

# FAITH IN PRACTICE

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# Spirituality

- ▣ In 1999, the [Association of American Medical Colleges Medical School Objectives Report III \(pdf\)](#) defined Spirituality as follows:
- ▣ *Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.*

# Spirituality Defined

“Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community.” Harold Koenig

*Koenig et al*

# Hope

- ▣ “... it is clear that personal spirituality is vitally important and offers genuine help to many who face serious and persistent mental illnesses.”

W. Patrick Sullivan

# Faith in Practice

- ““The biomedical model of mental illness has contributed significantly to our understanding of major illness, but little to true recovery. While medications may help one’s behaviors become more acceptable to society, they do nothing to put one’s shattered soul back together.””

E. Cooper

W. Patrick Sullivan’s chapter (p.25)

Spirituality and Religion in Recovery from  
Mental Illness (Roger Fallot editor)

# Society and Contemporary Life

▣ Kenneth J. Gergen

- The Saturated Self

Dilemmas of Identity in  
Contemporary Life

## Gergen (cont'd)

- ▣ postmodernism and the 'self'
- ▣ 'populating of self'
- ▣ individuals vs.. relationship
- ▣ "without others there is no self"

# Gergen (cont'd)

▣ “without others there is no self”

“... scholars have concluded that the language of mental life gains its significance or meaning from its use in social life. The meanings of “good reasoning,” “bad intentions,” “accurate memory,” and the like are determined by the way such words are used in carrying out relationships .... The implications of this ... conclusion ... replace the individual as the centre of human action with the relationship.... My words don't become “communication” until they are treated by others as intelligible.... for without coordinated acts of communication, there is simply no “I” to be articulated.”

# Henri Nouwen

- The Nuclear Man
  - Is the man who realizes that his creative powers hold the potential for self-destruction.
  - Can be characterized by
    - A historical dislocation
      - Only the sharp moment of here and now is valuable
      - In his dislocated state he becomes paralyzed
      - Reactions are not anxiety or joy, but apathy, boredom
    - A fragmented ideology
      - Primarily looking for experiences that give him a sense of value
    - A search for immortality
      - Cannot find an adequate expression of his experience in symbols
      - Unable to project himself beyond the limitations of his human existence

# Tommy

- ▣ History of schizophrenia
- ▣ Buddhist
- ▣ “at least it’s not the ravages of Huntington’s ...”
- ▣ ‘it’s like, a man in a boat coming up to an island with a reef. Although the boat breaks apart the person survives and reaches the shore.’ (transcendence)

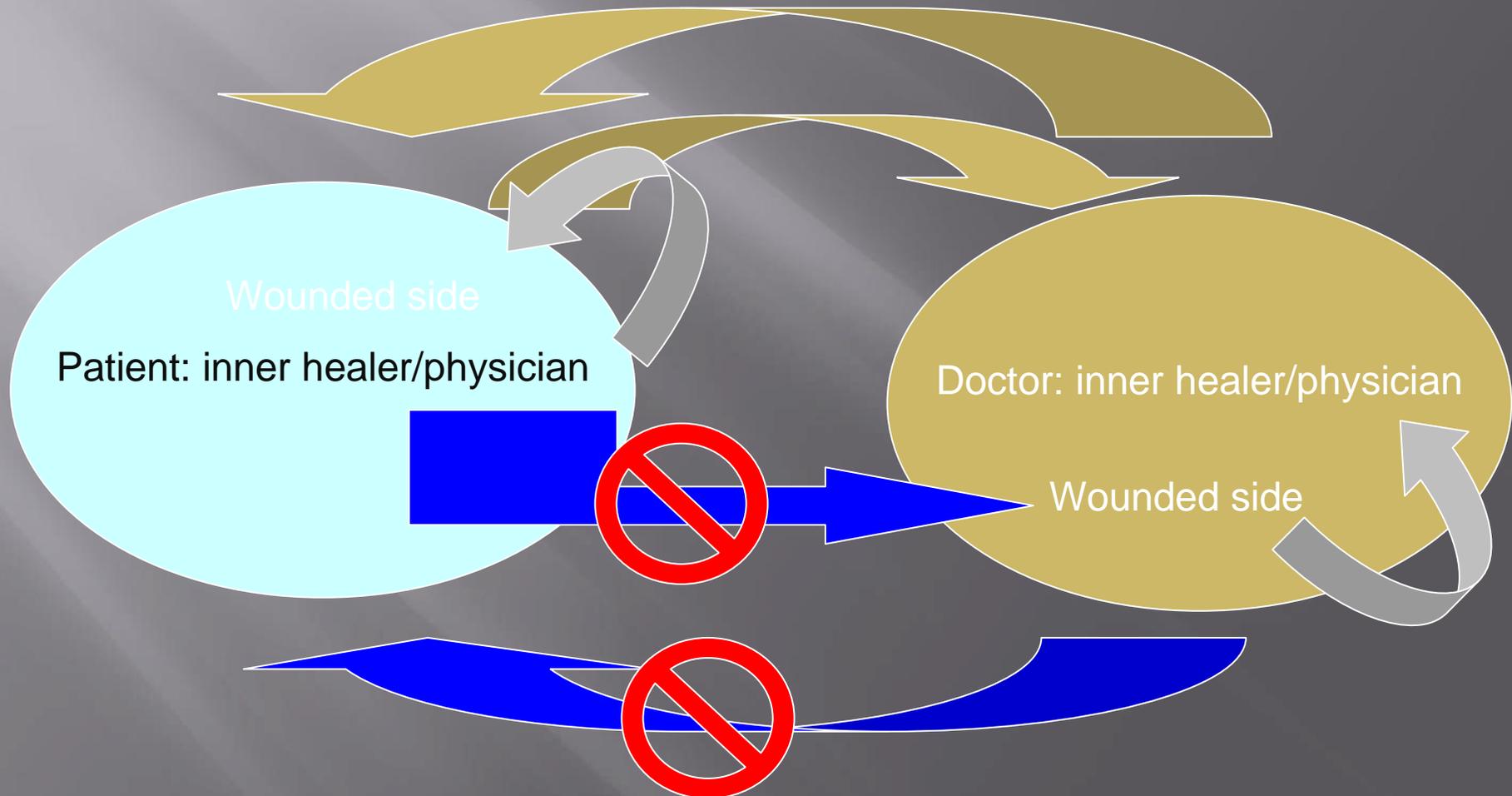
# Knight: “The Religio-Psychological Dimension of Wounded Healers”

- ▣ “...only the wounded doctor can heal whether that doctor be physician or priest.”
  - (Carl Jung - p. 116/p.34)
- ▣ “One’s own hurt, one’s sensitive openness to the patient, gives the measure of one’s power to heal.”
- ▣ Viewed as helpers that need to be helped
- ▣ Asklepian tradition –
  - paradox: “The healer heals, but at the same time the healer remains wounded.”
  - transference explains the message of the myth
    - Groesbeck

# Knight

- ▣ “Nouwen ... the theme of the wounded healer implies that all grace, growth, and healing are communicated or incited by starting with the humanity, brokenness, and vulnerability of both the healer and the person to be healed. These, in both, must be affirmed. The aim of the true healer is not so much to remove the pain of life as to interpret it. The evidence in the healer of woundedness or pain and of the transcendence of constructive endurance of it help to heal the patient.” p. 38
- ▣ “To be wounded means also to have the healing power activated in us; ....” Adler
- ▣ “Healing comes through the wounded life.”

# Knight



‘if we in the mental health field are to understand our clients in context of their culture, their religion and spirituality need to be addressed’

Roger Fallot (paraphrased verbal)

# Stories - Fallot

- ▣ Philosophers of religion, theologians, personality theorists, psychoanalysts, and psychiatric rehabilitation specialists, among others, have demonstrated the many ways in which stories may provide coherence, meaning, and direction to self-understanding.
- ▣ McAdams claims that each of us “naturally constructs [a story] to bring together the different parts of our selves and our lives into a purposeful and convincing whole.”

# Narratives

- ▣ Restitution narratives
- ▣ Chaos narratives
- ▣ Quest narratives
- ▣ Recovery narratives

# Recovery Narrative (themes)

- Whole-Person Recovery Takes Whole-Person Involvement
- True Recovery Is a Long-Term and Often Effortful Journey
- Hope Is an Essential Ingredient for Continuing Recovery
- Recovery Depends on the Experience of Loving Relationships
- The “Serenity Prayer” Expresses Key Process in Recovery
- Recovery Is a Journey Toward Genuineness and Authenticity
- Recovery is a Story of Action and Pragmatism as Well as Conviction

# Psychiatry vs. Religion

“the only safe place is inside a story”

Fugard

The problem with many people is that they don't inhabit 'a story'. (they don't live in a definable tradition) John Patrick

# Psychiatry's Role

Persian's description of the 'Word-doctor':

“This one is the best of all healers who deal with the Holy Word and he will best drive away sickness from the body of the faithful.”

Tillich (Knight)

# Psychiatry's role

“The Persians distinguished the word-doctor  
from the herb-doctor and the knife-doctor.”  
James A. Knight

# Psychiatry vs. Religion

- ▣ “joint custody”
- ▣ “instrument tuners” Barnhouse
- ▣ “The spiritual director is trained to guide people in their search for values and meaning in life; psychoanalysts are trained to help resolve conflict and achieve a mature adaptation to life.”

Robinson

# Spiritual Assessment

Simply put, our job as psychiatrists is to hear the story of our patients ... and then...

# Listen to the Stories

- ▣ Psychiatrists are seen in the role of managing language, the words that hold the entirety of an individual's life including its misery and its joy.
- ▣ Psychiatrists can practice the I-Thou relationship suggested by Martin Buber

# Relationship

- ▣ Listen=Silent
- ▣ Ask the right questions Estroff/Tomm
- ▣ Open Space Tomm

# Opening space

- ▣ “There are currently hopeful examples of how patients are becoming experts in their own experience and how religious and psychiatric professions are learning from one another as well as from patients. The more this happens the more those drawn into psychiatry as users or providers of services will enjoy more *space* in which their souls can breath and flourish.”

John Fostex

# Spiritual Care

- ▣ Added value:
  - Awareness of a spiritual dimension in one's own life
  - The use of discernment (knowing when to talk and when not to)
  - Establishing a trusting relationship usually of some duration
  - Using common sense
  - Drawing on one's own life experience and maturity

STUCK



UNSTUCK



# Omer

## ▣ Pluralism

- Is the belief that all stances and perspectives are, at times, inappropriate.
- The rejection of the belief that only one approach to psychotherapy can be right.

## Resolution of the therapeutic impasse:

- ▣ A hopeless narrative develops
- ▣ The therapeutic strategy grinds to a halt
- ▣ The therapeutic interaction becomes trapped in a negative pattern

# What's the problem?

- ▣ ? Hopeless narrative
- ▣ ? Gone wrong strategy
- ▣ ? Poor alliance
- ▣ ? Negative Interaction

# Solution to become unstuck

- Create an empathetic characterization instead of hanging on to paralyzing terms and descriptors (not merely a positive reframe)
- Create a new therapeutic contract
  - External consultation
  - Critical intervention by mapping the impasse and creating a new goal to modify:
    - Narrative
    - Strategies
    - Interactions
- Critical link may be the narrative, strategy or the relationship ....

# Factors that influence outcome

- ▣ Relationship vs.... Techniques/Insight
- ▣ Concrete vs.... Abstract Cognitions
- ▣ BioPsychoSocioSpiritual

# Existential Anxieties

- ▣ Tillich describes three existential anxieties that religion addresses:
  - The anxiety concerning death
  - The anxiety of meaninglessness
  - The anxiety of guilt and condemnation

# **Three ways to discover meaning to life:**

- 1. by creating a work or doing a deed**
- 2. by experiencing something or encountering someone**
- 3. by the attitude we take toward unavoidable suffering**

**FRANKL**

# Relationship

- ▣ “...the sense of having a relationship with, or benefiting from, the guidance of a higher power may not be captured in standard assessments.”
- ▣ W.P. Sullivan



- ▣ “Spiritual belief systems are a product of the individual’s ideological *linguaging* within a *relationship* context and include the process of conceptualizing the individual’s connections with others, the world, and the Creator (Campbell & Moyers, 1988)”

Prest/Keller

## ▣ Spirituality

- ▣ can serve as a primary coping and problem-solving device...
- ▣ can be an important aspect of a personal social support network...and
- ▣ can help sustain a sense of coherence and meaning in life....”

w. Patrick Sullivan

# Spiritual Assessment

- ▣ “A spiritual history is an inquiry into what gives meaning to a person’s life ... the key element of the spiritual history is listening to what is important to the patient and being truly present ....” Puchalski et al “Physicians ... must seek to understand the meaning of he patients’ stories in the context of the patients’ beliefs, and family and cultural values.” Puchalski et al quoting The MSO project.

# Religious/Spiritual History

- ▣ A careful history will delineate if the person has an
  - Extrinsic form of religious commitment
    - ▣ Or
  - Intrinsic form of religious commitment
    - Rev Hamilton quoting Gordon Allport

# Spiritual Assessment Tools

- ▣ Dr. Christina Pulchuski
- ▣ The George Washington Institute for Spirituality and Health (GWish)  
Warwick Building, Suite 313, 2300 K Street  
NW, Washington, DC 20037  
Telephone: (202) 994-6220 | Fax: (202) 994-6413  
| [www.gwish.org](http://www.gwish.org)

# “FICA” Tool - Client

- ▣ F - Faith and Belief
- ▣ Do you consider yourself spiritual or religious?" or "Do you have spiritual beliefs that help you cope with stress?" If the patient responds "No," the health care provider might ask, "What gives your life meaning?" Sometimes patients respond with answers such as family, career, or nature.

# “FICA” Tool - Client

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

# “FICA” Tool - Client

- ▣ 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?" Communities such as churches, temples, and mosques, or a group of like-minded friends can serve as strong support systems for some patients.

# “FICA” Tool - Client

- ▣ A - Address in Care
- ▣ "How would you like me, your healthcare provider, to address these issues in your healthcare?"

# “FICA” Tool – Self Assessment

- ▣ **F – Faith and Belief**

- ▣ Do I have a spiritual belief that helps me cope with stress? With illness? What gives my life meaning?

- ▣ **I – Importance**

- ▣ Is this belief important to me? Does it influence how I think about my health and illness? Does it influence my healthcare decisions?

- ▣ **C – Community**

- ▣ Do I belong to a spiritual community (church, temple, mosque or other group)? Am I happy there? Do I need to do more with the community? Do I need to search for another community? If I don't have a community, would it help me if I found one?

- ▣ **A – Address in Care**

- ▣ What should be my action plan? What changes do I need to make? Are there spiritual practices I want to develop? Would it help for me to see a chaplain, spiritual director, or pastoral counselor?







# Summary

- ▣ Spirituality is an important aspect in clients' lives. That which is 'not seen' may be as important as that which is.
- ▣ Spirituality is a protective factor that is not frequently asked about within interviews.
- ▣ A bio-psycho-social-spiritual approach is encouraged.
- ▣ Spirituality opens space to become unstuck. It provides meaning and purpose for many people.
- ▣ Relationships create the opportunity to not only be supported, but encourage the client to have their story heard and reframed in a new and understandable manner.