

Healing from Within: Spirituality and Mental Health

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*Mental health is much more than the absence of mental illness*¹

Introduction

The concept of spirituality is inclusive and affects everybody. It overlaps with that of religion, but unlike spirituality, religion is potentially divisive and adopted only by some. By permitting consideration of 'secular' spiritual activities and short-circuiting destructive arguments about beliefs, a valuable perspective can be applied to the whole field of mental health care.

Comprehensive research evidence² shows that religious and spiritual beliefs and practices (see Box 1) help prevent many physical and mental illnesses, reducing both symptom severity and relapse rate, speeding up and enhancing recovery, as well as rendering distress and disability easier to endure. Especially important is that religious and spiritual factors can significantly affect the presentation of mental disorder. Furthermore, psychiatric patients have consistently identified spiritual needs as an important issue, and spiritual care as contributing to symptom relief and general well-being^{3,4,5}. It follows that psychiatric care should routinely include a careful and sympathetic assessment or 'spiritual screening'.

Spiritual practices – religious and secular

- Belonging to a faith tradition and community
- Ritual practices and other forms of worship
- Pilgrimage and retreats
- Meditation and prayer
- Reading wisdom literature and scripture
- Sacred music (listening to and producing it) including songs, hymns, psalms and devotional chant
- Selfless, compassionate action (including work, especially teamwork)
- Other 'secular' spiritual practices, including deep reflection (contemplation), engaging with and enjoying nature, also aesthetic appreciation of the arts
- Maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy)
- Some types of regular co-operative group or team activity (such as in some sporting and recreational clubs) involving a special quality of fellowship

A principle of the spiritual approach to healthcare is that while adversity befalls everyone, it is possible to grow through it. People often become stronger emotionally, more resilient and more mature⁶. Indeed, such maturity is difficult to

develop without trials to undergo and obstacles to overcome. Caring still involves the relief of unnecessary pain and suffering where possible, but spiritual awareness can add a powerful and much-needed dimension whenever our human limits are reached. The spiritual approach fosters a positive attitude even in the most heart-rending situations. By focusing on both inner and external sources of strength, spiritual awareness encourages calm in the place of anxiety and hope in place of despair.

This article is intended for both professional staff and unpaid carers. It addresses questions of practice as well as of attitudes, and how an awareness of spirituality may helpfully affect what we do. But first the question: 'What is spirituality?'

Spirituality

Spirituality has been referred to as 'the forgotten dimension' of mental health care ⁷. It has been described as being 'where the deeply personal meets the universal'; a sacred realm of human experience ⁸.

Spirituality is concerned with people finding meaning and purpose in their lives, as well as the sense of belonging, of community. Because spirituality comes into focus in times of stress, suffering, physical and mental illness, loss, dying and bereavement, it is important not only in psychiatry but also throughout all of medicine ². Spirituality has been called 'a quality that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God' ⁹.

According to the World Health Organisation, 'Patients and physicians have begun to realise the value of elements such as faith, hope and compassion in the healing process' ¹⁰. The spiritual dimension includes these factors and goes beyond religious affiliation. According to the WHO, it may be categorised under four headings: transcendence, personal relationships, codes to live by, and specific beliefs.

World Health Organisation:

'Quality of Life, Spirituality, Religious and Personal Beliefs module'

Transcendence

- Connectedness to a spiritual being or force
- Meaning of life
- Awe
- Wholeness/integration
- Divine love
- Inner peace/serenity/harmony
- Inner strength
- Death and dying
- Detachment/attachment
- Hope/optimism
- Control over your life

Personal relationships

- Kindness to others/selflessness
- Acceptance of others
- Forgiveness

Codes to live by

- Codes to live by
- Freedom to practice beliefs and rituals
- Faith

Specific religious beliefs

- Specific religious beliefs

Religious and Spiritual Assessment

Some form of spiritual screening is required when facilitating appropriate spiritual support and a full religious and spiritual history will add value to most psychiatric assessments. Several clinically tested screening instruments are available^{11,12,13} but a helpful way to begin is simply to ask, 'what sustains you, or what keeps you going in difficult times?'

A person's answer to this enquiry usually indicates his or her main spiritual concerns and pursuits. The list given in Box 1 therefore makes a good checklist. There are two aspects to consider: firstly, to what helpful inner personal resources does the person have access? Secondly, what external supports from their faith tradition and community are available? It is important to bear in mind the social context of the person's mental illness when making an assessment of a person's spiritual needs.

The following guide is from a leaflet first published in 2001¹⁴ and made available to staff, patients and carers in hospital and community settings. The questions are intended to facilitate an open-ended dialogue, which may itself prove of benefit, but the leaflet can also be used on its own as an aid to personal contemplation.

'HEALING FROM WITHIN: A Guide for Assessing the Religious and Spiritual Aspects of People's Lives'

Research and experience show that people have religious and spiritual resources to draw on when needed. Here are some questions which may be helpful in opening up this area. A gentle, unhurried approach works best. We offer five headings:

Setting the Scene

What do you think life is all about? Is there anything that gives you a particular sense of meaning or purpose.

The Past

Emotional stress usually involves some kind of loss, or the threat of loss. Have you suffered any major losses or bereavements? How did they affect you? How did you cope? What helped you to survive?

Is it possible that you gained something from experiencing such a loss? Would you say you were emotionally stronger or more resilient now?

The Present

Do you have a feeling of belonging and being valued here? Do you feel safe? Are there enough opportunities for meaningful activity? Are you treated with respect and dignity? Are you being listened to as you would wish?

Thinking about what is happening to you now, how would you describe it? Would you say you were having symptoms of mental illness of some kind? Would you prefer another explanation? Would it help to talk, to try and make some sense or meaning out of your life and what's going on? Could there be a spiritual aspect to your problem or your current needs?

Would it help if a room in the hospital was set aside as a quiet place to pray or worship? Would it help you to speak to a chaplain, or someone from your own faith community? Please feel free to say more about your religious background.

The Future

How do you consider the immediate future? What about the longer term? Do you sometimes find yourself thinking about death and dying? Or about the possibility of an afterlife? Would you like to say a bit more about this?

What are your main fears regarding the future? Do you have any lingering guilt, or feel the need for forgiveness? What, if anything, gives you hope? Is there anything else you would like to say, or ask?

Remedies

What kind of support do you think would help now? What do you think would be helpful specifically in terms of religious and/or spiritual input?

Who do you think could best offer any support that you may require, for instance, health professionals, members of your family, or members of your religious community? How will you go about asking for the help you need? What can you do to help yourself?

Providing Spiritual Support

To raise these topics and listen respectfully is already to provide a measure of spiritual support for people. Nevertheless, referral for pastoral care or encouraging self-referral to experienced mental health chaplains will be called for on occasion.

An ideal and adequately resourced mental health chaplaincy department in the United Kingdom will have access to sacred space as well as interview space, and will involve clergy and other appropriate personnel from many faiths and humanist organisations, as well as from several Christian denominations.

The chaplains will have made a point of establishing good relations with local clergy and faith communities and will provide a knowledge base about local religious groups, also their traditions and practices ¹⁵. They will be alert to situations in which religious beliefs and activities may prove harmful (Box 3), and available for advice on controversial issues such as spirit possession and the ministry of deliverance.

Possible Harmful Effects of Religion

- Being a victim of persecution
- Adverse effects on metabolism and medication use of devotees when fasting
- Scriptural influences resulting in people stopping necessary medication
- Risks associated with people failing to seek timely medical care
- Risks when people seek alternative, unsuccessful religious treatments
- Negative psychological effects on people of group disapproval involving criticism and loss of support
- Negative effects on psychological health associated with a person's belief in a distant or intolerant deity

Training Issues

Just as mental health chaplains will require some specialised training in mental illnesses, mental health assessments, treatment methods and team-working, so multi-disciplinary mental health professionals will benefit from improved spiritual awareness. Although few professionals consider themselves adequately trained on this subject ⁴, many are now taking a personal interest and including it in their plans for Continuing Professional Development ³. The Royal College of Psychiatrists' 'Spirituality and Psychiatry Special Interest Group' is encouraging this through conferences, day meetings and publications (see website details below). Curricula have been developed ¹⁶ and as a result, the subject is now being taught in many medical and nursing schools in the USA, and some in the United Kingdom.

Research methods are also improving ^{7,17} with increasingly informative and reliable results. For example, the efficacy of 'mindfulness meditation' in the prevention of relapse or recurrence in cases of major depression ¹⁸ has been of particular interest in recent times.

Boundary Problems

As well as training and competency, questions naturally also arise about professional boundaries ¹⁹. Some professionals may wish to act as pastoral caregivers, and some will in private pray for their patients. Others in all conscience avoid such activities.

It is not uncommon in the United States for patients to want doctors to pray with them. Ethical questions cannot be avoided about this ²⁰, and as yet are not answered by research on the effects of prayer since, despite some enthusiastic support ²¹, results remain equivocal ²². Individual consciences

therefore need to be exercised. Either way, religious or spiritual practices, including prayer, can help practitioners retain equanimity and stay hopeful, perhaps especially when medical treatment proves ineffectual or limited.

Carers' Matters

Carers, especially family members, tend to have more freedom regarding such boundary issues. They are also likely to have a good knowledge of religious and spiritual aspects of the patient's life and may share in many of their beliefs and practices. With permission, it may be helpful for professionals, including chaplains, to gain further information about a patient's spirituality from their carers.

The carer's position of spiritual intimacy with a sufferer is often one of comfort, but it can bring distress and additional, occasionally burdensome, responsibilities. These issues need dealing with sensitively.

For example, when someone takes a special diet for reasons related to his or her religious, spiritual or personal beliefs and is then admitted to hospital, the carer may feel obliged to contact the relevant authorities if such a diet is not provided. This can feel uncomfortable, and conflict may arise if a person's spiritual imperatives are overlooked. In such circumstances, a sympathetic chaplain can become a valuable additional member of the clinical team, listening to the carer's concerns and relaying them back for consideration.

Those acknowledging a spiritual dimension to the care being offered must also be prepared to explore their own spiritual needs ²³. This is a point for professionals and carers alike.

Spiritual values

There is a distinction to be made between curing symptoms and helping a person to heal, through natural processes to become whole again ³. The first is interventionist while the latter is more restorative in approach.

Viewed from the spiritual perspective, life is a process or journey of discovery and development, during which personal maturity may importantly be gained through adversity. To deny this, by being only concerned with the relief of suffering through the removal of symptoms, is to risk impoverishing the experience of all involved, carers and professional colleagues as well as patients.

Developing some form of spiritual awareness, and acknowledging what may be called 'spiritual' values (Box 4) allows a values-base to sit beside an evidence-base in daily practice, so restoring a necessary and healthy balance to the practice of psychiatry.

Some 'spiritual' values

- Honesty
- Courage
- Patience (Unhurriedness)
- Tolerance
- Compassion

- Kindness
- Generosity
- Joy
- Hope
- Love

Many have discovered another principle of spiritual care, that of reciprocity, according to which giver and receiver both benefit from their interaction. There is a high incidence of marital breakdown, drug dependency, alcoholism, depression and suicide among mental health professionals. Other carers are affected by similar stresses. It is hopeful, then, to read ²³ that time invested in learning about spiritual care-giving has beneficial consequences, including spiritual growth, new insights, new interpretations of personal situations, a new vigour in professional practice and protection from burnout.

Conclusion

The different perspectives of professional and lay caregivers come together through the unifying and healing values of spirituality, which offer common ground for constructive discussion when suffering persists despite everyone's best efforts. Importantly, too, spirituality offers a silent space in which to come compassionately together and share in grieving when little else can be done. It allows for bewilderment, fear, guilt, anger and other painful feelings gradually to settle and, by fostering mutual respect, it promotes healing powers of forgiveness and love.

Spirituality is therefore worth contemplating and discussing as a deep human concern, whether or not it is part of a specific faith tradition, especially in the context of mental healthcare, where emotional pain and grief are encountered so frequently. There is a growing consensus that mental health and spiritual health are closely related ²⁴. Even where there are differences of experiences, opinion and belief, common ground and similarities emerge as more important.

Further qualitative and quantitative research is obviously going to be helpful. But it is abundantly clear that the religious and spiritual lives of patients do matter, and that everyone benefits, carers included, when these are properly evaluated and respected ¹⁹. Continuing professional development for healthcare professionals must include the spiritual dimension ²⁵. Fostering good relations with chaplain colleagues by including them, for example, in ward rounds and team meetings, can only be of benefit. This is trend-setting practice. Let us hope, with a degree of expectation, that many involved with the care of the mentally ill will come to recognise and fully value the spiritual dimension.

Suggested Reading and Websites

1. Swinton J. *Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension*. London: Jessica Kingsley, 2001. A masterly and insightful overview.

2. Koenig H. *Spirituality in Patient Care: Why, How, When and What*. Philadelphia, London: Templeton Foundation Press, 2002. A slim, informative paperback.
3. Levin J. *God, Faith and Health: Exploring the Spirituality-Healing Connection*. New York, Chichester: John Wiley and Sons, 2001. A thought-provoking and readable book by a medical epidemiologist with engaging ideas and patient narratives to match them.
4. Tacey D. *The Spirituality Revolution: The Emergence of Contemporary Spirituality*. Hove, New York: Brunner-Routledge, 2004. A book from a respected Australian academic about the emerging passions of young people.
5. Whiteside, P. (2001) *Happiness: The 30-Day Guide*. London: Rider Books
Using illustrative human stories, this book invites readers to grow through loss and emotional pain towards maturity, joy and inner peace.
6. *Values in Healthcare: A Spiritual Approach*. Published by The Janki Foundation for Global Health Care (see www.jankifoundation.org). This is a resource pack for a personal and team development programme of seven one-day modules, each of which will help groups of healthcare professionals explore values in depth, as they relate to their personal lives and professional practice.
7. Royal College of Psychiatrists' 'Spirituality' Special Interest Group website: www.rcpsych.ac.uk/spirit Over 880 psychiatrists are members of this increasingly influential SIG. Newsletters, papers published from conferences and other documents are accessible to the public online.
8. The Scientific and Medical Network website: www.scimednet.org Information about conferences, meetings and publications, including *Network Review* published three times a year. 'The Network aims to provide a safe forum for the critical and open discussion of ideas that go beyond reductionist science, challenge the adequacy of scientific materialism as an exclusive basis for knowledge and values, integrate intuitive insights with rational analysis, and encourage respect for Earth and Community that emphasises a spiritual and holistic approach'.

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www.rcpsych.ac.uk/college/sig/spirit/publications/index.htm