



Integration of Spirituality and Religion in Therapeutic Interventions and Effectual Factors on Sanism in America

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In 1860, Elizabeth Packard (pictured) was institutionalized With the support of state law by her husband due to a theological disagreement, or "vagaries of a crazed brain." After three years, her oldest child advocated for her release. With a diagnosis of insane, she was released; however, parental rights and property ownership had been stripped according to conventional law. She was locked in her home by her husband until he could have her permanently institutionalized. A year later, she snuck a letter through a nailed window to a passerby and was rescued two days before permanent institutionalization. She pled her case, and after a series of vigorous court proceedings, the court determined that she was sane due to her illegal confinement at home and a doctor's testimony defining insanity as more than a theological disagreement. She separated from her husband and spent three decades fighting for marital equality and mental health rights.

RELEVANCE

- **1860** (160 years ago) Insanity linked to religious/spiritual differences
- Husband had authority to institutionalize wife
- Insanity diagnosis = automatic involuntary forfeiture of parental rights & loss of property
- **1869** (150 years ago) Packard's Law: right to a jury trial to determine sanity prior to institutionalization
- **1964** (56 years ago) Institutionalization laws began to incorporate imminence of danger and person-first language
- **2014** (6 years ago) DE adopted person-first language
- **2020** IA institutionalization laws still exclusive
- DSM-V culturally exclusive language: "an expectable or culturally approved response to a common stressor," "socially deviant behavior and conflicts that are primarily between the individual and society"

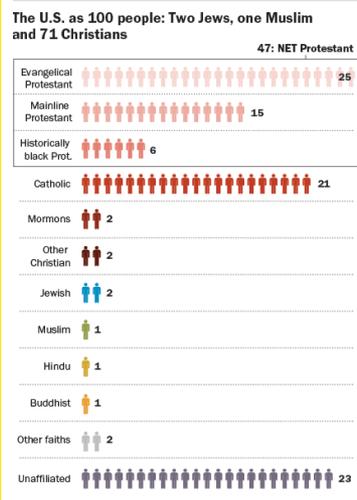
Example of inclusive and exclusive language with shared accountability between likelihood and imminence

...has threatened/attempted suicide, homicide, or to inflict serious bodily harm, or other violent behavior, or has placed others in reasonable fear of violent behavior and serious physical harm, or is unable to avoid severe impairment or injury from specific risks; and there is a substantial likelihood that the harm will occur...

FINDINGS SUGGEST

- Positive correlation between higher resiliency and positive treatment outcomes when client beliefs integrated into sessions
- Faith-integrated cognitive behavioral therapy (F-CBT) showed statistically significant improvement of treatment outcomes for clients with anxiety and depression over control groups and standard intervention groups
- A positive or negative correlation between spiritual integration was found to be potentially dependent on how the client defined the role of their divinity.
- Individuals who sought existential meaning through religion evolved a more absolute belief system through the lens of how they ordered, interpreted, and sought guidance in the aftermath of life's disruptions to achieve structure and stability.
- Intrinsic religiousness positively correlates with an individual's investment in their spiritual journey as a contributor to positive mental health.
- Integration of beliefs in faith-based cultures help stabilize adverse life experiences

APPLICATION



America's faith-based cultural diversity presents an opportunity for mental health professionals to decrease sanism by

- Filling the gaps with cultural diversity training
- Integrating healthy client spiritual identities into mental health treatment
- Advocating for policy changes that include exclusive cultural language

DISCUSSION

Similar religious and mental illness discriminations portrayed in the case study are seen in America today. Discriminations may surface in societal and relational interactions and receptivity, systemic practices, and the counseling profession through diagnosis practices. Bias may be reduced through



- intentionality of integrating advocacy into counselor identities,
- increasing diversity training in curriculum,
- encouraging self-awareness of counselor beliefs, and
- respecting client cultural identities.

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