

## **‘Spirituality in psychiatry: implementing spiritual assessment’**

Talk given at the Royal College of Psychiatrists’ Annual Meeting, 29<sup>th</sup> June 2011, on the theme of ‘Spirituality: its evidence and implementation in psychiatry’

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The aim of the presentation was to increase psychiatrists’ knowledge and confidence in exploring this important aspect of care with service users.

Most of this material is drawn from two significant publications which I would urge the reader to access for further more detailed information.

1. ‘Assessing spiritual needs’ by Larry Culliford and Sarah Egger. Chapter 2 in *Spirituality and Psychiatry* Eds. Cook C, Powell A, Sims A. RCPsych Publications 2009
2. ‘Assessing a person’s spiritual needs in a healthcare setting’ by Sarah Egger and Wilf Mc Sherry. Chapter 10 in *Spirituality and Mental Health* Ed. Gilbert P. Pavilion Publishing, 2011

I began by emphasizing that there is no better way to get alongside a person than to enquire empathically about what gives his or her life most meaning, and about what helps most in adversity. These questions necessarily point towards spirituality, and in the direction of a person’s strengths rather than deficits. (Cultural and spiritual issues are, however, often ignored in spite of their stated importance to service users).

### **Why should we assess?**

Current drivers that encourage us to do so include the following statement from the GMC’s guidance to all doctors on personal beliefs and medical practice (2008): *...for some patients, acknowledging their beliefs or religious practices may be an important aspect of a holistic approach to their care. Discussing personal beliefs may, when approached sensitively, help you to work in partnership with patients to address their particular treatment needs.*

More recently, the Royal College of Psychiatrists’ Position Statement: Recommendations for Psychiatrists on Spirituality and Religion (2011) states; *A tactful and sensitive exploration of patients’ religious beliefs and spirituality should routinely be considered and will sometimes be an essential component of clinical assessment.*

The reasons for assessing spiritual aspects of patients’ lives, including spiritual needs, in psychiatry are complex. In addition to discovering personal and environmental strengths on which to draw, it also includes other factors such as; the very nature of spirituality as a

source of vitality; motivation and a healthy sense of belonging and being valued, the long historical relationship between religion; medicine and mental healthcare; the service users wishes, and those of carers; the epidemiology of spirituality/religion and mental health and the influence of spirituality/religion on the attitudes and decisions of psychiatric staff.

### **Personal reflections**

Participants in the AGM session were then encouraged to spend some time reflecting on their spirituality prior to exploring that of their patients, as suggested by the schedule of questions from Ian Govier (2000).

- What gives my life meaning?
- What do I believe in?
- What do I hope for?
- Who do I love and who loves me?
- What do I understand by the term spirituality?
- How am I with others?
- What would I change about my relationships?

### **Spiritual needs**

There then followed a discussion on what spiritual needs are. As with any act of assessment, we have to be aware of what need we are evaluating and how we might respond to that need once identified and assessed. Murray et al. (2004) indicate that spiritual needs are the needs and expectations which humans have in order to find meaning, purpose and value in life. Such needs can be specifically religious but even people who have no religious faith have belief systems that give their lives meaning and purpose. This approach to spiritual needs brings into question the relationship that exists between religious frameworks and more existentially-based ones. It is useful here to refer to John Swinton's (2001) list of non-religious spiritual needs.

### **Values/structures of meaning**

- Hope
- Faith
- Search for meaning/purpose to life
- Dealing with guilt and initiating forgiveness
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### **Relationships**

- Therapeutic presence
- The possibility of intimacy
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### **Transcendence**

- The need to explore dimensions beyond the Self
- The possibility of reaching God without the use of formal religious structures
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### **Affective feeling**

- Reassurance
- Comfort
- Peace

- Happiness

### **Communication**

- Talking and telling stories
- Listening and being listened to

### **The assessment process**

Gathering data is not an assessment in itself; the information must be interpreted, organised, integrated with theory and made meaningful. Accordingly assessment is defined as the process of gathering, analysing and synthesising salient data into a multi-dimensional formulation that provides the basis for action and decisions. Many formats simply screen for spiritual needs but do not ascertain how spirituality actually functions in the patient's life.

Assessment can provide a systematic approach;

- Ensuring that only relevant information, which will be used is deliberately sought, thus acknowledging the individual's right to privacy
- Providing a basis for practitioner and patient decision making and goal setting
- A focus for practitioner and patient to validate the existence of problems

Further thought needs to be given as to when the assessment is done. Should there be an initial screening as part of the admission process? Clearly we need to judge the appropriateness in each case of exploring this aspect of people's lives and what depth is necessary. Ideally it is an ongoing process that depends on trust, rapport and continuity.

Cobb (1998) also raises pertinent issues of whether it is practical - are language and concepts used appropriate for all patients and is the healthcare professional capable of dealing with consequences evoked?

### **A guide to the different instruments**

I then went onto describe many of the current approaches and instruments available and these can be found on the Royal college of psychiatrists Spirituality Special Interest Group website.

- <http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx>

*A short guide to the assessment of spiritual concerns in mental healthcare*

- [http://www.rcpsych.ac.uk/pdf/A\\_guide\\_to\\_the\\_assessment\\_of\\_spiritual\\_concerns\\_in\\_mental\\_healthcare.pdf](http://www.rcpsych.ac.uk/pdf/A_guide_to_the_assessment_of_spiritual_concerns_in_mental_healthcare.pdf)

There are many different frameworks including quantitative v. qualitative approaches, and also narrative v. interpretative for understanding spirituality. It is often helpful to start with some short screening questions such as;

- What is really important to you in your life?
- Do you have a way of making sense of the things that have happened in your life?
- What sources of support/ help do you look to when life is difficult?

There are also systemic ways of exploring the subject that situate the encounter in a relational context. This involves looking at personal beliefs and differences of belief in their relational system including beliefs from the past, comparing with the present and hypothesising about the future. It also involves examining the importance of what we as practitioners believe or don't believe.

Gillian White (2006), who observed the process on a palliative care unit for a year, ultimately felt that the best method was a narrative and on-going approach, where spirituality is part of the healthcare process depending on the quality of the conversations, not a tick box exercise. Furthermore she suggests it works best when grounded in reflective learning and is in the context of a therapeutic relationship. In order to do this the team needs knowledge, skills and confidence. She suggests a framework for exploration that includes;

- **Meaning and Purpose**
  - What are some things that give you a sense of purpose?
  - Do you have a specific aim that is important to you at the moment?
- **Security and hope**
  - What are your sources of strength and hope?
  - Who do you turn to when you need help?
  - What inner resources do you draw upon?
- **Religion / spirituality**
  - Do you consider yourself to be religious or spiritual?
  - How does this affect you? Has being ill changed this?

### **Spiritual care**

Once we have identified the spiritual need and assessed it, the question of how we might respond becomes relevant. Spiritual care is about helping people whose sense of meaning and worth is challenged by illness and it can take many forms. Cobb (1998) described a model of spiritual care as including;

- a response to the spiritual needs understood through exploring life events, beliefs, values and meaning
- therapeutic support to find meaning in their experiences of vulnerability loss or dislocation
- addressing the dimensions that go beyond the immediate and the physical
- contributing to healing and rehabilitation by attending to wholeness in the midst of brokenness
- psychological, social, spiritual and religious dimensions
- more formal rituals which embody the beliefs of a particular tradition if appropriate

We may also notice the therapeutic effect of taking an interest in this area, through improved rapport with our clients. Clinicians regularly discover that taking a spiritual history, and enquiring attentively to patients' primary concerns and motivating factors, deepens rapport. Feeling valued as individuals, patients often relax and invest further trust in the doctor, thus improving the therapeutic alliance.

We may arrange for further sympathetic listening, help strengthen the person's inner resources or encourage spiritual practices, either religious or secular. We can also assist connections to external supports directly and/or through local chaplaincy (pastoral care) departments, families, friends or the local community.

### **Concerns**

In spite of the many benefits of exploring this area of patient's lives and the numerous drivers urging us to do so, there is still reluctance in some people to do so. There have been concerns voiced about the issue of boundaries (Poole et al. (2008) who writes: *The problem with blurring the boundaries by inviting an apparently benign spirituality into the consulting room is that it makes it more difficult to prevent these abuses. Having moved the old boundary it is then very difficult to set a new one.*

Practitioners can feel cautious about not getting it right and that they maybe treading on 'holy ground'. They may also feel a lack of spiritual confidence or experience in delving into this area, which is why on-going training and discussion is so important.

### **Negative spirituality**

It is also appropriate sometimes to challenge unhealthy spirituality. We need to aware that not all spirituality is positive, as there are some communities that are oppressive and patriarchal, that may advocate inappropriate ways to attempt to 'cure' and who, through stigmatising, can isolate and reject those with mental illness.

### **Proselytising**

Another major ethical concern is that of inappropriate proselytising. The Department of Health has issued guidelines regarding this in their publication 'Religion or belief: A practical guide for the NHS (2009).'

- members of some religions are expected to preach and try to convert other people
- such behaviour is **never** appropriate in the clinical workplace or any therapeutic setting
- people from other religions and those who do not practise any particular faith are likely to feel intimidated
- proselytising behaviour would normally be construed as harassment and grounds for grievance.

### **Conclusions**

The half-hour presentation ended with some lively discussion and in particular the question of how to respond if a patient asks about one's own spirituality. I find such patients are often checking you out to see if their answers are going to be 'used against them' in some way. I find saying 'yes this is an important area of my own life', usually satisfies their curiosity without the need to go into specific personal beliefs.

## References:

Cobb, M. (1998) Assessing spiritual needs: an examination of practice In Cobb, M., Robshaw, V. (1998) *The Spiritual Challenge of Health Care*, Churchill Livingstone, Edinburgh page 114

Department of Health, Jan 2009, Religion or Belief: a practical guide for the NHS

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Govier, I. (2000) Spiritual care in nursing: a systematic approach. *Nursing Standard*. 14, (17) 32 – 36

Murray, S. Kendall, M. Boyd, K. Worth, A. Benton, T. (2004) 'Exploring the spiritual needs of people dying of lung cancer or heart failure: A prospective qualitative interview study of patients and their carers'. *Palliative Medicine*, 18: 39-45

Poole R, Higgs R, Strong G, Kennedy G, Ruben S, Barnes R, Lepping P, Mitchell P. 'Religion, psychiatry and professional boundaries'. *Psychiatric Bull.* 2008; 32, 356 –357.

Royal College of Psychiatrists' Position Statement: Recommendations for Psychiatrists on Spirituality and Religion. [http://www.rcpsych.ac.uk/pdf/PS03\\_2011-1.pdf](http://www.rcpsych.ac.uk/pdf/PS03_2011-1.pdf)

Swinton, J. (2001) *Spirituality and mental health care. Rediscovering a forgotten dimension*. Jessica Kingsley, London. Page 26

White, G. (2006) *Talking about spirituality in healthcare practice*. Jessica Kingsley, London

## Further recommended reading:

*Spirituality and Mental Health*. Edited by Peter Gilbert. (2011) Pavilion Publishing

*Spiritual Assessment in Healthcare Practice* McSherry, W and Ross, L. (Eds) (2010) M&K Publishing, Keswick

*Spirituality and Psychiatry* Eds: C. Cook, A. Powell, A. Sims. (2009) RCPsych publications

*Taking a Spiritual History*. Culliford, L. (2007) *Advances in Psychiatric Treatment*, 13, 212-219.

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*Encountering the sacred in Psychotherapy*. James and Melissa Griffith. (2002) The Guilford Press