

# Spiritual Care in Mental Health: Building Capacities, Becoming Empowered

Daince Kurian



# Who We Are & What We Do

- Professional Spiritual Care providers: also known in AHS as Spiritual Health Practitioners
- Multi-faith and Multicultural Service resource
- Participate in interdisciplinary forums with staff and families
- Liaison with community clergy to meet specific religious and cultural needs

# Who We Are & What We Do

- Offer support for staff as requested
- Provide spiritual care and counseling to enhance spiritual and overall well-being where, wholeness is deemed greater than the parts alone
- Members of Professional Association: CASC/ACSS (Canadian Association of Spiritual Care) <http://www.spiritualcare.ca>

# Core Values

**To be a reminder of the humanity of the patient.**

**They are persons of worth, value and dignity and they deserve respect as human beings.**

**Human Being vs. Being human**

**AHS Core Values: Our five values – compassion, accountability, respect, excellence and safety: are at the heart of everything we do . They inspire, empower and guide how we work together with patients, clients, families and each other.**

# Mission

- To preserve and promote human dignity
- To preserve and promote autonomy
- To see the person before the pathology
- To assess and empower internal resources
- Therapeutic alliance

# Spiritual Care in Mental Health

- From a strictly medical model: illness is seen as a dysfunction/pathology; therefore the tools for treatment can end up as labels. Again, professionals can be seen as being more interested in symptoms than the person.
- Assessments are in place to diagnose and treat illness. It is easy to overlook normal spiritual practices when you are presented with deviations from conventional religious beliefs and practices and also behaviors that look like manipulation, deviance, aggression, entitlement ...
- In crisis we see.... loss of memory, diminished capacities, disconnection, loss of control and other symptoms. There must be *intentionality* to see what lies behind the presenting behaviors and illness as part of a holistic perspective. Trauma informed care and observing baseline.

## Spiritual Care in Mental Health

- **Spirituality is important in the lives of all patients.**  
“...professional organizations such as the American Psychological Association (APA), American Counseling Association (ACA), and American Medical Association (AMA) have made respect for religious and spiritual beliefs and traditions an ethical directive.”  
(ACA, 2005; APA, 2003; Zinnbauer, 2013, p. 71)
- **Spirituality is a key component of culture.** Although often associated with religion, spirituality is a much broader and growing concept. “It provides an essential care, an enriching experience, and a reason to live for many people.”  
(Kaplan and Sadock, *Comprehensive Textbook of Psychiatry*, 9<sup>th</sup> Edition, p. 2633.)
- Cultural Awareness, Sensitivity, and Competence (knowledge, beliefs, values and traditions)- part of best practice and informed care.

# Spiritual Care in Mental Health

- **Spirituality is a rapidly growing field of research.**
- **Spirituality is a place where people are afraid to go.** We don't know what to do or say, for fear that everything is deemed pathological. "Professionals have traditionally been reluctant to ask about mental health service users' religious beliefs."

(Sheridan, et al., in Drinnan, 2006, p. 318)



## The disconnect between what patients see as important vs. the care, mental health professionals see as important.

- Studies have indicated that the general population rates the importance of their spirituality/religious beliefs as much higher than what medical staff often rate it. Clinicians tend to “underestimate or neglect” a patient’s religiosity. “Their knowledge of their patients’ religious activities and the importance of religion in patients’ lives was inaccurate..”

(Borras et al., 2010, p. 83)

- “Participants felt that often their religious experiences were dismissed, anthologized, and taken as confirmation that they were mentally ill. The negative reactions from mental health professionals when religion was discussed led individuals to be reticent to talk about religion with those involved in their care.”

(Drinnan, 2006, p. 328)

## Religiosity Gap

- Surveys of physicians in general and psychiatrists in particular have always reported that they have both a lower level of belief in God and participation in religious activities than the general population. A recent survey involving 100 psychiatrists, also showed a lower level of positive attitudes towards spirituality, which was defined in terms of religion and feelings of connectedness with an entity greater than oneself that gives meaning to life.”  
(Kaplan and Sadock, p. 2641)
- Several studies highlight a “religiosity gap”: psychiatrists are often far less religious than their patients.  
(Dein, 2004. p.287)

## Difference between Religion and Spirituality

- Religion vs. Spirituality (external and internal entity)
- Sacred, mystical and mostly subjective experience interpreted within a religious/social - cultural framework
- Works in different dimensions: paranormal, signs and wonders, visions, miracles... that occur inside and outside normal physical realms. Therefore, strange, peculiar and inexplicable.
- Can be convicting, awe inspiring, life changing, creative, intuitive, peace inducing, frightening or strengthening
- Healthy and Unhealthy Spirituality

Healthy Spirituality	Unhealthy Spirituality
<b>Strengthens trust and relatedness to universe</b>	Weakens trust and relatedness
<b>Stimulates growth of inner freedom and responsibility. Promotes interdependency.</b>	Hampers growth of inner freedom. Encourages unhealthy dependency
<b>Moves from guilt to forgiveness</b>	Stuck on false guilt
<b>Enhances the enjoyment of life Encourages acceptance of reality and willingness to consider doubts or ambiguity</b>	Lessens and depreciates joy Denial of reality, fosters concrete, black and white or magical thinking
<b>Insightful about limitations</b>	Rigid about .....
<b>Allows for healthy self-criticism. Vulnerable</b>	Uncritical of self. Grandiose/false humility. Confusion.
<b>Emphasizes love growth and communal creativity</b>	Emphasis on fears, rigidity and stifling growth
<b>Strengthens self-esteem</b>	Tears down self esteem

## Definition of Terms

- **Spiritual Health:** holds the tension between spiritual well-being and spiritual distress
- **Spiritual wellbeing:** may be understood as the experience and meaning of connection in relationship with self, other, Other (transcendent).
- **Spiritual Distress:** may be understood as the experience and meaning of loss of connection/disconnection in relationship with self, others, and Other (Pritchard, 2014,2017). This includes struggles with religious and or existential beliefs, and loss of meaning/purpose that may include loss of hope, (Purpose of Referral Council Definition for Spiritual Distress).

Cont....

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- **Religion:** relates to the shared beliefs, values, traditions, ethics, and practices of a specific community and its organizational structure.
  - **Religious Affiliation (“Religion Value”):** refers to a patient’s identified current or background religion.

# Definition of Terms

- **Religious Delusions:** may be defined as delusions that have a religious content that is not socially acceptable or shared by other religious people
- **Delusions:** is a false, unshakable idea or belief, which is out of keeping with the patient's educational, cultural, and social background; it is held with extraordinary conviction and subjective certainty – Sims A(2003). Concrete thinking and lack of insight.
- **Faith:** in the context of religion, one can define faith as confidence or trust in a particular system of religious belief, within which faith may equate to confidence base on some perceived degree of warrant, in contrast to a definition of faith as being belief without evidence.

## Problems that can be a focus of clinical attention:

- Questioning of loss of faith (inability to trust self/others)
- Change of religious denomination or affiliations
- Conversion to new religion
- Intensification of adherence to the beliefs and practices of ones faith (magical thinking, hyperreligiosity).

These problems should be distinguished from functional psychiatric disorders, although they can lead to psychiatric illness.

## Religious Delusions are characterized by:

- Both the observed behavior and subjective experience conform with psychiatric symptoms. Pts. Self- description of the experience is recognizable as having the form of a delusion.
- There are other recognizable symptoms of mental illness in other areas of the individuals life, such as delusions, hallucinations, mood or thought disorder.
- The lifestyle, behavior and direction of personal goals of the individual after the event or after the religious experience are consistent with the natural history of mental disorder rather than with a personality –enriching experience.

# What We Do

## Offer Spiritual Care through:

- Spiritual Care through songs, worship, dance, music
- Meditation, prayer and reflective contemplation
- Reuniting patients with rituals sacred to them (symbols)
- Exploring values – story telling, spiritual journey
- Facilitating group experiences
- The value of silence
- Dealing with delusions

# What Services Do We Offer

- **Offer Individual Support**
- Individual patient and staff Support
- Worship Services
- Memorial Services
- Sing-Alongs
- Life Enrichment Groups
- Spiritual Conversation Sessions (Henwood Treatment Centre)
- Assist and co-lead Groups with other Disciplines

# Individual Support

- Listen, empathize and provide care, compassion, community, forgiveness, love and hope
- Journey with patients
- Provide a spiritual presence: presence of space and agency
- Help patients:
  - Search for meaning, purpose, direction – and how to live without all the answers
  - Deal with their isolation and promote a sense of belonging, acceptance and self-worth
  - Deal with their fears, losses and grief (identity, family, finance, dignity)
  - Clarify and prioritize what is important
  - Understand limitations
  - Connect with self, others, nature and or a transcendent power

# Spiritual Assessment

In a crisis people can feel lost, not in control, confused, afraid, isolated, disconnected etc.

You are presented with symptoms and behaviors:  
manipulation, entitlement, deviance, aggression...

- Look for congruence
- Check for delusions held without insight
- Identify concrete thinking
- Do not feed the pathology
- Encourage and support healthy spirituality
- Create a safe space
- Show respect
- Build capacities
- Recognize the power imbalance

# Spiritual Assessment Tools

- FICA – Faith, Importance, Community, Address (Puchalski, 2006)
- HOPE – Source of hope or meaning, organized religion, personal spirituality or practices, and effect on medical care or end of life (Anandarajah, 2001)
- JAREL Spiritual Well-Being Scale (Hungel, Kenkel-Rossi, Stollenwerk(1989))
  
- Distinguish between religion and spirituality
- Distinguish between healthy and unhealthy spirituality
- Distinguish effects of mental illness on religious ideation or effects of religious beliefs on mental health (guilt)
- Effect of religious ideation on medication compliance
- Assess enduring human needs like recovery, forgiveness, compassion, hope, joy etc.
- Assess cultural awareness and sensitivity, understanding of cultural differences, attitudes and values.

Addictions and Mental Illness generally result in losses and capacities in several areas of life. On a scale of 0 – 10, with 0 being the lowest and 10 being the highest, how would you **fairly** rate yourself in the area of your internal resources

### Information Assessment:

My capacity for hope in recovery

My capacity for gratitude

My sense of purpose in life

My capacity to know who I am and who I want to be

My capacity to love (self and others)

My capacity to forgive (self and others)

My belief in a higher power

My capacity to make healthy choices

My capacity to trust (self and others)

My capacity to introspect (look within)

I have spiritual practices/disciplines that I exercise:

- A. Rarely
- B. Sometimes
- C. Frequently

For example: Reading sacred texts, praying, meditating, and giving back, nature walks, music....

I am open to accept or embrace my spirituality as an important area of growth that will help with my recovery

- A. Open to embrace the opportunity for growth in my spirituality
- B. Curious in exploring my spirituality as a potential opportunity
- C. I have no interest in considering spirituality as an option

## Strategies to assist patients

- Co-operate with the patient's spiritual mentor to reduce the patient's resistance
- Examine one's own religious attitudes to minimize counter-transference
- Acquire knowledge of the patient's religion to better distinguish religious beliefs from delusions
- Include religious and spiritual issues in training for all disciplines  
(Borras et al., 2010, pp. 83 – 84)
- “Cultural factors, such as religion and spirituality, should be considered early in clinical training, because many clinicians are not at ease addressing such topics with patients.”

(Huguelet, 2011, p. 79)

- “People with religious delusions, whether originating from religious backgrounds or not, will require careful assessment of their family and community situation. Because ritual and narrative engagement are likely to be important in the maintenance and coping with the experience of psychosis, these behaviors should be addressed and incorporated into assessments where relevant.... More generally, it will be important to address the spiritual lives of patients with psychosis... delusions have a tendency to be ignored by researchers in favor of less ‘plastic’ symptoms. However, it has been shown that delusional content can shed important light on the course and prognosis of mental illness, as well as being a potential source of healing.”

(Bhavsar et al., 2008, p. 171)

- Recognize your own cultural norms – what does it mean to provide care within a multi-cultural society? (Eeles, 2003, p. 198)
- Have “an attitude of curiosity about patients’ beliefs and in seeking out and encouraging those elements of religion that are likely to promote recovery and prevent relapse (Levin, 1993, in Borrás et al., 2010, p. 85)
- Recognize that religion can be a powerful, positive coping resource (Many studies/literature i.e. Pargament)
- Numerous other studies also report a positive influence of non-delusional religious involvement on the course of severe mental illness (Koenig, 2007, p. 7)
- Don’t neglect or underestimate patients’ religious practices and spirituality – provide referrals – do a spiritual assessment, encourage healthy spirituality
- Remember that it is not ‘all or nothing’ – levels of healthy spirituality can co-exist even while delusions with religious content are present

- “Recommended interventions include taking a spiritual history, addressing spiritual needs in individual psychotherapy once the illness is stabilized, connecting the patient to faith communities and spiritual resources, and conducting spiritually oriented group therapy in outpatient and inpatient settings.” (Koenig, 2007, p. 7, also Fallot, 2001)
- Psychiatry and faith communities need to stop working within ‘silos’ More integration, referrals and communication will prove beneficial for patients
- Both areas require further education...

Psychiatry on the role of spirituality in the health of patients

Faith communities on the role of psychiatry and mental health

(See Noort et al., 2012, for study on clergy needing more education around recognizing psychopathology with religious content)

# Conclusion

- Your heart must be in the right place – believe in the success of others
- Have a deep level of care and love for people – be genuine
- Every human is capable of great good and great evil
- We are where we are because others have invested in us. So we have a moral ethical obligation to invest in others. We have a choice – they don't
- Wear your badge of authority with discretion and respect
  - It is a privilege entrusted to you
  - Never take it for granted



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