PROFESSIONALS' PERSPECTIVES ON THE ROLES OF SPIRITUALITY ON THE AETIOLOGY AND HEALING OF MENTAL HEALTH PROBLEMS AT VICTORIA CHITEPO PSYCHIATRIC UNIT, MUTARE, ZIMBABWE

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Abstract

This study aims at exploring mental health professionals' perspectives on spirituality's role in the aetiology and healing of mental health problems at the Victoria Chitepo Psychiatric Unit in Mutare, Zimbabwe. It utilises a qualitative case study approach, with semi structured interviews as research instruments. Findings from the study reveal that there are significant challenges that are hindering the integration of spirituality into mental health care. Results inform policy makers and professionals in the medical field on how to improve their approach in treating mental health problems. The findings also contribute to understanding spirituality's role in mental health within a post-colonial African context and offer practical guidance for improving culturally responsive care.

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INTRODUCTION

Mental health treatment has historically emphasised biological, psychological, and social factors while often overlooking the role of spirituality. While there is an increasing recognition of the influence of spirituality on mental well-being, there is relatively little description of how to integrate spirituality into clinical practice. This study looks at how the aetiology (causation) and healing of mental health conditions are influenced by spirituality as they have been perceived by healthcare professionals based on the Victoria Chitepo Psychiatric Unit in Mutare, Zimbabwe. The relationship between spirituality and mental health has undergone great change over time. Although there are historically many cultures that see mental illness through spiritual frameworks, modern practice in psychiatry is often evidenced-based and empirical. This has separated the scientific mental healthcare from the spiritual understanding of psychological distress.

At the current state of research, the development is toward more integrated approaches. The training of students in medical schools and mental health institutions has already started to attend to the spiritual needs of the patients, while traditionally the responsibility was that of the nurses and chaplains, rather than physicians, psychiatrists, and clinical social workers (Koenig *et. al.,* 2023).

Spirituality can be of favourable impact on mental health. According to a California Department of Health Care Services (2023) survey of 2 050 people receiving public mental health services, more than 80% thought spirituality was important to mental health, 73% valued prayer, 40% found church attendance helpful, and 36% found spiritual self-help books helpful. These findings suggest that although professionals do not formally recognise the integration of spiritual practices in mental health management, patients do.

The protection of spirituality against mental illness is often the case. According to Koenig *et al*. (*ibid*.) spiritual practices (i.e. prayer, meditation, and participating in religious communities) were associated with higher coping mechanism and support in times of adversity. Nevertheless, insights of these many are not applied uniformly in the clinical setting and, therefore, many patients do not actually receive such forms of true holistic care.

Because spirituality is such varied and complicated idea, the integration of spirituality into mental healthcare is tricky. Without well set up frameworks, practitioners may not be capable to equally and ethically use spiritual dimensions.

RESEARCH OBJECTIVES

The purpose of this study is to explore professionals' perspectives on the role of spirituality in the aetiology and healing of mental health problems.

The research objectives of this study include exploring the challenges faced by professionals in integrating spirituality into mental health care. The study is aiming also at proffering strategies for improving professional competence in addressing spiritual concerns in mental health care. Another objective is to examine how spirituality can be fully integrated into scientific approaches for treating and assessing mental health issues.

By fulfilling these research objectives, the study aims to contribute to the understanding of the implications of the integration of spirituality into mental healthcare in Zimbabwe and provide insights for policymakers, researchers, and stakeholders to make informed decisions regarding spirituality's impact on the mental health patients and the medical field.

METHODOLOGY

In the Zimbabwean context, the scope of this study is to explore professionals' perspectives on role of spirituality in the aetiology and healing of mental health problems. The study aims to examine how integrating spirituality can improve the treatment of mental health patients. It seeks to understand the opportunities and challenges posed by these innovations and their implications for different stakeholders in Zimbabwe. An extensive review of relevant academic papers and other academic literature was conducted on the topic to gain a comprehensive understanding of the implications and challenges of integrating spirituality aetiology and healing of mental health problems.

RESEARCH DESIGN AND CONTEXT

This study employed a qualitative case study design to deeply explore professionals' perspectives on the role of spirituality in the aetiology and healing of mental health problems. The research context was the Victoria Chitepo Psychiatric Unit in Mutare, Manicaland Province, Zimbabwe, a setting where Western-trained medical practice intersects with deeply ingrained traditional and religious spiritual worldviews.

SAMPLING AND PARTICIPANTS

A purposive sampling strategy was used to select mental health professionals with relevant clinical experience at the unit. Participants included 2 psychiatric nurses, and 1 clinical social worker. Selection criteria ensured participants had direct experience addressing patient concerns related to spirituality and mental health.

DATA COLLECTION

Data were collected using semi-structured interviews conducted in English by the primary researcher. The interview guide covered key areas: (a) professional definitions of spirituality, (b) perceived roles of spirituality in aetiology and healing, (c) perceived challenges to

integration, and (d) strategies for improving professional competence. Interviews lasted approximately 25 minutes and were audio-recorded with participant consent.

DATA ANALYSIS

The transcribed interview data were analysed using Thematic Analysis as outlined by Braune and Clarke The process involved six phases: familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. This approach allowed for the identification of recurring patterns and core experiential meanings related to the research objectives.

LITERATURE REVIEW

This study employs the bio psychosocial-spiritual model as its primary theoretical framework. Such a model is an extension of the traditional bio psychosocial model bringing the spirituality into a fourth crucial dimension to understand health and illness (Catalyst Centre, 2023). While focusing on the biological, psychological and social component of the health outcome, the expanded framework takes into consideration the critical role of spirituality in human experience and the possible link to mental health.

One of the most widely accepted ways of integrating spirituality into therapeutic practice is through Mindfulness-Based Interventions (MBIs), particularly Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT). It is derived from Buddhist meditation practices, have been secularised for clinical use and incorporate spiritual elements such as awareness, presence, and acceptance.

Hofmann *et al*. (2010) conclude that "mindfulness-based therapies provide significant effects in the treatment of a variety of psychological

disorders, particularly anxiety and depression". Mindfulness techniques promote self-awareness and non-judgmental acceptance, which foster emotional regulation and resilience, and can help clients develop a deeper connection to their spiritual or existential values.

Griffith and Griffith's (2002) research on spiritual Cognitive Based Theory (CBT), indicates that adding spiritual themes to it, bestows some 'blessing' for aligning the cognitive work with the values and beliefs of the persons and this can make the change more sustainable. The therapeutic process is enhanced through integrating spiritual perspectives in view of the fact that these contribute to shaping the experience of an individual, thereby making it easier for clients to find more meaning and purpose in their healing journey.

THE ROLE OF SPIRITUALITY IN MENTAL HEALTH

Spirituality, as it relates to health, is a generic term that speaks to the idea of a person looking for meaning in their life, a reason to live and a way to connect to something bigger than themselves. Some or no religion may be involved, and it generally involves beliefs and practices which people use to understand their existence. Research shows that spirituality has an important role in mental health and may contribute to mental health through resilience, coping strategies and well-being (Pargament, 2007). Espousing spirituality and its sources of comfort, meaning, and related literature, can be used to help soothe and should be encouraged when mental health challenges arise when experiencing crisis or trauma (Sperry, 2016).

Literature reveals that spiritually oriented interventions lower symptoms of anxiety, depression and post-traumatic stress disorder (PTSD), and improve coping skills of patients who recognise the role of spirituality in the lives of their clients. Nevertheless, opinions vary on how to address spiritual issues in clinical practice.

CHALLENGES TO INTEGRATING SPIRITUALITY INTO MENTAL HEALTHCARE

The integration of spirituality into mental health care is a complicated and multilayered issue which mental health professionals need to approach with the utmost of care and legal responsibility. Concerns to ethical issues in terms of client autonomy, boundary issues, and cultural sensitivity require continuous reflection and adherence to ethical guidelines which will make the well-being of the client a top priority. There are practical hurdles, such as lack of training, inability to measure any effectiveness of spiritual intervention and tensions between secular and spiritual outlook. However, despite these barriers, spirituality integrated in mental health care aids in positively modifying the therapeutic process by addressing the complete needs of the client, especially if the integration is accomplished in a culturally appropriate manner and with dignity to the client. Future research and education are needed to aid mental health professionals in having the tools and frameworks to address spiritual concerns in a moral and efficacious way.

STRATEGIES FOR IMPROVING PROFESSIONAL COMPETENCE IN ADDRESSING SPIRITUAL CONCERNS

Several strategies emerge from the literature for enhancing professional competence in addressing spirituality within mental healthcare. Educational initiatives represent a primary approach, with recommendations for incorporating spirituality into university curricula for mental health disciplines. Graduate programmes in psychology, psychiatry, and social work should include courses covering religious diversity and evidence-based spiritual interventions, helping professionals understand how to navigate spiritual concerns across therapeutic settings (Solihten Institute, 2023).

Implementing ethical guidelines for addressing spirituality in therapy, represents another important strategy. The emphasis of these guidelines should be on maintaining neutrality and respecting

patients' beliefs and not imposing personal spiritual beliefs. According to ACPE (2023), practitioners should encourage clients to empower themselves in their spiritual journeys, instead of leading discussions on spirituality; patients should be allowed to lead the conversation on their beliefs and practices.

FINDINGS

The results of the study indicate that there are specific challenges underlying these challenges, but these challenges are rooted in a cultural rift between the Western professional training of professionals and their patients' traditional spiritual worldviews, leading to a feeling of working in two different epistemological frameworks. Enhancing education and training programmes to include particular content on traditional Zimbabwean spiritual beliefs and their connection to mental health can indeed help solve these challenges.

CONCLUSION

This study provides an overview of the professionals' views of challenges faced in trying to incorporate spirituality in treating mental health patients. It exposes the lack of clear instructions or procedures in trying to include spirituality in the healing process.

RECOMMENDATIONS

The study recommends that mental health professionals should actively seek to enhance their understanding of traditional Zimbabwean spiritual beliefs related to mental health, particularly those prevalent in the Manicaland Province. This could involve engaging with community elders, participating in cultural events, and studying relevant literature on traditional healing practices.

Moreso, professionals should integrate spiritual assessment into routine clinical practice, developing approaches that explore patients'

spiritual beliefs, resources, and concerns while maintaining scientific rigour.

Regular self-reflection on personal spiritual beliefs, potential biases, and cross-cultural interactions, should be incorporated into professional practice. This could include keeping reflective journals, participating in peer supervision focused on cultural issues, and seeking feedback from patients about their experience of care.

Professionals should proactively develop respectful relationships with traditional and religious leaders in their communities, establishing informal or formal networks for communication, referral and coordinated care.

The unit should develop clear policies and guidelines for addressing spiritual dimensions of care, including protocols for spiritual assessment, documentation of spiritual factors in treatment planning, and ethical approaches to collaboration with traditional and religious leaders.

Formal structures should be established for multidisciplinary collaboration that includes professionals with expertise in cultural and spiritual aspects of mental health. These teams could meet regularly to discuss complex cases where spiritual factors are significant and develop integrated approaches to care.

Culturally, appropriate educational materials that explain mental health conditions and treatments in ways that acknowledge and respect traditional spiritual beliefs while providing accurate medical information should be created. These materials should be available in local languages and accessible formats.

Training programmes for psychiatrists, psychiatric nurses, clinical psychologists, social workers, and occupational therapists should incorporate substantial content on traditional Zimbabwean spiritual beliefs related to mental health, cultural competence, and approaches for integrating spirituality into scientific practice.

National guidelines should be established for addressing spirituality in mental healthcare, providing a framework for ethical and effective integration while allowing for regional cultural variations.

Funding should be allocated for research on traditional healing approaches for mental health conditions in Zimbabwe, including investigation of their effectiveness, safety, and potential mechanisms of action.

Clear regulatory frameworks should be developed for collaboration between formal mental health services and traditional healers, addressing issues such as patient safety, ethical standards, and legal responsibilities.

AREAS FOR FUTURE STUDY

This research has identified several important areas for future study that could further enhance understanding of spirituality's role in mental healthcare in Zimbabwe and similar contexts.

Future research should investigate patients' experiences and perspectives regarding how spirituality is addressed within formal mental health services. Understanding patients' preferences, satisfaction, and perceived needs would provide valuable complementary insights to the professional perspectives gathered in this study.

Studies exploring how traditional healers view collaboration with formal mental health services would enhance understanding of potential partnerships. Research could identify barriers and facilitators to collaboration from their perspective and explore their approaches to differentiating between various types of mental health problems.

Rigorous evaluation studies are needed to assess the effectiveness of different approaches for integrating spirituality into mental healthcare in the Zimbabwean context. This could include comparative studies of conventional treatment versus culturally adapted interventions that incorporate spiritual elements.

Research is needed to develop and validate culturally appropriate tools for spiritual assessment specifically designed for the Zimbabwean context. These tools should be practical for clinical use while adequately capturing the nuances of traditional spiritual beliefs related to mental health.

Studies employing implementation science frameworks could investigate facilitators and barriers to systematic integration of spirituality into mental healthcare at institutional and system levels, identifying effective strategies for organisational change.

Longitudinal research tracking how mental health professionals' approaches to spirituality evolve throughout their careers could provide insights into effective pathways for developing cultural competence and identify critical experiences that shape professional practice.

IMPLICATIONS FOR SOCIAL WORK PRACTICE

This research has significant implications for social work practice in Zimbabwe and similar contexts where traditional spiritual beliefs play

an important role in understanding and addressing mental health concerns:

Social workers should adopt holistic assessment frameworks that explicitly address spiritual dimensions alongside psychological, social, and biological factors. This approach aligns with social work's person-in-environment perspective, while acknowledging the centrality of spirituality in many Zimbabweans' lives and worldviews.

Social workers should actively engage families and communities in mental health interventions, recognising that mental health in Zimbabwean contexts is often understood within collective rather than individualistic frameworks.

Social workers should advocate for policies that respect traditional healing practices, resource allocation for culturally appropriate services, and educational reforms that better prepare professionals for addressing spirituality.

Social workers should develop critical consciousness regarding the historical and ongoing impacts of colonialism on mental healthcare in Zimbabwe. This awareness should inform efforts to decolonise practice approaches and contribute to the development of more culturally grounded interventions that respect indigenous knowledge systems (IKS).

Social workers should actively participate in and often lead interdisciplinary efforts to enhance collaboration between mental health professionals and traditional or religious healers. Their training in systems thinking and community engagement makes them particularly well-suited for developing collaborative models that bridge different healing approaches.

Social workers must develop competence in ethically navigating the complexities of dual healthcare systems. This includes respecting patients' choices regarding traditional healing, while ensuring safety, addressing potential conflicts between different treatment approaches, and maintaining professional boundaries, while acknowledging spiritual dimensions.

If these implications are addressed, social workers can play a major role in the development of more culturally responsive and effective mental health care approaches in Zimbabwe. With their professional emphasis of person in environment perspectives, social justice and holistic approaches, they sit in good stead to lead efforts towards more integrated models, recognising the existence of traditional spiritual understanding and contemporary scientific knowledge.

REFERENCES

ACPE. (2023). *Standards and ethical guidelines for spiritual care providers*.

California Department of Health Care Services. (2023). *Spirituality and mental health: A report on client perspectives and needs*.

Catalyst Centre. (2023). *The biopsychosocial-spiritual model in health and wellness: An updated perspective*.

Griffith, J. L., & Griffith, M. E. (2002). *Spiritual intimacy for couples: Therapeutic struggles and insights*. Guilford Press.

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169–183.

Koenig, H. G., Hall, L., & Levin, J. (2023). *Religion and mental health: Research and clinical applications*. Academic Press.

Pargament, K. I. (2007). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford Press.

Solihten Institute. (2023). *Best practices in integrating spiritual competencies for mental health professionals*.

Sperry, L. (2016). *Psychotherapy and spirituality: Integrating the spiritual dimension into clinical practice*. Routledge

Vieten, C., Oxhandler, H. K., Pearce, M., Fry, N., Tanega, C., & Pargament, K. (2023). Mental health professionals' perspectives on the relevance of religion and spirituality to mental health care. *BMC Psychology*, *11*(1), 439. https://doi.org/10.1186/s40359-023-01466-y