



# The Importance of Spirituality in Children's Mental Health

**Vicky Coffee-Fletcher**  
Program Officer

**75**  
YEARS



Hogg Foundation *for* Mental Health  
ADVANCING RECOVERY AND WELLNESS IN TEXAS

**The Next Chapter:** *Writing the future of youth services*

32<sup>nd</sup> Annual Texas Network of Youth Services Conference

August 11-14th - San Antonio, Texas

## Session Objectives

1. To understand how spirituality impacts the mental health of children, youth and families
2. To understand how the mental health provider or clinician's personal beliefs can impact the child
3. To develop strategies for addressing the spiritual needs of the child, youth and family

A child has a "spiritual life that grows, changes, responds constantly to other lives that, in their sum, make up the individual we call by a name and know by a story that is all his, all hers."

\*Coles (1990:308)



- Recognized as a factor that contributes to health in many persons.
- A concept found in all cultures and societies.
- Expressed as an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism, and the arts.
- All factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.

\*Association of American Medical Colleges



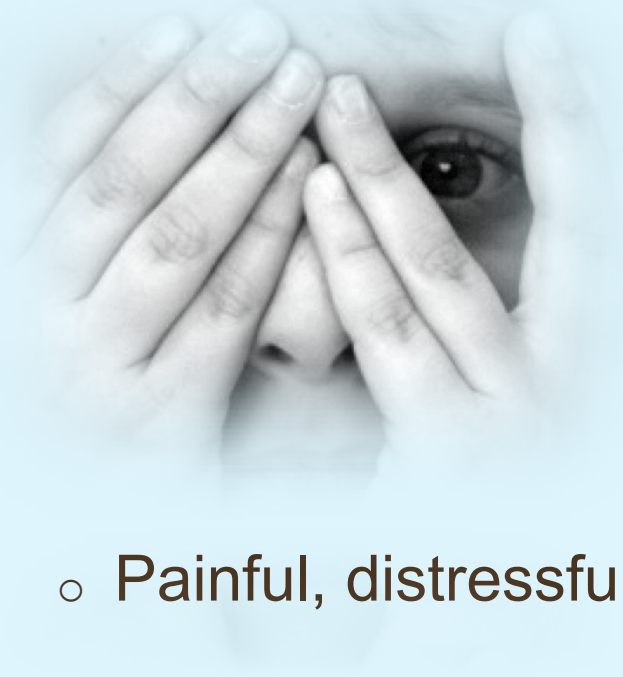
## Spirituality

- Internal, individual relationship with one's higher power(s)
- Reality of cosmic, creative, divine and/or sacred presence
- Perceived relationship and understanding of those forces we consider higher than ourselves

## Religion

- Traditionally references the community level engagement with structured beliefs and rituals
- The two are not mutually exclusive
- Necessity of an internal, personal relationship in addition to participation in the faith community





- Painful, distressful or shocking event(s)
- Often leads to lasting mental and physical effects
- Impact of the traumatic experience varies

Exposure to trauma can occur repeatedly over long periods of time

Feelings might include:

- Intense feelings of fear,
- Loss of trust in others,
- Decreased sense of personal safety,
- Guilt
- Shame



- Physical
- Behavioral
- Emotional
- Cognitive
- Somatic
- Relational



## Spiritual

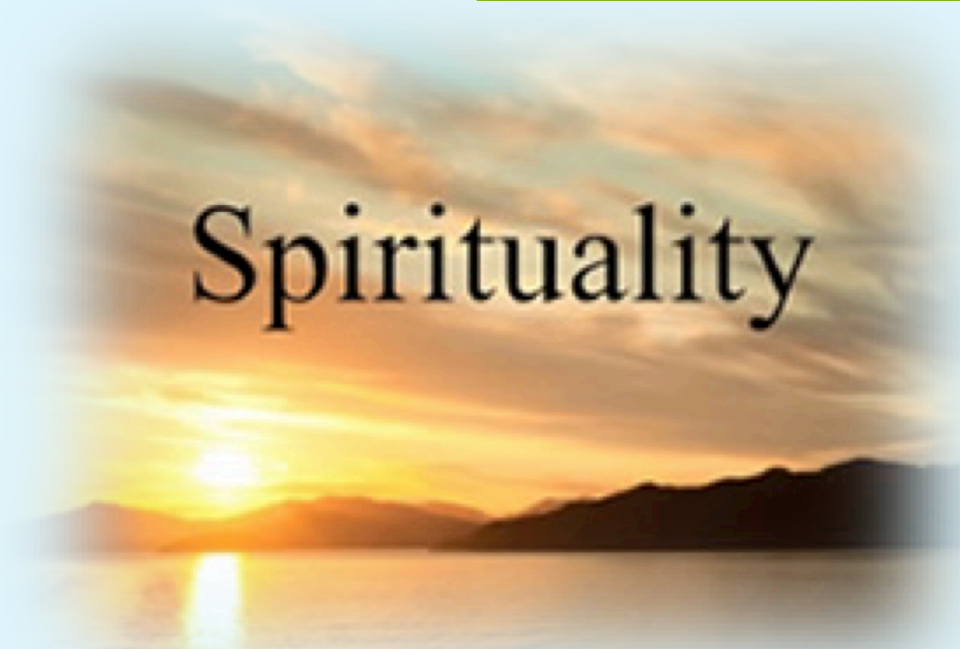
- Question nature of God
- Question nature of human beings
- Question religious community



\*Dr. Thelma Bryant-Davis, Pepperdine University

- Children tend to attribute the cause of illness to internal factors more often than adults do
- Blaming themselves as a coping strategy that allows feeling that he/she has more control over an illness
- Children rely on their parents for their medical care
- Parents - influenced by stigma and may have misconceptions that getting help goes against the will of God or higher power

# Spirituality

A photograph of a sunset over a body of water. The sun is low on the horizon, casting a bright orange glow across the sky and reflecting on the water. Dark silhouettes of mountains are visible in the background. The word "Spirituality" is overlaid in a large, black, serif font.

- Interrelationship of spirituality, religion and health (including mental health) is complex
- Further compounded by developmental stage of the child



### As a child develops:

- Concepts of right and wrong, good and evil, and guilt develop
- Image of God is formed
- Personal relationship with spiritual being
- Tend to attribute the cause of illness to internal factors
- African-American and Hispanic children have an advantage in the “emotional/spiritual” domain- spirituality = potential resource of support

### Parental views of child with special needs

- A blessing and an indication of the family's strong emotional strength.
- Good luck or as a blessing from God because they were deemed particularly special.
- Punishment from God. The past sins may be that of a family member or that of the child.
- Caregivers may seek solace in religion.

## Spiritual Barriers to Recovery

- Focus on forgiveness
- Mental health as an indication of one's level of faith
- Self-blame promoted by teachings of the "The Secret", power of positive thinking, or "you reap what you sow"
- Focus on sexual purity
- Devalue females
- Shame
- Theology to justify abuse



### **National Center for Cultural Competence Georgetown University**

- Ask about term used for higher power or the “divine”
- Have a clear sense of own spiritual and religious view
- Be aware of the need to discuss the topic
- Have a general knowledge of world religions
- Encourage the family to provide specifics about their beliefs
- Use a non-judgmental approach
- Build a network of consultants
- Listen for understanding rather than for agreement or disagreement

## Trauma Assessments Should Address

- Child and family beliefs/values
- Child and family daily practices
- Spiritual or religious community involvement

Dr. Thelma Bryant-Davis, Pepperdine University



### Spiritual/Religious-Based Trauma Activities

- Saying or writing a prayer
- Reading religious or spiritual text
- Use of the creative arts
- Connection with nature
- Meditation and visualization
- Activism
- Talking about your faith with someone you trust





[http://nccc.georgetown.edu/body\\_mind\\_spirit/spirituality\\_children.html](http://nccc.georgetown.edu/body_mind_spirit/spirituality_children.html)

Thriving in the Wake of Trauma, Dr. Thelma Bryant-Davis, Pepperdine Univ.

Carson, V. (1989b). Spiritual Developments Across the Life Span. In Carson, V. (Ed.). *Spiritual Dimensions of Nursing Practice*. Philadelphia: W. B. Saunders Co.

Coles, R. (1990). *The Spirituality of Children*. Boston: Houghton-Mifflin Co.

Heilferty, C. (2004). Spiritual Development of the Dying Child: The Pediatric Nurse Practitioner's Role. *Journal of Pediatric Health Care*. 18(6):271-275.

Mickalide, A. (1986). Children's Understanding of Health and Illness: Implications for Health Promotion. *Health Values*. 10:5-21.

Pehler, S-R. (1997). Children's Spiritual Response: Validation of the Nursing Diagnosis Spiritual Distress. *Nursing Diagnosis*. 8(2):55-66. (April-June).

Seligman, M. and Darling, R. (2007). *Ordinary Families, Special Children: A Systems Approach to Childhood Disability*. New York: Guilford Press.



**75**  
**YEARS**



**Hogg Foundation *for* Mental Health**

**ADVANCING RECOVERY AND WELLNESS IN TEXAS**

Thank you for your interest, time  
and participation!

**Vicky Coffee-Fletcher, M.Ed., LPC-S**

Program Officer

(512) 475-7057

[vicky.coffee-fletcher@austin.utexas.edu](mailto:vicky.coffee-fletcher@austin.utexas.edu)