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THE ROLE OF SPIRITUALITY IN SOUTH AFRICAN SPECIALIST PSYCHIATRIC PRACTICE AND TRAINING

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ABSTRACT

Introduction: An increasingly important role for spirituality has been observed in health, mental health and psychiatry. In South Africa it has become particularly apparent in how the Western scientific biomedical model has increasingly been regarded as only one approach in parallel to local African traditional faith and healing practices. It is currently important for local psychiatrists themselves to consider from within the discipline, as to what they would judge the role of spirituality to be in specialist psychiatric practice and teaching.

Methods: This study is an explorative, descriptive, contextual, phenomenological and theory-generating qualitative investigation. In-depth, semi-structured interviews with individual academic specialist psychiatrists affiliated to a local South African university were conducted as primary data source. Considering selected journal articles from a review of the international literature as secondary data items, the content of the conducted interviews was subsequently compared and integrated with the content of the literature on the subject. A layered grounded analysis was made of the interview and literature content. Final categories of concepts were identified from the integrated content, as well as one single core concept for model construction. The elements of the core concept were defined by determining their dictionary (denotative) and subject (connotative) meaning. Essential and related criteria were established for the definition of each element. A practice-orientated model was developed based on the defined single core concept. The steps adopted for the construction of the model referred in particular to the methodology for nursing theory development.

Results: The local interviews and the international literature revealed a strong consensus that the role of spirituality should be incorporated into the current approach to local specialist psychiatry, mainly because of its important role in the lives of people in general. Incorporation of

this role should, however, only be considered within the parameters of the professional and ethical scope of the discipline, and with all faith traditions and belief systems accommodated equally. The model accounted for the two-fold nature of this central core concept, by drawing an analogy with the comparable counterbalanced two-directional transportation systems of large trees, to describe the structure and relationships of the elements of the concept. The model was operationalised, providing guidelines for its implementation in different practice and training scenarios.

Discussion: The model may contribute to the acknowledgement of, and participation in, the discourse on the place of spirituality in local psychiatry, clinical medicine, health and mental health. Defining terminology, specifically what exactly “spirituality” and “religion” would mean in a particular scenario and for the study, proved to be one of the most critical elements of this investigation. Appropriate guidelines for clinical care, for ethical practice and training, and for the referral of patients to relevant spiritual professionals are necessary. Academic institutions in South Africa may have to reconsider their approach to the training of specialist psychiatry and of clinical medicine in general, in order to account for the currently increasingly important role of defined spirituality in local practice and training.