

Beyond Containment: Reclaiming Spiritual Meaning in Acute Psychiatric Care Dr Krishna Prakash (Reflective clinical insights informed by prior practice in Psychiatric Intensive Care Units (PICU).)

Background-Acute psychiatric wards prioritize safety, stabilization and risk management. In high-acuity settings such as PICUs, containment measures may be necessary but can intensify patients' experiences of loss of autonomy and existential distress. Spirituality—understood as the search for meaning, identity and connection—often emerges during crisis but is rarely explored in containment-focused care. Engaging with patients' spiritual narratives may strengthen therapeutic alliance and support recovery-oriented practice.

Aim-To explore whether recognising patients' spiritual frameworks within acute psychiatric settings may reduce perceived coercion associated with containment. Hypothesis: Respectful engagement with spiritual meaning-making strengthens therapeutic alliance and reframes experiences of restriction.

Methods-Reflective service evaluation based on anonymised clinical encounters within an adult acute psychiatric context. Thematic reflective analysis identified recurring patterns relating to spiritual meaning-making, perceptions of coercion and therapeutic engagement. No identifiable patient information was used, and observations complied with local governance standards.

Results-Three themes emerged: Spiritual interpretation of illness experiences, including religious framing of psychosis , Existential distress amplified by restrictive interventions , Improved collaboration when clinicians respectfully engaged with patients' belief systems
Acknowledging spiritual narratives appeared to reduce oppositional responses to containment and facilitated dialogue about safety and recovery.

Discussion-Recognising spiritual meaning may humanise restrictive interventions without compromising safety. Respectful curiosity toward patients' belief systems can support trauma-informed and recovery-oriented care even within highly restrictive environments.

Conclusion-Containment and spirituality need not be conceptually opposed. Brief structured spiritual inquiry during assessment may reduce perceived coercion and strengthen therapeutic alliance. Further research is required to evaluate measurable outcomes in acute psychiatric settings.

Key Message-Acknowledging patients' spiritual meaning-making can transform containment from a purely restrictive intervention into a more collaborative and humane component of psychiatric care. Declaration of Interests-None declared. Funding-No external funding. Governance / Ethics-Reflective service evaluation using anonymised clinical reflections; formal research ethics approval not required.

