Incorporation Of Spirituality Into Work Of Occupational Therapy Practitioners

Spirituality, commonly defined as the ‘essence’ of a person’s humanity and worldview is a highly complex, albeit a fundamental domain of occupational therapy theory and practice (Hemphill, 2015; Weathers, McCarthy and Coffey, 2015; McSherry and Ross, 2014). Literature however, commonly highlights contention and a lack of consensus regarding how the concept should be explicitly defined within the profession (Weathers, McCarthy and Coffey, 2015; Morris, 2013; Koenig, 2011). It is thus unsurprising that evidence shows occupational therapy practitioners as ensure of how to incorporate the spirituality of a client into the therapeutic relationship (Hemphill, 2015; Csontó, 2009). Nevertheless, the commitment of occupational therapy to a holistic, person-centred approach, together with the value that is placed on the uniqueness of the human experience dictates that spiritual dimensions of care should be clearly articulated throughout practice (Hemphill, 2015; Dein, Cook and Koenig, 2012). This commitment can be traced back to the founders of occupational therapy, who affirmed that practice should account for a client’s ‘mind, body and spirit’, and well as Yerxa (1998) whom contended that the spirit of a person cannot be isolated from their disability or illness; a standpoint which is echoed throughout more recent literature (Hemphill, 2015; Morris, 2013; Kelso-Wright, 2012).

Incorporating the spiritual element of a person therefore aligns with the core values of the profession and ensures practitioners are treating their clients individually and holistically (Harrington, 2016; Hemphill, 2015). Times of major life transition, ill health and occupational disruption can provoke existential questions about one’s spiritual well-being to assist understanding of current circumstances; why me? Does this have meaning? Distress that often occurs as a result can have a detrimental impact on both mental and physical health; subsequently preventing a person interacting with their environment (Hemphill, 2015; Morris, 2013). It has been argued however that the inclusion of an individual’s spirituality into practice, through utilising subjective, meaningful occupation is crucial for mobilising coping strategies; maintaining and restoring meaning and purpose in our client’s lives (Topping, Wattis and Smith, 2016; Hemphill, 2015). Evidence of this and the effective use of spirituality has particularly been illustrated for those who are ageing or facing life-limiting illness (Harrington, 2016; Bursell and Mayers, 2010). Within palliative care practice for example, an individual’s spirituality is considered a key element of their care. Research has highlighted the centrality of one’s spiritual well-being once diagnosed with life-limiting illness; positive effects of incorporating spirituality provides a buffer during terminal illness (Harrington, 2016). Occupational therapists must therefore address the needs of one’s spirit through utilising meaningful occupation as a therapeutic modality (Kruse and Ruder, 2007).

This is because spirituality manifests in our meaningful occupation, as well as in ‘why’ and ‘how’ questions about one’s life or the world (Wilson, 2010). Smith are Suto (2012) affirmed that occupational therapy literature primarily frames spirituality within the professions core concept of occupation. Although the use of ‘spirituality’ has been criticised in favour of terms with closer ties to occupation such as intrinsically, defined by one’s personal philosophy of meaning (Schell and Schell, 2008). A poignant argument for why use of this term may be advantageous is the interchangeable use between spirituality and religion. Although a review of

current occupational therapy literature indicates favourable use of defining spirituality secularly (Morris, 2013; Reinert and Koenig 2013), there is evidences of interchangeable use concerning ‘religion’ and ‘spirituality’ (Burkhart and Hogan, 2008). This is arguably problematic for the profession, whom identify spirituality as with or without an affiliation to religious practice or ideology (Reinert and Koenig 2013).

Considering this, Hemphill (2015) argued for the terms to be distinguished to allow spirituality to be effectively incorporated into practice. Continuing definitional confusion is however evident in practice, with interviews conducted by Csontò (2009) illustrating definitional uncertainty concerning the detailing of spirituality within assessment forms. Moreover, with regard to spirituality, the international classification of functioning, disability and health (ICF) details activities associated with religious practice such as praying (Wilson, 2010). The complexities intertwined with spirituality can thus begin to be highlighted through these definitional barriers to using this concept effectively in practice. Nevertheless, discussion has highlighted how and why spirituality is a core concept of practice, therefore it is pertinent to discuss and research the modes by which is it incorporated into practice; namely, spiritual assessment.