

The Spiritual Support Group Medway Maritime Hospital Experience

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Introduction

Recent empirical research has shown convincingly that religious devoutness and commitment are usually positively associated with healthy physical, emotional and social functioning. It extends the individual's coping resources, offers people hope, and helps to give meaning to suffering. Also, it has been shown that such commitment is related to reductions in mental health problems. Depression, alcohol and drug misuse, anxiety disorder and suicide have been found at lower rates among persons who are more involved with religion. Furthermore, religious conversion has been associated with major transformations in pathological social conduct.

Aims and purpose of the group

This group aimed to satisfy patients' spiritual needs through incorporating the spiritual component into the dynamics of a group therapy setting, using supportive, cognitive behavioural and existential techniques. The intention was that members of the group would be able to develop and strengthen their own inner resources to help them develop coping skills to live more hopefully and purposefully, and feel less victim to their illness.

Methods

In February 1998 a planning group met regularly for eight months, to define the aims of the Spiritual Support Group, and the practicalities of running it. This planning group included a consultant psychiatrist (the author), the two hospital chaplains, and two interested psychiatric nurses. The planning meetings involved: review of literature, brainstorming, and consultation with relevant agencies. It was agreed to start the Spiritual Support Group as an eight session pilot project. As a result of this pilot, the themes of the group were refined and the practicalities operating the group were agreed. The group established was an open group, run on weekly basis by a psychiatric nurse and a chaplain as facilitators, and supervised by the consultant psychiatrist. Patients with acute psychotic symptoms were excluded. The themes discussed were designed to tolerate a multi-faith population. Examples of these themes include:

- The meaning of life
- From despair to hope
- Worth and self-esteem
- Anger and reconciliation
- Guilt and forgiveness
- Rejection, loss and acceptance
- Spiritual experiences, etc.
- Some of these, and many more themes, have been suggested by participants themselves.

Each session lasted forty five minutes and was followed by a fifteen minute debriefing with the Consultant.

Promotion

We promoted the Spiritual Support Group through a leaflet, 'Are you looking for fresh hope?' which is distributed through the wards, the day hospital, and other mental health care outlets.

Results

The outcome of the group was very successful according to several indices including a feedback questionnaire and the fact that the increased demand on this group resulted in its growth from one group into four (including one for staff support) over two years.

Conclusion

This group is a useful example of the multi-component adjunct to the traditional psychiatric intervention, with its particular inclusion of the spiritual dimension into the therapeutic regimen. For many people, spirituality is a source of comfort, security, meaning, sense of belonging, purpose and strength. Religious practices and beliefs may promote a positive, optimistic, worldwide view which enhances hope and motivation. At its heart, the Spiritual Support Group touches people in their humanity rather than in their illness. Self-worth is affirmed and supported as participants share their experience and insights, and as they recognise and support the worth of each other.

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