

# Losing the Soul

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## Introduction

In a world that continues to unlock the genetics behind every disease, creating new drugs and designing new technologies, the influence of spirituality seems to be diminishing with every step that science makes. As man continues to gain control over his environment, digging up the earth's resources and meddling in the very chemistry of its being, we must ask how much has man conquered of himself? How aware is he of his own emotions? How often does he sit down and think about the purpose of his own life, the threads that bind him to the planet, and the values that go beyond material goods? As we continue to build the walls around our artificial prisons, it is within our minds that we can find escape.

Science and spirituality have been connected for centuries, with priests having the privileges in society that have now been taken over by doctors. Until a few hundred years ago, disease was viewed through the lens of spirituality and religion. The first major hospital in the West was built in response to St. Basil, the bishop of Caesarea, in order to clothe the poor and heal the sick. Yet gradually, the separation of medicine and religion began with the rise of science and the desires of men to take control of their own bodies<sup>1</sup>.

Once again, we are going through a transformation. Increased globalisation has created a melting pot of beliefs and values<sup>2</sup>. This is a time of increasingly plural beliefs; with the popularity of institutionalised beliefs diminishing, people create their own meanings. Spirituality is once again making its way back into the forefront of healthcare as we begin to understand that to fragment a person's needs is to fragment their identity. Nowhere is this realisation more pronounced than in the speciality in which we deal with humanity in its most raw and purest form- psychiatry.

## What is Spirituality?

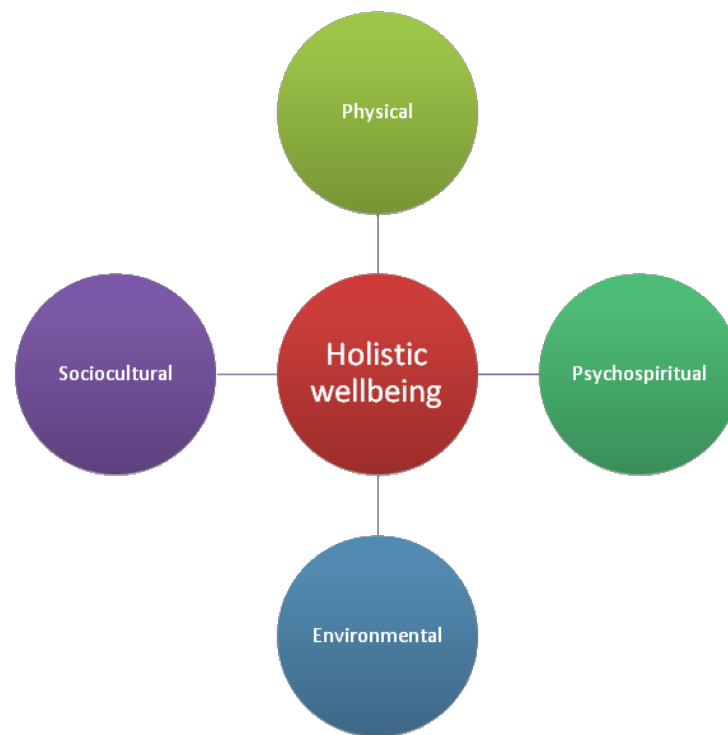
The Latin word *spiritus* translates to breath of life<sup>3</sup>. To breathe means to be alive and to have spirit means to be a part of this world. Spirituality is the expression of one's sense of humanity; it is the vehicle through which meaning is sought<sup>4</sup>. In a world that is becoming more secular and pushing religion to the side<sup>5</sup>, what is it that separates spirituality from religion? Both spirituality and religion are about beliefs, values and experiences<sup>1</sup>. The root word spirit comes from the Hebrew word *ruah* meaning breath and is associated with *nephesh*, which means life or soul<sup>3</sup>. In contrast, religion in Latin means 'to bind fast' and refers to an institution of people gathered together to worship and share a belief system. Spirituality tends to be defined in more individualistic terms, while religion tends to be defined in more communal terms<sup>6</sup>. Indeed, given its individualistic outlook, spirituality has been described as the religion of high modernity. Some have suggested that the uncertain social conditions in which we reside and the reductionist empiricism that we have inherited from the Enlightenment has led to a rise in spirituality as people try to look for something with which to grasp hold. Eastern spiritualities, once rejected as being heretical by the West, are now becoming more widely accepted<sup>7</sup>. To have value and purpose in one's life is something that we all aspire towards,

and nowhere is this more apparent than in healthcare - at that boundary where existential questions are raised and a person's need for intrinsic meaning is brought into the light.

### Do we need Spirituality in Healthcare?

*'The provision of spiritual care by NHS staff is not yet another demand on their hard-pressed time. It is the very essence of their work and it enables and promotes healing in the fullest sense to all parties, both giver and receiver, of such care.'* National Health Service Education for Scotland, 2009<sup>8</sup>.

As we continue to rely upon science to be the bearer of all knowledge, we are noticing a very different shift within healthcare in the UK<sup>9</sup>. No longer is the patient viewed as a set of body parts, a list of symptoms to alleviate or a set of diseases to diagnose. To suffer ill health is to suffer in one's entirety. The World Health Organisation has stated that the reductionist and mechanistic view of patients is no longer satisfactory in the present age, and that a greater focus is now needed upon compassion, faith and hope<sup>10</sup>.



As Matkevich<sup>11</sup> describes in the above diagram, different domains must be taken into account for holistic care to be provided. To ignore holistic care is to ignore the person as a whole. If we focus too much on any one domain, then the care we offer to our patient is fragmented. Spirituality is described as a way of holding up a mirror to healthcare and reflecting its deficiencies. It goes beyond the search for the origins of pathology, and seeks to find the meaning of a person's life<sup>12</sup>. The focus on spirituality is an attempt to bring the focus back onto the person<sup>8</sup>. In response to suggestions that healthcare is becoming less personal<sup>13</sup>, perhaps spirituality is required to help humanise the medical world.

While spirituality is important in all aspects of healthcare, it may be particularly relevant in mental health where patients may pose questions about existential and spiritual areas<sup>14</sup>. Mental illness can bring about questions such as ‘Who am I? What am I doing here?’<sup>15</sup> Psychiatrists walk along the boundary between existential beliefs and its effects on reality, and must attempt to integrate the biomedical research with human experience.

Yet psychiatry and religion have had a difficult past; in 1907, Sigmund Freud referred to religion as a ‘universal obsessive neurosis’<sup>16</sup> while Albert Ellis viewed religion as irrational thinking and an emotional disturbance<sup>17</sup>. However, studies generally tend to show the opposite. A review in 2012<sup>18</sup> concluded that the majority of studies indicate a positive relationship between spirituality, religion and mental health indicators such as decreased anxiety and depression. Studies also report that up to 80% of patients with mental health problems rely upon their spirituality and religion to cope with their symptoms<sup>19</sup>. Recovery in mental health is focused on empowering the individual<sup>20</sup> and this is where spirituality can step in to ask the vital questions, ‘What does recovery mean to you? What gives your life meaning?’ Indeed, if there is no meaning, there is no hope<sup>21</sup>. It has been suggested that our civilisation’s ‘loss of soul’ may cause psychiatric symptoms such as obsessions, addictions and violence. It may be the responsibility of the mental health profession to put this soul back into medical ethics, emphasising the fact that spirituality is vital in the mental health of the population. When we take a psychiatric history, we may ask about the denomination the patient belongs to, but we do not always enquire into the patients’ experiences of their spirituality or religion. The Royal College of Psychiatrists (RCP) has pointed out this irony of recording a patients’ religion yet not seeking the understanding behind it<sup>17</sup>. What does spirituality mean to patients? Does it play a role in how they cope with life stresses? These types of discussions can help to strengthen the therapeutic relationship, and open the gateway to allow patients to discuss issues that may be most important to them<sup>22</sup>.

### **Spiritual Assessments**

Mental illness can often reflect a spiritual void in a person’s life, and a spiritual crisis can overlap with a mental illness<sup>23</sup>. One way of implementing spirituality into mental health care is through taking a spiritual history<sup>24</sup>. The RCP recommends exploring patients’ spirituality as part of routine clinical assessment<sup>6</sup> and offers a number of sample questions to ask<sup>24</sup>. By incorporating a spiritual assessment into every patient, these issues are brought to the forefront and a light is shone onto a patients’ inner life<sup>6</sup>. The assessment in itself can also be therapeutic for the patient, showing that the healthcare professional cares about the person as a whole. Indeed, some studies show that assessing a person’s spirituality is associated with increased patient perception of healthcare quality.

The spiritual history needs to be taken in a sensitive manner<sup>24</sup>. In some ways, the spiritual assessment should be treated just as sensitively as when one gathers a sexual history<sup>25</sup>. It is at the psychiatrist’s discretion to take the initial step in broaching the subject. Studies indicate that both professionals and service users agree that a relationship must first be developed before delving into such personal aspects of a persons’ life<sup>26</sup>. Consultants have also highlighted that one should be cautious when discussing spirituality with people who are experiencing extreme emotional states at the time, such as intense psychotic symptoms<sup>27</sup>.

The patients' readiness to discuss spiritual issues depends on their current emotional state, as well as past experiences with spirituality and religious groups and the cultural context<sup>20</sup>.

The National Institute for Clinical Excellence (NICE) states that a spiritual assessment must explore how people make sense to what happens to them, and the sources of strength they feel they can draw upon<sup>8</sup>. Assessments need to be flexible; rather than focusing on specific practices or institutions, they should explore rich emotional experiences, using terms such as hope and purpose. Service users within focus groups have commented that being asked questions on spirituality have encouraged them to reflect upon their experiences and what is most important in their life. They emphasise the importance of having a natural dialogue flowing between patient and doctor rather than a list of questions to go through. If such an artificial dialogue is set up, the patient may find it difficult to open up about such personal experiences. For example, when patients speak about things they do in their day-to-day lives such as walking in nature, psychiatrists can help patients to recognise these connections to their spirituality, e.g. *'That really gives you a reason to get out of bed in the morning, doesn't it?'*<sup>20</sup>. In the same manner, speaking about a topic that carries a lot of meaning in a patient's life can often evoke strong emotions and it is important that psychiatrists are able to pick up on these cues when discussing topics that may touch a patient deeply. For example, a hint of emotion in a patient who is otherwise depressed may indicate that a spiritual topic has been touched upon. An understanding of what evokes such powerful emotions in the patient can help give an insight into a patients' worldview, and what gives meaning in their lives. It may be appropriate to explore these issues actively once they have been brought up by the patient themselves, yet even if the patient does not wish to discuss such ideas at present, the practitioner must always be open to receive such ideas, at a later date when the patient may feel more comfortable. In this way, the psychiatrists' 'spiritual radar' must be attuned at all times<sup>26</sup>.

Once patients feel comfortable in discussing their spirituality, psychiatrists must be careful to use language that resonates with a person's experiences. Spirituality encompasses a wide range of areas, and some patients may prefer religious language referring to rituals and symbols, while others may prefer more secular words. In a similar way, certain words may evoke strong negative reactions from past experiences and psychiatrists must be aware of the sensitivity of such topics before undertaking any assessment. It has been recommended that the best way forward is to start off with a very generic enquiry, putting the patient in the drivers' seat and allowing them to lead the conversation. Culliford and Johnson suggest that one way to broach the subject is by asking, 'what sustains and keeps you going in difficult times?'<sup>28</sup>

If the psychiatrist feels that more depth is needed (and the patient feels comfortable to go further), then further questions can be asked whilst always ensuring that a non-coercive and trusting environment is maintained.

*'To invalidate a person's spirituality, no matter how distorted that is, is to invalidate that real core sense of self and I think once you do that you risk doing untold damage to somebody.'*<sup>29</sup>

One obstacle that psychiatrists have highlighted is the overlap of spirituality with symptoms<sup>24</sup>. Equally, it is clear that psychiatric patients are aware of the danger of their spirituality being pathologised, and are therefore hesitant to enter into this area. It is thus the duty of the

doctor, or any mental health professional, to overcome this barrier and allow an open and forward conversation about such matters in such a way that the conversation is led by the patient<sup>30</sup>. Distinguishing between psychopathology and spirituality can be difficult. Appreciating a person's beliefs, yet viewing them through the biomedical lens may lead to conflict. Indeed, separating a spiritual crisis from a psychotic episode may be impossible according to some researchers<sup>31</sup>. As DSM-IV (Diagnostic and Statistical Manual IV) states, an indicator of pathology within a secular culture can be a strength within a spiritual one<sup>32</sup>. In particular, it seems unhelpful to tell patients that the spiritual experiences they are going through are symptoms of mental illness but preferably to help them develop an understanding of these experiences as a part of human experience. It is also important for staff to take a patient's beliefs seriously, even if considered psychotic<sup>31</sup>. Instead of trying to explain spiritual experiences, perhaps we should try to understand them. Spirituality being something people define for themselves, while psychiatrists are not able to determine the 'truth' of their patients' experiences, they may be well placed to help patients find meaning in such experiences<sup>33</sup>.

However, the role of the psychiatrist is not to offer spiritual interventions. Rather, they need to be able to assess patients' spiritual needs, help emphasise positive beliefs and practices and refer patients to resources where needed<sup>3</sup>. 'Professional role entrapment' is the tendency to position oneself as an expert in a healing relationship. This can lead the patient to feeling dependent, and when discussing spirituality, it must be avoided<sup>35</sup>. A multi-professional approach with help from clergy or other spiritual community leaders may often be required. Psychiatrists must be careful not to go beyond their competency and should always feel prepared to refer patients for pastoral care when needed.

Taking a spiritual assessment means crossing over into the patients' experience<sup>21</sup>. By giving patients the time and space to vocalise their spiritual views, an opportunity is created for a person's spirituality to be brought into their management plan without becoming intrusive or threatening<sup>16</sup>. Not only does this ensure that the patients' needs are met, but also it empowers the patient by exploring recovery through their own eyes and placing emphasis on what is important within their lives. Taking a spiritual assessment is about tipping the scales so often held by the psychiatrist within the relationship, and asking the patient '*what is important to you?*'

### **Spiritual Care: Practical Examples**

*You don't have to believe what I believe to give me spiritual care, but you have to have empathy and the understanding that this person requires this... it's part of her. [Carers need to be able to say] 'I may not believe it but because she needs it then we'll try and provide that for her.'<sup>21</sup>*

The RCP says that spiritual care involves helping patients making sense of their life and being given time to express their feelings. Spirituality can lead to faster and easier recovery through recognition of one's strengths and a new sense of meaning and peace of mind, allowing one to accept one's problems and therefore live with them<sup>23</sup>. One study found that patients felt understanding was at the heart of spiritual care. The important thing was not a person's spiritual knowledge but the empathy to allow one's experiences to be understood. A clear outcome from such studies is that patients want their spirituality to be seen as real and

significant, not just a variety of religious labels but what it means to them as a person and how it affects their day-to-day life<sup>21</sup>. Given the increasingly diverse culture within which we reside, it is ever more important that our care is in line with our patients' beliefs and values. If we cannot understand the way our patients perceive the reality around them, we cannot offer them treatment that fits into their way of understanding<sup>6</sup>.

Spiritual care has been defined as either descriptive or prescriptive. Descriptive involves what staff do in response to a patient's spiritual needs, such as listening and supporting the patient's wishes, while prescriptive involves trying to modify the spirituality of the patient. Given the power they hold, staff should not 'prescribe' spiritual activities for their patients but rather take an open-minded and non-judgemental role while their patients try to make sense of what is happening to them<sup>3</sup>. Rather than focusing on specific interventions, psychiatrists need to focus on empowering their patients to express their own beliefs and values.

Below are two examples of spiritual care being integrated into the NHS - spiritual care that goes beyond theory and that can only be truly seen in practice.

1. Odyssey Groups are jointly funded by the NHS and Social Services<sup>36</sup> and which consist of a group of people who meet regularly to discuss spiritual questions of meaning and purpose. They began in Cambridgeshire, in the Peterborough Mental Health Partnership NHS Trust, and arose from the need of people with mental health problems to be able to discuss the spiritual context of their mental health in a safe place. If staff think that person could benefit, patients are invited to join a group, that runs weekly for an hour and a half, generally for nine months, by which time the participants feel they have begun to understand their own spirituality. The groups have a facilitator who ensures that ground rules are followed so that people do not veer too much off topic. Self-exploration can lead to personal insights in a safe and trustful environment. The aim is to empower people to use their own judgement, not simply letting others tell them what to believe, and helping to raise self-esteem and to address feelings of guilt<sup>4</sup>. The Odyssey Groups allow people to question their old assumptions and beliefs, leading to fresh insights and a new way to reconnect with the world that had been lost to them.

*If we are given the opportunity to examine the whole story of meaning, purpose and even searching itself, that activity is capable of stimulating not only creative thought, ideas and clarity of vision, but also supportive and encouraging insights.'* - Odyssey Group Facilitator<sup>4</sup>.

2. The Doncaster and South Humber NHS Mental Health Trust approached the Pakistan Muslim Centre (PMC) with a pilot project to address the high number of Pakistanis in Britain having mental health problems and with minimal engagement of the mental health services, in order to establish a model of best practice in meeting the health and social needs of Pakistani service users in Sheffield. The Mental Health Trust recognised that service users, particularly those from ethnic minorities, required greater recognition of their spiritual needs. This involved building on the experience of the community. The Mental Health Trust responded to the high prevalence of

Pakistani service users by increasing awareness of staff in acute services about cultural and spiritual needs, and by involving a local imam in assessing hospitalised Pakistani service users' needs. One of the outcomes from this collaboration was an increased focus on placing Pakistani service users into home treatment groups so they would be treated within their own or a relative's home. It was argued that this would lead to faster mental health improvements due to an appreciation of the Pakistani culture, which places emphasis on family duty for caring for members<sup>4</sup>. This is perhaps one of the best illustrations of how mental health services are unique in terms of the communities they treat. Instead of providing a one-size-fits-all structure for providing spiritual care, each service needs to listen to the voice of its patients and build services that are required by patients rather than staff.

### **Criticisms**

While highlighting the positive links between spirituality and good health, there can also be negative aspects that cannot be overlooked. Increased mental health problems have been found amongst people who have had a strict religious upbringing<sup>4</sup>, while for psychotic patients, incorporating religious or spiritual themes into their delusions can lead to greater severity of symptoms and lower levels of functioning. Doubts about religious teaching can lead to emotional distress and in the extreme case, it may play a role in suicide - with some patients hoping to get closer to God, or to experience another life after death<sup>16</sup>. Psychiatrists need to take these experiences into account when inquiring into a patient's beliefs and values. They must be aware that such probing questions may not be suitable for everyone, and instead may lead to negative reactions.

The main critique is the definition of spirituality itself. What is Spirituality? An evaluation of twenty articles on spirituality revealed inconsistency in definitions across all of them<sup>36</sup>. Inconsistent definitions make it difficult to measure outcomes, and without a good definition, how reliant can we be on any research that has been conducted in this area? Yet others argue that by defining spirituality, we may end up marginalising certain groups. For example, some cultures may see spirituality not as individual, but as a part of kinship. Spirituality is difficult to translate into Farsi, Taiwanese and Punjabi, and by using certain definitions, we may be discriminating against non-western cultures<sup>38</sup>. We must be careful not to use such narrow definitions that we end up creating artificial constructs. Yet in the same manner, by using a definition that is too wide, we may just end up encompassing all of human experience<sup>39</sup>.

Defining such a broad concept can be difficult. Staff and patients may also have different definitions. Focus groups have found that staff expressed spiritual needs in terms of self-fulfilment, while users and carers associated spirituality with 'inner peace' and 'hope'<sup>40</sup>. Before any interventions are implemented within healthcare, we must ask what we mean by the term spirituality, and how may it help our patients?

### **Suggestions**

*'I know my mental illness came about through inner pain, loss, shame, despair and lack of spirit, but I also know that the psychiatric system does not take these into*

*consideration... I often wonder why there is such fear about looking at these areas in psychiatry.'* Sue Holt<sup>15</sup>

Despite such difficulties, there are a number of things we can do to ensure that spirituality receives the voice it deserves, while still appreciating the evidence-based system on which our healthcare system depends.

1. **Medical Education.** Good psychiatric practice states that a psychiatrist must respect religious and spiritual beliefs. The General Medical Council's Personal Beliefs and Medical Practice states that when assessing a person, one must take into account any spiritual and religious factors<sup>41</sup>. Spiritual care is more than just an added task; it is a way of thinking and being sensitive to the other person's experiences, and underlies the approach to mental health care. If spiritual care is a language, it needs to be taught early in the curriculum and can only be learnt through practical application<sup>21</sup>. Examples of integrating spirituality into the curriculum include case studies, working with chaplains, having role models in the clinical environment and being encouraged to ask spiritual questions as part of their history taking in order to facilitate greater ease with such vocabulary<sup>42</sup>. Ultimately, students learn by observing and then applying these observations to their own practice. It is therefore up to current psychiatrists to act as role models by being conversant with the literature, discussing implementations with other staff members and finally applying these principles in practice through patient-centred care.

*'Mature and skilled health care professionals have the potential to empower their clients to access their own spirituality by acknowledging the rightful place spirituality occupies in their life process.'* Friedmann et al.<sup>8</sup>

2. **Staff Self-Awareness.** Studies suggest that there is a close link between the spirituality of staff and the spiritual care that they subsequently offer. It is only by being comfortable with one's own beliefs that one can then explore someone else's. With increasing globalisation and sensitivity towards differing beliefs, many members of staff are worried they may 'get it wrong'<sup>43</sup>. It has been said that doctors walk a fine line between responding to patients' spiritual needs and professional coercion<sup>44</sup>. To overcome this, psychiatrists need to seek training opportunities to both gain a deeper understanding of other worldviews, and a greater awareness of their own<sup>19</sup>. Psychiatrists also need to be careful of countertransference when discussing spirituality, as clinicians may have their own spiritual (or anti-spiritual) values which may influence their practice<sup>24</sup>. The World Psychiatric Association states that the dialogue between psychiatrists from different beliefs may be just as sensitive as the dialogue between patient and psychiatrist of differing beliefs. It has been suggested that attempting treatment without understanding a patient's spiritual framework can lead to reduced compliance, and ultimately to damaging the therapeutic relationship<sup>33</sup>. Providing spiritual care requires a non-judgemental and open attitude, for which a level of self-awareness is required. There are a number of ways that psychiatrists can approach this, for example through self-reflection, and open discussions with other staff members. Balint Groups may also provide insight into one's own prejudices that may not be reached through self-reflection, as well as



offering a safe environment to work through these belief systems in a way that ensures that the best care is being provided to the patient.

*'The essence of providing spiritual care is the therapeutic use of the self.'* Reig et al.<sup>45</sup>

3. **Research.** Once we are able to define spirituality, we need to research it. We hold a tight grasp on the term evidence, which needs to be loosened in order to encompass patient experiences. At present, there is too much quantitative research that focuses on one aspect of spiritual activity, such as church attendance, looking for a linear relationship<sup>46</sup>. By using this approach, we lean towards instrumentalism and forget the variety of human experience. Yet how do you measure spirituality? Culliford suggests a new paradigm of research, which goes beyond positivism and towards phenomenology, observation and unstructured in-depth interviews<sup>34</sup>. It is this type of research that is required if we wish to gain an understanding of the rich experience that humanity has to offer. Such an approach places emphasis on questions such as: *What gives this person's life meaning? What is it that keeps a person going in times of difficulty? Where is this person's primary source of value?*<sup>21</sup>

Another problem is the lack of application of such research into mental health care<sup>4</sup>. Although three systematic reviews of the academic literature have identified more than three thousand empirical studies on spirituality and health, putting these findings into practice is much more difficult, given the discrepancy in health care professionals' opinions of spirituality in clinical care<sup>24</sup>. Studies revolving around spirituality in particular cannot be generalised, given the personal nature of such a topic. However, the integration of the NHS Mental Health Trust and the local PMC community is an example of how guidelines can be created through links with local communities. Other research can help us gain knowledge about different spiritual experiences of patients and what they want from their providers. Yet we must not use this as a one-size-fits-all. Future research conducted must incorporate service users views into the design, to allow more fruitful outcomes rather than focusing on abstract concepts<sup>8</sup>.

## Conclusion

*'We must practice and preach the fact that psychiatrists are physicians of the soul as well as of the body.'* Andreasen<sup>34</sup>.

Although there is a wealth of information that attempts to portray a new image of psychiatry, with its emphasis on neurophysiology and psychopharmacology throughout the pages of scientific journals, we must think back to why we went into medicine in the first place: to help people. Alongside a vital scientific way of thinking, we must also remember compassion and sensitivity. What this essay suggests is more than memorising a list of questions. It asks for a different way of looking at human experience; a paradigm shift. Doctors are more than scientists. They do not simply observe from the corners of their microscopes. To be a psychiatrist is to enter into your patient's life. It is only through this journey that true understanding can be reached and patient suffering can be alleviated, even if slightly.

Suffering mental health problems can lead to a feeling of disconnection, and many look to spirituality to help them reconnect, both with themselves and with others<sup>28</sup>.

The word psyche translates into soul and spirit; spirituality therefore touches at the heart of psychiatry. It is the language of spirituality that comes closest to articulating subjective human experience. Spirituality is not just something to be added, for it is interwoven within the very strands and fibres of healthcare. It is up to us to acknowledge it<sup>47</sup>.

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