

Spirituality and counseling in rural communities: A broad based narrative of education and advocacy in spiritual counseling

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Abstract

The purpose of this article is to discuss spirituality and counseling in rural communities. This article will examine the challenges to introduce spirituality as a tool to aid with mental health patients in rural communities considering counselor education and counselor advocacy. As an example, south of the U.S. borders are familias rellijosos that are experiencing the plight in mental health counseling and advocacy. Counselors must become familiar with the values, beliefs, and attitudes of small communities to enhance locally accepted comfort and support systems. This counselor education and understanding of the intricacies of local communities is essential to reaching and helping the rural population. Obstacles and challenges will continue to face counseling and wellness programs in these areas, but early intervention and prescribed services, if locally accepted, must not only be available, but acceptable. Further review is needed and a comprehensive understanding of any local, rural community spirituality is needed for a counselor to provide effective mental health care services.

Keywords: spirituality, rural communities, obstacles, challenges, education, advocacy, mental health care services.

INTRODUCTION

Spirituality in the mental health profession could be used as a tool to promote better living to all patients involved especially in rural parts of the United States. Cashwell and Young (2005) “observed that spirituality is difficult to define, given that it is both universal and highly personal” (as cited in Gill, Minton & Myers, 2010). Myers and Gill (2004) defined spirituality wellness as, “a continuing search for purpose and meaning in life; an appreciation for depth of life, the expense of the universe, and natural forces which operate; a personal belief system” (p11). This article will examine the challenges to introduce spirituality as a tool to aid with mental health patients in rural communities with understanding counselor education and counselor advocacy.

In thinking about how spirituality, counseling, and the rural community tie-in together to address mental healthcare issues and concerns, one has to ponder how the diverse individualities of local populations draw upon each other as a support system during difficult times. Being familiar with the values, beliefs, and attitudes of small communities, helping professionals can gauge and affirm the local spiritual sentiment to develop counseling and guidance practices that enhance locally accepted comfort and support systems.

Implications of Education

The challenge with rural communities is that counselors find themselves searching the counseling profession’s ethical standards and multicultural competencies for guidance (Lonborg & Bowen, 2004). Guidance notwithstanding, Winkler, (2006), noted that faith based organizations in South African inner-city neighborhoods are able to provide moral, spiritual and emotional support to its residents; and calls for support of multi-based organizations to provide, among other things, healthcare.

Inner-city neighborhoods around the world, relatively small in size and population, may very well be a rural community within an urban environment as its residents must also trek outside their neighborhood boundaries to access counseling or other healthcare needs. Schank (1998) highlighted that when referring to rural communities (or small world communities), reference is made to small, self-identified ethnic or religious communities (as cited in Lonborg & Bowen, 2004). For instance, just to the south of the U.S. border, the tight knit *familias religiosas* are experiencing a similar plight in overall mental health counseling and advocacy. According to Portal, Suck, and Hinkle (2012), Mexico has its own complex mental health related problems, but is striving to improve counseling education and social justice.

Understanding the intricacies of issues in rural areas is essential for counselors to successfully muster the necessary resources applicable to the cultural context in which they will be working. In this context spirituality or religiosity within a rural community must be examined thoroughly in order to understand how you will be able to reach and help this delicate population.

Even the American School Counselors Association (ASCA), emphasized the significance of supporting familial spirituality by including the terms spiritual identity and family type in comprehensive school counseling service delivery (Davis, Lambie & Leva, 2011). Hogan, 2003, recommended that improving access to high quality care in rural areas would eliminate the disparities experienced by minority populations, such as those from frontier states and facilitate culturally recognized treatment and support programs.

As diverse as rural communities may be, multicultural spiritual beliefs and practices are particularly important to consider (Holt, Houg & Romano, 1999). Hawkins, Siang-Yang, & Turk, (1999) found that spirituality as an integrative force of a person's physical state, feelings and thoughts helps mental health professionals assess a person's overall well-being (as cited in Openshaw & Harr, 2009). Spirituality in counseling highlights the importance of developing a spiritual focus in both counseling and counselor education (Miller, 1999).

Implications of Advocacy

Obstacles and challenges continue to impede sustainable mental health counseling and wellness programs from coming to fruition in rural communities. Mental health professionals should heed the need to advocate for economic and social policy change to adequately reflect the unique needs of rural populations (Myers & Gill, 2004).

For prevention and early intervention to be effective, helping professionals need to place themselves in positions where they can bring a voice to interrupt and help to reverse the cycle of negative mental health consequences. As an example, Myers et al., (2001) regarded early intervention and strength-based assessment and counseling as pre-emptive approaches to avert negative mental health consequences (as cited in Myers & Gill, 2004).

But no matter how effective early intervention or other preventive or prescribed services may be in theory, if these approaches are not culturally accepted in rural communities, mental healthcare counseling may just continue to remain inaccessible. Consideration of local healing practices must be weighed against modern, contemporary therapeutic approaches. For mental healthcare counseling services to be accessible, services must not only be available, services must be acceptable (Nicholson, 2008).

Spirituality as a particular multicultural concern invalidates a counselor's competence if he or she lacks participation in local religious activities (Lonborg & Bowen, 2004). However, knowledge of counselor's spiritual orientation may become suspect and give birth to ethical dilemmas or perhaps even dissuade locals from seeking assistance.

Openshaw and Harr (2009) found that rural clergy are often in a position to welcome opportunities to consult with healthcare professionals about lack of access and availability to healthcare services. Additionally, most clergy would only refer people to a professional if the professional had a belief in God. Nevertheless, the clergy and helping professionals must tap into the community's leadership to facilitate and support a common vision of change (Lopez-Baez & Paylo, 2009).

Consequently, helping professionals in their respective disciplines is a challenge and counselors must be able to set aside biases and consider how their spirituality may be inadvertently implicated in counseling sessions or in their work to advocate for specific needs of rural communities. In 2003, the Freedom Commission also took steps to establish an advocacy coalition to address mental health advocacy issues (Hogan, 2003). Phillips, (2005) posited that people who receive healthcare services from professionals who practice behaviors that promote healthy regimes to improve healthy quality of life conditions benefit from interventions designed specifically to enhance social support (as cited in Weinert, Cudney & Spring, 2008).

Discussion

Spirituality around the globe provides its distinctive experiences within rural populations and counseling in its own regard must contend with the multicultural perspectives unique to these environments. Having familiarity with cultural preferences is important for both the counselor and the client. Assessing a rural community's cultural context to include spirituality will help the counselor bring effective mental healthcare services. Although this review is not all inclusive, the educational and advocacy implications for counselors is that misunderstanding the depth and breadth of spiritual issues and concerns may undermine any successes in counseling rural populations. Further review in this area is needed to understand the implications of spiritual intervention and practice in counseling rural populations.

Conclusion

As counselors and mental health professionals continue to treat patients in rural communities, there must be an understanding and knowledge of what a rural community is first. There must also be an understanding in spirituality with counselor education by understanding the rural community and the different cultures involved. As counselors and mental health professionals we need to continue to advocate towards policy change to help rural community's mental health population.

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