‘Whither the soul of psychiatry?
The place of spirituality in UK mental healthcare today’

Report of the Spirituality and Psychiatry Special Interest Group meeting
on 4th November 2015
by Dr Alison Gray and Dr Andrew Clark

Introduction to the programme (Programme organisers: Dr Andrew Powell and Dr Sophie Thomson)

In the fifteen years since the SPSIG was founded, its College membership has grown to 3,000. More than 40 programmes have been held, resulting in over 200 publications on our website. The RCPsych has commissioned two books: 'Spirituality and Psychiatry' (2009) and 'Spirituality and Narrative in Clinical Psychiatry' (in press) and spirituality has been acknowledged as an important dimension of mental healthcare (see 'Recommendations for Psychiatrists on Spirituality and Religion': College Position Statement PS03/2013 and the 'Spirituality and Mental Health': the College ‘Help is at Hand’ leaflet).

And yet we need to ask, as much as ever: 'Where is psychiatry heading?' Are we looking at a widening divide between academic psychiatry and the deep human problems that face psychiatrists in everyday clinical practice? Are we in danger of seeing the pathology while losing sight of the person?

This meeting provided an opportunity for members of the SPSIG to express their views. What have we learned from our 15 years of experience to date? How can we bring our influence to bear on developments in psychiatry? What priorities should we be setting? What activities can the future work of the SPSIG best support? What indeed do the next 15 years hold?

Resumé of Session 1: 'Looking back: what have we learned, what problems have we encountered, what has worked?' (Chairs: Dr Andrew Powell and Dr Sarah Eagger)

Andrew Powell began with a brief history of the SPSIG since its inception 15 years ago, how it was born out of personal interests, evidence of the correlation between spirituality and mental health, coming especially from the US, and the awareness that spiritual crisis could sometimes be misdiagnosed as psychosis. In the years that followed, the achievements of the SIG included regular programmed events, a comprehensive website with an extensive publications archive, the College leaflet on Spirituality and Mental Health, a College position paper on Recommendations for Psychiatrists on Spirituality and Religion and an online CPD module accessible to all College members.

Yet the SPSIG has not otherwise been able to influence the content of core training for psychiatrists, despite having submitted (on request) lengthy and duly referenced papers on educational aims and objectives that would give spirituality an appropriate clinical and research presence in the curriculum.
Sarah Eagger then spoke, pointing out that one of the main challenges of bringing Spirituality into the politics of the college is to gain the support and interest of the College president. We have been fortunate in having had more than one president who showed such support during their time in office. We have always attempted to make the SPSIG relevant to the whole College. For instance, we held a meditation workshop for several years at the College Annual Meeting, and these were always packed out. Yet these have not been included in the last two years’ programmes. The SIG worked hard to get spirituality into the curriculum, a difficult process with limited results which left us wondering about the apparent reluctance from some quarters to facilitate the process. At least the online CPD module, devised by Sarah, is now available free of charge. Attention was drawn to the importance of being a role model, often implicit.

Themes arising in the group discussion that followed:

- The importance of spirituality and the humanities in drawing people into psychiatry.
- The holistic approach seems to be out of fashion - but perhaps spirituality can be a method of re-humanizing medicine, bringing in the compassion agenda.
- There is a real legitimacy provided by the SPSIG, which gives its members confidence to speak out on matters of spirituality. In much psychiatric practice, there is discomfort in talking about spiritual things.
- There is a big difference between NHS and private practice, where more time and patient contact enable spirituality to get a hearing.
- The SPSIG is valued as a place where spirituality can be openly spoken of. The programme ‘Spirituality and Psychiatrists’ in November last was valued by many, with individuals speaking about what their spiritual practices mean personally to them and how spirituality informs their clinical work.
- The SPSIG is a ‘top-up’ that gives support and encouragement through sharing with each other. Indeed, Medicine is a spiritual calling, a vocation; one can grow as a person whilst giving to others.
- We are working in a culture that denies humanity. One delegate spoke of interviewing young applicants for medical school – full of hope and enthusiasm about going into medicine; later meeting them as final year medical students, and finding them dried up and emotionally detached by the lack of opportunity to deal with people as individuals.
- Many psychiatrists in post are already working out when they can take their pensions and escape the NHS!

Further discussion on this theme (one discussant added ‘biophysical medicine sucks the life out of me’) led to the idea that the SPSIG holds a ‘wedge of space’ for spirituality, enabling it to be possible to consider the bigger aspects of life. People needed the sense of something bigger (‘to belong to more than myself’), with space to explore different narratives with patients, and not to have the biomedical narrative driving out the spirituality of care, which should be for everyone.

Two simple questions can be put: ‘are you religious or spiritual in any way. Tell me about it’. If the answer is no, it is helpful to ask: ‘where do you get your inner strength and hope from.’ It only needs courage and confidence to open the topic – which is not about putting ideas into
people’s heads or proselytizing. (There seems to be concern within sectors of the College that any such conversation will be misused).

One discussant concluded, ‘I am a spiritual person, this enriches me as a person and we miss out if we don’t connect to people deeply.’ Another said ‘I surprise myself when I use the term ‘love’ in talking to patients’!

**Resumé of Session Two 'The current situation: challenges facing us today'** (Chairs: Prof Chris Cook and Dr Alison Gray).

**Chris Cook** opened the discussion identifying a series of challenges. Top of the list was the need to affirm the value of spirituality in psychiatry in the face of significant voices saying that spirituality has no place in psychiatric practice! Alongside this, Chris emphasised the need to demonstrate and clarify the nature of good practice in the spiritual dimension of mental healthcare. He also spoke of the need to make our voice heard not only within the College but also further afield within the European and the global psychiatric community (WPA). He affirmed the importance of winning the support and commitment of a new generation of psychiatrists. Chris helpfully reminded us of the College motto ‘Let Wisdom Guide’.

**Themes arising in the group discussion that followed:**

- The involvement of Chaplaincy in Mental Healthcare
- The overlap between neuroscience and spirituality e.g. the interest in consciousness and neuroplasticity, with reference to a recent stimulating meeting addressing the theological implications of the new neuroscience.
- The importance of having a community of colleagues who can nurture each other’s passion for spirituality in mental healthcare. ‘When isolated the tank runs dry.’
- Discussion of the value of having dialogue with those people opposed to a spiritual dimension of psychiatric practice.

Trainees present spoke of a culture of anxiety about exploring spiritual matters with patients who bring this up. The question was raised ‘what are we fighting for?’ Answer: the importance of having our voice heard, keeping the spirit alive and being bringers of hope. Perhaps more importantly, we are doing this for our patients who continue to say that they want to be able to discuss the spiritual aspects of their care with their psychiatrist.

**Resumé of Session Three: ‘Looking forward: where do we go from here?’** (Chairs: Dr Sophie Thomson and Dr Stephen Turner)

**Stephen Turner** began by looking at the issue of recruitment into psychiatry. He reflected that students often are attracted to psychiatry since it can provides a space for thoughtfulness and creativity compared with the other medical specialities. Hence, an overemphasis on the purely biological aspects of psychiatry may not be helpful in improving recruitment to the speciality.
He went on to speak of the impact of the increasing variety of faiths amongst the population in UK – likely to become even more diverse with large scale immigration, reminding us of the rise of secularism, and encouraged us to think about our response to this. **Sophie Thomson** recalled Gandhi’s advocating “Satya graha” which literally means ‘standing up for truth’. This became a theme throughout the remainder of the session.

**Themes arising in the group discussion that followed** (break-out small groups orchestrated by Sophie Thomson):

- Learning to think about spirituality in the context of focus on professional boundaries
- Focus on compassion – not necessarily as a skill to acquire but rather as a natural quality to reveal through spiritual practice, and by addressing what gets in the way of this (reference was made to the recent excellent report on Compassion produced by the General Adult Faculty)
- Focus on trainees – how to create a buzz amongst trainees about this subject e.g. word of mouth, local meetings (outside London), meetings addressing either controversial issues (e.g. wearing of religious emblems) or directly clinical issues (e.g. suicidality and life after death)
- Publicise meetings through trainee channels e.g. Psychiatric Trainees Committee (PTC) and involve trainees in facilitating meetings
- Focus on the overlap between spirituality and neuroscience
- Possible linking with the new Art SIG
- Addressing the difficult subject of ‘when religion goes wrong’ i.e. has a negative effect on people’s mental health
- Encouraging staff reflective practice groups

In the final discussion of the day, it was felt important that the existence of the SPSIG has been able to be used to counter the stereotype of psychiatrists as anti-spiritual. However, it was also felt important to link reflection with action – it is time to speak out for the values the SPSIG represents when the College appears not to be hearing us. Do we express our views strongly enough? How may we encourage more SPSIG members into influential positions in the College?

There was general agreement that the format of this programme – sitting in a circle and talking face-to-face, and with everyone’s views being heard and valued, was enjoyable and informative. The meeting concluded with the image of keeping the wedge of spirituality in psychiatric practice open.