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

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A thesis submitted to the **Faculty of Health Sciences, University of the Witwatersrand** in fulfillment of the requirements for the degree of

Doctor of Philosophy

Supervisors: **Prof. C.P. Szabo, Prof. M. Poggenpoel and Prof. C.P.H. Myburgh**

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DECLARATION

I, Albert Bernard-Repsold Janse van Rensburg, declare that this thesis is my own work. It is being submitted for the degree of Doctor of Philosophy in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other university.

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_____ day of _____ 2010

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DEDICATION

In this time of concern about the environment and about the well-being of the variety of eco-systems into the future, this thesis is dedicated to the conservation of a healthy, sustained bio-psycho-socio-spiritual environment in which people - like trees - can grow and achieve their full integrated capacity, meaning and purpose.

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PUBLICATIONS AND PRESENTATIONS

Janse van Rensburg, ABR. **A changed climate for mental health care delivery in South Africa.** African Journal of Psychiatry. May 2009; 12(2):157-165

Paper presented at the 1st International symposium on psychiatry and religious experience in Avila, Spain 4–6 November 2010: **"The role of spirituality in South African specialist psychiatric practice and training."**

Paper presented at the 1st International symposium on psychiatry and religious experience in Avila, Spain 4–6 November 2010: **"*Essential and related criteria for a definition of spirituality, in the construction of a model for the role of spirituality in local specialist psychiatric practice and training.*"**

Paper presented at the 6th International Congress of Qualitative Inquiry at the University of Illinois, 26-29 May 2010 in Urbana-Champaign, USA: **"Mediating the discourse on spirituality in South African psychiatric practice and training."**

Paper presented at the 10th International Conference on Philosophy, Psychiatry and Psychology, 26-30 Aug 2007 at Sun City, South Africa: "**Integration of a spiritual dimension into South African psychiatric practice."**

Paper presented at the 13th Congress of the World Psychiatric Association, 10-15 Sep 2005 in Cairo, Egypt: **"The environment of mental health care delivery in South Africa – a changing climate."**

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.

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ABBREVIATIONS

AACGME - American Accreditation Council for Graduate Medical Education
AAMC - Association of American Medical Colleges
AJCAHCO - American Joint Commission on Accreditation of Health Care Organizations
AMAPRRC - American Medical Association's Psychiatric Residency Review Committee
APA - American Psychiatric Association
APsyA - American Psychological Association
BMMRS - Brief Multidimensional Measure of Religiousness/Spirituality
DSM - Diagnostic and Statistical Manual
DSM IV-TR - Diagnostic and Statistical Manual, Fourth Edition, Text Revision
DUREL - Duke Religious Index
ETAS - Evolutionary Threat Assessment Systems
FBO - Faith Based Organisations
HIV/AIDS - Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICD - International Classification of Disease
IKS - Indigenous Knowledge Systems
MDT - Multi-disciplinary Team
MHCA - Mental Health Care Act, No 17 of 2002
MRC - Medical Research Council
NANDA - North American Nursing Diagnosis Association
NRC-ATM - National Research Center for African Traditional Medicines
RCT - Randomised controlled trial
SACBT - Spiritually Augmented Cognitive Behavioral Therapy
SAMA - South African Medical Association
SASOP - South African Society of Psychiatrists
SPC - Severe psychiatric conditions
SWBS - Spirituality well-being scale
TCI - Temperament and Character Inventory
THPA - Traditional Health Practitioners Act, No 35 of 2004
WITS - University of the Witwatersrand, Johannesburg
WHO - World Health Organisation
WHO-QOL SRPB WHO Quality of Life Measure for Spirituality, Religious and Personal Beliefs
WHREC - WITS Human Research Ethics Committee
WPA - World Psychiatric Association

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