

How to talk to patients about religion and spirituality

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In the midst of turmoil and suffering, patients often search for meaning and interpret their circumstances in the context of their religious or spiritual (R/S) beliefs. National polling data show that most Americans identify themselves as R/S, and inpatient and outpatient studies demonstrate that patients want clinicians to inquire about their R/S beliefs.¹ In addition, R/S beliefs can benefit patients as a source of well-being, hope, purpose, higher self-esteem, coping, and social support.² Given the importance of R/S to patients, psychiatrists should seek to understand their patient's distress in the context of their beliefs.

Why is it hard for psychiatrists to bring up the subject? Psychiatrists might be hesitant to discuss R/S beliefs with patients because of personal discomfort, limited training opportunities during residency and in clinical practice, or time or economic constraints.³ Psychiatrists tend to be less R/S than the general population⁴ and may fear that they are being perceived as overly intrusive or offensive.

When should we inquire about spirituality and religion? Take an R/S history during each new patient evaluation and when admitting a patient for hospitalization, and include this information in the social history.⁵ Doing so could lead to a chaplain referral when appropriate. Questions about R/S beliefs usually are not perceived as intrusive if asked along with other questions that focus on patients' social support system and may help identify barriers to self-harm or harm to others.

How do we start the conversation? There are several ways to start the discussion about R/S that are engaging, efficient, respectful, and caring. Start with simple questions, such as "Is R/S an important part of your life?" or "Do you rely on your faith during a difficult time like this?"

If your patient answers yes to these questions, consider exploring:

- How does your patient use R/S? Does he or she use it to cope with mental illness, or is it a source of distress? Is it both?
- How would your patient like you to address R/S in your work together?
- Is your patient a member of an R/S community, and if so, is it a source of support for him or her?
- Is your patient interested in working collaboratively with an R/S provider—eg, clergy, pastoral counselor?

If your patients say R/S is not important to them or they do not rely on faith, ask if R/S has been important to them in the past. Also, have them consider what gives their life meaning and hope, what is sacred to them, and who or what will help them cope during a difficult time.

References

1. Puchalski C. Spiritual assessment in clinical practice. *Psychiatr Ann.* 2006;36(3):150-155.
2. Moreira-Almeida A, Neto FL, Koenig HG. Religiousness and mental health: a review. *Rev Bras Psiquiatr.* 2006;28(3):242-250.
3. Griffith JL. Managing religious countertransference in clinical settings. *Psychiatr Ann.* 2006;36(3):196-204.
4. Curlin FA, Lawrence RE, Odell S, et al. Religion, spirituality, and medicine: psychiatrists' and other physicians' differing observations, interpretations, and clinical approaches. *Am J Psychiatry.* 2007;164(12):1825-1831.
5. Koenig HG. *Spirituality in patient care: why, how, when, and what.* West Conshohocken, PA: Templeton Press; 2007.

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