

An illustration of a woman with red hair in a ponytail, wearing a yellow dress with a green belt, walking a tightrope. She is holding a red balancing pole. The background is a light blue sky with faint clouds.

Spirituality and Religion in clinical practice.

The role of belief systems explored

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Why do research? - Religion, Spirituality and Beliefs?

- Religious, spiritual or other beliefs may be an important resource for coping with illness
- Religious or other beliefs may contribute to mental pathology in rare cases
- Psychiatrists should be aware of patient's religious, spiritual or other beliefs and need to understand what function they serve

Research and Religion, Spirituality and Mental Health
Harold G Koenig, MD

Spirituality, Religion and mental health

An area of much attention!

- **Position statements:-**
 - World Psychiatric Association (WPA)
 - Royal Collage of Psychiatrists
 - South African Society of Psychiatrist (SASOP)
 - American Psychiatric Association (APA) – no position statement????
- **Research groups**
 - Numerous papers and books on spirituality, religion and culture research
- **Diagnostic formulations:-**
 - DSM V
- **Billing:-**
 - 2021 ICD-10-CM Diagnosis Code Z71.81 Spiritual or religious counseling

What is the scope of Psychiatry?

Why is spirituality, religion and beliefs an issue?

- The medical specialty of psychiatry uses research in the field of neuroscience, psychology, medicine, biology, biochemistry, and pharmacology.
- All medical doctors must remain mindful of:-
 - Neuroscience and the biology of the brain,
 - Psychology and the functioning of the mind
 - Medicine and the many illnesses that affect man
 - Pharmacology
 - Culture, religion, spirituality and belief systems

Religion and spirituality

Religion:

The practice and outward expression of spiritual beliefs with its associated activities, organised into integrated systems of doctrine and institutionalised structures, in adherence to a collective community of like-minded believers”

The soul in the brain . Michael Trimble

Spirituality

Spirituality, as opposed to religion, or a belief system, may be defined as a progressive individual or collective inner capacity, consciousness or awareness of transcendence.

Janse van Rensburg et al., 2012

The world religions

- ❖ **Monotheism** – E.G.; CHRISTIANITY, JUDAISM, ISLAM
- ❖ **Pantheism** – E.G.: HINDUISM
- ❖ **Animism** – E.G.: TRADITIONAL AFRICAN RELIGIONS - ANIMISM
- ❖ **Non-theism** – E.G.: BUDDHISM
- ❖ **Atheism** – A BELIEF THAT NO GOD EXISTS
- ❖ **Anti-theism** – E.G.: BRIGHT MOVEMENT, FLYING SPAGHETTI MONSTER CHURCH
- ❖ **PLUS many more** – E.G.: SHINTOISTS, BAHAI, SPIRITISTS.....
ETC



Belief system

Belief system:

A belief system is a set of mutually supportive beliefs. The beliefs may be religious, philosophical, ideological or a combination of these.

Jonathan Glover – Philosopher

EXAMPLES OF BELIEF SYSTEMS

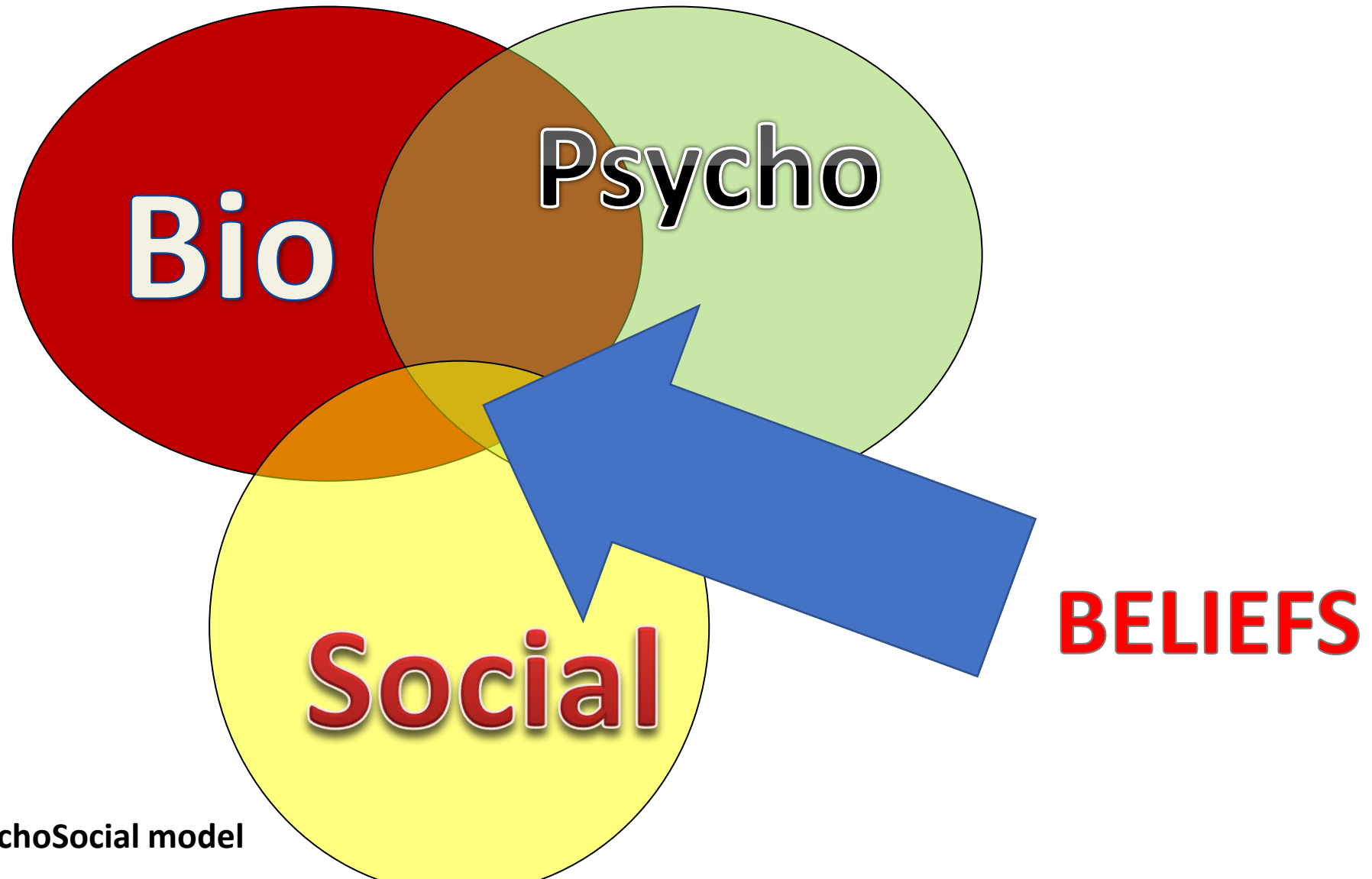
- ❖ **Spiritual beliefs** – MEDITATION, CONTEMPLATION, PSYCHEDELICS
- ❖ **Philosophical beliefs** – E.G.: STOICISM, EXISTENTIALISM
- ❖ **Moral beliefs** – E.G.: HUMANISTIC, “RIGHT AND WRONG”
- ❖ **Supernatural beliefs** – E.G.: “PIGS DO FLY”
- ❖ **Belief in Science** – E.G.. DATA, EVOLUTION,, EPIGENETICS, THE NEW BIOLOGY
- ❖ **Cultural beliefs** - E.G.. RITUALS, DEATH ISSUES AND BURIALS

DSM V – religion, spirituality and culture

- The DSM V has designated a code for the diagnosis of issues relating to spirituality and religion – viz: 62.89 (Z 65.8)
- The whole issue – the thorny issue of Spirituality and Religion - has been watered down to be designated as “culture”
- The DSM V designated code- 62.89 (Z 65.8) – thus reads

This category can be used when the focus of clinical attention is a religious or spiritual problem. ... DSM therefore assumes that religion is a part of culture, and the inclusion of religion and/or spirituality in psychotherapy may belong to the patient's preferences.

Incorporating beliefs to be routine in any BPS assessment



So what?? What difference does this make?

It is my hope that.....

- ✓ Will make clinicians aware of the huge diversity of beliefs held by our patients
- ✓ Will encourage clinicians to want to ask questions about beliefs, spiritual paths and religion
- ✓ Will make the question – “Tell me more about what you believe in?” a routine enquiry.
- ✓ Will do away with questions like – “Are you a Christian?”, “Are you a Hindu?” “Are you a Muslim?”
- ✓ Will make us more aware of the **many** beliefs held by our patients.

The routine BELIEFS enquiry.

The very detailed recommended enquiry

- 1) “Do you consider yourself A religious or spiritual person, or neither?”
- 2) If religious or spiritual, ask “Explain to me what you mean by that?”
- 3) If neither religious nor spiritual, as: Was this always so?”. If no, ask: “when did that change and why?”.
- 4) “Do you have any religious or spiritual beliefs that provide comfort?. If no, ask: “Is there a particular reason why beliefs do not provide comfort?”

And a more in-depth enquiry then follows.....

I wish to suggest a more open clinical question taking into account the time constraints of a routine BPS clinical history!

What do you believe in?

How can we start to understand our patients if we deny their fundamental animistic beliefs?



To end a little story of why belief systems – rather than spirituality and religion – is relevant to the South African reality!





THANK YOU!