact meaning of Spirituality may be misleading or confusing with the different meaning with the different sentence, according to (O' Brien 1992) he suggest that cluster which is related will guide the spirituality. How, what and why spirituality is important. Spirituality is the gestalt of the whole process of human life and development, encompassing biological, mental, social, and spiritual aspects. It doesn't not reduce any part of the component form the human beings. Or in the other term spirituality is the inner life of human being who gives meaning and purpose of the human life. It gives the ultimate goals (Royce & Scratchily, 1996). The meaning of spirituality is spiritual then is neither a statement nor belief and profound spiritual life (Bloom field, 1980). Spirituality may also be generally considered that which gives an individual a sense of meaning or purpose in life. It makes each person unique and is essential to each person's capacity to express wholeness as a reflection of physical, emotional, and mental potentialities. Often, spirituality is understood through religion, belief in a Higher

Power, or one's relationship with God, nature, or universal energy. It involves a sense of connection with a higher source of good. The community in which one lives, works, recreates, or worships reflects one's essential spirituality.

II. REVIEW OF LITERATURE

Human research has shown that the spiritual dimension is an essential & essential aspect of health, particularly mental health. It is typically defined as an essential value around which one's life is focused & has been described as a dimension of life in which people find integration (Dunphy1987). He further describes the spiritual dimension of human experience as being concerned with issues of meaning, hope, self-identity & self-worth, one's image of God, forgiveness & reconciliation. In other words, spirituality reflects personal views & behaviors that express the personal sense of relatedness to others & something greater (e.g., God, Nature) than him or herself. In contrast, religion provides a more formal framework for a standardized system of beliefs, values & codes of conduct. Spirituality is the most potent forces throughout human history. Koenig, in his book "Handbook Of Religion and Mental Health," is a useful resource for mental health professionals, religious professionals, and counselors. He describes how religious beliefs and practices related to mental health and influence mental health care. The book presents research on the association between religion and personality, coping behavior, anxiety, depression, psychoses, and successes in psychotherapy, and discusses specific religions and their perspectives on mental health. In the article 'spiritual assessment in medical practice' by Koenig H, he states that profound appraisal is the procedure by which medicinal services suppliers can distinguish a patient's otherworldly needs of their emotional well-being care. The impact of spirituality in workplace needs and resources, evaluation of beliefs on healthcare outcomes and decisions, and the discovery of barriers to using spiritual resources are all outcomes of a thorough spiritual assessment.

In another review by Koenig, the studies evaluated had shown a significant association between religious activity & better mental health. It appears that scientists are now beginning to discover the powerful effects that the mind & social relationships can have on physiological processes, especially cardiovascular, neuroendocrine & immune functions. It is observed that spiritual beliefs & practices are one method that patients use to modulate emotional distress during illness. A review of studies on Drug Abuse reveals that lack of emotional /ethics the spiritual commitment state that risk of sensual pleasure for drug abuse, according to past reviews of published studies. Benson(1992) reviewed nearly 40 studies documenting that people with stronger religious commitment are less likely to become involved in substance abuse. This study supported a review by Gorsuch and Butler (1976) found that a lack of religious commitment was a predictor of drug abuse.

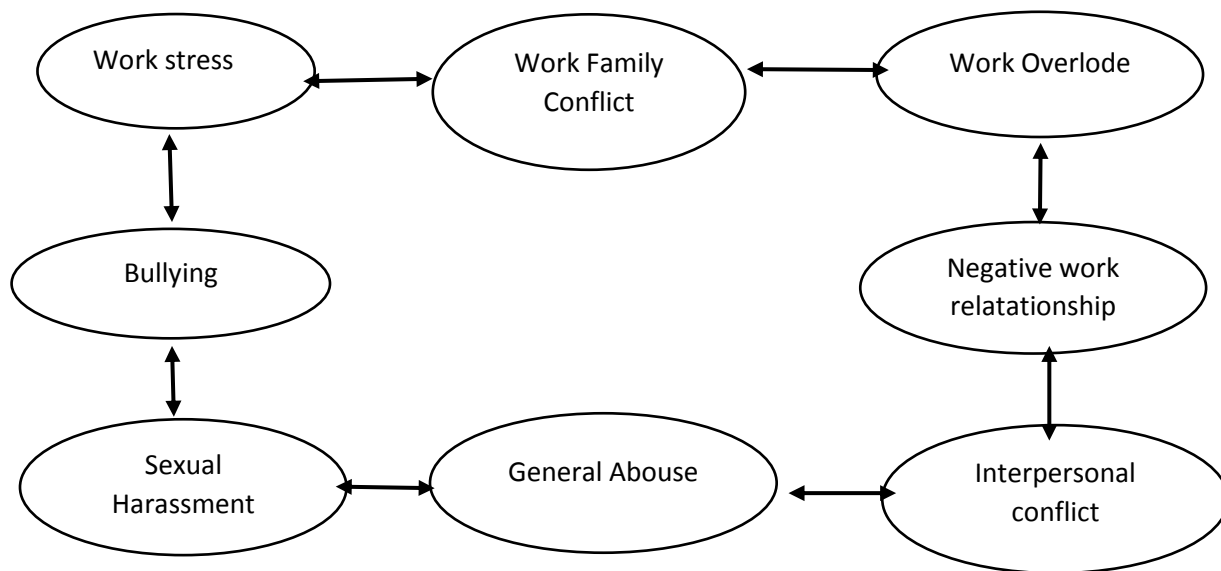


Fig.2Conceptual framework of working environment

Stressful events in the workplace

Different types of occupation have a stressful types of stressful life in the workplace that contribute to psychological disorder. These all are because of negative work relationship in interpersonal conflicts , general comments or abuse female sexual harresment, bullying or leg pulling (by the senior or supervisor) the most event took place in the hospital exposure in nurse. Air force incident in pilot or stressful and distractive student for teacher these are finding of stressful event in my literature review.

Treatment of Alcohol Abuse

Spiritual commitment and the religious faith also predicts that there is few problem with alcohol (Hardesty and Kirby, 1995). Some of the studies have found that the people who have good commitment with religious are found that they have more risk to abuse alcohol (Gartner et al., 1991). Also people have a very low religious lives it tends to diagnosed with the substance abuse treatment (Brizer, 1993). Some of the studies have that religious lives of alcoholics research have found that 89% of alcoholics people, they don't have believes in the religious and the teenagers age of 48% from the community control group had increase the interest of religion, and the rest of 32% is unchanged (Larson and Wilson, 1980). The research report says that alcoholics have negative experiences with religion and hold the believe of god as a punitive instead of loving and forgiving (Gorsuch, 1993).

More ever there is relationship between religious/ spiritual commitment have the non-use of them and the moderate use of alcohol has been note. (Amoateng and Bahr, 1986) Reported that Any religious or spiritual commitment those who are habitual in nature they can't sustainable their life. But those who are not habitual they can sustainable there life better than other. And apart this in this research religious and spiritual commitment and alcohol are illegal used between these two.(Amoateng and Bahr, 1986) none of the religious say that to use alcoholics but those who are spiritual person used alcoholics they are less consumedsustainable than the other those who not used.

The rationale of the study:

In spite the vast body of scientific literature on the value spirituality both as a buffer against mental illness and its supportive role in the recovery process, due emphasis to spirituality as supportive therapy in the treatment process has not been given. New research continues to shed light on the correlation between spirituality and mental health. However, the general lack of attention and credibility spirituality and spiritual care receive in terms of mental health care theory, and practice (Copp & Dunn 1993, Dowrick, May, Richardson & Bundred 1996) is appalling. Spirituality in mental health care continues to be peripheral and adhoc. the country like India with a rich spiritual heritage and where spirituality and religion is an integral part of most people lives. Many physicians say they feel uncomfortable addressing religious issues or do not have time to do this. Others do not see addressing spiritual issues as part of their job, do not understand why it should be, do not know how or when to do it, and cannot imagine what the results would be if they did.

In this paper conceptual model is state that how the spirituality plays a treatment role between the work stress and mental health. Work stress create the mental health disbalance. To cope with this satuation, the workplace spirituality balance in both satuation either in work stress or in mental health.

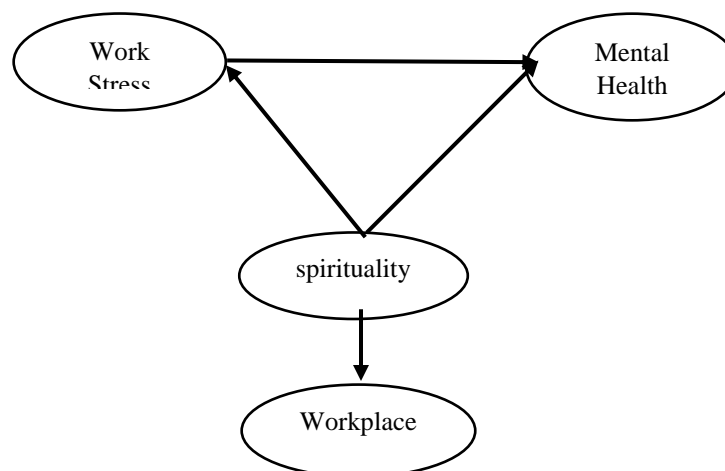


Fig.3Conceptual Model .

In this conceptual framework of direct and indirect effect show in figure 4 given below, if the work stress increases the mental helth problem is also increases, and if the work stress decreases the mental health is also decreases or balalce with the health problem. In between workplace spirituality is used to balance both the critical condition of the health problems.

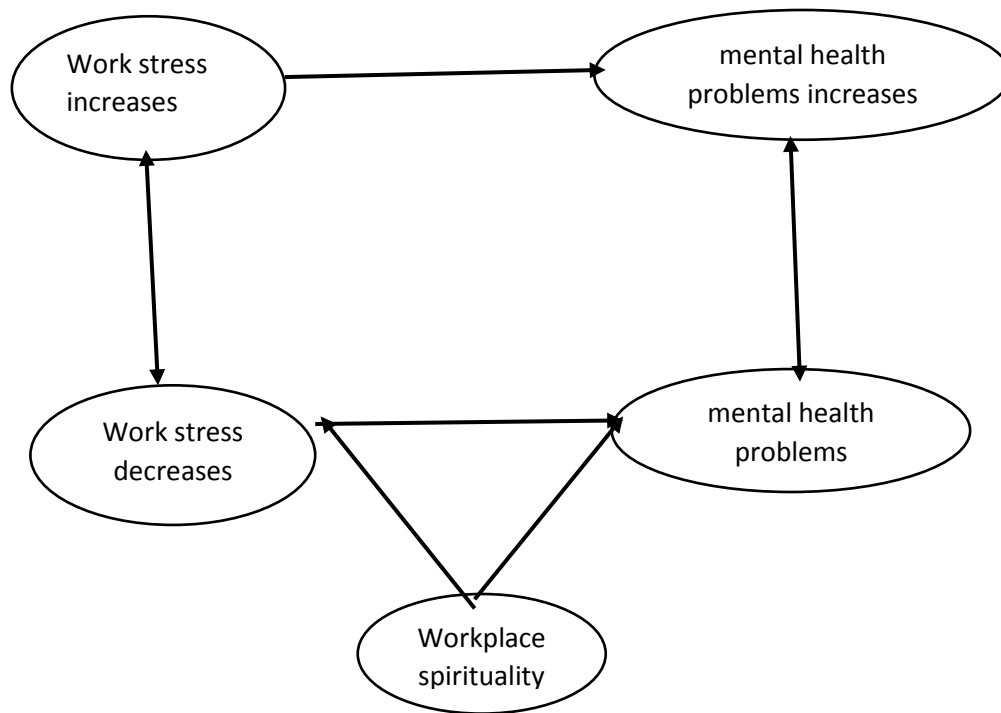


Fig.4 Conceptual Framework of Direct & Indirect Effect.

III. METHODOLOGY

This research is to enhance the perceptions of mental health professionals in the Metro city towards the use of spirituality in treating mental illness and value in enhancing recovery. The following are the objectives of the study.

The objectives of the study are:

1. To study the relationship between spirituality and the treatment of workstress.
2. To study the relationship between spirituality and the treatment of mental health.
3. To study the role of spirituality as a moderator between workstress and mental health.

Research Questions

The Research Questions are based on the conceptual framework.

1. What role does spirituality play in the treatment of mental illness?
2. What are the various types of spiritual practices do mental health professionals integrate with treatment?
3. When do the mental health professionals introduce spiritual/religious techniques in the treatment?
4. How does this integration affect the doctor-patient relationship?
5. How do mental health professionals deal with their own spiritual beliefs, which may contrast with clients' beliefs?
6. What have been the clients' responses to the use of the integration of spirituality in the treatment of mental illness?

Key Concepts

Perceptions: Knowledge, Awareness, Attitudes, Beliefs, or Viewpoints

Spirituality: Basic value around which one's life is focussed and has been described as a dimension of life in which people find integration.

Mental health professionals: Psychiatrists, Clinical Psychologists, and Psychiatric social workers.

Treatment: Psychotherapy integrated with meditation

Mental illness: Major and Minor Mental illness, Substance abuse, as classified in DSM4.

Methodology

Qualitative Paradigm has been adopted because the questions will best be addressed in a natural setting using exploratory approaches since the focus was on individual lived experience. The Qualitative Research is the preption, felling, and their own generating idea for the problem that since people interpret things, events, and interactions in different ways, they arrive at different understandings, responses, or actions. Similarly, this research is an attempt to explore the understanding of spirituality among different mental health professionals and their perception of the role it plays in the treatment of mental illness.

In-depth interview was used to gather data. Qualitative researchers rely quite extensively on in-depth interviewing; Kahn and Cannell (1957) describe interviewing as "a conversation with apurpose." It establishes a one-to-one relationship between the researcher and the participant. In-depth interviewing has been adopted, as the primary strategy in order to capture the deep meaning of spirituality in the words of the mental health professionals. Since the study is focussed on individuals' lived experience, the deeper perspective on spirituality, and it is used in the treatment of Mental Illness. This understanding was, therefore captured through face-to-face interaction where the professionals shared their beliefs, values, thoughts, and feelings on the subject of study. It was done through close, personal interactions between the researcher and the professionals often over long periods. A semi-structured interview guide was developed for this purpose. Which was based on the concepts and sub-concepts in the conceptual framework, This research has the strength of being exploratory, descriptive and also stresses the importance of context, setting and the participants' frame of reference.

Sampling Method

Sample Size

The researcher had field-tested the Interview Guide with three mental health professionals, comprising of one psychiatrist, psychologist, and a psychiatric social worker. Based on the field testing the Interview Guide was modified to make it more comprehensive and complete, New concepts such as spiritual advice, adverse impacts were included, The researcher interviewed seven each of primary mental health professionals, i.e., psychiatrists, psychologists, and psychiatric social workers; thus the overall sample size was 21. These professionals were interviewed, as they are involved in the treatment process to varying degrees, Nurses were however not included as they are not directly involved in therapy, they play a supportive role in clinical treatment. The challenge of the researcher was, therefore to select the participants who will be able to provide the most meaningful illumination the

topic, Initially it was thought to take up two groups one, the professionals in private practice and the other in government service, However, since it was difficult to get permission in government set-up, the researcher then decided to take up groups of professionals with 20 and above years of experience and the other group with less than 20 years of experience, the group, however, is a mix and match of mental health professionals in private practice as well as in government setup.

Sampling Strategy

A priori sampling was chosen based on the research problem and purpose, Prior to data collection, the characteristics and structure of the sample was decided, Since the purpose of the study was to explore in-depth, the concept of spirituality also, it's used in the treatment of mental illness, the researcher carefully selected the professionals that could typify or shed light on the objectives of the study, the technique of sampling used was Purposive, It is a strategic approach and not a single technique, The purposive strategy used in the study was that of intensity sampling, Given the small sample size of 21, intensive exploration of selected issues with the few well-informed people added interesting, insightful and reality-based perspectives and information on the subject of study.

Process of Data Collection

1. Telephonic interview
2. Personal observation
3. Data Analysis

In this research the respondent have given a brief bio data valuable information for later analysis and presentation of the findings. The following steps were carried out in the Process of Data Analysis.

Step 1-It included putting down all the interviews in a Narrative form. The Data was then edited, including only the relevant points.

Step 2-After editing the field notes and transcribed data, it was reviewed to identify essential themes. Then it was examined how the themes were patterned. Patterns included everything that occurred in all or some of the data, possible relationships between themes, contradictory responses, or even gaps in understanding. Having accomplished this, the researcher started coding the themes. Like street signs, they were inserted into the margins of their own handwritten data or typed after segments of text to remind the researcher where she was. With the critical themes coded in this way, all the pieces of the text that relate to a common theme were put together in one place, and this enabled to discover new sub-themes and explore them in greater depth. Label for every four to five sentences connected. Followed by this was the search for striking features, trends, and patterns, which emerged within the cases. Following is an example of coding.(Spirituality the way I would define for myself is the Hindi word "Adhyatmak," it is purifying the mind, getting rid of negativities so that we get real happiness. Negativities make us miserable. In short, in one sentence, spirituality is a purity of mind. (Meaning of spirituality))

Step 3-After the in-depth within-case analysis, the next step was the Cross Case Analysis. Common themes among all the professionals were listed in the checklist matrix. Individual labels begin to cluster while others separated. For all the professionals, their views on clustered labels were written together, and then the variances within were mentioned.

Understanding of Spirituality

Case 1 Oneness with a higher power.

case 2 follows the principle of panchsheel abstain from killing, sexual misconduct, false speech, stealing, intoxicants.

Case 3 believe natural power or force which control our lives.

case 4 purifications of mind, getting rid of negativity.

Exposure to Spirituality

Formal Exposure	Informal Exposure
Vipassana	Prayers
Yoga	Visiting Places Of Worship
Osho's Meditation	Reading Religious and spiritual Books
Raj Yoga	Family/Religious Rituals
Forum	Interactions with friends and family
Pranayama	members on issues of religion or spirituality
Other Meditation Techniques	
Listening to Discourses of spiritual Heads	

IV. LIMITATIONS OF THE STUDY

Due to time constraints, the we have chosen a small sample size of 21 mental health professionals. Because of a small sample size saturation point could not be reached with affected the richness of the data.

Use of spirituality in the treatment of Mental Illness

This chapter emphasizes the mental illnesses and the various spiritual techniques used by the mental health professional in therapy. Next, it highlights the reasons for using the techniques, the spiritual advice sought by the clients, point of introducing the spiritual technique in the course of treatment, the spiritual advice sought by the clients and the spiritual assessment by the mental health professional.

Kinds of Mental Illness and the Spiritual Techniques used

Kinds of Mental Illness	Type of Spiritual Technique
Anxiety disorders	
Panic Attack	Meditation, Relaxation, Yoga Asanas
Specific Phobia	Meditation, Relaxation, Yoga Asanas
Generalized Anxiety Disorder	Meditation, Relaxation, Yoga Asanas
Posttraumatic Stress Disorder	Meditation, Relaxation, Yoga Asanas, Religious rituals, Counselling through the use of scriptures, involved in activities which they enjoy.

Alcohol-Related Disorders	Prayer of Alcoholic Anonymous
Depressive Disorder	Religious rituals, Religion per se, Counselling through the use of scriptures, involved in activities which they enjoy.
Obsessive and Compulsive Disorder	Involving in activities to divert attention like listening to old movie songs.
Conduct Disorder	Involving in activities to divert attention like counting numbers
Somatoform Disorder	Involving in activities which they enjoy, psychoneurotic immunology
Relational problems Parent-Child Relational Problem Partner Relational Problem	Religious rituals, Counselling through the use of scriptures
Others • Students with exam tension • Interpersonal problems • Issues unresolved in life. • Caregivers of mentally ill patients	Simple breathing exercises, Relaxation, Meditation, Yoga Asanas
Problems Related to Abuse or Neglect Sexual Abuse of the Adult (Rape)	Focusing on the inner self of the individual

Kinds of mental illness and the spiritual techniques used

Professionals who had formal training as one of them had learned Osho's meditation was apparent as he used it only for minor mental illnesses. While some of them who had done the Vipassana Meditation course recommended it to patients if they were willing once the acute symptoms were under control. One of the professionals said that she used first level vipassana technique with patients with an anxiety disorder and patients with conduct disorder. Most professionals also stated that they do not use any spiritual technique in case of schizophrenia as well as depression as the person is not in touch with reality. Moreover, the patient should be taught to look outward and not inward. Some professionals used spirituality in the form of counseling, where the focus was on having zest in life as the patients were devoid of enthusiasm. Professionals also used it while counseling clients through the use of quotes from scriptures, and clients responded positively to it. Some professionals did not use any spiritual technique as such but to divert the attention of the clients asked them to engage in activities, which they liked. For example, in case of middle age ladies who spend most of their time for the family and have never worked before, were advised to spend some time for themselves and in activities which they enjoy even if it is listening to old Hindi film songs. Also, in the cases of Obsessive-Compulsive Disorder or to control the anger of the clients, they were asked to count numbers so that their attention gets diverted. If the patients are religiously inclined, one of the professional, especially with an elderly female, client suggested them to go to the temple regularly and also engage in rituals for diversion of mind.

Another compelling case was where the professional used religion was by telling the client that committing suicide was a sin. Also, patients with psychosomatic symptoms the modality are focusing on psychoneuroimmunology (This approach addresses the psychology, the neurology, the immunology of the person. It is done by focussing on the mind-body interactive). The client is made to understand that as the body is cleansed the mind should also be cleansed this. One of the professionals differed with the views expressed above and said that spirituality is an overall approach and that its application did not differ in terms of age of the patients, their social-economic status or the disorder the clients suffer from. She said that it is the basis of all therapies. One of the professionals said that she used it in posttraumatic stress disorder and grief reactions. It was done mainly through counseling, emphasizing the importance of life.

Some professionals also said they used it with relatives of patients who have a mental illness, especially in the case of mental retardation. She also used it with victims of sexual abuse by asking the person to get in touch with the inner self and seeing how beautiful it is. One of the professionals said that she asked her alcoholic patients to join the AA (Alcoholic Anonymous) groups and the philosophy of taking one day at a time was used with most patients and also their caregivers because according to her the caregivers suffer the most. One of the Professional stated that she used it with clients not suffering from mental illness but in cases where the students have exam tension, interpersonal problems, or some unresolved issues in life. Simple breathing exercises were recommended in these cases while some took recourse to a higher Power.

Reasons for selecting a particular spiritual Technique

Most professionals were of the view that in case of certain illnesses specific techniques worked, for example, in the case of patients suffering from Anxiety, they were advised Relaxation Techniques, Deep Breathing Exercises or Meditation Courses like Vipassana, Art of Living. Another important reason for selecting a particular spiritual technique was also the nature of the mental illness and its stage of the same. For example as mentioned earlier, meditation was not advised for clients suffering from Depression or Schizophrenia. Another set of professionals said that it has been scientifically proved that techniques like Yoga Asanas and Meditation help recovery in certain illnesses, especially with regards to clients with anxiety disorders and therefore they, either recommend their clients or if the clients seek to advise they are encouraged to follow them. The nature of spirituality used also depends on the religion and regional identities of the client. For example, one of the professionals said that most of his clients are Maharashtrian and so he uses examples of saints like Dnyaneshwar, T. Tukaram, and it works well with them as they identify with them. Similarly, with Muslim clients, he uses the poetry of Sufi saints and for Christian clients teachings from the Bible. Like in some cases, the strong spirit to help them find a new meaning in life through stories from scriptures in counseling was used. The professionals say that it touches the right chord of the client.

Another criterion for choosing a particular technique was that of socio-economic background, and the professionals said that the clients with lower socioeconomic background did not prefer spiritual techniques but medicines to cure them. For them to earn their living was more important than anything else. Another professional said that it was dwarfing spirituality by calling it a technique. One of the professionals who has done a meditation course said that he prescribed a particular type of meditation based on the personality of the clients, their comfort

levels, level of stress, type of work, physical illness. For example, he suggests dynamic meditation for people doing sedentary work. Some professionals denied using any spiritual technique. One of them said that the use of spirituality in therapy did not occur at all as it was like finding something beyond hope and this professional was never dependent on such concepts neither did he believe in them.

Spiritual Assessment

Most professionals said that they did not accurately take spiritual history but standard psychiatric history. This was also true in the case professionals who had a strong spiritual background. Through the personal history of the client, they came to know the client's beliefs, their background the way they spent their time during the day. This gave an idea if the client was spiritually inclined or not. Thus the professionals were of the point of view that if the client was spiritually or religiously inclined, then it automatically surfaced in the conversation of the client with the Professional. Aspects usually explored in history taking were clients engagement in rituals, coping styles, religious practices like visiting temples, chanting, etc which was also encouraged. Some professionals made it a point to ask the clients if they had done any medication or Yoga course or even visited any of the faith healers. Thus primarily for two reasons, the professionals did a spiritual assessment: to assess the role of spirituality and the second one to determine whether they have approached traditional faith healers. Another professional who had a spiritual background and is a teacher in Vipassana said that at times he had not taken the spiritual history at all as it did not seem relevant to him. So he said that he had treated several clients without knowing their spiritual background.

On the other hand, another professional said that while taking a general history he tried to assess the clients understanding about spirituality and if the client did not believe in spirituality he then suggested to them relaxation exercise or a Meditation Course. All the professionals irrespective of their personal beliefs said that they encouraged the faith of the client as long as it did not harm them. There was one professional who specifically mentioned that she made it a point to take a spiritual history the history a couple of her clients had broken down during some meditation course. This is done in order to assess whether the client is in a position to undergo such programs and whether there would be any adverse impact in case they do. Some professionals ultimately refused to take any spiritual history, as they did not feel the need to do so.

Clients Response to spiritual technique.

Most of the professionals said that the response of the clients was positive. It helped to build rapport and further enhance the relationship with the client. Some professionals said that due to the cultural and the social fabric of our country, most people believe in spirituality, and therefore their response towards it is positive. One of the professionals also said that the reason for the positive response could be because he used spiritual techniques selectively and not as a panacea for all the illnesses. He had learned different types of meditation techniques and followed different criteria for the same. One of the professionals said that it also depended a lot on the mental state and the receptivity of the client. One of the professionals who believe that spirituality is not a technique, but an overall approach has worked with clients across cultures. She admits that psychotherapeutic techniques do not work across cultures. What mainly works is the unconditional acceptance and recognition of the dignity and worth of the client.

Doctor Therapist -Client Relationship

Most professionals said that their relationship with clients improved. It became easier to communicate and helped the bond between the client and the therapist to get stronger. Most of the times, the clients wanted to know the therapist's inclination towards spirituality and became very happy if they got the sanction of the therapist for the practices they were involved in. They developed faith in the therapist, like one of the professionals who were very religious, had pictures of places of worship in his consulting room. He said that the clients coming to him were also of the same religion, and they identified with the therapist. Also, clients felt good when they improved with medication. Another professional said that as long as he gave sincere and honest advice even if it did not help the client much, it enabled them to have a good relationship another essential thing is that the patients feel comfortable once they know that the therapist is flexible with them. One of the professionals said that even if the professional did not believe but accepted the practices the client was involved in, the relationship improved. One of the professionals said that they have to be flexible to accept the client's perspective instead of ridiculing them; listen and integrate what the client had to say. Only then the relationship would be fruitful.

Adverse Impact

Most professionals denied the use of spirituality in therapy having any adverse impact. At most, the clients stopped treatment. Interestingly it was not because of the spiritual technique, which the Professional recommended, but it was because the clients started visiting the faithheale. The faith healers ad\lised them to discontinue the medication. There have also been clients who have developed a blind faith towards these faith healers, which has had severe consequences like that of the clients being reduced to penury. At times such patients have got worse and even returned to the therapists. One of the Professional said that she lost clients as in the initial years, she used spirituality when the patients came to her with chronic symptoms, and it did not work.

Clients who gave importance to religiosity and understood spirituality in that context refused to take medicines when they fasted, and this has been observed in the case of Muslim patients in the month of Ramzan. One of the Professional said that at times, the clients did not understand the technique either due to lower intellectual level or lack of interest. The use of a particular spiritual technique did not have the desired outcome. Extending this argument one of the professionals said that it had an indirect adverse impact in the form that the patient might feel that something was wrong with him/her that the technique was not working and it would further contribute to their poor self-esteem. Some clients, when advised meditation complained of not being able to concentrate in the beginning or of physical pain like pain in the leg. It was, however, communicated to the client that they would take time to come out of their disturbing thoughts and also the pain too would disappear in due course. Some professionals said that especially in the case of illnesses like schizophrenia they did not use any spiritual technique as the patient is not in touch with reality and it becomes a waste of time rather than harming them. Some professionals said that even if spirituality failed, it would not do any harm to the client as there was nothing to lose; if it worked, it could be of great help. Another professional was the point of view that the client might not accept whatever the therapist said, but he! She should be given that kind of freedom that the person could do what he liked, so the question of adverse impact did not arise. Some professionals were of the view that since they did not recommend any spiritual technique, no question of any adverse impact arose. On the same lines, some professionals

(mainly psychologists) were of the point of view that they met the patients only once or twice and it was too short a period to recommend any spiritual technique and take the feedback also. Another professional said that spiritual techniques were non-directive in approach while the therapeutic techniques were directive, and so if the patient believed in a non-directive approach, the therapy process slowed down. On the same lines, some professionals said that the clients felt a lot calmer and did not feel the pressure of responsibility.

Discussions and Recommendations

For most professionals, the understanding of spirituality was influenced by their upbringing, orientation at school, interactions with family members and friends. The orientation was more in terms of religion and rituals while for a few, it was also in terms of human values and exposure to spiritual techniques such as Meditation. Most of them acknowledged its importance and also recognized the positive impact that spirituality and religious faith can have on a person's life and well being specifically. Moreover, the cultural ethos of the country is such that religion and spirituality is an integral part of everybody's life. So in most cases, it was so well woven in the therapy that at times, the professionals themselves did not realize that they are using it. It also played an essential role in their personal and professional lives.

In most cases, in the treatment of mental illness, spirituality played a supportive role. Spiritual techniques were used primarily in the treatment of minor mental illnesses such as Anxiety Disorders and in the case of major mental illnesses when the acute symptoms were under control. The nature of spiritual technique was selected based on the mental illness, the spiritual inclination of the client, and also his/her willingness. Other criteria included the socio-economic status, personality of the client, etc. None of the mental health professionals had received any formal training in spirituality as a part of their professional training. Most of them had integrated it in treatment out of their initiative. In many cases, it also enhanced the doctor-patient relationship. When their spiritual beliefs conflicted with that of clients, the professionals took great care to ensure that they did not impose their belief system on the clients. Most professionals were of the point of view that the interest of the client was of paramount importance and not their personal beliefs and views about spirituality.

V. RECOMMENDATIONS

The following are the Recommendations that emerge directly out of the findings of the study.

Here are some of the things that can be expected from a mental health professional who is sensitive to the spiritual beliefs and practices of the Patients.

A non-judgemental, accepting, and empathic relationship with the Patient suffering from mental illness.

An openness and willingness to take time to understand the spirituality as it may relate to his/her emotional difficulties some familiarity with values, beliefs, and practices those are common among people of a particular religion or caste and respect for them as they contribute immensely to the mental health and illness.

Comfort in asking and talking about spiritual issues with the client and use supportive therapy in a systematic and concrete manner, taking into consideration various factors such as personality, socio-economic status, intellectual level, etc.

Mental health professionals should be willing to seek information from appropriate professionals and clergy and coordinate care concerning spiritual traditions. Since the clients resort to spiritual gurus, faith healers before seeking professional help, the faith healers should be oriented minimally about mental illness

Some of the other recommendations are as follows:

In today's Era mental health is primarily in biological manner. We suggest an approach to mental health capable of understanding the whole human being of bio-psycho-social, spiritual, historical, and even mythological aspects of his being. Psychiatry Today's trend is to push mental health towards a primarily biological discipline. What we need is an approach to mental health capable of understanding the whole human being with all the bio-psycho-social, spiritual, historical, and even mythological aspects of his being. In India psychiatry can only survive if its approach follows in daily life, help and understand those people who are suffering from mental illness. Medical schools, nursing schools, schools of clinical psychology, and social workers should be responsive to this need in all areas of curriculum development and practical training in a formal manner in the programs mentioned above.

The future mental health belongs to working in harmony and co-ordination.

The studies have found that Religious leaders, intellectuals, the women and men of conscience, thought and wisdom, government officials, parliamentarians and the like should play an essential role in the use of spirituality in the treatment process in a more rational manner. Even though many types of research have proved the role of spirituality in the treatment of mental illness, research that is more scientific needs to be done in this field. Along with Research, documentation of the same is also important, especially in the Indian context. Although the WHO definition recognizes the importance of spirituality in the concept of health, the need of the hour is a similar emphasis in the National Mental health program. Such integration would give an impetus to meaningful integration of spirituality in the field of mental health at policy, research, and service level.

VI. CONCLUSION

Thus, this research concludes that for most professionals, spirituality is an essential dimension of their life. They acknowledge its importance in their professional as well as personal lives. What is required is a formal orientation and training in this field, which will enable them to use it in their practice. Research in this area is at a toddler level. Still, the evidence is available that something called spiritual and religious seems to be often related positively to health status. Trying to clarify concepts, such as spirituality, trying to improve assessments, such as moving beyond one or a few questionnaire items, and trying to conduct experimental studies, such as exploring possible mediating or moderating variables, will all much clarify what is known and also throw new light on concepts not known.

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