Religious and Spiritual Perspectives among Clients in a Mental Health Day Care Setting

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Background

• Observations of BS nursing students having a psychiatric nursing clinical experience at a mental health day care setting
• Nursing literature’s focus on the role of religion in coping with mental illness
• Author’s experience as an educator and researcher with a focus on spirituality
Methodology

- Use of focus group format
- IRB approval from JHU
- Recruitment of participants by nursing students
- Distribution of and discussion of consent form with participants
- Nursing students served as non-participant recorders

Questions posed by focus group leader

- How do you define religion?
- Tell me if you habitually engage in any religious practices; if so, please give examples.
- How do you define spirituality?
- Have you ever experienced religious or spiritual distress? If so, what caused the distress? How did you feel? How did you deal with the distress? Was there a special person who helped you deal with the distress?
- What religious or spiritual practices give you comfort on a daily basis?
Sample characteristics and format for focus group

- Six participants
  - 4 African American women
  - 1 African American man
  - 1 white man
  - All seated in a circle with the leader
  - Student observers seated behind the circle

Findings

- Participants focused on organized religion and the church
- Definition of religion
  --- working with God
  --- praising the Lord
  --- going to church
  --- spiritual guidelines
  --- God the father, God the Son, God the Holy Ghost
Findings (continued)

- Religious practices
  - Meditation, chanting, living ethically
  - Singing gospels
  - Going to church
  - Bible study/class
  - Praying
  - Paying attention to my actions

Findings (continued)

- Definitions of spirituality
  - Having a pure heart and pure motivation
  - Being aware of a higher power and meaning
  - You feel with your heart and body
  - It is spirits joined together-Him and you
  - Thinking of good things
Findings (continued)

- Religious or spiritual distress
  --- Separated from my wife; used drugs and alcohol; realized others had much more stress in their lives
  --- I used to be wild, had a nasty temper, dressed inappropriately; God protected me from very horrible things; friends helped me
  --- Because of my mental illness and losing two husbands and a baby son on the streets; God lets us know He does not separate himself from us
  --- Medications brought me down; I was out of control of myself; I lost weight and went back to church

Findings (continued)

- Religious or spiritual practices that give comfort on a daily basis
  --- Meditation when I am anxious; prayer for those I see suffering
  --- Talking with friends and staff; praying
  --- Family support
  --- Reading the Bible
  --- Going to church
Non-verbal Behaviors

- One female participant dozing—probably related to medications
- Several participants had eye contact with each person who spoke
- One male watched and listened as each person spoke
- One male maintained eye contact with leader
- Other reactions included crying, swaying, arms crossed, animated hands

Conclusions

- Clients in a mental health day care setting are able to participate in a focus group discussion of religion and spirituality, though most answers focused on religion
- Clients asked to have additional discussions on this topic
- Students were able to observe, synthesize answers, and describe themes
Recommendations

- Clinical practice—offer mental health clients the opportunity to discuss the role of religion/spirituality in their lives
- Education—provide health care professional students with the opportunity to study their role in spiritual care
- Research—conduct additional focus groups with diverse populations, i.e., other ethnic groups, different age groups