**Spiritual Care for Psychiatrists**

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Visiting Scholar, HealthCare Chaplaincy

**Psychiatrists Views on Religion**

• “Religion is an illusion and it derives its strength from the fact that it falls in with our instinctual desires”—Sigmund Freud  
• “Among all my patients in the second half of life ... there has not been one whose problem in the last resort was not that of finding a religious outlook on life.”—Carl Jung  
• “The essence of humanity”—Viktor Frankl

**Spiritual & Religious Beliefs: American Adults**

1—1  
When asked “**Do you believe in God, or is it something you’re not sure about or don’t believe in?**”  
• 86% said they believe in God;  
• 8% said they were not sure about;  
• 6% said they don’t believe in God


**Spiritual & Religious Beliefs: American Adults**

1—2  
When asked: “**Do you believe in God, don’t believe in God but believe in a universal spirit, or don’t believe in either?**”  
• 78% said they believe in God;  
• 14% said they believe in a universal spirit;  
• 7% don’t believe in either


**Spiritual & Religious Beliefs: American Adults**

1—3  
• 9 out of 10 of American adults say that they pray.  
• Approximately two-thirds are members of churches or synagogues.  
• 40% attend services regularly.

**Spiritual & Religious Beliefs: Patients Attitudes**

1  
• In a study of hospital inpatients by King and Bushwick, 94% of patients regarded their spiritual health as being equally important to their physical health.¹  
• 66% of patients noted that their trust in their physicians increases if that physician addresses their spiritual concerns.²

²Ehman JW et al. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill? Arch Intern Med. 1999; 159 (15): 1803-106.
### Spiritual & Religious Beliefs: Patients Attitudes—2

In a survey of patients by McCord *et al.*:

- 83% of respondents wanted physicians to ask about spiritual beliefs in at least some circumstances.
- Patients believed that information concerning their spiritual beliefs would affect physicians’ ability to encourage realistic hope (67%), give medical advice (66%), and change medical treatment (62%).

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### Spiritual & Religious Beliefs: Physician Attitudes—2

<table>
<thead>
<tr>
<th>Patients mention religion/spirituality?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often or always</td>
<td>44%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Influence of Religion?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>76%</td>
<td>85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion helps patients cope with illness/suffering?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often or always</td>
<td>77%</td>
<td>76%</td>
</tr>
</tbody>
</table>

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### Spiritual & Religious Beliefs: Physician Attitudes—3

<table>
<thead>
<tr>
<th>Religious Affiliation</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>17%</td>
<td>10%</td>
</tr>
<tr>
<td>Protestant</td>
<td>28%</td>
<td>40%</td>
</tr>
<tr>
<td>Catholic</td>
<td>10%</td>
<td>23%</td>
</tr>
<tr>
<td>Jew</td>
<td>29%</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
<td>12%</td>
</tr>
</tbody>
</table>


### Spiritual & Religious Beliefs: Physician Attitudes—4

<table>
<thead>
<tr>
<th>Potential negative influence of religion?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rarely or never</td>
<td>18%</td>
<td>57%</td>
</tr>
<tr>
<td>Sometimes</td>
<td>63%</td>
<td>37%</td>
</tr>
<tr>
<td>Often or always</td>
<td>19%</td>
<td>7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriate to inquire?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually or always</td>
<td>93%</td>
<td>53%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriate to discuss if brought up by patient?</th>
<th>Psychiatrists</th>
<th>Other Docs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usually or always</td>
<td>97%</td>
<td>91%</td>
</tr>
</tbody>
</table>

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### Religion and Health

- An evolving literature
- Harold Koenig: “In the vast majority of the cross-sectional studies and prospective cohort studies we identified, religious beliefs and practices rooted within established religious traditions were found to be consistently associated with better health and predicted better health over time.”
- Will review several areas of research.

Religion and Health: All Cause Mortality

Table 1: Church/Ser vice Attendance Against Death

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Mortality Odds Ratio</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powell LH et al.</td>
<td>3,177 study</td>
<td>0.64**</td>
<td>(0.43, 0.92)</td>
</tr>
<tr>
<td>Oatman et al.</td>
<td>1,598 study</td>
<td>0.6**</td>
<td>(0.44, 0.89)</td>
</tr>
<tr>
<td>Suh et al.</td>
<td>6,949 study</td>
<td>0.6**</td>
<td>(0.46, 0.87)</td>
</tr>
<tr>
<td>Zhong et al.</td>
<td>21,256 study</td>
<td>0.6**</td>
<td>(0.49, 0.82)</td>
</tr>
<tr>
<td>Kang et al.</td>
<td>10,587 study</td>
<td>0.6**</td>
<td>(0.43, 0.89)</td>
</tr>
<tr>
<td>Cheng et al.</td>
<td>19,565 study</td>
<td>0.6**</td>
<td>(0.47, 0.87)</td>
</tr>
<tr>
<td>Oatman et al.</td>
<td>13,357 study</td>
<td>0.6**</td>
<td>(0.47, 0.87)</td>
</tr>
<tr>
<td>Oatman et al.</td>
<td>267 study</td>
<td>0.6**</td>
<td>(0.47, 0.87)</td>
</tr>
<tr>
<td>Moro, Berton, &amp;</td>
<td>3,213 study</td>
<td>0.6**</td>
<td>(0.47, 0.87)</td>
</tr>
<tr>
<td>(2008)</td>
<td>2,768 study</td>
<td>0.6**</td>
<td>(0.47, 0.87)</td>
</tr>
</tbody>
</table>

Religion and Health: Hypertension Prevalence and Church Attendance

NHANES III
Regression Coefficients From a Logistic Model Relating Hypertension and Frequency of Attending Religious Services, Controlling for Sociodemographic and Health Variables Among Persons Aged 20 yr and Over

<table>
<thead>
<tr>
<th>Services attended/yr</th>
<th>β</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–51 services</td>
<td>-0.11</td>
<td>(0.32, 0.10)</td>
</tr>
<tr>
<td>52 services</td>
<td>-0.24**</td>
<td>(0.37, 0.11)</td>
</tr>
<tr>
<td>52 services</td>
<td>-0.33*</td>
<td>(0.06, 0.07)</td>
</tr>
</tbody>
</table>

NHANES III: Third National Health and Nutrition Examination Survey.
* p < .05, ** p < .01.

Religious Coping

- **Positive Religious Coping**: Looking for a stronger connection with God. Moving towards religious involvement in response to stressful situations.
- **Negative Religious Coping**: Wondering whether God has abandoned them. Questioning or struggling with one’s faith. Moving away from religiousness.

Measures of Religious Struggle/Distress

- Brief RCOPE (next slide)
- Measuring alienation from God (Exline)
- Difficulty forgiving God (Exline)
- Spiritual Injury (Berg)

Best predictors of religious struggle:

- Feeling unloved
- Feeling abandoned
- Feeling punished
- Feeling angry at God

Brief RCOPE

- I wondered whether God had abandoned me.
- I felt punished by God for my lack of devotion.
- I wondered what I did for God to punish me.
- I questioned God’s love for me.
- I wondered whether my church had abandoned me.
- I decided the devil made this happen.
- I questioned the power of God.
Religious Coping and Health Outcomes in Stem Cell Transplant Patients


<table>
<thead>
<tr>
<th>Measure</th>
<th>Religious Coping</th>
<th>Positive Religious Coping</th>
<th>General Religiosity</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF-36 Physical</td>
<td>.25***</td>
<td>.05</td>
<td>.05</td>
</tr>
<tr>
<td>SF-36 Mental</td>
<td>.25***</td>
<td>.02</td>
<td>.05</td>
</tr>
<tr>
<td>PARQ</td>
<td>.22***</td>
<td>.15</td>
<td>.00</td>
</tr>
<tr>
<td>SPI</td>
<td>.24***</td>
<td>.09</td>
<td>.01</td>
</tr>
<tr>
<td>SF-36 pain</td>
<td>.26***</td>
<td>.05</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note: Higher scores indicate more severe symptoms except for SF-36 pain, where higher scores indicate better status. HADS: Hospital Anxiety and Depression Scale. Hamilton Depression Rating Scale.

-- Adapted from Fitchett

Spiritual Care providers:
- Chaplains—typically hospital based specialists who see patients of any religious or non-religious background. At the SCCA they are also available in the outpatient clinics.
- Clergy—ordained, trained in religious care, and work predominately with patients from their religious denomination.

Identifying Spiritual Need:
- Screening for distress
  - The first step in the process
  - As part of the patient’s medical intake
  - Inpatient (nurses) vs. Outpatient (Medical Assistants).
  - Algorithm (Fitchett)
  - Stress Thermometer (Fann)

Spiritual Care providers-2
- Pastoral counselors—master’s- or doctoral-trained counselors; half of their training is in how spiritual and religious issues affect manifestation of and coping with the presenting symptoms.
- Spiritual Directors—Individuals (not counselors) trained to assist people in their spiritual journey by helping them discern how God or the divine is working in their lives.

1 Puchalski C. Spiritual Assessment in Clinical Practice. Psychiatric Annals: Mar 2006; 36:3 pg 150-155
Goals of Spiritual Assessment

- Invite Sharing.
- Learn about beliefs and values.
- Assess spiritual distress and spiritual sources of strength.
- Empower the patient to find inner resources of healing and acceptance.
- Learn about spiritual or religious beliefs that might affect health care.

FICA-Taking a Spiritual History

F—Faith and Belief
- “Do you consider yourself spiritual or religious?”
- “Do you have spiritual beliefs that help you cope with stress?”
- “What gives your life meaning?”

I—Importance
- “What importance does your faith or belief have in your life?”
- “Have your beliefs influenced how you take care of yourself in this illness?”
- “What role do your beliefs play in regaining your health?”

C—Community
- “Are you part of a spiritual or religious community?”
- “Is this of support to you and how?”
- “Is there a group of people you really love or who are important to you?”

A—Address in Care
- “How would you like me, your healthcare provider, to address these issues in your healthcare?”
- EXAMPLES include: referral to chaplains, pastoral counselors, or spiritual directors, journaling, and music or art therapy.
Taking A Spiritual History:

**HOPE**

H—Sources of hope  
O—Role of organized religion  
P—Spiritual Community of Support  
E—How does the patient wish these addressed.

*Anandarajah & Hight, 2001*

Taking A Spiritual History:

**SPIRIT**

S—Spiritual belief system  
P—Personal spirituality  
I—Integration with spiritual community  
R—Ritualized practices and restrictions  
I—Implications for medical care  
T—Terminal planning

*Nanigian, 1996*

Taking A Spiritual History

Daniel Sulmasy, OFM, MD, PhD

“What role does spirituality or religion play in your life?”

Religious Countertransference:

**Definition**

“Religious countertransference refers to an emotional response by a clinician toward a patient’s religious language, beliefs, practices, rituals, or community that can diminish the effectiveness of treatment.”


Religious Countertransference:

**Causes**

- Avoidance of feelings of professional incompetence.  
- Fear of being asked about one’s religious affiliation.  
- Recollection of personal encounters with religion which were aversive.  
- Internalized professional stigma towards religion.

*Adapted from Griffith JL. Managing Religious Countertransference in Clinical Setting. Psychiatric Annals: Mar 2006; 36:3 pg 196-204.*

Religious Countertransference:

**Management**

- Self-reflection and awareness.  
- Approaching the patient with curiosity, empathy and respect.  
- Self-education about spiritual care.  
- Referral of patient to other spiritual care provider.  
- Transfer of patient to another provider.

*Adapted from Griffith JL. Managing Religious Countertransference in Clinical Setting. Psychiatric Annals: Mar 2006; 36:3 pg 196-204.*
### Spiritual Care—What can psychiatrists offer?

- At a minimum take a spiritual history, *i.e.*, perform a biopsychosocial-spiritual assessment.
- Consider exploring psychotherapeutically affect laden issues brought up in the spiritual history, *i.e.*, spiritually focused psychotherapy.
- Consider referrals to Chaplains, Clergy, Pastoral Counselors, or Spiritual Directors.

### Spiritually Focused Psychotherapy

- Grounded in traditional psychotherapeutic approaches: supportive, interpersonal, dynamic and cognitive behavioral.
- Relationally focused.
- Often benefits from consultation with a chaplains or clergy regarding specifics and issues pertaining to the patient’s faith tradition.

### Spiritual Care for Psychiatrists

#### Conclusions—1

- Spiritual and religious beliefs are widely held.
- Patients want physicians to address their spiritual and religious beliefs.
- Religious beliefs and practices are associated with better health outcomes.
- Chaplains and Psychiatrist perform a variety of complementary and overlapping roles.

#### Conclusions—2

- A spiritual history (FICA or others) should be an essential part of the H & P.
- A multidisciplinary approach will be most beneficial to the patient.

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