

**Spiritual Care Collaborative
Summit 2009**

Do Psychiatrists Hold Similar Views toward Spiritual or Religious Beliefs as Dr. Freud? How to Build relationship and Collaboration between Psychiatrists and Spiritual Care Providers.

By

Ellen M. Faubert Ph.D.

(Candidate School of Divinity, University of Aberdeen Scotland)



**Here is a photo of the Man Himself.
And what did Dr. Freud say about Religion?**

He said – and I quote “Religion is an illusion and it derives its strength from the fact that it falls in with our instinctual desires.” Taken from his *New Introductory Lectures on Psychoanalysis* written in 1933.

From an earlier publication he states that “Religion is comparable to a childhood neurosis.” Taken from *The Future of an Illusion* written in 1927.

Some of you may know that religion played an important part in the first form of psychiatric care in the US and in Western Europe, the teachings of Freud and others concerning the neurotic influences of religion have had an enormous impact on the field, nullifying the originally favourable views toward religion held by nineteenth century psychiatrists. (Koenig 2001).

Chaplaincy provides a vital counter to such attitudes insofar as its reason d'être within the healthcare services is to provide and facilitate spiritual care.

However, chaplains cannot work alone.

Within a genuinely holistic healthcare context there is a deep necessity for chaplains and psychiatrists to work together to meet the spiritual needs of those to whom they seek to offer care.

Within my experience as a mental health care chaplain there often seems to be an unresolved tension between psychiatry and chaplaincy that leads to antipathy.

To my mind there is a lack of referral and the omission of vital dimensions of spiritual care that require collaboration and synergy between psychiatry and chaplaincy.

Research indicates that inclusion of spiritual issues into treatment plans can bring identifiable and measurable mental health benefits.

Similarly the literature indicates that many persons with mental health issues view spiritual activities as an integral part of their recovery process and feel spiritual concerns should be discussed with mental health service providers. (Wong-McDonald 2007)

I quote from a paper that was presented at the 2001 annual conference of the Christian Association for Psychological studies which says that

- “If service providers are not open to discussing spirituality with individuals who wish to incorporate it as part of their recovery processes, contra-indications may result.
- These may include increased absenteeism,
- decreased willingness on the part of the participant to disclose deeper issues, keeping the alliance with the service provider at a superficial level,
- And an increased resistance to fully participate in treatment interventions (Dueck, 2001).

The concept of acceptance in psychiatric rehabilitation must be extended to mean accepting what is important to the participants, which may include spirituality.” (Wong-McDonald 2007)

However, it has been shown that psychiatrists have a tendency not to be interested in spiritual matters. (Lukoff *et al* 1992; Hall 1996; Horsfall 1997)

Indeed historically they have tended to ignore or pathologize the religious and spiritual dimensions of life... (Lukoff *et al* 1992).

So, despite the renewed interest on the effects of spirituality today on the mentally ill and the positive outcomes that research has revealed, many psychiatrists remain unconvinced about the use of spirituality in their practice.

Thus psychiatrists also may have a suspicion when referring a patient to a chaplain in a mental health facility.

The following statistics come from a study done in the UK looking at the Psychiatrists' attitudes towards referral for spiritual or religious assistance.

Psychiatrist initiating referral to a Clergy

Never	133	58%)
Very Occasionally	19	8%) 86%
Occasionally	47	20%)
Often	19	8%
Always	12	5%
	230	

(Neeleman and King 1993)

The reasons they gave for these non-referrals were varied.

- up to patient to initiate contact
- referral to clergy had never been necessary
- referral of this nature was inappropriate for psychiatrists to make
- were unfamiliar with suitable religious leaders
- had never thought of referral
- indicated that such referrals were inappropriate for non-religious patients
- feared that religious leaders might wish to convert rather than help
- feared that patients might take offence at such a referral
- doubted the skills of religious leaders (Neeleman and King 1993)

Other studies that have listed other reasons given by Psychiatrists for not addressing spiritual/religious issues are many:

- Spiritual matters may be perceived as irrelevant to patient care or a topic too intimate to broach in a clinical setting.
- Chaplains may not be perceived as formally integrated within the clinical team, and operational policies still need to recognize the contribution of chaplains to team work.
- A personal spiritual view may be of relevance to a clinician, but for a professional it does not automatically translate into clinical practice.
- Psychiatrists give terminal illness and death as the most likely reasons for referring to a chaplain. (Lawrence *et al* 2007)
- feel patient is not interested (Baetz 2004)

It's quite the list.

It sounds like all doom and gloom but it is not quite. There has been some movement toward the positive in relation to the synergy between psychiatry and spirituality and religion which could ultimately enhance the collaborative relationship with chaplains.

- Research has opened the door for psychiatrists to realize the quantifiable benefits of spirituality in the treatment of persons with mental illness.
- Negative illustrations of spirituality have been eliminated from the DSM IV (American Psychological Association, 1994)
- Courses offered in US Psychiatric residency training programs on Spirituality and Religion and to a lesser extent in Canada. (Puchalski *et al* 2001)

However, one must be open and accept these changes.

Studies have indicated that Psychiatrists have significant concerns about the lack of necessary knowledge or lack of confidence about how to address spirituality in a helpful manner with consumers. Furthermore, there is confusion about the tremendous array of beliefs, practices, and organizations identified as spiritual. (Fallot 2007)

It appears, therefore, that many psychiatrists may not feel comfortable or competent in addressing spiritual needs in depth.

Furthermore, the courses in the medical schools are targeting only the incoming clinicians. What about the psychiatrist who has been in practice

for many years? A referral to a chaplain may be in order when the need goes beyond that which can be provided by the clinician.

Psychiatrists and chaplains are in fact, both healers – primarily through the caring relationship they form with their patients.

Caring includes calling on an individuals' inner strengths. These strengths include spiritual resources which support integration or wholeness of body, mind *and* spirit.

By addressing the spiritual dimensions and religious dimensions in patient care, clinicians can truly be holistic.

This collaboration between psychiatrist and chaplain may bring new depths to the meaning of holistic patient care of body, mind and spirit. Let us bring that integral part of recovery to our patients who desperately want to be treated as whole human beings – who want to talk about the very depths of their soul, and their spirit.

Thank you.

We have time for one or two questions.

With that, I would like you to look at this short video with these questions in mind.

The questions are on your table.

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<http://gwish.org> The George Washington Institute for Spirituality and Health – Canadian Medical Education Initiative

Does this Psychiatrist have similar views to Dr. Freud? Why or Why Not?

The patients clearly want their spiritual and religious beliefs addressed.

The treatment may be impeded if the patient wants to speak about these issues and they are not addressed adequately. Do you think this psychiatrist would address spirituality/religious beliefs adequately with a patient? Why or why not? Would this Psychiatrist make a referral to an in house chaplain other than for death and dying?

Studies have shown that religious individuals are less satisfied with a non-religious clinician than with a religious one. Do you think that a religious individual would be satisfied with this psychiatrist? Why or why not?