TRAINING MANUAL FOR SPIRITUALITY DISCUSSION GROUPS FOR MENTAL HEALTH

WITH FOCUS ON CULTURAL COMPETENCY

Center for Spirituality and Healthcare
Marc Galanter, M.D., Director
marcgalanter@nyu.edu
NYU Langone Medical Center
and the Nathan Kline Institute for Psychiatric Research
and
NKI Center of Excellence in Culturally Competent Mental Health
Carole Siegel, Ph.D., Director

The manual is the product of the work of Marc Galanter, M.D., Nancy Talbot, M.S.W., M. Div., Helen Dermatis, Ph.D., Caitlin McMahon, MPH Terry Dugan, M.A. and Deniz Oktay, MS, BC-DMT, LCAT in framing and implementing its structure and content. It was prepared in collaboration with Carole Siegel, Ph.D.

PREFACE

This manual presents a format for conducting culturally sensitive group discussions focusing on spirituality to promote mental health. With illustrative examples, it describes how to facilitate participants' drawing on their spiritual resources to deal with the problems of daily living and the challenges of moving toward a stable and gratifying life. In order to do this, the group format is designed to focus on how members can identify their own inner strengths and values, ones compatible with their cultural, ethnic, and faith backgrounds. Conduct of the groups is free of any specific religious or denominational orientation; however, because many participants may be members of the African diaspora and Latino communities or other cultural groups, specific attention is paid to issues that reflect sensitivity to the background of these groups.

This manual is the product of a decade of award-winning clinical innovation and research at the Center for Spirituality and Healthcare, located at NYU Langone Medical Center and Bellevue Hospital. The Center is affiliated with the Nathan Kline Institute for Psychiatric Research, and most recently, with its Center for Culturally Competent Mental Health. Our overall mission is to promote the conception that good health is premised on one's enhanced personal meaning and spiritual fulfillment, and not just on physical wellbeing.

-- Marc Galanter, M.D.

I Introduction…… 5

Why Have Spirituality Group Discussions 5
Audience…….……. 5
Contrasting Spirituality and Religion……..……. 5
Rationale for Incorporating Culture in Spirituality Groups…….....5
Contents of Training Manual ……..…….....6

II Differences Between Spirituality and Therapy Groups……..…….....6

Elements These Groups Have in Common…….…….…….....7
How these Groups are Different……..…. 7

III Spirituality Group Format…….....8

Operating Principles for Spirituality Groups 8
(a) Promote Acceptance of Others as They Are and Respect for Others
(b) Promote Tolerance of Opposing Viewpoints
(c) Promote Mutual Support
(d) Promote Utilization of Strategies to Enhance Awareness of Personal Spirituality
Group Protocol.....9
Making Allowances for Different Populations.....11

IV Preparation for Conducting Groups.....13

Guidelines for Conducting Groups 13
(a) Group Leaders' Personal Beliefs
(b) Group Leader Preparation
(c) Establishing Group Norms
(d) Room Set Up and Greeting

V Strategies to Guide Group Process 15

Introduction of Themes……..…….....15
Use of Meditation……. 17
Mediating Discussions about Spirituality and Religion…….....17
Use of Culturally Relevant Handouts/Instructional Materials…….....18

VI Handling Issues that Arise 19
Disruptive Participants…….....….....19
Dogmatic Participants…….....20

Participants Who Monopolize…….…….....21
Participants Who Do Not Speak…….…….…… 21
Sharing Trauma Stories…….....22

VII Group Settings……. 22

Expectations and Goals…….....22
Groups with Steady Membership…….. 22
Open vs. Closed Membership…….....23
Homogenous vs. Heterogeneous Groups…….....25

VIII Specialized Settings ……..…….....25

Medical Setting……..…… 25
Psychiatric Setting……..…… 27
(a) Psychotic Participants
(b) Disorganized Participants
(c) Suicidal Participants
Addiction Treatment Setting…….....29
Forensic Setting…….…. 30
Prison/Jail Culture…….....31

IX Cultural Background for Spirituality Group Settings……... 33

Latino Cultures……..... 33
African American and Afro Caribbean Cultures…..……..... 35
Other Religious and Spiritual Traditions ……... 36
Asian Religious and Spiritual Traditions…….....37

X Conclusion…….……..…….. 38

XI Appendix…….…….....38
Tools and Techniques……... 38

XII Web Resources……. 39

XIII Bibliography …….....40

I INTRODUCTION

We define spirituality as that which gives people meaning and purpose in life (Puchalski, 2001). For some, it can be achieved through participation in religion. For others, it can be broader and include involvement in altruistic or creative aspects of one's cultural background or engagement with music, meditation, and nature.

Why Have Spirituality Discussion Groups

In many health facilities, there is a growing openness to accepting the role of spirituality as an important component for patients coping with illness. We have found that the spirituality group discussions we have conducted with African American and Latino clients promote coping mechanisms for those with illness and disability, empowering them to draw upon their spirituality as a resource for inner strength.

Audience

The Training Manual for Spirituality Discussion Groups is for mental health practitioners such as psychiatrists, psychologists, interns and residents, social workers, counselors, creative arts therapists (CATs), and chaplains. It is intended to be used for spirituality discussion groups for inpatients and outpatients at hospitals, psychiatric settings, mental health clinics, as well as in addiction treatment programs and in prisons.

Contrasting Spirituality and Religion

Many people equate spirituality with a specific religion. They may speak openly about God, Allah, Jehovah or Jesus Christ, and their personal relationship to God. They frequently mention prayer as helpful to their daily living as a source of peace and hope. Others understand spirituality to be separate from religion. They believe it is more internal to a person and can be accessed through yoga, meditation, listening to music, creating art or music, or being in nature.

There has been a fair amount of controversy in the literature surrounding this distinction. One core principle most can agree with is that both spirituality and religion are related to a search for the sacred or transcendental (Galanter, 2008). For the practical purpose of running a group, spirituality is defined more broadly than religion. In this view (Koenig, et al., 2000), religion is conceptualized as "an organized system of beliefs, practices, rituals, and symbols" as opposed to the "personal quest for understanding" that describes spirituality.

Rationale for Incorporating Culture in Spirituality Groups

While universal experiences, understandings and reactions are pertinent to groups, the way people perceive or react to a situation is influenced by their cultural or ethnic background and assumptions that have been reinforced by their family and community throughout their lifetime. Repeatedly encouraging people to find universal truths within a spirituality group can result in emphasizing and validating the dominant culture's assumptions while making those from other ethnic and cultural groups invisible. In order to provide a group setting that can benefit all members, it is important to encourage

each person to speak from his or her background and experiences and to validate the cultural truths each person brings to the group.

Contents of Training Manual

This manual provides a format and resources for group discussions. It also provides information and resources for developing culturally sensitive spirituality groups in various settings for African American and Latino clients. This manual includes background information and materials specific to Latino and African Diaspora cultures, as culture and spirituality are often closely intertwined within these populations. The anecdotes in italics that are used throughout the document illustrate issues that may arise over the course of group sessions. The method and format for running groups can be used with short term or long term groups and open or closed groups.

II DIFFERENCES BETWEEN SPIRITUALITY AND THERAPY GROUPS

What makes a spirituality group different from a psychotherapy group or other kinds of groups? Spirituality is always at the center of the discussion and therefore shapes the discussion. A spirituality group explores what people mean by spirituality and how spirituality helps them to cope with health or mental health crises, chronic conditions, and/or substance abuse. It focuses on how people use spirituality in their daily living, their relationships and challenges of their lives. Psychosocial aspects of peoples' lives will enter into the discussion, but psychotherapy is not the purpose of the group.

Unlike a therapy group, it is not important for the group leader to address the correction of members' psychopathology. The focus is on acceptance of group members as they are. This is manifested in a commitment of the group leader and members to include in group discussions the cultural norms, perspectives, and differences of group members that impact their understanding of spirituality.

> **Case Vignette:** *A month after his brother died of an overdose, a member shared with the group that after identifying his brother's body at the morgue, he returned home and felt his soul leave his body. At first it was a very peaceful feeling. Later, he started pacing around the rooms of his apartment, checking the locks on his door, sweating, his mind racing from one thought to another. Even though it was after midnight, he called a friend from the church he attended and they prayed together over the phone. Afterwards, when he lay in bed, he felt like he had died, but his spirit was still a glowing presence inside of him. Even though his body wasn't as strong as it used to be, the spirit inside him allowed him to keep fighting to stay alive. The member had emigrated from a Central American country where experiencing susto, in which the soul is described as leaving the body in response to a frightening event, may sometimes result in feelings of unhappiness and sickness. Susto is widely recognized as a folk psychological phenomena among the inhabitants and the immigrants from Central and South America.*
>
> *In a therapy group, the member's description of his experiences could be interpreted as delusional. Here, the group leader was aware that the member's use of the*

imagery of divine intervention was culturally sanctioned and did not need to be addressed as pathological.

Elements Spirituality and Therapy Groups Have in Common

There are basic elements which all groups share. Leaders must ensure a safe environment in which participants feel they will be heard and respected at all times. The leader helps facilitate the discussion and builds upon members' comments so that people are able to see how the ideas fit together. People in the group learn from each other. When they hear others' experiences that may be similar, they realize that they are not as different from another person as they had thought. The leader always makes the connection between the discussion and daily living outside the group so that participants can understand the usefulness of the group beyond the current discussion.

How Spirituality and Therapy Groups Are Different

Spirituality group leaders acknowledge the fact that group members are in the best position to characterize their own spirituality. The leader does not function as an authoritative source or expert as a group leader would function in a psycho-educational or a medication management group. Instead the group leader acts as a facilitator to keep the discussion on track, to affirm the connections people make as they identify and understand their spirituality and its relationship to their health status, and to encourage members to use their new found understandings and actions during the week between groups.

Leaders of psychotherapy groups often work to identify patients' maladaptive behavior and help them to change this behavior through feedback, insight, and practice, first within the group and then in their daily lives. Leaders of spirituality groups may make a mental note of maladaptive behavior in case it becomes necessary to redirect a particular person for the benefit of the group. However, leaders do not focus on this behavior in any way that is an attempt to correct or cure it. Individual diagnoses are important in psychotherapy groups in order for the leader and members to work on goals related to relieving symptoms or behaviors of the diagnosis. In spirituality groups the leader may or may not be aware of particular diagnoses. A specific diagnosis may be helpful in anticipating group member behavior, but the goal is to stay focused on spirituality and how it can alleviate some of the challenges of everyday life.

Case Vignette: *After telling the group that he was working on another meditation to bring to the group, a man shared that he was a member of a club consisting of people who had been abducted by aliens. He told them that he was a teenager when it happened and he doesn't remember much about it. Recently, some of his friends from the club told him that they were being followed by the government. He thought that this was happening to him, too, and that his phone was tapped and his mail was read by strangers.*

In a traditional therapeutic group, the leader would address the member's presumed delusion and paranoia to help him to become more grounded in reality.
Since this was a spirituality group, the leader said that he could see that the group member was concerned about this and then enlarged the conversation by asking if

others had any concerns with which they were dealing. In doing so, the leader acknowledged the member's concern, but did not dwell on what may have been a paranoid delusion.

However, this is not the group leader's role in purpose centered therapy groups. If this concern were to continue for this member over time or to worsen, the leader might consider referring him to a more traditional therapy group.

Group members tend to normalize participants' ideas and behaviors. While they did not seem to have any interest in pursuing a discussion about being abducted by aliens, they saw nothing unusual with what this member said. Instead, they focused on the fact that they wished he would bring another meditation to the group. He had been writing meditations for several months and sharing them with the group.

III SPIRITUALITY GROUP FORMAT

This section includes a format that can be used by different group leaders to bring some consistency to how spirituality groups are run. It also provides a foundation for developing and maintaining their groups.

Operating Principles for Spirituality Groups

Although spirituality groups may vary depending upon the composition of members and the style of group leaders, there is a set of basic operating principles that apply to all groups.

(a) Promote Acceptance and Respect of Others as They Are

- Group leaders need not have a particular spiritual practice or spiritual orientation, but should be open to the diversity of spiritual and religious orientations of members of the spirituality group.
- Spirituality groups stress acceptance of members as they are. This acceptance is reflected in the respect of group members and the group leader for the diversity of religious or spiritual orientations people express and for their cultural differences. There is no right or wrong answer/definition of spirituality.
- Within spirituality groups there is no attempt to convert other people to a particular spiritual belief or point of view. Nor do leaders attempt to treat participants' psychopathology or specific medical issues.
- As a group leader there is also a commitment not to place one's cultural group's norms above the others. It is important for the group leader to be aware of his or her own culture and beliefs in order to remain open to cultural differences among group members, such as shows of respect and conversational patterns.

(b) Promote Tolerance of Opposing Viewpoints

In general, all people are welcome to attend spirituality groups because of the benefit they may derive. However, an extremely disruptive member may interfere with accomplishing the goals of the group and may be inappropriate for the group. This is described in greater detail on page 22.

(c) Promote Mutual Support

Group members are encouraged to share their understanding of spirituality and their spiritual experiences with each other and to support others in doing the same.

(d) Promote Utilization of Strategies to Enhance Awareness of Personal Spirituality
Groups use a standard format. Variations may exist because of differences in the style of group leaders or in the composition of the group itself. However, following the standard format will provide a certain consistency across groups.

- Themes are as broad based as possible and not rooted in any particular religious tradition. These include but are not limited to the themes of forgiveness, gratitude, altruism, hopefulness, hopelessness, and meaning and purpose in life.
- The group structure should foster a continuity that not only helps people use spirituality within the group to cope with daily challenges, but also helps them to identify personal resources they can draw upon between group meetings, including the group itself.
- A modified meditation based on deep breathing exercises or guided imagery can be an important part of the spirituality group. It can be used at the beginning of the group to help people focus and let go of the activities or stresses from which they have come. Conversely, it can be used at the end to help people absorb the group discussion and prepare to go out into the world.

It is important to be creative and utilize different strategies to help members access their spiritual side. This may include the use of music or art as long as it is rooted in spirituality and does not become a music or arts therapy group.

Group Protocol

The ideal duration of a spirituality group is one hour, though there is some room for flexibility in order to accommodate staff and facility schedules. Even within ongoing groups, it is important to remind participants at the beginning of each session of the broad definition of spirituality used: that which gives people meaning and purpose in life.

Meditation: (1-3 minutes)
Typically a breathing meditation, this helps people to let go of whatever they came from and begin to focus on this group.
Introduction: Explain spirituality for attendees (5 minutes)
Definition of spirituality: that which gives people meaning and purpose in life. It can be achieved through participation in a religion, but can be much broader than that, such as involvement in family or helping others creatively. Ask how participants define spirituality. When asking these questions, invite members to share the norms of their cultural or ethnic group so that others can understand the assumptions from which each member is operating. Participants should know they may decline to answer, but should feel welcome to share.
Lead In: Discuss one of these questions to begin the session (10 minutes)
Personal: "Do you consider yourself a spiritual person?"
Family: "Is your family important in how you interact with daily living and the world?"
Importance: "How is spirituality important in dealing with your illness?"
Community: "Are you part of a spiritual or religious community?"
Utility: "Have you used spirituality to cope with your problems?"
Recovery: "Can spirituality play a part in your recovery?"

Oftentimes a theme will develop that the leader can identify and use to continue the group discussion. If a theme has not emerged, the leader can use a theme listed below to continue to focus the discussion.

Body of Discussion: This is an open discussion moderated by the leader touching on a theme such as faith, guilt, hopefulness, forgiveness, gratitude, love, altruism, spiritual community, etc. (35 minutes). Everyone is encouraged to speak and to be supportive of other group members. Clients can get off topic and it is the task of the group leader to bring the discussion back to theme and identify the spiritual relevance. If possible, it is useful for the group leader to have some familiarity with the group population. Some themes can be especially sensitive or difficult to discuss, depending on the background and history of group members. Examples of themes are the following.

Forgiveness: We have all been slighted by people and even hurt by them, but it can be comforting for us to forgive people for what they have done. With that we become a more understanding and stronger person.

Gratitude: Although we all have problems that we encounter, there are also good things in life for which we can be grateful. It is helpful for us to think about what we can be grateful for and what has been positive in our lives.

Altruism: When people help each other they enrich their own lives. Our own lives then become more meaningful, and we can gain comfort in knowing that others feel better because of what we have done.

Spiritual Community: There are many ways we can draw on spiritual resources in our own communities. These include religious institutions, but there are other places, such as the local YMCA, meditation groups, twelve-step programs, and supportive groups of family and friends.

Hope: Often during difficult times in our lives, we can lose hope. How does spirituality keep hope alive during these difficult times?

Happiness: For many, happiness is a primary goal to pursue in life. How has spirituality brought happiness into your life? Reflect on specific practices that help to make yours a happier life.

The spiritual community in both African American and Latino culture is usually synonymous with the church. It can be useful to emphasize the broader definition of spirituality in these settings and encourage group members from these cultural backgrounds to explore their sense of spirituality beyond the church. They can also reflect upon what it is about the church experience that speaks to their spirituality and how they can bring that to other parts of their lives.

> ***Case Vignette:*** *An African American gentleman in his early 70's was describing the importance of the spirituality group to him. He spoke about the sense of support and coping that he gained from discussing spirituality with the group and the practice of religion and its familiar rituals he experienced in church. He described attending church throughout his life as something he did for many years "with your mother, or your grandmother, and you're not even thinking about spirituality; maybe it's in the back of your mind, but it's just something you do."*

When he was able to draw a distinction between spirituality and religion, it helped him to gain an insight into what he received from both.

Summing Up: *How can the spiritual issues we discussed today help you deal with your problems?* (10 minutes).
Asking participants this question can be alternated some weeks with the leader summarizing the discussion, making sure to bring in comments from many or all participants.
Reflection Period: (1-2 minutes). Meditation may be helpful in focusing on what was discussed during the group. A silent reflection is optional. The reflection can also be verbal and include what participants hope for themselves and others. If it seems appropriate or if participants wish, they can hold hands. Depending on the group, the meditation may be a more appropriate way to begin the group.

It is not always necessary to do both a summation and a reflection. The leader normally does the summation. However, if group members begin a reflection on their own on the topics of the day, it is best to go with their reflection.

Making Allowances for Different Populations
This protocol delineates the parameters for running a spirituality group. However, some groups may require slight changes to the format. The group leader is responsible for making allowances for different populations, which may be predicated on the ethnic composition or the general mood of the group that day, or as a result of specific events that have taken place in group members' lives. For instance, a group with several agitated or frustrated members may not be able to tolerate a meditation at the beginning of the group. If the leader is aware of this, it may be beneficial to play quiet, soothing music while the group is collecting as a way to settle people and help them focus.

A member may appear upset when he/she arrives and begin speaking before the group has formally begun. This member's concerns may need to be addressed in the moment, in which case it may be better to hold the meditation for the end of the group.

Case Vignette: *As people were gathering for the group, one of the members entered the room and began talking immediately. He was upset because there was a problem with his medication. He was in pain and needed more medication, but the doctor would not prescribe it. He was very upset with his doctor. The leader asked questions of this member and engaged him in discussion while others were gathering. The member was so upset he did not notice that it was time for group. The leader told the member that he could see he was still upset, but that it was time to begin the group. He began the group by sharing the discussion they had been having and asked others if they ever used their understanding of spirituality to deal with a situation when they were really upset with their doctor or with other health/mental health care providers. The group leader knew the protocol, but also understood how to react to immediate contingencies. The leader responded to the member with the problem and reached out to the other members who may have also experienced this kind of problem.*

Some groups may benefit from having music during the meditation. Closed groups may develop a particular way to open or close the group. Over time they may assume responsibility for these parts of the discussion.

Being attuned to some of the cultural differences in regards to spiritual themes and topics can help to engage participants and make the group more meaningful to them. For example, one important aspect of spirituality in African American culture is its role as a coping mechanism.

> ***Case Vignette:*** *An older African American woman shared with the group that she had recently been diagnosed with breast cancer. She felt her faith was integral to coping with this. She explained that her belief in God allowed her to step back from the diagnosis and not get worried about something over which she had no control. "I just have to put it in God's hands." However, the strength she drew from her connection to God and her church also enabled her to take care of the tasks that were within her control such as being sure to follow the doctor's treatment plan. The leader affirmed that her spirituality provided her with the comfort of understanding her place in God's plans while her church gave her the strength to carry on with day-to-day activities.*

Another important aspect of spirituality in African American culture is drawing on one's spirituality to navigate interpersonal relationships.

> ***Case Vignette:*** *A prisoner explained the difficulties he was having with his child and his child's mother and expressed a great deal of anger towards the child. Another group member shared that he had become a father at an extremely young age. For a long time, he too was angry with the situation until he began to attend a spirituality group and learned to meditate and trust a higher power to help him understand his problems in a different light. "I look at things from my son's point of view," he told the group. "My son didn't ask to be born, but now here he is." He felt this understanding of a connection greater than himself helped him to deal with difficult situations that arose.*

Themes such as managing friendships or dealing with neighbors may seem unrelated to spirituality at first. However, having a familiarity with the importance of spirituality as a pervasive element in African American culture and the supportive role it plays with any obstacle or hardship can help the group facilitator maintain the focus on spirituality.

In contrast, in Latino culture the presence of Jesus, the Virgin Mary, and the Holy Spirit is felt strongly on a day-to-day basis. Group discussions may revolve more around supernatural phenomena or experiences of personal connection to these spiritual forces, especially at times of crisis.

> ***Case Vignette:*** *A Latino man in his early fifties described what he thought was the experience of having a heart attack. He said he felt his blood pressure mounting and his pulse and head pounding "until it went all the way up," and he found himself in Heaven where he saw the Virgin Mary and Jesus. He flew with Mary all the way back to Peru (his home country) over forests and rivers, all the*

time in an intense bright light. Then she told him to fly back home by himself. When he awoke, he found himself in his bed. Understanding the culturally significant religious imagery of his everyday life takes his narrative out of the context of a delusion and reframes it within the context of drawing on saints and important religious figures in times of crisis. Understanding the importance of these holy images and personas, as well as the focus on the supernatural and symbolic, illustrative imagery, is essential when there are Latino/Latina group members.

IV PREPARATION FOR CONDUCTING GROUPS

Guidelines for Conducting Groups

It is critical that participants feel comfortable and safe to express their thoughts and feelings. People's various ideas and definitions of spirituality must be respected by others, even when they do not agree. The group needs to provide space for all to speak rather than allowing a few to dominate the discussion. These group dynamics should become part of the operating norms in order for the group to run smoothly.

(a) Group Leader's Personal Beliefs

Being a leader of a spirituality group does not require a person to hold a particular set of assumptions or beliefs or to practice specific spiritual disciplines. If a leader holds strong beliefs, it is important that he/she keep those personal beliefs and opinions separate from the group discussion.

(b) Group Leader Preparation

Make sure that you are ready to begin the group. If you have had to rush from another group, meeting or emergency, take a moment to relax and center yourself. You can use the same techniques used with spirituality group members, such as closing your eyes and deep breathing. If you feel harried or remain distracted from your prior interactions, group members may pick up on this and may be less willing or comfortable expressing themselves. If there is no time to relax and focus before the group begins, it is best to begin the group with a breathing meditation. This will not only allow the group members to focus and let go of the activities or stresses from which they have come, but it will also enable you to do the same.

Case Vignette: *The leader came directly from a confrontational meeting and arrived just in time to begin the group. Feeling a bit harried, she forgot to have people introduce themselves, as there were new members. She allowed a member to jump in with his concerns without setting out the purpose and format of the group for newcomers. The member told a long, convoluted story. It was difficult for the leader to remain focused and to help the group move beyond the member's story. Subsequently, another member told an equally protracted story.*
Half way through the meeting several newcomers left. The leader realized that she had been distracted and had not focused the group's attention on spirituality. The following week she made sure that people introduced themselves and then began with a short meditation. This allowed the group and the leader to relax

and become settled and focused. After the meditation the leader introduced the purpose of the group and the format to newcomers.

Consider the theme you will use ahead of time, in order to give direction to the group with a clear subject matter. If the group is ongoing, a strategy for promoting participants' active involvement is to have the participants choose the theme for the following week. Once the theme is chosen, spend time prior to the group thinking about the theme and how best to facilitate a discussion. Consider a quote, story, poem, painting, music, or meditation you can use to help participants connect to the theme. Despite this planning, one or more participants may arrive with particular concerns or a particular topic they wish to discuss. In this case go with the presented issue. You may need to save the pre-planned theme for another meeting or, if appropriate, integrate it with the issue presented by the group member.

Case Vignette: *An African American member brought in the words to a popular song and asked to use it as the theme for the spirituality group. The spirituality group had consistent membership. Recently, people had begun to take responsibility for bringing in stories, poems or other materials related to a theme. The leader made copies and passed it around. After people read the words, the leader asked which lines spoke to people the most. Different people pointed out different lines and explained their significance. Although the leader had planned to focus on another theme that day, it seemed more appropriate to respond to the theme presented by the member. The leader then asked how the words related to peoples' understanding or sense of spirituality. Many members were able to tie the words directly to their beliefs and understanding. At the end of the group the member who brought the words asked if the group could sing the song. Everyone joined in and enjoyed ending the group in a different way.*

(c) <u>Establishing Group Norms</u>

It is important for the leader to discuss group norms with the members when a new group begins. As a mechanism for people to feel more empowered within the group, the leader often asks for group norm suggestions and writes them on a large sheet of paper. It is important to make sure that the norms of the group include respect for each person's understanding of spirituality – there is no right or wrong answer. This is extremely important to keep down conflict in the group and in order to enable people to connect their understanding of spirituality with the ways in which they cope with their illness or challenges of daily living. Other norms important to the group should include being on time as much as possible to avoid disruption of others and no cross talk. Group norms that have been agreed upon should be introduced each week in groups that regularly have new members.

(d) <u>Room Set Up and Greeting</u>

Make sure that the meeting room is set up as comfortably as possible. Whether the seating is arranged in a circle or in a rectangle, the group will be more effective if all participants sit in a way that they can see each other. Greet people as they arrive and introduce yourself to new participants. Make participants feel welcome and personally connected to the group by treating every part of the

experience as important, not only the sharing that occurs once the group officially begins. Fostering trust with and among participants through personal interactions will enrich the group experience. It is important to encourage participants to speak with each other and not always directly to the leader. Have everyone introduce themselves at the beginning of the group to facilitate a direct discussion among members.

In both African American and Latino culture, the church is a common experience, as both cultures have very high rates of church attendance. Due to the nature of the spirituality group and the themes discussed, participants may easily fall into the social patterns common to religious service attendance. In both cultures it is common practice after a church service for congregants to individually say good bye to the clergy person, sometimes ask for a blessing, and then gather to socialize. This situation may arise in a spirituality group, especially if there are any clergy or chaplains present (which may happen in a hospital setting). It is important to establish the norms for how the group will end and the access group members will have to the facilitator after the group is over.

V STRATEGIES TO GUIDE GROUP PROCESS

This section provides greater detail for the content of spirituality groups as well as resources that can be used.

Introduction of Themes

A wide variety of themes are raised in groups over time. These may arise from the discussion itself or from prompting by the leader. In a group with consistent membership a particular theme can be discussed over several weeks in order to explore the idea in depth. In groups that have frequent turnover a particular theme may be repeated at intervals that will reach new patients each time. In a group that has new members joining at different intervals it can be helpful to repeat a subject that has been discussed by the group previously.

Many of the themes used are universal in nature and have already been mentioned in the protocol: faith, hope, guilt, forgiveness, altruism, gratitude, and love. The discussion considers how these themes relate to peoples' understanding of spirituality and how their spirituality interacts with these themes. Themes can also include how people understand spirituality, for example the inner goodness that compels us to help people or something larger and more encompassing in the universe than humans. They can also include topics for exploration such as the following:

- How spirituality is related to group members' health/mental illness and how it can affect their health/mental illness.
    - The Prosperity Gospel is a tenet of evangelical belief in which God rewards one's faith and devotion with health and financial success. This is a belief among some Latino Catholics and African American Protestants. Addressing the connection between spirituality and health may be viewed more readily as a judgment passed on one's faith or one's status. Illness may also be more closely integrated with an individual's sense of

spirituality and may be more likely to elicit a spiritual crisis in a predominantly Latino or African American group.

- Ideas for improving group members' spiritual health.
    - It should be noted that introducing this topic may be viewed as an invitation to proselytize, especially in groups with Latinos who belong to evangelical churches. As a group, evangelical Latinos read the Bible and preach their faith to non-believers more frequently than do their white counterparts (Pew Report, 2007). Further, many Latino Catholics consider themselves "charismatic" or "Pentecostal," compared to only about 10% of non-Latino Catholics and are therefore more likely to share their beliefs with non-believers (Pew Report, 2007).
    - In the context of African-American culture, spirituality is viewed as an important coping tool (Wilson & Stith, 1993). Spiritual health discussed in concrete terms such as belief in God, personal relationship with Jesus, membership in a church group, especially in connection to illness or personal difficulties, may have particular resonance among members of a predominantly African-American group.
    - Among both Latinos and African-Americans, the church is a major focal point in individual as well as community life. Their involvement with their church can act as a form of support, materially and spiritually, in times of crisis. However, some people prefer to draw a distinction between the religion they associate with church from a more individual, internal sense of spirituality. A discussion about spiritual health should address both external and internal aspects of spirituality.

- How group members' use spirituality to help deal with relationships in their lives.
    - Religion and spirituality are pervasive elements in African-American culture. Drawing a distinction between religious/church-based resources and spiritual/personal resources when coping with difficult life situations and relationships may be a particularly fruitful topic; many view it as a welcome opportunity to discuss interpersonal problems outside the context of the religious or church community.

- How patients use spirituality to relate to difficult family members, co-workers or others they come across in daily living.
    - This topic may prove particularly rich among Latinos, as they place great importance on familial relationships and bonds (Menselson et al., 2008). Cultivating spiritual resources to preserve and nurture these important relationships, especially through difficult situations, may be of special value.

- The relationship between spirituality and self care.
    - Many Latinos who report being affiliated with a religion believe that miracles occur today as they did in ancient times. Among Latino Catholics who identify as being "charismatic" or "renewalist," 35% say they have personally witnessed a divine healing of an illness or injury

(Pew Report, 2007). Stories of miracle healings can be very engaging and uplifting. In order to balance responsible self care with a spiritual interpretation of illness and healing, some group members interpret doctors as tools in God's armamentarium; that is, following doctors' advice is akin to following the will of God.

- How and when to let go of relationships, particular practices, unhealthy ideas, etc.
    - It is advisable to come prepared with a theme in case the group discussion does not naturally lead to a theme.

Use of Meditation

Beginning a group with meditation may help people leave behind the stresses of their day and allow them to enter into a more focused and calm space to discuss spirituality. Meditation constitutes a practice group members may apply to calm themselves down during the week when they are anxious, frustrated, angry, or cannot sleep.

Today meditation is a catch-all word for a variety of practices. People who follow specific disciplines will find that the meditation suggested for spirituality groups is a modified version that focuses on breathing exercises or guided imagery. A full description of using the meditation technique is included in the Appendix.

Normally meditation must fit into a short time period in order for the group to proceed with its discussion. However, there may be times when several people arrive in a highly agitated state. In these cases, it may be helpful to provide a longer meditation accompanied by music. Guided imagery may also be used as a form of meditation.

Meditation can be used at the end of the group instead of the beginning. This can lend a sense of closure and enable people to leave the group in a calm state. The leader can experiment and decide the best time to include the meditation.

Mediating Discussions about Spirituality and Religion

It is essential to remember that while group members may bring up religious-specific terms or beliefs, the leader must be sensitive to every participant's level of comfort. If the group is established and the leader knows that everyone shares similar religious beliefs, it is acceptable to allow participants to speak at a greater length about their shared understandings.

If the group continuously has new members or members do not share similar religious beliefs, the leader must be careful to make sure the conversation is inclusive of varying beliefs. Keeping the language of the group neutral helps to ensure a safe and welcoming space for everyone. Some alternative words the group facilitator may use include Higher Being, Higher Power, Inner Peace, and Inner Strength. These are terms that participants may connect to more easily than religious words such as Savior, Lord, God, and Jesus Christ. Since people have many different understandings of spirituality, an important group norm must be to honor and to respect each person's understanding. Discussion of the difference between spirituality and religion in the group helps members remain focused on spirituality from different perspectives. This includes the acceptance of

atheism as spirituality in these groups, which is defined outside the context of belief in God.

The distinction between spirituality and religion is fundamental to running a successful group, though it may not always be clear cut. It is a topic that groups tend to return to time and time again as membership changes or as new topics are explored.
One useful metaphor easily grasped by group members is the idea of spirituality as an umbrella or tent under which all of the individual group members' beliefs co-exist. This visualization allows for any and all religions or beliefs to remain connected under a broad inclusive definition, to maintain a sense of connection and unity, and also to acknowledge inherent differences among participants.

Some participants have never considered spirituality as separate from religion and usually define spirituality as a belief in God. Some participants have had traumatic experiences within a traditional religion and therefore reject the idea of God while still maintaining a sense of spirituality. No one's views are incorrect, as there are no "right" or "wrong" answers within this definition of spirituality.

Use of Culturally Relevant Handouts/Instructional Materials

The leader can cull different resources such as sayings, poems, song lyrics, vignettes from a play, or daily meditations to use in a spirituality group. These resources may focus on a theme that is of particular interest to the group. For example, some of the dominant beliefs associated with spirituality among African-Americans are wisdom, support/strength, serenity/groundedness, self-awareness, and consciousness of metaphysicality or connection to forces outside oneself (Mattis, 2000). Among Latinos, strong familial relationships, the connection between spirituality and health, and the importance of God or the Holy Spirit's presence in everyday life are predominant themes (Pew Report, 2007).

When using printed material, the leader may hand out a copy to each participant so that people can re-read the piece as they consider it and take it with them at the end of group. Having a participant read the poem or saying and asking for peoples' reactions can help focus the discussion.

Other questions to ask concerning the piece are the following:

- How does this piece relate to spirituality?
- What part speaks most to you?
- How does this piece relate to health and illness?
- How does this speak to your cultural upbringing?
- How can you use this in dealing with your health treatment plans?
- How can you use this in dealing with your relationships with people and with other situations in your life?

Resources can also include soothing music as a complement to the meditation practice. [A list of online resources appears in the Appendix.]

It should be noted that in some groups it may be necessary to provide either bi-lingual or Spanish translations of the selected handouts. It has been reported that in the United States, 52% of Latinos do not speak English at home (Pew Report, 2007). It may also be necessary to take into consideration the level of English proficiency and literacy and provide materials at an appropriate reading level for members of the group.

VI HANDLING ISSUES THAT ARISE

With any group, leaders must be prepared to deal with issues that arise or with people who intentionally or inadvertently disrupt or divert the goals of the group. This section includes examples that are most prevalent in spirituality groups.

Disruptive Participants

Group leaders are often presented with the question of whether to include as members people who are known to be disruptive, particularly if the group takes place within a hospital setting. Allowing a disruptive participant to attend a group frequently prevents other participants and the leader from being able to maintain a cohesive discussion.

Disruptive members interrupt others. They are non-responsive to other participants' comments and are frequently focused on one topic or thought even when the leader or participants attempt to move to a new subject. Generally, disruptions should be kept to a minimum. For the benefit of the group it is preferable to exclude a person who will have difficulty avoiding disruptive behavior.

> ***Case Vignette:*** *The leader was running a spirituality group for people with a history of abuse. As he started the group, one person talked over him saying that he had no spirituality because of the abuse he had suffered all his life. Another group member commented that most of the people in the room had probably suffered abuse. The man became very angry and insisted that NO ONE had suffered the abuse he had. The leader attempted to acknowledge this person's suffering and the suffering of others and to ask how spirituality might help people deal with their present or past suffering. The man insisted that NO ONE had the kind of experience he had had, and NO ONE could talk about suffering the way he could. Some of the newer members got up and made excuses as to why they had to leave early. They never returned to the group.*
>
> *If someone attends who is disruptive, it is important for the leader to confront disruptive behavior early by giving the person a choice to sit quietly and let others speak or to leave the group*

Spirituality, as defined within these groups, is intentionally conveyed as a broad and inclusive concept; however, this does not mean that all topics are spiritually relevant and appropriate to a group discussion. An awareness of topics that may have spiritual valence in different cultures can be useful in maintaining the focus of the group.

> ***Case Vignette:*** *A group member, a woman from Colombia in her mid-thirties, began describing her current immigration status and became upset as she*

explained that she could not leave the U.S. and return because of certain restrictions. She spoke about being unable to see her family back in Colombia and how she tries to hide her distress and sadness from her children. Other group members tried to offer advice in terms of avenues to pursue in order to change her legal status

The group leader stemmed these latter off-topic comments by focusing on the culturally important concept of familismo and opening up the discussion to spiritual resources that might help her to cope with not being able to see her family or to foster a connection in a different way.

By tapping into the spiritually and culturally important concept of *familismo (see page 42 for additional information about interpersonal relations among Latinos)*, the group leader was able to keep the conversation on track, even as other group members did not see the immediate spiritual connection and instead offered very secular and off-topic advice.

Dogmatic Participants

A dogmatic participant presents him/herself as the only person who knows the one correct answer or the one true way of thinking or believing. This type of person is likely to dominate the group by continually bringing the conversation back to his/her core beliefs and by disagreeing with most other participants. The leader must limit or curtail this type of behavior, so as not to lose control of the group and allow others to feel free to speak.

One strategy is for the group leader to acknowledge the person's ideas and ask whether others have different or similar experiences or understandings. The leader can then weave the answers together to demonstrate different perspectives. This strategy contains the person who is dogmatic while acknowledging his/her point and diffusing tension. It also opens the space for other people to talk. With dogmatic patients, the leader may need to use this strategy more than once in the discussion. The group leader may also speak to the group member after the group to offer the choice of remaining in the group as a cooperative member or choosing to leave. Reminding the group of the group norms sends a message to all members that only one way of thinking will not be upheld by the group or by the leader.

Just over half of Latino Catholics describe themselves as charismatic or Pentecostal, compared to about one-in-ten non-Latino Catholics. Pentecostal and charismatic Christians are more likely to read the Bible regularly and take a literal view of it as the true word of God. They are also more likely to share their belief with others. After Catholics, the next largest denomination among Latinos who identify with a religion is evangelical Protestantism (15%). Evangelicals are also more likely to participate in prayer groups and read the Bible regularly. Understanding that evangelizing is a tenet of faith for some Latino evangelicals and the cultural importance placed on religion may aid in diffusing tension, especially in heterogeneous groups.

African-American spirituality also has deep roots in Protestantism, with 59% of African-Americans belonging to a historically-black Protestant church; 40% of African-Americans belong to a Baptist church. Compared to the general public, African-Americans are more likely to believe in God "with absolute certainty" (88% vs. 71%) and take a literal view of the Bible (55% vs. 33% of the general public) (Pew Report, 2009). However, evangelizing may not be as prevalent among African-Americans as among Latino evangelicals.

Participants Who Monopolize

Participants who monopolize the discussion are similar to patients who are disruptive. They are more interested in what they have to say than in anyone else's ideas or comments. Although members of the group may not say anything to the leader, they are likely to expect that the leader will address this situation. Unless the leader does so, some members may decide not to return to the group.

> ***Case Vignette:*** *Every time a young African American man came to group he would start speaking before the group began, thus making it difficult for the leader to introduce the group properly. He would always repeat his history -- the abuse in his childhood and the trauma he suffered in his mid-twenties. Then he would pose the same question he had asked every previous week he had attended – where does science end and religion begin. In the early months of his attendance people had been patient and had answered this question in different ways. The leader even made it the theme for one of the spirituality groups. However, it became apparent that this young man was not taking in what others were saying and was not learning from them.*
>
> *The leader tried to speak to him separately pointing out his behavior and saying that he needed to move on from these subjects if he wished to stay in the group. Nothing changed. Visible exasperation of other group members mounted. The leader eventually asked him not to return and referred him to a more suitable group.*

In this instance the leader kept trying to incorporate the participant into the group, but his behavior was irritating the others. The leader needs to take into account when the needs of one person are too great for the group in order to maintain the integrity of the group and retain other group members.

Participants Who Do Not Speak

There are people who remain silent during the entire group. The leader may feel that asking such a person to join in the conversation is overbearing. However, when a person remains silent it is difficult to know what he/she is thinking. It is important to make space for everyone to speak. For those who remain silent, the leader can draw them in by asking what they think about what was just said or asking if they have had a similar experience. The leader can follow this up with a statement such as "It's fine if you don't want to speak, however, we would like to hear from you if you have any thoughts." A quiet person may only join in the conversation when explicitly asked.

Sharing Trauma Stories

Frequently, leaders are confronted with group members who do not have appropriate boundaries concerning what they share with the group. This can apply to members sharing trauma histories. The leader will need to decide what is within limits on a case by case basis and may need to be very direct in shifting the conversation away from the trauma story.

> ***Case Vignette:*** *In the midst of a group a young Latina woman began telling her personal history. She began speaking of the sexual abuse she had suffered from family members since their relocation from Costa Rica, which led to a history of prostitution and drugs. She recounted her story in graphic detail using provocative language. The group was made up mostly of men. It became clear to the leader that the woman was intentionally trying to draw men's attention to her by using sexually explicit and provocative language. The leader interjected and acknowledged that these situations with family members can often lead people to using drugs or alcohol and doing things we would never do otherwise in order to be able to buy more drugs or alcohol. It also leads us to do things that are outside the values of our cultures thereby separating us from many within our community.*
>
> *The leader asked if others could relate to this type of difficult situation and how spirituality could play a role in dealing with it. The other group members responded by introducing hard situations that were less graphic and speaking about these situations as it related to their spirituality.*

In this instance the leader was successful in redirecting the discussion in a way that other members of the group could become active participants sharing their own stories and reflections. It also acknowledged the complication of stepping outside of cultural norms and the isolation that being outside can cause.

VII GROUP SETTINGS

While there are a number of features of spirituality groups that are similar, most differences are related to the depth of discussion that can be achieved.

Expectations and Goals

Leaders will have different expectations as to what can be accomplished in a spirituality group depending upon whether it has open or closed membership. Despite the type of group, leaders will have the opportunity to hear and learn how important spirituality is to a number of group members. The main goal is to help people understand how they can use their spirituality on a daily basis to cope with chronic health/mental health problems or health emergencies. The expectation is that this understanding will evolve over the life of the group.

Groups with Steady Membership

Groups in which people commit to attending for a particular period of time provide the opportunity for individuals in the group and for the group itself to evolve. The leader

begins with an introduction that includes the purpose of the group and a broad definition of spirituality. This is followed by a question that leads into discovering how different group members understand spirituality. When asking this question, the leader makes it clear that he expects members to bring the norms of their cultural or ethnic group into their answers, as it is important for everyone to understand that members come to the group with different assumptions.

During subsequent meetings the leader can return to the question of how people understand spirituality as often as seems beneficial to the group. The leader may also use discussions from prior meetings as a foundation upon which to build a deeper understanding of spirituality. More attention may be focused on the connection between the group's discussion and how people use their understanding of spirituality outside of the group in their daily lives.

> ***Case Vignette:*** *As a way of incorporating spirituality into members' daily practice, the group leader suggested that each person create a journal with thoughts concerning spirituality that they had during the week and read them during the group. A Latino man enjoyed writing and took this assignment seriously. A month later he brought his journal to the meeting and asked to read a section. He not only wrote about his understanding of spirituality and its importance in his life, but he also raised a number of life issues that he thought could be helped by his spirituality such as finding peace in the midst of personal turmoil.*
>
> *He wrote about the relationship with his extended family and how the emphasis within the family was on the collective well being. Through this group he had come to understand that he could uphold the values of his culture and his family and their religious beliefs while also searching for newer understandings of spirituality that could help him face and attend to his chronic illness. Other members appreciated his writing and shared their own experiences in relation to his. An African American woman stated that she resonated with what he had said about family as the same norms apply within her life as an African American woman. She also found that this group was helping her to maintain these ties while searching for a new path to her spirituality.*

Open Group vs. Closed Membership

The leader must decide whether the spirituality group will be open or closed. The advantages to a closed spirituality group include the ability of participants to gain a deeper understanding of spirituality over time and how it is connected to their health and recovery. They may also become invested in the group and take more responsibility for its shape and outcome. Visible signs of this development include participants bringing resources to the group to use in discussions or sharing a piece they have written. They may begin to suggest specific topics for upcoming weeks. At this stage of the group it will be possible to assign "homework" that will help participants stay connected to their spirituality during the week.

The advantage to an open group is that new participants can start whenever they are referred or simply wish to join. They often bring new and different ideas and experiences to group participants who have been attending for a period of time. In turn, participants with a longer group history can orient newer members to the group and support their concerns. However, it may not be possible to explore topics as deeply as with a closed group since it will be necessary to revisit the purpose of the spirituality group, group norms, etc., whenever a new person enters the group.

Integrating new members requires open-ended questions that allow members to discover how different participants understand spirituality and how they use it to help deal with their health issues and other stresses in life (see Group Format, page 10). Even if only one participant is new, it is important not to miss this step in order to make sure that this person is brought into the group properly and understands the purpose of the group.

In an open group the leader must always be mindful of maintaining a welcoming attitude toward new members. Older members may have bonded with each other in a way that becomes exclusionary. They might refer back to other group discussions or refer to particular situations unknown to new members. In such instances, the leader should ask a member who has been in the group a long time to explain the context to the new member or the leader may redirect the discussion in a way that opens it up to everyone.

> ***Case Vignette:*** *As the leader began the group, he acknowledged an African American man who was attending for the first time. The leader mentioned that there was a new participant and asked everyone to introduce him or herself. The leader told the group a new participant presents an opportunity to restate the nature and purpose of the group, to consider the meaning of spirituality and how people can use their understandings to help them with health crises, chronic health issues or mental illness. He then asked if someone wished to share his or her understanding of spirituality. Later in the discussion a member referred obliquely to the discussion of last week. The leader asked that he summarize last week's discussion so that the new member could understand his reference.*
>
> *Towards the end of the group the new member said he felt welcomed into the group because people were willing to catch him up on what they had discussed previously. He said he had never been in a group before that focused on spirituality. He was the kind of person who would need some time to think before he could contribute to the conversation. However, he did know that he needed to share with others because he had just been told by his doctor that he had prostate cancer. The number of radiation treatments the doctor described seemed long and frightening.*
>
> *Several members of the group faced cancer treatments previously. They shared how they felt initially when they received the diagnosis and their experiences with treatment. They encouraged him to make sure he had as much support as possible. Because of the welcoming way the group included him in their discussion, he felt this group would definitely be a support and could really make a difference during his treatment.*

Homogenous vs. Heterogeneous Groups

By virtue of the surrounding environment or external constraints placed on the type of population from which membership is drawn, groups will vary in their degree of homogeneity. For example, the population of a Forensic Inpatient Psychiatry unit is either exclusively male or female. However, within that specific population are Latinos, African Americans, Whites, Muslims, Catholics, Rastas, etc. A group that is very heterogeneous is more likely to confront seemingly incompatible views.

> ***Case Vignette:*** *A long-time patient in her mid-sixties described her rejection of the Catholic faith, her transformative experience of a second baptism, and her enthusiasm for her renewalist faith. She ended by saying that she had never felt the presence of the Lord when attending a Catholic mass, but felt very personally the presence of Jesus and the Holy Spirit in the services she now attended. Another group member, also a long-time patient in his early sixties, responded that he was a practicing Catholic and felt very connected to the ritual of the Catholic mass. An increasingly heated exchange began between the two group members. The group leader repeated the working definition of spirituality, thus finding a common thread between the two apparently disparate and incompatible faiths, that of a feeling of the transcendent. This encouraged other group members to describe experiences in which they felt connected to something greater than themselves without a religious context.*

Within a homogeneous group there may be unspoken pressure on group members to conform to social norms that characterize the group. The working definition of spirituality places strong emphasis on the notion of the individual as well as an overarching connection between all human beings. Group members may find it more difficult to express their individual beliefs in a group that appears homogenous if their beliefs do not correspond to accepted cultural norms.

> ***Case Vignette:*** *In a Latino group, the leader asked each person to describe what spirituality meant to them. Several members spoke about the importance of God and faith in their lives, and two members spoke specifically about attending church as important to them. One woman, in her early thirties and younger than most of the other Latino group members, was hesitant to talk about her lack of confidence in her faith. The leader commented that there are many paths on the spiritual journey. When she expressed her ambivalence about her faith, after some gentle coaxing from the group leader, other older Latinas in the group were very supportive of her, describing their individual ways of expressing their spirituality.*

VIII SPECIALIZED SETTINGS

Medical Setting

People confronted with a health crisis such as a heart attack or a cancer diagnosis often wish to connect with other people in a similar situation. They may be seeking support during a fearful time or a deeper connection with spirituality. This desire is motivated by abrupt and dramatic change in lifestyle that often accompanies a serious or fatal

diagnosis. A person's mortality may come to the forefront of his/her awareness in a way it never has prior to this event. Spirituality groups provide a space for people to explore their understanding of spirituality and how it can help them through this crisis. It also provides a place where they can share their experience with others who are experiencing a similar challenge. Some members of the group may have experienced a crisis earlier and may be willing to share the ways in which their spirituality helped them to cope with the most difficult moments and how it continues to help today.

Spirituality groups may also help people with a chronic disease such as hypertension, diabetes or HIV. Such illnesses can lead to a catastrophic medical event and require regular doctor and hospital visits. Group members may be able to share their experience of using their spirituality to become more disciplined with their medical treatment plans and the regimens they must adhere to in order to manage a chronic illness.

> ***Case Vignette:*** *A member who had been coming to the group only recently began crying and said she had just been diagnosed with diabetes. Her doctor said that she could have had it for some time and not known. He prescribed four medications and told her that she would need to change her lifestyle – what and when she ate, exercise, blood testing five times a day, etc. She was overwhelmed and angry. She felt cheated because she now had a chronic illness. Other members let her cry and vent. An older Latina woman said she knew exactly how she felt. She then told her story of being diagnosed with diabetes and the changes she went through to manage her condition. She talked about drawing on her inner resources – on trying to look at the bright side of life and on understanding that she had control over the course of this disease to some extent by how she acted. She also said that true to her culture she had involved her entire family by having them understand the care that was involved, engaging their help, and having them suggest ways that the family could change its diet. Other members chimed in with support. The leader picked up on the themes of family support and internal locus of control to focus the discussion on treatment plans and how people manage life-long treatment regimens.*

Different cultures have different conceptions about illness and its causes. For example, some Latinos attribute their illness to sins or spirits but also believe that spirits can be called upon to cure illness (Ruiz, 1985). One aspect of the renewalist movement being incorporated into Latino Catholicism is the belief in miracles, which includes praying for and witnessing divine healings (Pew Report 2007).

The renewalist or "charismatic" movement also encourages belief in the "prosperity gospel," the idea that God rewards the faithful with health and financial success. Within this belief system, illness may then be understood as punishment for sins or a lack of faith. It is clear that this cultural interpretation of illness makes some themes more sensitive for this population. In some cultures, illness may be understood as an opportunity to reassess one's life and a reminder of the important elements of life, such as family, faith, and the simple beauty of nature. However, particularly in Mexican and Puerto Rican cultures, illness may be viewed as a punishment and therefore stigmatized (Ruiz, 1985).

Members of cultures that subscribe to an interpretation of illness that is outside of the bounds of the Western biomedical model may also turn to community healers such as curanderas or santeros or to the church before going to a physician. They also tend to have high rates of non-compliance and drop-out from treatment (Ruiz, 1985).

Members of some cultural groups including Asians and Latinos are more likely than the general public to experience somatic symptoms of depression and therefore address these complaints through a regular primary care physician as opposed to a mental health specialist. This is due in part to different cultural emphasis on common experiences of illness, such as decreased strength and ability to care for one's family, known as illness interpretation (Lewis-Fernandez et al., 2005). Somatization of mental health issues is common among Latinos; psychological conflicts or psychiatric issues may therefore be incorporated into the medical setting and vice versa.

Psychiatric Setting

Spirituality is important to many psychiatric patients. These patients may be moved towards recovery more effectively if their spiritual needs are addressed in treatment. For psychiatric treatment to be effective, it must promote patients' hope for their future well-being (Revheim and Greenberg, 2007). For many people this hope is associated with the ability to give expression to their spiritual beliefs.

> ***Case Vignette:*** *When the leader asked what spirituality meant to people, one member diagnosed with schizoaffective disorder said that spirituality is very important to him. It helps to keep him grounded and gives him hope that someday he will do much better with his illness. He said that for a long time he had been seeing a psychiatrist to get his medicine and was also attending a temple where the rabbi had embraced him and encouraged him to come to community activities. He began to trust the rabbi and finally told him that he had a mental illness and saw a psychiatrist on a regular basis. The rabbi offered to speak with the psychiatrist and see if there were ways they could work together that would help him feel that he could integrate his spirituality into his recovery. The member was excited at this thought but was also unsure as to how the psychiatrist would react. He did not want the psychiatrist to think he was crazy because he thought spirituality could help him with his illness. The rabbi assured him that he would do nothing to hurt him in the eyes of the psychiatrist. The member allowed the rabbi to contact the psychiatrist.*
>
> *It was very important to the member for the rabbi and psychiatrist to talk. It felt as if he were connecting two important parts of his life in a way that helped him to feel more whole. The psychiatrist was interested to hear that his patient was deeply involved in the community of this temple and that spirituality gave him hope. This information had never been a part of their conversations. The group leader affirmed the member's greater sense of wholeness by bringing together his spirituality with his mental illness. He asked if any other group members had had a similar experience.*

Leaders of spirituality groups within psychiatric settings need to consider other issues that may arise in addition to those mentioned in the previous section.

In some cultures, including among Latinos, there is a great deal of stigma attached to mental illness and its psychopharmacological treatment. Latino patients may be more reluctant to follow through on treatment regimens or even to accept a diagnosis or framing of an illness when based on the Western biomedical model. It is important therefore to allow room for discussion of psychiatric issues through a physical and spiritual model (Lewis-Fernandez et al., 2005). In this case spirituality can be a particularly helpful bridge between acceptance of treatment and framing the disease.

(a) Psychotic Participants

Severely psychotic participants may be problematic. Religious preoccupation or delusions incorporating religious figures can make it very difficult, if not impossible, to carry on a productive group. In such a case, it may be preferable for such a patient not to attend the group.

Psychotic participants who are not religiously preoccupied may occupy group time with long incoherent monologues. Other group members may be more or less tolerant of this behavior depending on the circumstances. Members will let a psychotic person speak for an extended period and then pick up the conversation as though it made sense. Group leaders should take these ramblings at face value because spirituality groups foster acceptance, not correct pathology. There is no attempt to cure participants' symptoms in these groups.

Leaders must create an environment of respecting one another's views, even if those views are delusional. Some very disturbed people may be struggling to even make a comment. It is acceptable within spirituality groups to encourage psychotic members to speak. However, if the member is dominating the group, at some point the leader can interrupt and move on to the next topic. The leader should try to make the new topic relate to what was said, even if loosely, in order to incorporate all members' contributions to the group. The leader can then ask others how they relate to that point.

(b) Disorganized Participants

Disorganized participants may speak in incoherent, non-logical sentences. They may also find it difficult to sit for any length of time. They may walk back and forth in the room or leave the group and return. If a disorganized group member can remain still and try and listen, it may be helpful to him/her. If the person has left the room once and returns, it is a good opportunity to tell him/her that the leader would like the person to stay if he/she can sit quietly and listen. If the person feels that he/she must get up and leave, this is fine also. However, it will not be possible for the person to continue to leave and return. Setting these boundaries can help a disorganized patient settle down and remain in the group.

(c) Suicidal Participants

Suicidal participants should be closely monitored, as group work may not be helpful to them and may also be disruptive to the rest of the group. However, spirituality groups offer a unique experience to discuss the value of life in connection to forces greater than themselves and to understand the impact of their life on others. Spiritual comfort may be especially helpful to a member who is dealing with such a crisis. However, the group leader should discuss any concerns he or she has about a participant who appears to be suicidal with that person's primary mental health care professional.

Addiction Treatment Setting

When leading a spirituality group for people with substance use disorders, it may be difficult to conceptualize spirituality outside of the twelve step programs of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Many people have had experience with these programs in their attempts to become sober or clean. They frequently define their spirituality as stemming from what they have learned in these programs. They often see a connection between spirituality and their recovery. Because participants may be seeking support in their recovery, leaders have found the group to be more successful in attracting members by changing the name from Spirituality Group to Spirituality and Recovery.

Many substance misusers have struggled with addiction most of their adolescent and adult lives. A key theme in this group can be how spirituality can help this attempt at recovery to be different from past attempts; how spirituality can help participants to stay on the side of recovery rather than fall into relapse.

It is important in the spirituality group to acknowledge and not undermine participants' positive relationship with the 12-step process which can provide them with both a structure and sober peer support network away from family and friends who are still using as well as with a spiritual basis for their recovery. However, there may be other group members who are not attuned to twelve step programs or have had a negative experience. It is important that opportunities be made in the group for expression of their experiences as well and for the exploration of other ways to access spirituality outside of a 12-step framework.

Recovery goals for members in methadone treatment may differ among individuals. Some wish to take methadone as a method for weaning themselves from the use of heroin similar to using a nicotine patch to help quit smoking. Others take methadone on a daily basis for the rest of their lives. People who take methadone are often shunned from attending NA or AA because many 12-step programs do not condone the use of methadone. It can be viewed as the continuation of drug use and, therefore, in violation of 12-step program principles. This often leaves methadone users without the opportunity or venue to explore spirituality and its relationship to their recovery.

Case Vignette: *Shortly after a methadone program started spirituality group sessions, the individuals who signed up expressed relief. One woman said she had tried attending several charismatic and Pentecostal churches and complained that*

despite the fact that some church service attendees claim they love everyone, they do not want to associate with someone who appears to be at an economical disadvantage. She had also tried several NA and AA groups. The people there told her she had to leave because she was still using drugs. This woman believed that she could not be successful in recovery without connecting to spirituality, but could find no community worship center where she could be accepted all the while desperately needing the chance to converse with others. The leader stated that spirituality was the focus of the group and wondered if anyone else had had a similar problem. Several members spoke of their prior experiences and how it had left them feeling shut out of something that could help their recovery. The leader then asked what people thought the connection was between spirituality and recovery. This question sparked a lively discussion.

Forensic Setting

Forensic psychiatric units engender a different complexity in how participants experience spirituality groups. First, these are locked settings because people are serving time or are waiting for arraignment and sentencing. People are challenged to deal both with the aftermath of their crimes or accused crimes as well as with their psychiatric disorders. A sense of hopelessness can be more pervasive than in non-forensic spirituality groups. This may be the result of a sentence that ensures a participant will spend significant time in jail away from family, friends, and the opportunity to live a free life. There are certain topics such as forgiveness that become more difficult to discuss in these settings than in other spirituality groups. The ability to forgive oneself is difficult when a participant does not want to acknowledge his/her crime or can acknowledge it but cannot reconcile himself/herself to it.

Sometimes a person's crime may be related to a deep personal flaw or traumatic experience. If the patient does not acknowledge his/her responsibility for the crime, then he/she may identify or blame the family member or friend for the betrayal as the root of the problem.

Case Vignette: *The leader brought in a quotation about forgiving other people. It included the ideas that we hold onto pain and hurt from our past when we can't forgive – that forgiving allows us to be present in the moment and to prepare for the future rather than being trapped in a negative energy that consumes us. One group member who was in prison for rape and assault burst out, "How can you forgive someone who raped your mother and murdered your uncle? There is no way to forgive that. Don't sit here and tell me I should." The leader acknowledged that it would be difficult for any person to forgive someone who had done this – maybe sometimes this is just too much to ask of a person. As other group members began to share information about their own situations, the patient who had responded angrily got up and left.*

The leader asked the rest of the group what they thought about what had happened. The group could see he was upset. They were glad, however, that he left because he was so angry and they continued to talk. After the session, the patient who had left asked to speak to the leader. He shared the story of his

grandfather raping his mother repeatedly and abusing his uncle, which eventually led to his uncle committing suicide. A discussion ensued as to how he could think about this and try to deal with it since his mother cannot forget or forgive. However, this man's emotions were so strong that it was not possible at that moment to discuss his subsequent crime.

While the topic of forgiveness in a forensic group is perhaps more difficult, it should not be ignored. A spirituality group is likely the only place where prisoners will have the opportunity as a group to explore forgiving themselves or others in order to move on and deal with their situation in new and different ways.

A significant amount of time in a forensic spirituality group may be spent on discussing how members can use their spirituality to cope with daily life engaging with correction officers and other inmates or patients.

Case Vignette: *Members of the group were discussing the fact that they believed that you reap what you sew. Many were willing to admit that their prison sentence was the result of a bad choice that they made. An African American prisoner took the discussion further. He admitted that for years he had abused women and sometime girls – physically, psychologically, and sexually. During all those years he had no remorse for his actions. However, two years ago his wife gave birth to a daughter. He had never seen anything as precious as that little baby. He began to realize that he was given his daughter for a reason. It occurred to him that in 11 years or so other men might begin to do to his daughter what he had done to other girls and women. He was horrified by this thought. Upon further reflection he decided that a main goal in his life had become one of trying to change the behavior and attitudes of other men so that girls and women would not suffer the abuse he and other men had perpetrated in the past. The group leader commented that having this goal made daily life behind bars a bit easier because he had a mission.*

Prison/Jail Culture

It is of great value to the group leader to have some familiarity with the unique formal and informal rules that influence and shape inmates' behavior. Being aware of the values promoted in an incarceration facility and the expectations inmates have of one another can help the group leader to ensure a safe environment for all participants. The manual *Re-entry After Prison/Jail: A Therapeutic Curriculum for Previously Incarcerated People with Mental Illness and/or Substance Use Disorders* (Rotter & Massaro, 2011) is an excellent resource. The following information is largely excerpted from this manual.

Values

(a) Strength, both physical and emotional. Dependence and trust can compromise one's tough image and make one a target for other inmates asserting their own dominance.

(b) Information is highly valued, but the consequences of sharing information, or "snitching," especially with staff, can be dangerous if an inmate gets caught. This

can lead to tensions in the group in which group members withhold information from the group leader to avoid being identified as snitches.

(c) Hyper vigilance is a necessary adaptive skill as incarceration facilities have high levels of violence. It is helpful for the group leader to keep in mind that behaviors that may appear hostile or mistrustful may stem from this need to be highly attuned to potentially dangerous situations.

(d) Respect is highly valued in an environment that diminishes personal control, self-esteem, personal power, and self-respect (Rotter & Massaro, 2011, pg. 5, 20). A lack of respect is interpreted as weakness; weak individuals are often victimized by others as a way of preserving or gaining their own respect. Minor infractions can lead to confrontations to enforce respect. The group leader should be aware of the significance of respect, especially in an environment that encourages opening up and personal sharing.

Sensitive Themes

Some of the suggested themes for discussion in spirituality groups may have particular resonance or be especially sensitive when introduced in a forensic setting. It is helpful for the group leader to be conscious of how powerful these themes may be in a forensic spirituality group and be attuned to group members' reactions.

(a) Respect may also arise as a topic of discussion in relation to self-respect or self care and caring for others, which are common themes in spirituality groups. As noted above, respect is very highly valued and may be a sensitive topic for group members to discuss openly. Respect may be conveyed not only verbally but nonverbally. For example, the significance of nonverbal communication has been reflected in concerns expressed by group participants regarding the nature of the seating arrangements. The group leader needed to be attuned to the manner in which the chairs were assembled so as not to convey a message that could undermine the group norm of mutual respect among participants.

(b) Loss and grief can take on special significance. Group members may be grappling with the loss of property, family, friends, freedom of movement, and control over their future as a result of their crimes and incarceration.

(c) Guilt can stem from not only the crimes that led to incarceration, but also from actions and behaviors undertaken in jail that run counter to a person's values. These may include aggressive acts or failure to protect others. Upon release, people may also feel guilty about the time they spent away from family and friends. These feelings of guilt may be deeply rooted and difficult to address in a non-therapeutic setting. It should also be noted that guilt may arise in conjunction with experiences of trauma, which may also require more targeted therapy.

IX CULTURAL BACKGROUND FOR SPIRITUALITY GROUP SETTINGS

It is important to be aware of specific features and concerns that are relevant to group participants from Hispanic/Latino cultures and the African Diaspora. Both African Americans and Latinos may come from many different countries. Latino group members may come from Puerto Rico, Mexico, Dominican Republic, Columbia, Nicaragua, El Salvador, Guatemala, Chile or another country in Central or Latin America. African American group members may come from Jamaica, Trinidad, Haiti, the southern United States, or other areas historically settled by African slaves who were brought to this hemisphere. Their place of origin will make a difference in the cultural norms and assumptions that are stressed and the lens through which people understand their health care situations and how to respond to them.

Hispanics/Latinos

Latinos comprise the largest ethnic minority in the United States with 42 million members (Pew Research Center, 2008). While they all speak Spanish, because they come from nearly 20 countries, it is important that group leaders take the time to ask about the place of origin of Latinos in their groups since this affects religious and cultural traditions and impacts on their beliefs and attitudes about health and well being. There is not one set of cultural norms among the different Latino populations. However, there are certain beliefs and spiritual values that are common within Latino communities and may be more important depending on whether a person is a first generation immigrant or less important because a person has become more acculturated into life in the United States. Cultural values of particular relevance to *first generation Latino immigrants* are the key role of the family (keeping in mind that many Latino groups define family differently from the majority of the population), the importance of religion and spirituality in everyday life, and the manifestation of respect for hierarchy and authority in interpersonal relations. The latter are the two most salient values impacting the conduct of spirituality discussion groups. (Culture Profiles, Nathan Kline Institute [NKI] Center of Excellence in Culturally Competent Mental Health: http://cecc.rfmh.org)

Religion and Spirituality

The Pew Hispanic Center Research Team's (PHCRT) report, "Changing Faiths: Latinos and the Transformation of American Religion," published in 2007, described some characteristics of the evolving Latino American beliefs. According to this report, over two-thirds (68%) of Latinos identify themselves as Roman Catholic. Recent research has indicated a growing trend, especially among third generation Latinos, towards Protestantism (PHCRT, 2007). Nonetheless, Latino cultural identity is very much derived from the traditions and rituals of Roman Catholicism and in some cases, melded with indigenous and syncretic belief systems, even among those who do not consider themselves particularly religious. Overall, Latinos are more likely than the rest of the population to believe that the Bible is the literal word of God and that miracles are performed today just as they were in ancient times (PHCRT, 2007).

For the majority of Latinos, God is a strong presence in everyday life. Among Hispanic Catholics, the saints and the Virgin Mary are also very present in everyday life. Prayers are devoted directly to them when a person is experiencing hardship (PHCRT, 2007).

Latinos who ascribe to a religion are more likely than the general public to believe that Jesus will return to earth in their lifetime (PHCRT, 2007). This last belief is consistent with the evangelical belief in the rapture or end of days.

First generation Latinos or those who predominantly speak Spanish compared to third generation Latinos are more likely to view religion as important in their lives, believe God will grant health and monetary success to followers, and that Jesus will return to earth in their lifetime (PHCRT, 2007). The "charismatic" strand of Christianity places particular emphasis on the idea of the Holy Spirit's involvement in day-to-day life and sees manifestations of the Holy Spirit's power in supernatural phenomena such as miraculous healings and revelations. According to recent research described in the Pew Hispanic Center Research Team report, this strand of Christianity is not replacing the Latino Catholic identity, but rather being incorporated into the more traditional Catholic practice (2007). A majority of Latino Catholics describe themselves as either charismatic or Pentecostal; even those who do not ascribe to those beliefs are more likely than non-Latino Catholics to report having witnessed or experienced supernatural practices. Of all Latino Catholics, just under 30% say they themselves have been divinely healed from an illness or injury and a full 45% say they have witnessed or received such a divine healing (PHCRT, 2007).

These background statistics and descriptions demonstrate that certain imagery such as divine healing and the power of the Holy Spirit are commonly accepted cultural beliefs. What may be interpreted as delusional in a medical or psychiatric context may be understood and appreciated as a culturally sanctioned experience within the context of Latino Catholicism. Furthermore, ideas and practices about health and illness are also imbued with supernatural imagery. Among immigrants from Central and South America, susto, which means fright in Spanish, is considered a soul loss or sickness or a spiritual attack. It is usually the result of a sudden, unexpected event such as an accident or being present at a death. Researchers consider susto a folk sickness, albeit one that resembles the symptoms of anxiety. It is not unusual for someone with susto to have divine apparitions and supernatural experiences (http://altmed.creighton.edu/Mexican Folk/Susto.htm).

Many Latinos seek relief of physical symptoms from curanderos, sobadors/sobadoras, heirberos and other folk healers whose practices are related to espiritismo (Puerto Rico) and curanderismo (Mexico).

Interpersonal Relations

Personalismo is a concept that values relating to people on a more personal level than is usual between patients and providers in a medical setting (Añez et al., 2005). Many Latinos prefer to get to know the group leader as a person. They may expect interactions in which the leader self-discloses and comes early or stays after the group to talk for a while. Without this understanding, the group leader may not engage before or after group and may be seen as cold and uncaring. A participant may drop out of the group if personalismo is not evident or addressed.

Respeto relates to respect for others and particularly for people in authority or with greater seniority or status (Añez et al., 2005). Normally respeto would cause people to look at the leader of a spirituality group as the authority to be listened to and heeded. Because spirituality group leaders function as facilitators and not as the authority, the idea of mutual respect must be frequently stressed within the group. Additionally, the leader should frequently paraphrase members' thoughts and comments to create a mutual rather than hierarchical atmosphere.

African Americans and Afro Caribbeans

According to the 2000 U.S. Census, 36.4 million Americans identified themselves as black or African American, making this the largest non-white population throughout the Northeast, Midwest, and South (Hobbs & Stoops, 2002) and accounting for just over 12% of Americans (U.S. Census Bureau, 2000).

African Americans represent a diverse group of people who cannot be defined homogeneously. How long they have lived in the United States, whether they were raised in the North or in the South, their level of education, and their income all make a difference in how they view the world and the cultural norms they follow (African American Cultural Profile, (NKI) http://cecc.rfmh.org). The importance of family in one's life is as central to African Americans as it is to Latinos.

Religion and Spirituality

The majority (78%) of African Americans reported being Protestant, compared to 51% of the general adult population; the majority are affiliated with "historically black Protestant faiths", including the National Baptist Convention or the American Methodist Episcopal Church (Pew Research Center, 2009).

Historically black Protestant church members constitute a religiously conservative and observant group, more closely resembling conservative evangelical Protestants among the general population, according to the Pew Report (2009). African Americans score the highest among Americans on several measures of religiosity: 53% report attending religious services at least once a week and 88% report they absolutely believe in God. Even among African Americans who described themselves as not affiliated with a specific religion, 72% reported that religion is still somewhat important in their lives. Past research and the above cited statistics suggest that spirituality "permeates nearly every domain of African-American life" (Newlin et al, 2002) and is usually at the center of individual, family, and community life. Due to the broad scope and long reach of spirituality in African American culture, some topics fall under the rubric of spirituality that may be different from other cultures, including interpersonal relationships; support or strength; positive feeling; wisdom or focus; guidance; and coping (Mattis, 2000). Religious involvement is positively associated with health and life satisfaction among African-Americans (Newlin et al., 2002). Further, African-Americans are five times more likely to use spiritual strategies to cope with illness or chronic conditions than other problems unrelated to health (Ellison & Taylor, 1996, cited in Lewis et al., 2007). The use of prayer as a cure for ailments and a self-help therapy is commonly promoted in the weekly sermon by Baptist and Methodist ministers (Pew Research Center, 2009).

Interpersonal Relations

Over generations, racism has penalized African Americans who admit to human frailties. A culture grew out of this environment that encouraged looking to the family for support in times of distress and when health/mental health challenges presented themselves. African Americans also developed a tradition of seeking aid beyond one's family from friends, neighbors and religious figures rather than from groups or institutions outside of the community (Wilson & Stith, 1998; Hatchett & Jackson, 1993). Hence, African Americans seek out support groups less frequently than other cultural groups (Snowden, 2001). Many seek help from ministers instead of or before seeking help from other professionals including health care providers.

Similar to Latinos, African Americans seek relationships that are more personal in nature than those that occur within the dominant culture in health care and mental health care facilities. This leads to a perception that the health care providers or group leaders are non-caring. Spirituality group leaders need to consider their interactions with all group members so that people do not drop out of the group as a result of perceiving a non-caring attitude.

> ***Case Vignette**: An older African American woman expressed her regret that the group leader was rotating to a different unit for his fellowship and would be replaced by a new group leader. Part of her appreciation for this doctor was that she felt he really cared about the group because he did not rush off as soon as it was over. His participation in the socializing after the group signified to her that he genuinely cared about the group members and took the group seriously.*
>
> *Being mindful of the cultural and interpersonal values of the members in a spirituality group creates a space for dialogue and open expression of feelings.*

Other Religious and Spiritual Traditions Practiced by Latinos and African Americans

Some Latinos and African Americans of Caribbean origin may identify as Catholic or Protestant, but also believe in and practice Santeria (Shango, Lukumi) or Vodou (vodun). When the African slaves were brought to the Americas, they retained their original religious beliefs and traditions, but blended them with Roman Catholicism after they were converted, sometimes forcibly, by missionaries (www.religioustolerance.org).

Santeria also known as Regla de Ocha is practiced primarily in Cuba, Dominican Republic, Puerto Rico, and, in the United States in New York, New Jersey, and Florida. It is based on belief in the Orishas, ancestral spirits renamed as Catholic saints to disguise their origin. Practitioners of Santeria petition the Orishas for assistance and protection in everyday life. Vodou (vodun) originated in Haiti and is practiced in other Caribbean islands and in Louisiana. Both share the following tenets with the mainstream Christian religions; belief in a Supreme Being, an afterlife, an invisible world of good and evil spirits, guardian angels, and a pantheon of ancestral spirits which resemble the saints of the Catholic Church. Santeria and Vodou provide ceremonies to communicate with the

spirits through trance possession and animal sacrifice. Dancing is considered a form of prayer.

Adherents of Santeria and Vodou may be reluctant to talk about their practices or admit they are believers. If they trust the group leader to listen dispassionately and without judgment, they may share their spiritual ideas with the group. Since there are many similarities with the spiritual beliefs of Christian religions, if the group leader steers them towards common ground, they will respond.

Rasta is a spiritual and cultural movement based on the Christian religion and African cultural traditions. They believe in their own version of the Hebrew Bible. Some Rastas may also nominally be members of a Christian church. More information can be found at www.religionfacts.com.

Approximately a quarter of the 5 million Muslims in the United States are African Americans. Due to the de-centralized nature of Islam, the numbers of self-described Muslims who are not associated with a specific group or mosque may be under-represented (NKI CECC, Muslim Americans). Overall, they currently follow orthodox Muslim beliefs (http://cecc.rfmh.org). However, there is an offshoot of Islam variously called the "Nation of Islam" or "The Black Muslim Movement," a term first coined by sociologist C. Eric Lincoln in the early 1960s (Tinaz, 1996). These sects encompass not just religious movements among African Americans but are related to social protest and political activism. The "Nation of Five Percent," also known as the "Nation of Gods and Earths" is locally specific to the east coast and is widely represented in northern Manhattan (Knight, 2007). It is also one of the fastest growing religions among incarcerated populations. Unlike Christian religious services available in prisons and jails that are often offered by outsiders, the teachings of the Nation of Islam or the Five Percenters are passed from inmate to inmate. The emphasis is on a special and detailed knowledge of God and the importance of symbols and words in communicating that knowledge. The Five Percent Nation was founded by Clarence 13 X, a student of Malcolm X, in 1963. He articulated the principle belief that while an elite ten percent of the world's population knows the truth of existence and keeps the other 85% in ignorance and subjugated, the Five Percenters have a responsibility to share that knowledge and break the elites' power (Johnson, 2006). A primary teaching is the solidarity of black men (Gods) and women (Earths) and a responsibility to address the wrongs perpetuated by racism and an endemic system biased against African Americans. There have historically been internal divisions over the extent to which this message runs counter to Christian tenets of peace and universal brotherhood by promoting violence and supremacist attitudes (Tinaz, 1996).

Asian Religious and Spiritual Traditions

For an overview of Korean, and Chinese and South Asian cultures with an emphasis on mental health strengths and problems among the culture groups, consult the website for the Nathan Kline Institute's Center of Excellence in Culturally Competent Mental Health, http://cecc.rfmh.org. Additional information can be found the following websites; www.abuddhistlibrary.com; www.adherents.com; and www.religioustolerance.org.

XI CONCLUSION

Spirituality groups have a role to play in helping people cope with chronic health conditions, health crises or mental illness. When people find the strength to face their conditions, they are more likely to adhere to their treatment plans and see themselves as active participants in their health and recovery.

Spirituality and religion are a significant part of African American and Latino community life. It is essential for group leaders to have knowledge of the central role spirituality occupies in these cultures and respectfully acknowledge the cultural differences in practices and presentation of spirituality among African Americans and Latinos.

Spirituality groups provide a space for people to share thoughts and fears that they may not wish to share with family members, friends or within their religious communities. Members often say that they do not want to burden their family or that no one outside the group understands what they are going through or the toll it is taking. The time leaders spend facilitating these groups is a small price to pay for patients' ease of mind and active participation in their daily response to their illnesses. Such groups can be effective across age, gender, and cultural differences.

XI APPENDIX

<u>Tools and Techniques</u>

You can use the following language to guide a meditation of three to five minutes.

1. Please get comfortable sitting in your chair and place your feet flat on the floor.
2. Close your eyes. (For internally preoccupied patients or to simply give patients a choice, the leader can add: If you don't feel comfortable closing your eyes, you may lower your eyes and focus on the floor or on an object in front of you. I will keep my eyes open for the group.)
3. Breathe in and breathe out. (Say this in a tempo that allows people to follow along breathing deeply in and out. Remind people not to breathe so deeply that they become dizzy.)
4. Feel your feet becoming heavy. Breathe in and breathe out.
5. Feel your legs and how heavy they are. Breathe in and breathe out.
6. Now feel your back in the seat. Let it settle in and have the seat hold you. Breathe in and breathe out.
7. Are your shoulders tense? Let them fall and relax. Breathe in and breathe out.
8. Is your neck loose? You can move your head around in a circle to help relax your neck.
9. Feel your face. Let the muscles relax around your mouth and jaw; around your eyes.
10. Now feel your whole body and how relaxed it is. (Don't say anything for 30 seconds to one minute.)
11. When you are ready slowly open your eyes and join the other members.

Or a Guided Imagery Meditation

1. Imagine yourself relaxing in the sun on a warm day. These are some alternatives:

2. Think of a place where you feel safe or a place with fond memories.
3. The group leader can ask guiding questions to help create a scene (e. g. Are you inside or outside? Is there grass or water? Remind participants to answer questions silently to themselves.)
4. You can also have participants relax without the imagery by focusing more concretely on the physical body.
5. Take deep breaths, slowly, then breathe in and out slowly.
6. Focus your attention on your breathing.

XII WEB RESOURCES

www.abuddhistlibrary.com

www.adherents.com

Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health. http://cecc.rfmh.org. Cultural Profiles available for the following groups.

African Americans

Chinese Americans

Hispanic/Latino Americans

Korean Americans

Muslim Americans

South Asian Americans

Pew Research Center. A Religious Portrait of African-Americans. 2009. Available online at: http://pewforum.org/A-Religious-Portrait-of-African-Americans.aspx
Pew Hispanic Center Research Team. Changing Faiths: Latinos and the Transformation of American Religion. 2007. http://pewforum.org/Changing-Faiths-Latinos-and-the-Transformation-of-American-Religion.aspx

Rasta. www.religionfacts.com

Santeria. www.religioustolerance.org

Susto. http://altmed.creighton.edu/MexicanFolk/Susto/htm

Vodou. www.religonfacts.com

XIII BIBLIOGRAPHY

References

Anez LM, Paris M, Bedregal LE, Davidson L, Grilo CM. Application of cultural constructs in the care of first generation Latino clients in a community health setting. *J Psychiatr Pract*. 2005;11(4):221-230.

Ellison C, Taylor RJ. Turning to prayer: social and situational antecedents of religious coping among African Americans. *Rev Relig Res*. 1996; 38(2):111-131.

Galanter M, Glickman L, Dermatis H, Tracy K, McMahon C. Addressing patients' spirituality in medical treatment. *Primary Psychiatr*. 2008; 15:82-90.

Hatchett SJ, Jackson JS. African American extended kin systems: an assessment. In: McAdoo HP, ed. *Family Ethnicity: Strength in Diversity*. New Bury Park, CA: Sage; 1993:90-108.

Hobbs F, Stoops N. *Demographic trends in the 20th Century. U.S. Census Bureau, Census 2000 Special Reports*. Washington, DC: US Government Printing Office; 2002.

Johnson C. God, the Black Man, and the Five Percenters. NPR. August 4, 2006.

Knight, MM. The Five Percenters: Islam, Hip-hop and the Gods of New York. Oneworld Publications; 2007

Koenig HG, McCullough ME, Larson DB. *Handbook of Religion and Health*. New York, NY: University Press; 2000.

Lewis LM, Hankin S, Reynolds D, Ogedegbe G. African American spirituality: a process of honoring God, others, and self. *J Holistic Nurs*. 2007; 25(1):16-23.

Lewis-Fernandez R, Das AK, Alfonso C, Weissman MM, Olfson M. Depression in US Hispanics: diagnostic and management considerations in family practice. *J Am Board Fam Med*. 2005; 18:282-296.

Mattis J. African American women's definitions of spirituality and religion. *J Black Psych*. 2000; 26(1):101-122.

Menselson T, Rehkopf DH, Kubzansky LD. Depression among Latinos in the United States: a meta-analytic review. *J Consult Clin Psychol*. 2008; 76:355-366.

Newlin K, Knafl K, Melkus GD. African-American spirituality: a concept analysis. *ANS Advv Nurs Sci*. 2002; 25(2):57-70.

Pew Research Center. A Religious Portrait of African-Americans. 2009. Available online at: http://pewforum.org/A-Religious-Portrait-of-African-Americans.aspx

Pew Hispanic Center Research Team. Changing Faiths: Latinos and the Transformation of American Religion. 2007. http://pewforum.org/Changing-Faiths-Latinos-and-the-Transformation-of-American-Religion.aspx

Pew Research Center: Social & Demographic Trends. The U.S. Population Projections: 2005-2050 page. 2008. Available at: http:// http://www.pewhispanic.org/2008/02/11/us-population-projections-2005-2050/. Accessed July 17, 2012.

Puchalski CM. Spirituality and health: the art of compassionate medicine. *Hosp Physician.* 2001;37(3):30-36.

Revheim N, Greenberg WM. Spirituality matters: creating a time and place for hope. *Psychiatr Rehab J*. 2007: 30 (4): 307-310.

Rotter MR, Massaro J. 2011. Re-entry after prison/jail: a therapeutic curriculum for previously incarcerated people with mental illness and/or substance use disorders. Unpublished manual.

Ruiz, P. Cultural barriers to effective medical care among Hispanic-American patients. *Ann Rev Med.* 1985;36:63-71.

Snowden LR. Barriers to effective mental health services for African Americans. *Mental Health Serv Res*. 2001; 3:181-187.

Tinaz N. The Nation of Islam: historical evolution and the transformation of the movement. *J Muslim Minority Aff*. 1996; 16(2):193-119.

U.S. Census Bureau, U.S. Demographics Data Set, File 1, Census 2000.

Wilson LL, Stith SM. Culturally sensitive therapy with black clients. In: Atkinson DR, Morten G, Sue D, eds. *Counseling American Minorities: A Cross-Cultural Perspective*. Dubuque, IA: Wm C. Brown; 1993:101-111.