

THE SPIRITUAL DIMENSION IN PSYCHIATRY

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INTRODUCTION

It is a great pleasure, and an honour, to be writing for the Journal of the Pakistan Psychiatric Society on this important subject. It is my opinion that Pakistani psychiatrists could be one of the most influential groups in Britain today. Taking spiritual issues seriously is something we have in common. Muslim and Christian psychiatrists both believe, passionately, in the spiritual dimension. Ahmed Okasha, former President of the World Psychiatric Association, an Egyptian Muslim, has written: "*The emphasis of all religions and their spirituality focuses not on the person but on the role of the person in relation to God and the family*"¹. The three monotheistic religions share the creed of the Old Testament prophet, Micah:

"He has showed you, O man, what is good.
And what does the Lord require of you?
To act justly and to love mercy
and to walk humbly with your God"².

For most of my adult life there has been violent conflict in Northern Ireland, the 'Troubles', which has harmed the whole of Britain. For the last few years, the situation has become more peaceful. How did the improvement come about? The media, and many in England, who have never visited Northern Ireland, described it as a religious war – Catholics versus Protestants. That being so, it was quite obvious that those qualified to sort it out should have been atheists, or at least agnostics. Or was it?

In fact, those who eventually brought peace to the province came from within the two religious communities – devout, God-fearing Christians, both Catholic and Protestant, meeting with each other and praying for peace. Prominent among these was John, Lord Alderdice, long term Chairman of the Alliance Party, some time Speaker of the Northern Ireland Assembly, consultant psychiatrist and an openly practising Christian. This combination of an insightful psychiatrist, a person brave enough to get involved in public affairs, and a religious believer has been, in my opinion, a very powerful force for good.

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This paper will discuss what we mean by spirituality and spiritual care. I will also describe beliefs among psychiatrists in the United Kingdom and the recent increase of interest in spiritual issues amongst psychiatrists. I will then review outcome studies in religion and mental health as well as the implications of spirituality for psychiatric practice.

Physical and mental

Most doctors have now got beyond assuming that all 'real' illnesses arise from solely organic pathology. General physicians, mostly, now accept psychological factors as being important aetiologically; most psychiatrists consider mental illness as being both physical and mental in causation and treatment. I would like to elaborate further on this

1. Disease or illness is a social construct.

A philosopher who was deeply interested in health and illness, Peter Sedgwick, wrote: "All departments of nature below the level of mankind are exempt both from disease and from treatment – until man intervenes with his own human classifications of disease and treatment. The blight that strikes at corn or at potatoes is a *human invention*, for if man wished to cultivate parasites (rather than potatoes or corn) there would be no "blight", but simply the necessary foddering of the parasite-crop"³. Thus, because we want to grow potatoes we categorise potato blight as 'disease of potatoes'. Because I dislike becoming less supple as I grow older, I call the normal aging of my joints, 'osteo-arthritis'.

2. Physical or mental illness is an unhelpful distinction.

Robert Kendell, Past President of the Royal College of Psychiatrists, wrote: "Not only is the distinction between mental and physical illness ill-founded and incompatible with contemporary understanding of disease, it is also damaging to the long-term interests of patients themselves"⁴. Doctors should try and get away from having a flow-chart in their minds that sends 'physical' and 'mental' in opposite directions.

3. Every physical illness has psychological concomitants.

I challenge you to think of a disease where this is not so: diabetes, bronchopneumonia, hypothyroidism,

lumbar disc protrusion, all have organic pathologies, and all have psychological consequences.

4. Most mental illnesses manifest physical symptoms.

Depressive disorder, generalized anxiety disorder, schizophrenia will appear in any nosological list in psychiatry. Yet, each of them is associated with physical manifestations.

5. Anorexia nervosa, alcohol misuse: are they physical or mental?

These conditions are obviously both physical and mental; they require psychiatric management, and sometimes medical as well.

After a long campaign against reductionism, we are finally agreed, as doctors, that there is both a physical and psychological element in all illness. Now, we need to add spiritual aspects of health to our medical consideration.

What is spirituality?

Dictionary definitions are not particularly helpful. For instance, in the Shorter Oxford Dictionary, *Spirituality* is defined: "that which has a spiritual character, the quality or condition of being spiritual". *Spiritual* means "of, pertaining to, affecting or concerning, the spirit or higher moral qualities, especially as regarded in a religious aspect"⁵.

A definition of spirituality agreed by the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists for a forthcoming book, is: "*Spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately 'inner', immanent and personal, within the self and others, and/or as relationship with that which is wholly 'other', transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values*"⁶. This is somewhat over-complicated for those of us coming from an established world religion but it is designed to include a very wide range of philosophy and creed.

The word *religion* has the same root as *ligament* and *ligature*. It is that grounding of faith and basis of life to which I regard myself as being bound, a rope that ties me to God and to other believers. In everyday conversation, spirituality has come to mean almost the same as religion but is 'politically correct' in involving also those people in our society who have no religious affiliation. I think of spirituality, without religion, as a marvelous, gleaming Ferrari, but with no engine! Jonathan Sacks, the Chief Rabbi, has written a bit more

politely: "Spirituality changes our mood, religion changes our life"⁷.

An operational definition of spirituality that I find useful, runs:

- (a) *Aims and goals*; looking for the meaning in life, what one regards as essential;
- (b) *Human solidarity*; the interrelatedness of all, both doctor and patient; consciously and unconsciously-shared beliefs;
- (c) *Wholeness of the person*; the spirit is not separate from body or mind, but includes them;
- (d) *Moral aspects*; what is seen as good, beautiful, enjoyable, as opposed to what is bad, ugly, hateful;
- (e) *Awareness of God*; the connection between God and man⁸.

Spiritual care

So much for what spirituality means, but what does this imply when it is extended to medical practice? What are the essential elements of spiritual care? This list was constructed from what patients would like their doctors to take into consideration:

- *An environment fostering hope, joy and creativity*. This may seem quite surprising to many of us, who consider our work to be making a correct diagnosis, arranging for appropriate treatment, ascertaining that it is working and ensuring satisfactory follow-up.
- *Being valued and trusted, treated with respect and dignity*. Sadly, patients do not feel they receive this and feel that more emphasis on spiritual values would make it more likely.
- *Sympathetic and confidential listening*. Again, we should be doing this irrespective of spirituality. Our patients do not feel that they are *listened* to.
- *Help to make sense of, and derive meaning from, illness experiences*. Spirituality is vitally concerned with personal meaning, and meaning for the patient within the family and community group.
- *Receiving permission, encouragement (and sometimes guidance) to develop spiritually*⁹. Many patients would welcome a more open acknowledgment of the spiritual aspects of illness.

Belief amongst psychiatrists in the UK

A survey of religious attitudes of psychiatrist's in relation to their clinical practice revealed that 73% of UK psychiatrists and 38% of patients reported no religious affiliation¹⁰. So, psychiatrists are much less likely to have any religious practice than their patients - or the general public, 72% of whom described themselves as Christian in the 2001 UK Census¹¹. To continue with the figures for British psychiatrists, 78% of psychiatrists attended religious services less than once a month. Only 39% of women psychiatrists, and 19% of men believe in God. However, the rather odd finding is that 92% of psychia-

trists consider religion and mental illness to be connected, which would presume that enquiry about the patient's religious situation is relevant.

This highlights the position in the United Kingdom; when discussing these issues within the medical profession, the word *spiritual* may well be preferable. The word *religious* carries too much historical baggage.

Recent increase in interest in spiritual issues amongst psychiatrists

Why has there been such an anti-religious attitude from psychiatrists? To answer this question, we have to look at history, both recent and more remote.

The roots of psychiatry were not anti-religious, but anti-clerical, going back to the witch-hunts of the 17th century and the rise of Darwinism in the 19th century. Reductionism dominated medicine in the first half of the twentieth century - mankind was regarded as 'nothing but' an excessively cerebral, erect ape. Following on from this, human behaviour was considered to be 'nothing but' Pavlovian conditional or Skinnerian operant conditional responses.

Freud, in his book 'Moses and Monotheism', had stated that belief in a single God is delusional¹². Not surprisingly, many religious leaders had come to identify Freud, psychoanalysis, and, by association, psychiatry with atheism and amorality. On the one hand, psychiatrists often believed that religion was 'bad for your health'. On the other, the therapeutic effectiveness of psychiatry was low and the Church distrusted it for 'leading people astray' without helping them at all.

In the 1960s, religious belief amongst patients was frequently equated with neurosis, and amongst trainees in psychiatry was regarded as being seriously unscientific and strongly discouraged. There were a few brave pioneers but in general the atmosphere in psychiatry was strongly anti-religious and anti-spiritual.

Psychiatric books of the time virtually ignored religion, for example, the standard British textbook, Mayer-Gross, Slater and Roth has only two references to religion in the index: "'Religiosity' in deteriorated epileptic", and, "Religious belief, neurotic search for"¹³. The latter was aimed as an attack upon psychoanalysis but assumed religion is for, "the hesitant, the guilt-ridden, the excessively timid, those lacking clear convictions with which to face life".

There was no sense that the patient's religious beliefs were an important element to be taken into account in the psychiatric history, formulation and planning of treatment. Spiritual aspects of the patient's problem were usually ignored. It did not even enter into consideration that there could be collaboration between psychiatrists and religious leaders, jointly trying to help people.

In the 1970s, there was a very slight thaw. Psychiatrists with religious beliefs began meeting with others who were similarly minded. More practicing Christians had begun to enter the specialty of psychiatry. Very

important at this time was the contribution of psychiatrists from Pakistan and many other countries. There was an influx into psychiatry in Britain of those from other faiths, particularly Muslim, Hindu, and Buddhist, most of these having qualified in medicine in other countries. Many of these assumed that religion would be an important part of everyone's life, including patients and doctors. There was a mood, the beginning of 'post-modernism', that perhaps materialism 'had gone too far'.

During the 1980s, informal groups of psychiatrists with a concern for faith developed, churches were becoming better disposed towards psychiatry because treatment was more effective and more Christians were entering the specialty as trainees. During this decade, psychiatrists with spiritual interests gained confidence in expressing their faith and working out the consequences for their professional practice. Religious belief was still not regarded as quite respectable by the rest of the profession but there was less animosity.

In the 1990s the quiet progress of the 70s & 80s became more public in various ways. For example, Prince Charles addressed the Royal College of Psychiatrists in 1991 at its 150th anniversary on the importance of recognizing the spiritual needs of patients¹⁴. At a joint meeting of the College and the Association of European Psychiatrists, the then Archbishop of Canterbury emphasized the importance of understanding and collaboration between psychiatrists and religious leaders¹⁵.

Professor Bhugra convened several conferences of Religion and Psychiatry¹⁶. My valedictory as President of the RCPsych, 'Psyche – spirit as well as mind?' argued for bringing the spiritual into psychiatry¹⁷. There was a different attitude towards religion resulting in some change of practice during this decade; there was also the beginning of research in the area of mental illness and religious belief. At long last, religion had come to be recognized as important for mental health¹⁸.

There have been further changes in the early years of this century. In 2000, the Spirituality and Psychiatry Special Interest Group of the College was formed and has now grown to more than 1300 members. Spirituality has become an accepted topic in education and practice of psychiatry. What can we learn from history? Our pessimism is not always well founded - attitudes can, and sometimes do, change over time.

Religion and health: outcome studies

The next part of the spiritual dimension in psychiatry that I want to highlight is quite surprising – it arises from meta-analysis of the epidemiological research. Back in the 60s psychiatrists had thought that religion damaged your health. Was this so? The essential work to answer this question is Koenig, McCullough & Larson, *Religion and Health*, 2001¹⁹. This is a massive book, citing 1200 original research studies and 400 reviews. It covers the whole of health, with 10 chapters on physical and 10 on mental health. In most of these studies, religious practice or belief was added as an extra to the

main study; this is, methodologically, a strength, in that it shows that the research was carried out without positive or negative religious bias. Research method for this book was rigorous, and papers were weighted for quality of design, statistical analysis and interpretation of results.

For looking at the relationship between religion and mental health, the following factors were investigated; religion and well-being, depression, suicide, anxiety disorders, schizophrenia and other psychoses, alcohol and drug use, delinquency, marital instability and personality.

From the results of research studies conducted in these areas, the authors demonstrated that "Religious involvement is correlated with, well-being, happiness and life satisfaction; hope and optimism; purpose and meaning in life, higher self-esteem; bereavement adaptation and greater social support and less loneliness; lower rates of depression and faster recovery from depression; lower rates of suicide and fewer positive attitudes towards suicide; less anxiety; less psychosis and fewer psychotic tendencies; lower rates of alcohol and drug use and abuse; less delinquency and criminal activity; greater marital stability and satisfaction..."

To summarise their findings, in which only a few studies were initially designed to examine the effects of religious involvement on health: over 80% of papers showed a positive correlation between religion and good health; correlations between religious belief and greater well being "typically equal or exceed correlations between well-being and other psychosocial variables, such as social support". Considering how strong a protective factor social support is, for example, in the work of George Brown, this is a massive claim²⁰.

Implication for Psychiatric practice

1. It is very important that we should be taking a *spiritual history* and recognize the importance of spiritual issues for each of our patients. Larry Culliford has written a clear and comprehensive article on how to do this for psychiatrists in *Advances in Psychiatric Treatment*²¹. A briefer form of religious history taking recommended for the American College of Physicians has the following four questions, which can be asked in a couple of minutes²²:
 - a. Is faith (religion, spirituality) important to you in this illness?
 - b. Has faith (religion, spirituality) been important to you at other times in your life?
 - c. Do you have someone to talk to about religious matters?
 - d. Would you like to explore religious matters with someone?
2. Spiritual aspects are vitally important for patients and doctors, for religious and non-religious people, for Muslims and Christians. Prayer is central for both religions.

3. Both the Muslim and Christian religions emphasise compassionate care for patients, and the whole person approach, including body, mind and spirit.
4. Whatever our religion and whatever the patient's religion we should be alert – patients may have been inoculated against displaying their beliefs before sceptical doctors and be reluctant to discuss what they hold with great conviction.
5. Both religions have a strong, ethical framework for medical decision-making in many important areas; on many topics this is the same for both religions.
6. We both, Muslims and Christians, recognise a need for co-operation with others in helping our patient – relatives, friends, ministers of religion, and so on. We do not see any individual in isolation from the rest of the community.
7. For both the foundations for good medical practice are directly established from the religion itself

CONCLUSION

I will end with a quotation from Professor John Swinton, who has written an excellent book entitled *Spirituality and Mental Health Care*²³. He makes the point that psychiatrists and other mental health professionals need to be *bilingual*, "to become fluent in two languages: the language of psychiatry and psychology... and the language of spirituality that focuses on issues of meaning, hope, value, connectedness and transcendence"

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