

ROYAL COLLEGE OF PSYCHIATRISTS MENTAL HEALTH INFORMATION

SPIRITUALITY AND MENTAL HEALTH

Introduction

Spirituality involves a dimension of human experience that psychiatrists are increasingly interested in, because of its potential benefits to mental health.

This leaflet provides guidance for:

- the general public
- people with mental health problems
- carers.

It outlines the relevance of spirituality to mental health and mental healthcare, and explains some of these benefits.

It is not necessary to hold formal religious beliefs, or engage in religious practices, or belong to an established faith tradition, to experience the spiritual dimension.

What is spirituality?

In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness.

According to one definition, "The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes especially into focus in times of emotional stress, physical and mental illness, loss, bereavement and death."¹ This desire for wholeness of being is not an intellectual attainment, for it is no less present in people with learning disability^{2,3}, but lies in the essence of what it means to be human.

From the spiritual perspective, a distinction can be made between cure, or relief of symptoms, and healing of the whole person. Life is a perpetual journey of discovery and development, during which maturity is often gained through adversity. The relief of suffering remains a primary aim of health care, but it is by no means the whole story.

How is spirituality distinguished from religion?

Spirituality, described as "linking the deeply personal with the universal"⁴, is inclusive and unifying. It naturally leads to the recognition that to harm another is to harm oneself, and equally that helping others is to help oneself. It applies to everyone, including those who do not believe in God or a 'higher being'.

The universality of spirituality extends across creed and culture; at the same time spirituality is felt as unique to each and every person.

Religions offer community-based worship, each faith having its own set of beliefs and sacred traditions. However, when there is a lack of respect for differences of belief, religion has been used as a social and political tool leading to intolerance and divisiveness.

Components of spiritual health care

Surveys of mental health service users⁵ have shown the need for:

- an environment for purposeful activity such as creative art, structured work, enjoying nature;
- feeling safe and secure. Being treated with respect and dignity, allows you to develop a feeling of belonging, of being valued and trusted;
- having time to express feelings to staff members with a sympathetic, listening ear;
- opportunities and encouragement to make sense of and derive meaning from experiences, including illness experiences;
- permission and encouragement to develop a relationship with God or the Absolute (however the person conceives whatever is sacred).

People need a time, a place and privacy in which to pray and worship, the opportunity to explore spiritual (and sometimes religious) matters, encouragement in deepening faith, feeling universally connected and perhaps also forgiven.

What are the benefits of paying attention to the spiritual dimension?

Service users have identified the following benefits of good quality spiritual care⁵:

- improved self-control, self-esteem and confidence;
- speedier and easier recovery, achieved through both promoting the healthy grieving of loss and maximising personal potential;
- improved relationships – with self, others and with God/creation/nature;
- a new sense of meaning, resulting in reawakening of hope and peace of mind, enabling people to accept and live with problems not yet resolved.

Recognising and assessing the religious and spiritual aspects of a person's life

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.

There are two aspects to look at:

1. What helpful inner personal resources can be encouraged?
2. What external supports from the community and/or faith tradition are available?

A gentle, unhurried approach works best. In this way, as well as gathering information, the process can have important therapeutic value.

The following five headings, list some additional helpful questions to pose and consider.

- **Setting the scene**

What is your life 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 experienced any major losses or bereavements? What has been the effect, and what ways of coping have you tried?

- **The present**

Do you experience a feeling of belonging and being valued, a sense of safety, respect and dignity? Is there openness of communication both ways between you and other people? Does there seem to be a spiritual aspect to the current problem? Would it help to

involve a chaplain, or someone from the same faith community? What more needs to be appreciated about your particular religious background?

- **The future**

What does the immediate future seem to hold? What about the longer term? Is there a concern with death and dying, or about the possibility of an afterlife? Would it be helpful to discuss this more? What are your main fears regarding the future? Do you feel the need for forgiveness about anything? What, if anything, gives you hope?

- **Remedies**

What kind of support would help you? How can it be asked for and from whom? Have you considered any self-help options?

Spiritual practices

These span a wide range, from the religious to secular:

- belonging to a faith tradition, participating in associated community-based activities;
- ritual and symbolic practices and other forms of worship;
- pilgrimage and retreats;
- meditation and prayer;
- reading scripture;
- sacred music (listening to, singing and playing) including songs, hymns, psalms and devotional chants;
- acts of compassion (including work, especially teamwork);
- deep reflection (contemplation);
- yoga, Tai Chi and similar disciplined practices;
- engaging with and enjoying nature;
- contemplative reading (of literature, poetry, philosophy etc ...);
- appreciation of the arts and engaging in creative activities, including artistic pursuits, cookery, gardening etc...;
- maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy);
- group or team sports, recreational or other activity involving a special quality of fellowship.

Spiritual values and skills

Spiritual practices foster an awareness that serves to identify and promote values such as creativity, patience, perseverance, honesty, kindness, compassion, wisdom, equanimity, hope and joy, all of which support good health care practice.

Spiritual skills include:

- being self-reflective and honest;
- being able to remain focused in the present, remaining alert, unhurried and attentive;
- being able to rest, relax and create a still, peaceful state of mind;
- developing greater empathy for others;
- finding courage to witness and endure distress while sustaining an attitude of hope;
- developing improved discernment, for example about when to speak or act and when to remain silent, biding one's time;
- learning how to give without feeling drained;
- being able to grieve and let go.

An important principle of the spiritual approach to mental healthcare is 'reciprocity' –this means that the giver and receiver both benefit from the interaction. Provided exhaustion and 'burn-out' are avoided, carers naturally develop spiritual skills and values over time, as a result of their devotion to those with whom they engage. Those benefiting from care are often, in turn, able to give help to others in distress.

The place of chaplaincy/pastoral care

Times have changed since hospital chaplaincy was thought of as mainly Anglican. It now involves clergy and other appropriate personnel from many faiths and humanist organisations, as well as from several Christian denominations. Chaplains, or spiritual advisors as they are sometimes called, are increasingly valued as contributors to the work of multi-disciplinary in-patient and community mental health services.

A properly resourced, modern mental health chaplaincy or pastoral care department should have access to sacred space. The chaplains will have made a point of establishing good relations with local clergy and faith communities and will provide information about local religious groups and their traditions and practices. They will be aware of situations in which an individual's understanding of religious beliefs and activities seem to be unhelpful to them.

Advice should be available on controversial issues such as spirit possession and the ministry of deliverance. Close liaison with the mental health team supports a holistic approach in which the 'whole-person' needs of the individual can be best understood and met.

Psychiatrists, service users and carers should all be fully informed of local chaplaincy services.

Education and research

Evidence for the benefits for mental health of belonging to a faith community, holding religious or spiritual beliefs, and engaging in associated practices, is now substantial⁶. On the strength of this growing body of research, educational initiatives for mental health care students and practicing clinicians have been developed for inclusion in medical and nursing curricula and Continuing Professional Development (CPD) options.

About the Spirituality and Psychiatry Special Interest Group (SIG)

The Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists (Spirituality SIG) was founded in 1999 to serve two needs.

1. There was no forum available to enable psychiatrists interested in spirituality to share and explore this important aspect of mental healthcare.

2. Through a number of patient-led surveys, service users made it clear that they felt deeply the omission of a spiritual dimension, to the detriment of their quality of care.

Since its foundation, the Spirituality SIG has steadily grown, with over 1000 psychiatrists joining the group. An active programme of one-day events for members is held; also occasional conferences open to the general public. Information about these meetings is published in the Spirituality SIG Newsletter, along with the texts of all talks given, on the Spirituality SIG website (see below).

In line with the World Health Organisation⁷, the National Institute for Mental Health in England (NIMHE)⁸ and with the objectives of the Mental Health Foundation⁹, it is the aim of the Spirituality SIG to see an awareness of spiritual concerns as part of every clinical consultation.

Making a spiritual assessment is as important as all other aspects of medical history-taking and examination¹⁰. When making a diagnosis, a psychiatrist should be competent in distinguishing between spiritual crisis and mental illness, and able to explore areas of overlap and difference between the two.

Finally, the SIG seeks to promote knowledge of current research correlating spirituality with improved physical and mental health.

Advice

Spirituality is a deeply personal matter. People are encouraged to discover 'what works best for you'. A routine daily practice involving three elements can be helpful:

- a) regular quiet time (for prayer, reflection or meditation);
- b) appropriate study of religious and/or spiritual material;
- c) engaging in supportive friendships with others sharing similar spiritual and/or religious aims and aspirations.

It is possible to find advice about spiritual practices and traditions through the resources of a wide range of religious organisations (see below). Secular spiritual activities are increasingly available and popular too. For example, many complementary therapies have a spiritual or holistic element that is not defined by any particular religion. The internet, especially internet bookshops, the local yellow pages, health food shops and bookstores are all good places to look.

Suggested further general reading

Barker, P & Buchanan-Barker P (Eds). (2004) Spirituality and Mental Health: Breakthrough. London: Whurr.

Dass, R & Gorman, P. (1985) How Can I Help? New York: Alfred A. Knopf.

Galanter, M. (2005) Spirituality and the Healthy Mind: science, therapy, and the need for personal meaning. Oxford: Oxford University Press.

Kabat-Zinn, J. (1994) Wherever You Go, There You Are. London: Wisdom Books.

Kornfield, J. (1995) A Path With Heart. London: Rider.

Kowalski, R. (2001) The Only Way Out Is In. Charlbury, Oxon: Jon Carpenter Publishing.

Hanh, T. N. (1993) Transformation and Healing. London: Rider.

Scott Peck, M. (1990) The Road Less Travelled: A New Psychology of Love, Traditional Values and Spiritual Growth. London: Rider.

Swinton, J. (2001) Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension. London: Jessica Kingsley.

Whiteside, P. (2001) Happiness: The 30-Day Guide. London: Rider

Websites

www.rcpsych.ac.uk/college/sig/spirit/index.asp

The Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group.

www.mfghc.com

The Multi-Faith Group for Healthcare Chaplaincy website has valuable information about traditions, symbols, teachings and practices of nine world religions.

www.happinessite.com

Includes a 'resources' page with useful internet links compiled by author Patrick Whiteside.

For additional resources, try typing 'spirituality and health', or 'spirituality and psychiatry' into an internet search engine.

References

¹ Murray R & Zentner J (1989): *Nursing Concepts for Health Promotion*. London: Prentice Hall. (Adapted)

² Swinton, J. (1999) *Building a Church for Strangers: Theology, Church and Learning Disabilities*. Edinburgh: Contact Pastoral Trust.

³ Swinton J. (2002) Spirituality and the Lives of People With Learning Disabilities. *The Tizard Learning Disability Review*. 7,4: 29-35.

⁴ Culliford L (2002) Spirituality and Clinical Care. *British Medical Journal*. 325:1434-5.

⁵ Nathan M (1997) *A study of spiritual care in mental health practice: patients and nurses perceptions*. MSc thesis. Enfield: Middlesex University.

⁶ Koenig H, McCullough M, & Larson D. (2001) *Handbook of Religion and Health*. Oxford: Oxford University Press.

⁷ World Health Organization. (1998) *WHOQOL and Spirituality, Religiousness and Personal Beliefs: Report on WHO Consultation*. Geneva: WHO.

⁸ Gilbert P, Nicholls V. (2003) Inspiring Hope: Recognising the Importance of Spirituality in a Whole Person Approach to Mental Health. London: National Institute for Mental Health in England.

⁹ Faulkner A, *Knowing our own minds*. London: Mental Health Foundation.

¹⁰ Post S, Puchalski C, Larson D. (2000) Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics. *Annals of Internal Medicine*. 132: 578-583.

This leaflet, written by Dr Larry Culliford and Dr Andrew Powell, has been approved by the Executive of the Spirituality and Psychiatry Special Interest Group. .

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