Spiritual Needs of Psychiatry and Psychotherapy Patients and their Use of Spirituality as Part of a Coping Strategy

Symposium III "Integrating Religion / Spirituality into Psychotherapy / Psychiatry / Neuroscience" ECRSH14 - Malta, May 23rd, 2014

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Clinical Survey: Study Design

- University Clinic for Psychiatry and Psychotherapy Freiburg (Germany)
- June 2010 December 2011
- All new inpatients (except the acute locked ward)
- Open, prospective, explorative, cross-sectional
- Standardised Questionnaires developed by Arndt Büssing et al.
- Questionnaire "Expectations towards the Clinic" by Franz Reiser and Anne Zahn

Characteristics of the Sample

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Participants: 248 at admission (23.3% response rate)

228 at discharge (21.4% response rate)

• 60% women, 40% men

Mean age 39.6 ±13.4 years

Diagnoses

7% Psychotic Disorders

11% Alcohol Addiction

42% Depressive Disorders

5% Bipolar Disorders

14% Obsessive-compulsive Disorders

11% Borderline-Personality-Disorder

11% Others

 Distribution of sex, age, education and diagnoses similar to the population of the clinic

Characteristics of the Sample

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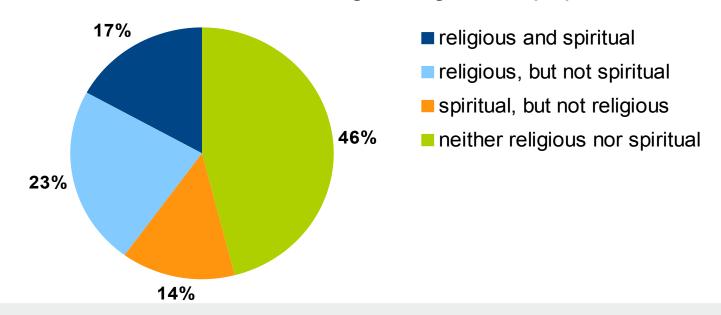
Religious orientation

77% Christian (Cath./Prot. equally), 8.5% other, 14.5% none

Distribution similar to the regional general population

Self-rating as religious and/or spiritual

Distribution similar to the regional general population



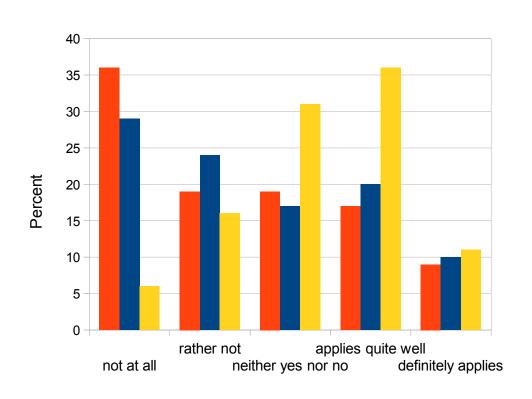
SpREUK-15 (with additional items)

- Measure for spiritual or religious attitudes and convictions of patients dealing with chronic diseases
- Avoids exclusive terms such as God, Jesus, church
- Three factors:
- (1) Search(for support / access to Spirituality/Religiosity)
- (2) **Trust** (in higher guidance / source)
- (3) **Reflection** (positive interpretation of disease)

SpREUK-15: Results at admission

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(simplified; N=248)



- Search for Support / Access
- Trust in Higher Guidance / Source
- Reflection: Positive Interpretation of Disease

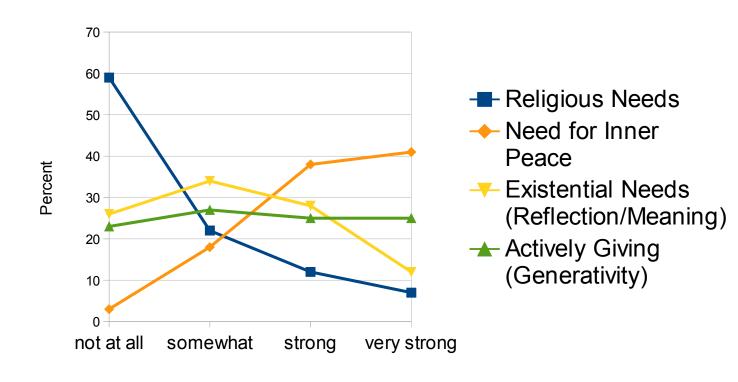
Spiritual Needs Questionnaire 1.2

- Measure for patients' longing for spiritual well-being (cfr. Büssing et al., Eur J Med Res (2010) 15: 266-273)
- Avoids exclusive religious terminology, suited both in secular and also in religious societies
- Four factors:
- (1) Religious Needs (6 items)
- (2) **Need for Inner Peace** (5 items)
- (3) Existential Needs (Reflection/Meaning) (5 items)
- (4) Actively Giving / Generativity (3 items)

Spiritual Needs Questionnaire 1.2

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(simplified; N=248)



Forgiveness

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Spiritual Needs Questionnaire: Additional items

(N=248)

 Need "to forgive someone from a distinct period of your life" (N16W)

20% "strong" 20% "very strong"

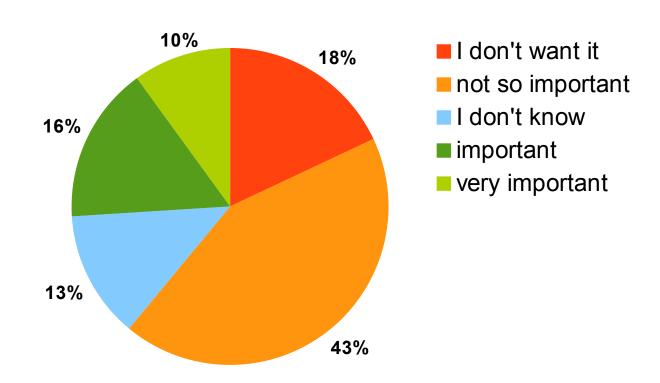
Need "to be forgiven" (N17W)

17% "strong" 30% "very strong"

Expectations towards the Clinic

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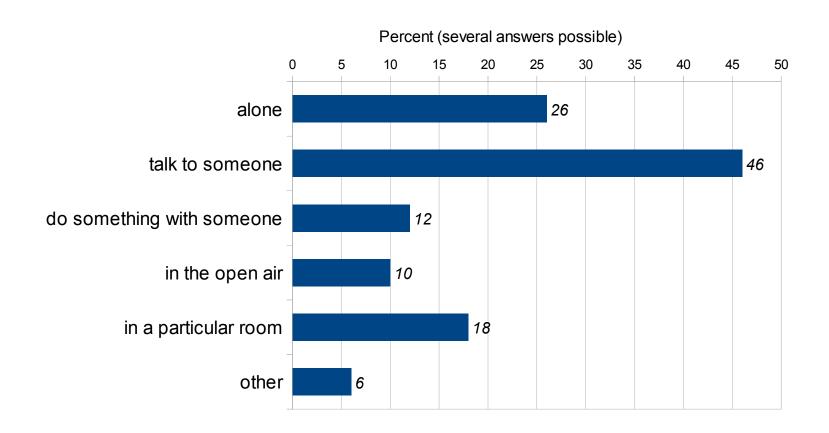
Item ErwA1: importance of the clinic addressing issues of faith / spirituality (N=243)



Expectations towards the Clinic

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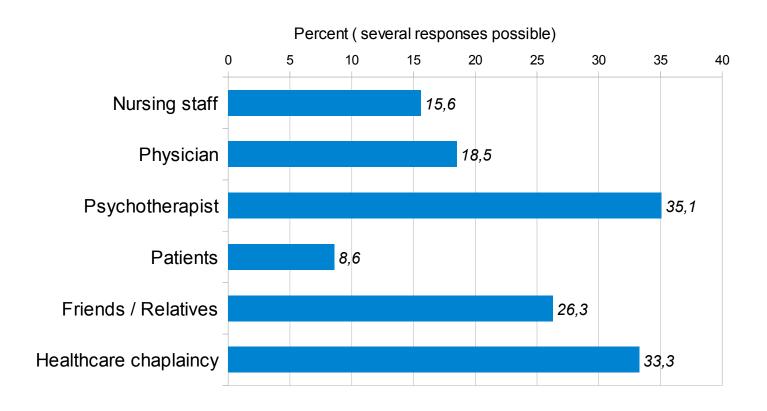
Item ErwA3: How should this take place? (N=243)



Expectations towards the Clinic

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Item ErwA2: Who should address issues of faith / spirituality? (N=243)

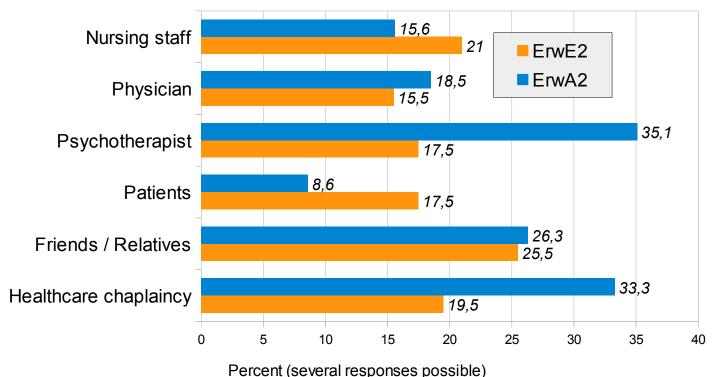


Expectations and Experience in the Clinic

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At admission (ErwA2): Who should address issues of faith / spirituality? (N=243)

At discharge (ErwE2): Who has supported or accompanied me in issues regarding faith / spirituality? (n=221)



Differences between Particular Groups



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Sex, level of education and diagnosis: minor group differences

- Age Groups:
 - only "60+ years" had some higher values on more religious scales
 - → consistent with many studies
- Self-rating as religious and/or spiritual (or not)

creates four significantly different groups:

Conclusions

- A considerable amount of patients does have religious or spiritual attitudes, needs and expectations which might be adequately addressed
- Some aspects (search for meaning, connectedness ...)
 are relevant also for skeptical or agnostic rather
 non-religious persons
- A more systematic and patient-centered approach to addressing issues of religiosity/spirituality seems to be advisable
- A short "spiritual assessment" during anamnesis might be very fruitful for a differentiated treatment

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Thank you for your attention!

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