

A Study Regarding the Australian and New Zealand Native People`s Spirituality and their Mental Well Being



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Background: Spirituality was synonymous with a holistic form that includes a set of individual opinions or values that form some kind of meaning and union with oneself, people, nature, and the world at large. Perhaps spirituality can be seen with or without religion. Healers have claimed that talking with their clients about spirituality is a more popular topic, at least in English-speaking countries. As far as the literature is concerned, this is indeed a hot topic for discussion about the true meaning of spirituality and how it aligns with paradigms of occupational therapy practice.

Introduction: The concept of spirituality has received increasing attention in recent years from nurses (Greasley, Methods and

Results: To expand on this topic, we need to explore the main definition of spirituality among Australians and New Zealanders, and use mental health as an application of the environment to indicate how professional psychologists can address the spiritual needs of different people who overcome mental problems.

Conclusion: The effects of assessment and intervention on enhancing coping mechanisms, self-esteem, and social relationships, and giving patients hope for recovery from mental problems, were discussed.

KEYWORDS: mental health, occupational therapy, and spirituality.

INTRODUCTION

The concept referred to as spirituality has received much attention recently in nursing (Greasley, Chui & Gartland, 2001), psychiatry (Rammohan, Rao & Subbakrishna, 2002), and occupational therapy (McColl, 2003; Ratima & Ratima, 2004; Kang, 2003; Wilding, 2002). In this regard, Nolan and Crawford (1997) suggested that some people who need more spiritual needs are those who suffer from mental illness or psychiatric disorders. Spirituality is associated with understanding the meaning and purpose of human life. It may or may not be transmitted through faith, religious beliefs, and practices. Spirituality involves the union of body, mind, and spirit and a relationship with someone or something beyond ourselves that supports and comforts (Spanyol, 2001). It is crucial to keep in mind that spirituality affects personal performance and the health and well-being of an individual in performing routine tasks. With regard to "quality of life", Wink and Dillon (2003) find that people view quality of life as an interesting topic and are often concerned with spirituality. Meaningful attention is critical in the spiritual aspects of life because such attention enables self-expression and relationship with others (Egan & DeLaat, 1994). It seems that the quality of life is related to the people and cultural communities that determine the spiritual part of the tasks. However, spirituality is not well understood among mental health therapists, so spiritual desires are often overlooked in this context. (eaten). Hased (2002) asserted that the neglect of religion and spirituality in health contradicts the evidence, suggesting that these views protect both the physical and the mental. A limited contribution to the discussion of the place of spirituality in mental health occupational therapy practice in Australian and New Zealand literature. The ultimate aims of this article are to explore different connotations of spirituality and to discuss concepts of spirituality from the worldviews of the indigenous peoples of Australia and New Zealand as reflected in the authors' thinking and experiences. Today on spirituals. The conclusion of this article aims to highlight some of the implications of evaluation and intervention for occupational therapy.

WHAT IS SPIRITUALITY?

Definitions

Spirituality is a difficult concept to explain (Nolan and Crawford, 1997; Gressley et al., 2001). However, the way in which spirituality can be defined is critical because it determines how a person perceives the position of spirituality and/or religion in that individual's life or in society (Howard & Howard, 1997). Many authors have attempted to define spirituality clearly. For example, spirituality is meant to be defined as how an individual can perceive meaning in normal life (Urbanski & Vargo, 1994) or find meaning in daily routines (Burnard, 1990; Howard & Howard). Other authors (such as Granstrom, 1985; Bradshaw, 1994) associate spirituality as a sense of connectedness to community, to each other as family or whole beings. As with some people, spirituality is associated with a person's sensitivity to the presence of a ghost or creator, a sense of transcendence and becoming (Egan & DeLaat, 1994; Martsolf and Mickey, 1998). Heriot (1992) said that spirituality is attributed to a stage of well-being or quality of life.

Moreover, in Larte's work (1997) he gives a practical structure for gaining a deep understanding of spirituality. Lartey saw spirituality as something very private and personal that people express in their own way or in other words, maybe people have the same culture but express it differently depending on various factors like culture, background, experience, knowledge set, personality factors etc. on me. Spiritual experiences transcend self and others into transcendent realms of experience that transcend boundaries or let's say beyond anything attainable on a medium level.

Finally, Martsolf and Mickey (1998) define the main criteria for spirituality as follows:

1. Meaning - the existential significance of life, giving meaning to the circumstances of life or inferring the purpose of existence.
2. Connection - connection with oneself, others, God/higher power and the environment.
3. Transcendence - experience and evaluation of a level that is beyond oneself, beyond oneself.
4. Value - The opinions and set of standards that are praised, which relate to truth, grace or behaviour, are often considered to be ultimate values.
5. Becoming - a revelation of life that requires reflection and experimentation.

Spiritual opinions of the native people of Australia and New Zealand

Spirituality is inevitably linked to cultural identity. The core of spirituality is the distinct cultural nature revealed by an individual's identity (McColl, 2003). Spirituality is related to, but not limited to, religion or theology. This part will focus on a short discussion of the spiritual view of the Maori of New Zealand and the indigenous people of Australia. The history of settlement in New Zealand records the events that affected the health and social condition of the Māori. First of all, the relationship between Māori and Pakeha (referring to Europeans in New Zealand) was mutually beneficial for trade and production services for traditional Pakeha clothing such as guns, blankets and clothing, and later various skills and knowledge. Dwellings advanced along the coastlines. On the contrary, there should be protection for the residence of these district chiefs. (Orange, 1987).

Colonization had a traumatic effect on Māori as it included dramatic changes in cultural lifestyles such as health management practices (Durie, 1998). The arrival of the Pakeha led to epidemics, battles, and confiscation, though it also marked the extinction of opinion and all values. This led to a decline in the Māori population by a third or more by the end of the nineteenth century, which had reached a level of less than 42,000 in 1896 (Northern Territorial Health Authority, 1995). Māori traditional therapy involves a series of movements to be performed on specific and prominent places that have attributes related to health, or plants and herbs that can be used for poultices or infusions. These displacements cannot take place in places other than the traditional places associated with the expropriation of the country by Europeans. (Johngersen, 1992, 2002).

A related Māori model of health (as: Te Whare Tapa Wha) identifies levels of health as Taha Wairua (spiritual aspect), Taha Whanau (family and relationships), Taha Hinengaro (mind, thoughts and feelings) and Taha Tinana (physical aspect).) has recognized (Duri, 1994). This model can be considered a healthy and complete view of health because all attributes are interdependent and cannot be seen and separated separately. Turbott (1996) has pointed to the fact that the politically imposed bicultural approach to mental health requires an understanding of Maori spirituality in New Zealand. It is also logical in this connection to talk about the "spiritual idea" of the Australian aborigines even though there are many linguistic and geographical differences among the Australian aborigines. Those who want a short but thorough guide to the place of spirituality in the rich culture of this region are encouraged to read Miriam Rose Ungunmerr's Tale of Dadiri (Ungunmerr, 1988).

The mental state of Aboriginal and Torres Strait Islander people can simply be seen in the context of a larger Aboriginal conception of health. Health is not simply described as the overall health of the human body, but as the well-being of a society. It is a holistic view of the world, which includes the concept of the cycle of life, death and life (National Community Controlled Indigenous Peoples, 1997). Health can be seen as a useful concept. All aspects of physical, social, cultural, emotional and spiritual well-being must be included (Commonwealth Department for Health and Aged Care, 2000). Understanding Aboriginal and Torres Strait Islander mental health requires addressing their health issues in the social and emotional environment, and thus understanding mental health or mental illness. Impressions of persecution, isolation, financial factors, stress, grief, mental and emotional damage, cultural slaughter, and psychological procedures must also be considered (Swan and Rafael, 1995).

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Of course, the Canadian Therapist Association (1991), however, in its guidelines for client-centered occupational therapy practice, included spirituality as a key performance component in its occupational performance model. In this particular model, occupational therapists have placed people's performance into three components: (1) self-care, (2) productivity, and (3) expected enjoyment from the interaction between the elements of mental, social, cultural, physical, and spiritual performance in one person. Of course, it is clear that most of the current literature related to spirituality in occupational therapy practice is published in Canadian journals. (For example research: Egan and Delatt, 1994; Farrar, 2001; Hamel, 2001; Crocker, 1997; Toomey, 1999; Townsend, 1997; Urbanowski and Wargo, 1994). However, Kang's project (2003) is one of the most important additions to the work literature in Australia as a model for the psychosocial integration of spirituality within occupational therapy practice.

Implications for occupational therapy practice

A review of research shows that there is sufficient evidence to support the proposition that aspects of spiritual or religious involvement are associated with favorable mental health outcomes for individuals who have experienced or suffered from a variety of mental health problems in the United States. In the research conducted in the United States and the United Kingdom (for example, Matthews et al., 1998; Wink and Dillon, 2003; Larson, Sowers, and McCullough, 1998; Martolf and Mickey, 1998). Studies have shown that positivity is associated with fewer symptoms in individuals with depression (McCullough & Larson, 1999; Koenig, George, & Paterson, 1998), suicidality (Kark et al., 1996), and anxiety (Townsend, Klader, Aileh and Mulligan, 2002). and addiction (Wallace and Furman, 1998; Miller, 1998). Therefore, spirituality can heal health because it gives meaning to routine.

There is a connection between profession and spirituality (McCall, 2003; Luak, 2003). Both career and spirituality are related to: (1) experience of privacy and sense of purpose (2) quality of experience and well-being. People can live full and meaningful lives by using professional participation. The researchers believe that by having spirituality as a central part of people's daily professions, occupational therapists or any other professional in the field of mental health, in this case, demonstrate their commitment to the healthy values of the profession.

ASSESSMENT

Spirituality should be included in the initial assessments to form its significance for the person with mental health problems. When valuing spirituality as a positive force that enables occupational therapists to experience depression (McCullough & Larson, 1999 ; Koenig, George & Peterson, 1998), suicidality (Kark et al., 1996), anxiety (Townsend, Kladder, Ayele & Mulligan, 2002), and addiction (Wallace & Forman, 1998; Miller, 1998).

When spirituality is evaluated as a positive force it allows the occupational therapist to gain a better understanding of the person's belief system and the role it may have in impeding or amplifying a therapeutic intervention (Longo and Peterson, 2002; for resources on religious and spiritual assessment see Farrar, 2001, p.85). Healthy aspects of one's spiritual belief system should be used in the healing process and combined with other positive aspects of self. If occupational therapists truly understand patients, assessments must take into account what is meaningful to the client. Occupational therapists are needed to truly understand what daily routines mean from a client's perspective and to recognize the client's core values. This will inspire professional healers to tap into one's inner strengths, which will excel in personal programs geared toward healing.

An occupational therapist will need to consider the appropriate context for asking questions about spirituality. It is crucial that they are respectful and concerned with customer integrity. Not all clients may be willing to talk to a therapist about their spiritual views. However, the therapist will have to get the client's permission and initiate a sense of spirituality in front of the client. Having information about cultural issues is important in the assessment process as values are often a result of cultural, family and Australian and New Zealand background.

INTERFERENCES

In order to align with work in the mental health community, it is necessary to consider the general cultural values, opinions and beliefs of the target community (D'Souza, 2002). It is essential for occupational therapists to derive meaning and values from the daily routine based on the individual's framework. Urbanovsky and Wargo (1994) have argued that spirituality is the core of each person's personality and activities that are personally related to it. The programs created by community mental health occupational therapists need to consider the cultural, social and spiritual value of a community and must include all the main characteristics of the referring communities. Longo and Patterson (2002) provide a comprehensive account of how spirituality can help people recover from mental illness. Longo and Peterson's model and work provide a highly structured framework that includes four specific effects for practice: (1) Confrontation. (2) social support; (3) hope; and (4) self-esteem. In this talk we will explore how these spiritual aspects can be used by occupational therapists.

Coping: Coping is a very important factor in rejuvenating people with mental disorders. Good things like returning to the community along with bad things like getting worse again after being hospitalized for a while can cause a lot of stress for any person. Therefore, spiritualists can provide another source of coping for this situation, which can lead to the strengthening of a person's life skills in managing mental illnesses. The results of Sullivan's study (1993) showed that only less than half of the participants used spirituality

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as a coping or problem solving method. Sullivan also found that spirituality helps people develop a positive opinion of themselves and their personality through their ability to take responsibility for their problems. In Sullivan's study, participants reported that spirituality is very important for managing serious mental illnesses, and in this regard, Sullivan suggested that spirituality promotes and improves mental health outcomes in various ways. Spirituality is a coping mechanism because the importance of events is evaluated by the person's spiritual belief system, which ultimately leads to positive and strengthened coping against negative events. Certain types of spiritual beliefs or practices provide a framework within which life events can be described or understood. This is consistent with a later study by Narayanasamy, Gates, and Swinton (2002) who found that coping with an adverse situation gives a person strength and new insight into their spiritual beliefs. Finally, spirituality and the practice of religious beliefs is a vital source of social support, which includes others, a sense of existence and community, and a higher power or divine presence. social support:

Social support is directly related to people's mental health and helps reduce the impact of stressful factors (Berkeman, 1995; Kettle, 2001). In general, social support refers to the help that a person's family or friends provide to a person in dealing with traumatic life events. The relationship component has an opportunity for mutual and socially motivated behaviors (Berkeman, 1995). Despite these issues, the question of how to get social support? It is very important for people with mental disorders. This is because social networks are more vulnerable for many reasons, including the shame associated with mental illness, the loss of effective social skills, and socially unacceptable behaviors when one is in a bad situation, or social support or The network of social relationships is damaged by another social system caused by illness, for example lack of role in life, financial problems or unemployment.

In a survey, Cohen and Wills, 1995 show that the support people receive from participants and leaders of their spiritual or religious communities has a number of health benefits, especially mental health. These aids can be a valuable resource for improving intimacy, self-esteem, information and practical help that either reduces the effects of mental illness or has specific positive consequences for mental illness. The importance of participation in a class of people struggling to express their spirituality as a form of social existence can be undermined.

It seems that a spiritual or religious community works by saving people from the consequences of social isolation and social exclusion, providing spiritual support in adverse times, and strengthening family networks (Tuck, McKean, & Elswick, 2001). This finding appears to be consistent with the Maori social support system, which includes immediate family members, extended family, and members of the tribe itself. In general, it shows similar patterns of Aboriginal and Torres Strait Islander populations.

Hope: Hope is an element that relates to a person's view of future and current events and is closely related to the expected results in a person's life. Hope can evoke a sense of purpose and meaning in people's lives and may offer a positive motivational pathway to achieving and pursuing career goals (Mental Health Commission, 2000; Murphy, 1998). Lazarus (1991) stated that "hope often, if not always, manifests itself as an adaptive (cognitive) autonomous process that is emotion-focused and influenced by the positive or negative environmental conditions of the situation as well as personality characteristics." (p. 287). Addressing issues related to mental health problems (Magill & Vargo, 1977; Neuhaus, 1997) One of the negative consequences of Australia's colonial history is the tragic despair that has gripped the minds of many Aboriginal communities. Judy Atkinson, to name a few) in and out of this community. Spirituality is an essential part of any project to find hope, and the lead researcher, Professor Judy Atkinson, has written very clearly about this (in her case, from the perspective of the Stolen Generations in Australia) (Atkinson, 2002).

Self-esteem: Self-esteem is one of the basic components of dealing with mental disorders and their recovery (Catell, 2001; Ertuğrul & Uluğ, 2004). Levak (2003) highlighted the importance of motivational and spiritual aspects in job performance. Luak has demonstrated the use of adventure therapy as an effective tool for occupational therapists to use in a community mental health setting. He went on to say that it is the spiritual side of a person that is affected by participating in adventurous activities. The change in agency and the impact it creates in one's life changes the meaning of understanding one's life. This type of spiritual intervention can be particularly beneficial for mental health and social and emotional well-being due to the shift in spirituality in Maori, Aboriginal and Torres Strait Islander models. Improving self-esteem and engaging in meaningful work is essential when working with people who have experienced chronic states of "shame" that have prevented them from actively participating in life activities (e.g., Aboriginal people as Pechkowski and San Roque, 2002 described). The main concept of "shame" (kenta in Western Sahara dialects) contains examples of the concept of the West, and there is no place to expand on such a wide and important question. But his idea of how a native person looks at himself and his performance can be devastating. Dr Tracey Westerman, Director of Aboriginal Psychology Services, talks about this issue regularly in her non-traditional work with Aboriginal communities in Western Australia (Westerman, 2000).

CONCLUSION

Spirituality is one of the aspects of human experiences that has been less researched, therefore it has received increasing attention in international literature. In Australia and New Zealand there is a very slow process of incorporating the concept of spirituality into the assessment and treatment of service users with mental illness. Spirituality can instill a sense of purpose and meaning into one's life. A healthier approach to occupational therapy can undoubtedly be achieved by realizing the full potential of the profession (occupation) and conveying the spiritual desires of service users (clients). Achieving this has the potential to promote the health and well-being of service users and help them engage or re-engage in jobs that have positive meaning. In particular, the topic of

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spirituality may also be relevant and essential to certain groups of service users in community mental health, including Maori, Aboriginal and Torres Strait Islander people.

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