Religion, Spirituality and Faith in the Care of Torture Survivors
Part 2

Webinar Presentation
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Introduction

- Thomas Moore *Care of the Soul* 1993.Harper
Review

Spirituality: Meaning

Religion: System and Structure

Faith: Belief and Action
Spirit & Soul
Why make an assessment?

• Swiss Study.2006 (Huguelet, Mohr)
  – 1/3 of psychiatrists discussed spiritual issues
  – NONE of the MD’s initiated the discussion

– Canadian Study.2009 (same results)
Why?

• “No time”
• Concerned they would “offend”
• Not Trained
• Personally uncomfortable with topic
• Concerned colleagues would disapprove
• Not interested
American Psychiatric Guidelines

• In the developmental, psychosocial and socio-cultural history domain

• Recommends considering “What are the patient’s cultural, religious and spiritual beliefs, and how have these developed or changed over time?”
Typical Scale of Assessment

- **F.I.C.A.**
  - Faith “Is religious faith an important part of your life”
  - Influence “How has faith influenced your life (past and present)?”
  - Community “Are you currently a part of a religious or spiritual community?”
  - Address Needs “Are there any spiritual needs that you would like me to address?”
Mohr and Huguelet*

- Religious/Spiritual History
- Effect of illness upon spirituality/religiousness
- Current Beliefs and Practices
- Subjective importance of religion in life
- Subjective importance of religion to cope w/illness
- Synergy of religion with psychiatric care

Component 1

Be Human

(imperfect, flawed, etc)

Assess YOUR OWN spiritual and religious perspectives on humanity.

Assess the clients perspective on being human.
Component 2

Help the person tell their story

In specifics
Component 3

Assess symbolic aspects of spiritual life

After information gathering (FICA) explore the deeper themes in a person's story that give meaning.

Example: worth/value, individuality, renewal, reflection, courage, allegiance
Spiritually Implicating Ideas

Courage/Fear
Independence/Community
Allegiance/Betrayal
Honor/Dishonor
Dignity (worth)/Lack of Dignity (worthless)
Valued and Affirmed/Humiliated
Practical Example

It is not uncommon for a person to tell their trauma story and fear they will “not be believed.”

Clearly an opportunity for spiritual assessment: Belief; Testimony; Validation of things not provable (faith)
Component 4

Assess what (in the specifics) has touched them

Assess how hard it is for them to share these experiences
Component 5

Assess how they relate
- To You
- To Family & Friends

Assess How People relate to them
Component 6

Assess any Rituals

Pilgrimage, Rebirth, Baptism
Confession, Relics, Sacred Scripture
Holy Days, Saints, Prayers

Discover the meaning they find in ritual
Dreams & Nightmares

Explore Dreams
Explore Nightmares

(have them journal)
Component 7

How do they cope with pain?

Is there a correlation between spiritual resources and ways to cope?
Component 8

Community Resources
Collaboration
And Liaison
Components

- Be Human
- Invite story specifics
- Reflect on Symbolic aspects of story
- What touched them inside (about the experience)?
- Relating
- Rituals and Resources
- Dreams & Nightmares
- Coping
- Community Resources, Collaboration and Liaison
Common Goals in Literature for Spiritual Assessment

- Reduce Stress
- Offer Support
- Help a person cope
Process

- Reflect on your own perspective regarding spirituality, religion and faith
- Get Basic Information (FICA)
- Listen to stories carefully (for themes)
- Become interested in having the person TEACH YOU.
- Journaling
- Invite stories about people they know or admire - see what touches them.
- Bring to awareness any insights they have for use in daily life
Cross-Cultural Medicine- A Decade Later:
Working with Refugee Survivors of Torture
Barbara Chester and Neal Holton
West. J. Med. 1992

“Like torture survivors, the health professional assessing and treating these patients needs the courage to imagine.”
Web Resource

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