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“
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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

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

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

- 46% religious and spiritual
- 23% religious, but not spiritual
- 17% spiritual, but not religious
- 14% neither religious nor spiritual
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

(simplified; N=248)
• 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

(simplified; N=248)
Forgiveness

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“
Item ErwA1: importance of the clinic addressing issues of faith / spirituality (N=243)
Item ErwA3: How should this take place?  

(N=243)

- **Talk to someone**: 46%
- **In a particular room**: 18%
- **In the open air**: 10%
- **Do something with someone**: 12%
- **Alone**: 26%
- **Other**: 6%
Expectations towards the Clinic

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

<table>
<thead>
<tr>
<th>Role</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing staff</td>
<td>15.6</td>
</tr>
<tr>
<td>Physician</td>
<td>18.5</td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>35.1</td>
</tr>
<tr>
<td>Patients</td>
<td>8.6</td>
</tr>
<tr>
<td>Friends / Relatives</td>
<td>26.3</td>
</tr>
<tr>
<td>Healthcare chaplaincy</td>
<td>33.3</td>
</tr>
</tbody>
</table>
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

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:
  R+S+, R+S-, R-S+, R-S-
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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