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The role of spirituality in South African specialist psychiatric practice and training

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APPENDIX 3.2 INTERVIEW QUOTATIONS

Quotations from interviews were organized in terms of the six identified themes:

(1) Personal and professional orientation towards spirituality

(2) Spirituality and religion as a reality for practitioners and users

(3) Scope and boundaries of professional specialist psychiatric practice

(4) Spirituality and religion in routine mental state assessment and health care

(5) Awareness, knowledge and skill of trainees in psychiatry regarding spirituality

(6) Referral and collaboration between psychiatrists and spiritual workers

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1. Personal and professional orientation towards spirituality

Table 3.1.1.i Own view and position towards spirituality

Quotations Q1

"Basically because I have absolutely no religious ties whatsoever. I mean, I was brought up in quite a strict catholic household and after having communion and being confirmed and what have you, when you actually start to realize the identification in terms of the church, it really didn't make sense..." "In terms of spirituality I must say that I am quite a spiritual person; and I draw a lot from Buddhism and a lot of Zen and a lot of Tau-Zen..."

"My own personal view on spirituality is that um, it plays a significant role in people's lives and is reflected in many different ways. I don't see it necessarily as something that is directly related to religious practice but rather each individual's search for meaning."

"I think that my spirituality is probably responsible for me coming into psychiatry in the first place…"

"I think the first thing for me is that there is a difference for me between spirituality and being religious, and I think that's where my starting point would be when considering these questions. Spirituality is sort of an understanding of where the specialist – or I would say 'my' – mindset is with regard to my own belief systems and also where I am in my own space. So my ability to deal with my own anxieties, to be able to look at situations and deal with them in an appropriate way to have reached some kind of point in my life where I am comfortable with my being and with my belief system."

"I don't think there is a difference (between spirituality and religion), but you see spirituality, religion, the difference is spirituality is an understanding that there's more to this physical self. There is a spiritual being or a spiritual side of you that has to interact with something else. Now, religion is...most religions talk of spiritual; the only thing is we define it differently. We say that...you know I mean Islam says there's one God and there's one religion and that's it. And we know that we feel all of these various religions – Christianity, Judaism – all are just a process where eventually the final religion is this."

"Ok, my personal view – I must first maybe state that I personally am a Christian and a practicing Christian and I'm a born-again Christian as well."

"So I think you have to have some kind of spiritual dimension to you yourself but that doesn't need to be a religious dimension – certainly not an organised religious dimension."

"...I think I'm relatively spiritual. I wouldn't say I'm strongly spiritual but I think I'm relatively spiritual and I see that as an important part of myself that I need to be constantly in touch with, undertake necessary practice to ensure that that spirituality remains strong. "

"And I think probably my own spiritual beliefs affect my practice to the extent that I genuinely believe that we are all part of God and that everyone has God in them ..."

Table 3.1.1.ii Academic view of medical science and of patients

Quotations Q2

"But I still find it extremely hard and I think part of (the problem with) our training, we never ever had any focus on any traditional cultural beliefs whatsoever. So, really coming in to work at C (hospital); not only from a language point of view, but from a cultural, traditional point of view it's been quite hard to integrate and to try and get that understanding with your patients. So I suppose there definitely is a role in terms of training that we need to be made more aware of different cultural practices."

"But in terms of actual sort of post-graduate training - and in fact even under-graduate training - it's not incorporated in any way. So I think that that in itself is lacking and on top of that I think it's probably maybe the most neglected part because, I mean one sees the more you encounter patients over the years, the importance of spirituality."

"I mean if you look at a lot of the research that's happening now in science and like 'where did the world come from' and the 'big-bang' and studies of 'matter' and what scientists seem to be saying is that the more we learn, the less we understand. And that – I think – opens a bigger space for the concept or the reality of the existence of a life-force besides us."

"And I think the big thing for me is; it can be done. It doesn't have to be all or nothing, it doesn't have to be the practice of psychiatry versus religious beliefs; it can be incorporated into a model which the patient accepts and which you as the treating doctor accept and you know the outcome can be actually good. And I think that's an important point for the specialist to reach; it's what you're comfortable with doing. Because you can't be judgemental and I think sometimes when you're really prescriptive about your own religion you can be prescriptive about the way you practice psychiatry."

"I personally feel that it is extremely important both in my career as a psychiatrist and in training others; to take into account the individual belief systems of patients whether they be from the same religious affiliation or not. Servicing a community as complex as we have in South Africa, where we are considered a Christian country but we have other religions like Muslims, like Hindus, lots of African religions and practices as well as others…"

"The first (issue) is the impact on your patient and their spirituality and the second is the spirituality of the practitioner. So, to address the former I think that particularly in my clinical practice where it's ninety-nine-point-nine percent the African culture, I think one has to be very aware of the effect of spirituality – particularly traditional kind of values – and you can call it religions and that even the Christian religions are not what I understand as being traditional kind of Christian religions because the churches are slightly different and obviously appeal to the population that they serve for whatever reason."

"I mean I think that even being spiritual and or following a particular religion, one can still have difficulty in a sense that you may have religions that are very alien from your own religion in which case are you that much better than somebody who doesn't have any spiritual background or strong spiritual beliefs?"

"I think what psychiatry in particular has…because it's been regarded for so long, because we didn't have tests and this sort of thing it was regarded so long as a sort of – not fictitious – but a slightly suspicious branch of medicine, you know with the psycho-analysts making interpretations and this sort of thing, and so psychiatrists fought so hard to say: "Look, we're part of medicine, we're part of hard science, we also use double-blind trials and this sort of thing" so I think it's been a particular fight within psychiatry itself."

2. Spirituality and religion as a reality for practitioners and users

Table 3.1.2.i Definition of spirituality and religion

Quotations Q3

"Ja, I think one needs to make a real clear definition on what spirituality means, because many people equates spirituality with religion. Spirituality I suppose also has a lot to do with ones tradition."; "... putting ones thoughts together and spending a lot of time with yourself and a lot of introspection. I think there's a definite role for that and I think that's what spirituality is..."

"You got to take…you've got to judge mental illness in the context of what their beliefs or practice in the community are. So I suppose one has to have an understanding of what those beliefs and practices are in order to in the context of that judge whether their behaviour or their functioning is in fact functional or not. So I'm saying there is a need for training in terms of what beliefs are."

"Now I think it's good that we try and keep up our religious beliefs, but we can't get away from the fact that we are spiritual beings; we can't get away from the fact that a number of patients who come in with (religious/spiritual problems)... there is the patients who come in with just the pure biological problems. I mean there are. But there's (a) large portion of patients who come in who have a spiritual existensional crisis and you can actually see that nothing (else) satisfies that."

"Well, a lot of patients – a lot of patients – say: 'I don't go to church, but I'm a very spiritual person' I think particularly psychiatric patients are often very inward looking and self-analytical. They've read books on self-help and they've watched OW (television chat shows) and that sort of thing, and they see themselves as very spiritual people although they might have rejected the formal religion they were brought up in. But very view will say: "It's of no interest to me at all". I find it remarkable how few patients will come straight out and say: 'I've got no interest in religion or spiritual matters'."

"I have come across where if there is a difficult marital problem and where maybe the husband is not supportive or maybe even putting a lot of stress on the wife, often the advice that people give – people who don't have an understanding of the cultures and the system – their advice would be "Leave your husband" not realizing that in that culture for that woman to leave her husband, first of all for some of them it's not possible – it's not easily done – and then the other thing is the woman without a husband is cast down in that society. "

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Table 3.1.2.ii Extended model of care: "bio-psycho-social-spiritual"

Quotations Q4
"And I have a paradigm which I give to my patients and tell them that perhaps we need to look at balance in our lives and the balance is like having the wheels of a car balanced; there are four wheels and there are four areas. The one is the physical, the second is the psychological, the third is the social and these are all overlapping in a sense of a Venn-diagram and the fourth one is the spiritual."
"… it is inconceivable if you take a systems approach not to bring in the spiritual aspect of things... inconceivable..." "…perhaps I've just always believed and maybe this is a very idiosyncratic thing of my own, but if you don't understand the person's relationship and sexual life and their value system and any religious aspects of their life, then you don't know the patient."
"I mean we know that we have this bio-psycho-social approach and our understanding of a bio-psycho-social approach is very limited to what we're exposed to in Western medicine and in order for us to be really treating the patient on a social level, we need to understand their cultures and their customs."
"So I think it's a difficult area because very often – and I think in particular types of psychiatry – spirituality is actually quite important. Particularly in things like substance abuse, I think and the twelve-step programme which is inherently sort of a spiritual approach and patients clearly get better when they follow that."

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3. Scope and boundaries of professional specialist psychiatric practice

Table 3.1.3.i Ethics of spirituality in psychiatric practice

Quotations Q5

"But in terms of imposing ones spirituality and background onto your patient population, I think that's a very emotive issue and an issue that needs a huge amount of boundaries…"; "There's a part of Christianity, which is really in terms of um…not enforcing ones beliefs on one another, but there is this need to make religious beliefs known. "... "So, we've been taught in a very biological viewpoint and support in terms of boundaries to keep those very separate from clinical practice."

"I don't think it (that traditional healers should be part of the health sector) makes any sense for me really. I don't think they are different from any of the other (religious) groups. I think herbalists and traditional healers to me are the same as Jewish people or Catholics or Muslim and that's a worldview. And those worldviews can be quite…if you get a medical intern wearing the burka with only the eyes showing, I mean that's a very physical manifestation of a worldview."

"Well my affiliation has got nothing to do with the part it plays in their (users') life. Some of them ask me and it depends on how they ask me and the actual situation we are in, I might not tell them. I might say: 'What I believe has no relevance here at all' or if they feel it has some relevance to them because they want to know what this doctor believes, I will tell them straight out as far as I'm concerned religion plays no part in my life, but I know from long experience how important it is to so many people… Now I think that it's most important that psychiatrists don't impose their own belief system upon the patient. I suppose in the West - particularly now with the emphasis on autonomy, (a) patient centred service rather than paternalism… it's become even more important not to impose your own belief system in any way at all."

"But I suppose the way I rationalized it (specific phenomena of a particular faith tradition) and the way I think it impacts on my specialist training (as a member of that faith tradition) is that I subscribe to a scientific medical point of view in my practice and although I can appreciate someone else's religious beliefs, I can't allow that to impact on the way that I practice psychiatry. So I have to be quite clear with the patients that I have to differentiate the two, that irrespective of my religious belief I have to treat them in a particular way which was according to the module I was trained in."

"Look, on the one hand I think because we're scientists and our role in psychiatry is to be neutral and objective and non-judging and all that kind of thing. I think it is important that whatever spiritual beliefs people hold, they don't in any way impose them on patients and start chatting about God or that sort of thing. I think that breaks boundaries."

Table 3.1.3.ii Continued education and peer review

Quotations Q6

"As you probably know, in the APA (American Psychiatric Association) and the Royal College (of Psychiatrists) and so on, there are spirituality groups. You see, this is the wide stuff, which I find I'm a bit uncomfortable with that because it's a sort of broad, fuzzy-wuzzy meditation…"; "But I think it (a generic capacity or a generic skill that may suit every tradition) just varies in awareness. And also it may be OK for some people, it may be OK for me to be able to teach somebody non-religious meditation, but then it's also almost in the realm of psychology where you are teaching people relaxation techniques and all of that. Because I ask the question you know: 'Is it prayer, is it meditation, who are you meditating to, are you meditating to yourself?' You know, all of those kinds…it raises a whole lot of just unanswerable questions."

4. Spirituality and religion in routine mental state assessment and health care

Table 3.1.4.i Need assessment

Quotations Q7

"I think even in terms of this hospital we have a very Christian side and then we also have a huge amount of sangomas and traditional healers on the other hand, and the overlap between let's say for example temporal lobe epilepsy and psychosis and sangomas is huge."

"So my experience with spirituality…I mean, I think often with like patients who are manic or psychotic it becomes more difficult if the delusions have a spiritual context. So I suppose people are more tolerant of delusions or unusual beliefs if they have spiritual content. It's plausible. But I still think the bottom line is whether the person's functioning or not."

"So that even perhaps if as a psychiatrist you don't have particular faith, I believe it's important that you give that space to your patient to explore that area and if their faith or their road to spirituality is of assistance to them to nurture that and if it's hindering them to get them to question that, you know 'are their images of God and of a higher-being actually accurate images, are they helpful, are they images that have come from early childhood experiences?' So I think even as the treating person – whatever your own journey is – that in psychiatric practice it would be important that you acknowledge that journey in every person that you treat."

"…but the other thing that I think we need to really ask people is their religious history – where they've come from, what they've done, what part they've had in it, where have they been."; "And quite often… people have come and been brought up in some very rigid form and this ties in too I think, with the genogram – family diagram – what kind of religious upbringing did they have, what do they know about it. We talk about sex education and we stop there, but religious education is terribly important."

"I suppose at a very basic level, whatever my views might be just as a collateral information collecting exercise, I ask every patient whether they are a member of any organised religion and if so what part does it play in their life. I know that the patients don't always give you honest answers, but in the same way as I ask them about their marital life, their sexual life, general hobbies and interests, I ask every patient."

Table 3.1.4.ii Communication and appropriate intervention

Quotations Q8
"I think if you are open to those kinds of things and you develop your own spirituality then it doesn't matter to you that someone might be Buddhist, Hindu, Jewish or whatever it is, but you allow them the expression of whatever their particular religious belief means to them and how it might have impacted on their illness – whatever the case might be, because for you it's not about 'this religion', it's just about the person and their understanding and being able to be open to understanding that."; "…But at the same time it would mean…it would mean to not loose scientific credibility. I don't think one needs to lose it, because it's not as if all of a sudden we will now be practicing pastors or whatever you want to see it. It would almost be more of presenting understanding of a person's whole psycho-social development and life." "I think with any kind of spirituality where it becomes an issue is when maybe the patient or the family get into conflict between their particular beliefs and the psychiatric treatment that's offered and given. …And I think that to ignore it (stigma and misunderstanding of mental illness) is often not helpful because you may end up with people leaving treatment that they really need." "But even if we're not going to have some kind of generic treatment called 'spiritual treatment' …bio-psycho-social-spiritual, at least we are talking about perhaps allowing the patients and being comfortable for the patient to be able to talk about their own spiritual walk in a particular area. That is the issue; is for the professional to be comfortable and not starting to put a value judgement to that because while on the one hand people are putting a value judgement on the one side, the non-religious, non-spiritual professional must learn also not to put a value judgement onto it. If that could be part of the training." "I do think it (spirituality) actually broadens us as people and I think it goes beyond just psychiatry. I think it should be in terms of the healthcare and how healthcare is given in different other contexts, you know what I mean? I don't think it just applies to psychiatry." "…it's not really a major issue for me as a specialist and with more experience, because I can appreciate that a patient has religious points of view and that impacts on the way I treat them, but I can engage in a dialogue with them now because I am comfortable enough to do that without feeling defensive – that I have to say: "Yes, I am Hindu but x, y, z" but I can actually discuss with them that although those are the belief systems this is where you need to sort of draw the line although we can incorporate it together."

Table 3.1.4.iii Liaison and referral

Quotations Q9

"I was reading a book… about HIV in the Eastern Cape and why people don't actually go for testing…. and he is kind of looking at the kind of distinction between the African tribal worldview and Western medicine about attitudes to HIV and stigma and testing and about cures. And there's a defensiveness about the attitude that they say "Well, most illnesses can be caused by bewitchment" but somehow they say aids is *only* caused by sex and so why it's still compartmentalization then? And he almost looks at some of the psychological training and areas behind how people cope or adapt to the old worldview. How they kind of incorporate the traditional healing. P4 …. So it's a way of incorporating your worldview and your traditions within the face of modern medicine without losing face.

"I think, for example one thing that you could look at would be some way of being able to cope with guilt. Now that's not something that we talk about - psychologists do - but we don't talk about it much. We don't talk about forgiveness. We don't talk about love and yet these are really...guilt is a very powerful negative emotion; anger is a very, very powerful negative emotion. And to be able to cope with these things at the beginning of the recognition of these things and trying to help people, trying to find out where they are."

"I suppose the easy answer is to say that in an ideal situation if the patient comes from this sort of background it should be possible, it should be ruled for the Western medicine specialist and the traditional healer to work together. In the same way as a psychologist, occupational therapist, social worker and the nurse can join in with the psychiatrist, why shouldn't a traditional healer join in as well."

"And I think the big thing for me that I've learnt is that you have to have an open mind. Because everyone is going to come to you from a different framework and a different place and you have to have that ability to be flexible and that you can listen without prejudice. And with the ability to put your own belief system slightly to the background."

"I think if one practices with the openness of mind to say: "This is now beyond what I'm capable of intervening effectively" and then look at either doing a multi-disciplinary thing or liaising with other health workers as well as spiritual leaders to help with the management of the patient."

"So in a sense that I don't have the necessary cultural background to understand the patient's particular pathology when it relates very strongly to traditional religion or culture, I would make room for a traditional healer to deal with those aspects. But where there are clear symptoms that the patient needs treatment for, I would expect that the traditional healer would not interfere with any medical treatment..."

5. Awareness, knowledge and skill of trainees in psychiatry regarding spirituality

Table 3.1.5.i Understanding of spirituality and its role in mental health care

Quotations Q10
"Look, I think in bio-psycho-social it's very clear in everybody's mind. When it starts to come to cultural, even that, trying to explain to students and trying to come to a cultural definition or a cultural element to the management of… So, by adding a cultural and also by adding a spiritual, I suppose as long as one does it very carefully and within certain boundaries... 'I suppose something deficient in our own training was a very, very…and I mean, as you said earlier, the overlap between the clinical and very sterile medical part of psychiatry, versus the more open-hearted involving gestalt looking part of therapy, and now we want to then go a spiritual route"
"I think you could say people in training in psychiatry – more than any other group in medicine – need to understand the person's background and their spiritual beliefs in that context."
"It comes a way to…where your doctor or your medical student is trained as a doctor and you now have a patient who's got cancer. And gradually one sees that as the cancer treatment is less and less effective, so this person is running around from faith healer to faith healer. Now if your physical doctor is completely switched off from that, you've not got a point of contact and what he says by way of opinion is disregarded. But if he listens sympathetically to where this person is trying to get help and what they are trying to get, and the person is now facing his own death, if he is – he doesn't have to be spiritually there – but they need to be sensitive and accept that here is a dimension and a power that he – the doctor – may not be able to access but the patient can access it."
"I think…I certainly think particularly psychiatrists – doctors as well – but as psychiatrist you need more than simply to be just good at your job and know diagnoses and I think a lot of psychiatrists have it without giving acknowledgement to it – compassion for example, feeling for the other person – those are all spiritual qualities. I don't know where else you'd put them. Your concern for your patients…And dealing with death, you know and things like that. And your patients getting aids and I can't see how it can't infringe in some sense on the spiritual sort of element in some way."

Table 3.1.5.ii Didactic learning on spirituality and religious faith traditions

Quotations Q11
"Maybe in some form of…I don't know, religious studies, maybe not so much even…not concentrating on any particular religion but maybe a more sort of broader understanding on religion and mankind and the different religious faiths and their different understandings of things in the world."
"I think that anthropology would have a lot to offer in a broad cultural, spiritual sense. I think they should have a course in anthropology, making people aware of what…could be useful. I think that might be more useful and maybe even a course in comparative religions might be useful but that's just all kind of theoretical. It should just be a sensitising thing.
"But I do think that it adds depth to the person that you are seeing as a treating doctor or a treating mental health professional to have at least some knowledge of the existence of them and how they operate. Of A, the main religious themes, of the main kind of sangoma or faith-healers and the different kinds of faith-healers that exist."
"There is no question that...you know in our training we need it. But our difficulty I think in South Africa is the diversity that we have. We obviously can't train everyone on all the various religions that we have and we have so many, and within even the African culture there is such variety in that. I think it's not possible to train people in all the religions, but I think it needs to understand that in any thing one must train the clinician or the psychiatrist or any doctor for that matter, to understand that there is two aspects to any sort of person. There is a spiritual, there is a physical…"
"I really you know, in the teaching aspect spirituality should be included. Obviously I don't think it's extensive enough to cover everything but for instance identifying the major or the big factors of what type of religious practices are practiced in the communities we serve. I think it would benefit training psychiatrists to get talk from various religious leaders who are authentic…"
"You know I certainly think just from a straight knowledge point of view of course it's essential that we have an understanding of what our patient's beliefs are, and we do have to have – I think – an understanding of what Islam is about and you know, Christianity is about and various religions like that. I do think you need on a didactic level. "; "And then I certainly think for example engaging medical students in debates about this, I think would be interesting. You know, I think it's perfectly valid to have debates about "Is it important for doctors to have a moral system?" "Is it important for a doctor to have a belief system?"

Table 3.1.5.iii Approach towards spirituality and religion in psychiatry

Quotations Q12
"I think training plays a huge important role, but also just the diversity we have in this country, you know, that there are so many different people from so many different backgrounds and part of our new constitution is to incorporate absolutely everybody."
"I think in the first place the first thing would be to try and impress upon new entrants to psychiatry how important these sides of the patient's life are likely to be to them. And to make them aware of that if they weren't' aware before."
"I think probably those that are possibly labelled 'soft skills'. I think you need a lot of information and what I find myself struggling with a lot of the time is whether something is culturally appropriate or not. It sounds completely bizarre to me but it is maybe acceptable in that particular religion or culture or whatever the case is. So as much information as is possible to be aware of what is the norm in a variety of different cultures and religions."
"But...some sense of...or some measures to try and integrate some of those aspects with your training might be helpful. In fact one way of doing it could be through like mentorship programs and things like that as opposed to formal teaching and training, but that in itself also poses difficulties and problems in terms of finding – it's hard enough to find a suitable mentor – and then try and say: "Well, I'm going to find somebody that has the same spiritual background as me."

Table 3.1.5.iv Personal growth, professional development and competency

Quotations Q13
"I mean the parallels I see are very clearly when they now talk about mindfulness in developing mindfulness in psychotherapy. There's very much the same approach in meditation practices in spirituality. And I think that what is important is to allow trainees the opportunity to explore and to realize the importance of reflection in a way that is not threatening to them."
"For example; we had a patient of Islamic faith in the ward who was clearly psychotic yet the family felt that this was a possession – a demon possession or a bad wind I think they termed it – and it became a huge problem for the registrar to have to understand where that patient was coming from. And I think the best way to deal with that is to identify that there's stress within the registrar and to deal with it head-on."
"For me the registrars that are better are those that are a bit older and have a bit more life experience. We get a whole lot of these little (young) girls that just haven't got a clue and yet they can clerk the patient and tell you that they're thought-disordered and their blood results are ok, but there's no insight into the actual patients and what's going on. And then I think to kind of expect them to have some kind of insight or understanding into spiritual issues is too much of a leap for them."

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6. Referral and collaboration between psychiatrists and spiritual workers

Table 3.1.6.i Facilitating appropriate referral and intervention for individual users

Quotations Q14
"It's such a problem. And how are you going to find a spiritual worker that is able to embrace absolutely every part of spirituality? With a vast difference of people in our community?"
"To me spirituality is something separate from health-workers as a parallel thing. I don't think you are going to create a job in a hospital, because then you need to create…then I must hire an Anglican minister and a Muslim and a Jew and a traditional healer to all work in the hospital. But why, because they aren't health-workers."
"So that if we are confronted with a situation where a patient might say something like: "My pastor thinks this or that" then you have to engage in a dialogue with that pastor because the patient's wellbeing is paramount at the end of the day, you are able to do that, you are comfortable or you have an awareness."
"Well I basically think the onus is upon the practicing psychiatrist to familiarise yourself with...especially the sector or the area that you are servicing the people in and identify the relevant bodies and relevant authorities that you would want to liaise with concerning things like this. And with a patient's permission and obviously respecting confidentiality and so on. To refer directly to these people."
"I think that that (a formal referral system) is problematic. Um, I think spirituality and spiritual issues and a particular somebody religious or whatever that the patient is particularly involved with is required to give input; I would approach that person directly. But in terms of sending all patients off to someone for spiritual kind of assessment, I have a problem with that. I don't think it's our role."; "I ideally like my patient to inform me if they intended to do that – to go somewhere spiritual – so that I can say: "Go for it, do whatever you want, but you've come here, this treatment has helped you, please continue it and you can do whatever the spiritual adviser or whatever you want to call it recommends, but don't stop what we're giving you."
"I think not (a spiritual person on multi disciplinary team). I would think it would be more a referral thing. You know, for example we have a lot of patients who go for marital counselling with their pastor or the Imam is involved in some way with the family, so we tend to use those. … if we find for example that someone is seeing their pastor for marital counselling we don't try and take it over. Or undermine it in any way or whatever. And I must say I do the same with traditional healers, unless they are doing something really harmful"

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Table 3.1.6.ii Information sharing and mutual awareness between disciplines

Quotations Q15
"I think tradition goes both ways. We could teach them about psycho education, they could teach us and I think dialogue…for example just even psychiatry and medicine, in this hospital we are so divided. And just opening up those channels of communication could really, really improve the situation. So by opening up dialogue with different people of different ideas."
"Well maybe it is about getting them together within lets say the institution to almost come and have meetings, have discussions. Perhaps on an informal basis, you know. But a bit more structured so that…I mean, people come here all the time, we have Rabbi's that come here and priests to speak to patients, but it's relatively…it's very informal."
"We need to be educated on what practices are carried out and for what reason and then we would need to also educate on mental illness and the western view on mental illness. And I am not convinced that we would entirely do away with the conflict of interests, but I think it would go quite a long way towards that. And then I think in terms of including traditional healers or spiritual leaders in the team, at this stage I think should be more on an individual level."
"You know I think we were able to say: "Look, we don't like it when you do this and this and this" and they said: "We don't like it when you tell our patients not to come visit us" and that sort of thing. And I do think you can get a…I think you have a much more chance of getting a decent working relationship and try and also weed out some of the not so good practices on both sides. I don't think we are perfect either…"

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Table 3.1.6.iii Addressing stigmatization of users with psychiatric conditions

Quotations Q16
"Ja, I think stigma and discrimination is a huge problem and just in terms of the patients that we're seeing are so marginalized. But on the other hand I suppose if we could try to de-marginalize our patients, even just a little bit and give them some sort of outlook and some sort of de-stigmatization, so some place where they are stable and fit and supported in the community. I suppose if we even do just that little bit, I think we are giving our patients a good service."
"So I think it's a matter of engaging with them (traditional healers) and I think that one can engage at a systemic level with societies, councils, practitioner groups in terms of trying to look at standards of care and referral systems. And I think what would be necessary would be a lot of education on both sides, you know.
"I'd like to think that if the traditional healers could come along and persuade me that they have got a cure for some of the things that I have difficulty with. I would jump at it. I'd like to believe that. Maybe I'm fooling myself. But all the evidence over the years we have seen that the traditional healers often tend to make people worse rather than better.
"I think it would be best if (communication) it's done at an organisational level. I mean that doesn't deter from doing it at an individual level which we've had to do already. Within the context of the unit we've engaged with many spiritual workers and it's been quite...it hasn't been a problem."
"I think only with the idea of the traditional healers association being formed, more recognition of traditional healers, perhaps we as psychiatrists and organisations need to start looking and engaging with them and to say: "Are we in agreement and how can we work in collaboration" and at the moment we talk of traditional healers, I mean I know that if people...if you talk to even Muslim faith healers and other religion faith healers, if they are given the same recognition they would also say: "I don't have difficulty in forming part of your association and collaborating with you and making yourself available."
"I mean what I'm trying to say is accommodating spiritual beliefs to the extent of disadvantaging them from the benefits of other interventions. And yet one needs to balance that with not being imposing and you know, basically describing to people what they should be believing and practicing. It's a delicate balance. Because one wants to believe from your training and from having seen other people benefit from the type of interventions like medications, like psychotherapy and so on, that a wide spectrum of people could benefit from that and yet some of them would perhaps decline some of the intervention methods because of their religious practices yet you want to advice them carefully in saying that they should look at employing other forms of health and intervention without necessarily undermining their spirituality."