

Spirituality in Geriatric Psychiatry

I have no financial relationships to disclose.

History

- The earliest writings from time immemorial describing the human condition are certainly religious/spiritual texts: The Indian Upanishids, Zoroasterism from Persia, wisdom writings from Egypt, Jewish scripture and tradition, Christian scripture and elucidations, Islamic scripture and poetry, and the great wisdom traditions from Taoism and Buddhism.

Philosophers, Psychologists, and Psychiatrists

- Of course all these disciplines have as much to say about what makes us human as the theologians and wisdom teachers.

Some Historical Thought Leaders

- Sigmund Freud, Alfred Adler, Karl Marx, and Carl Jung.
- In their writings, these men expressed what they felt were the main energy centers that described the main drives that make us human.

Sigmund Freud

- Dr. Freud was an Austrian psychiatrist /neurologist
- Born in 1856 and died in 1939
- He felt that the overriding drive in mankind is sexuality: therefore, to him homo sapiens is basically, homo sexualis

Alfred Adler

- Dr. Adler was an Austrian physician and psychotherapist. He was born in 1870 and died in 1937.
- He opined that the main drive for mankind is the competitive urge: therefore, homo potentate

Karl Marx

- Karl Marx was a German philosopher and economist
- He was born in 1818 and died in 1883.
- He opined that the main drive for man is economic stability; therefore, homo economicus

Carl Jung

- Dr. Jung was a Swiss Psychiatrist and psychoanalyst.
- He came to opine that man's main search was for spiritual fulfilment, thus calling us homo spiritual-is.

Thomas Keating

- Fr. Keating was a cistercian monk, philosopher, and psychologist
- He was born in 1923 and died in 2018.
- He summarized in his writings the insights of these other thinkers.

Keating's Description of the Spiritual Journey

- Human beings are driven by several energy centers and can gradually evolve towards higher levels of consciousness, behavior, and behavior
- These energy centers are the need for : Power and control, Safety and security, Pleasure, affirmation, and prestige.
- We are driven to satisfy these needs in ways largely dictated through the culture and education we are exposed to as we grow up.

Stages of the Spiritual Journey

- Reptilian: One is totally immersed in getting one's needs met; this normally occurs in infancy, and leads to typhonic consciousness. Here one sees oneself as separate from the world. This normally dominates the child from age two to four. Here, one cannot clearly differentiate imagination from reality. This stage gives way to a mythic membership level. The values belonging to a group are interiorized and give direction to our energy centers and resultant behavior.
- At about age eight, we normally enter the mental egoic stage.

Stages (cont.)

- The mental egoic stage of consciousness is the movement beyond the self centered instinctual drives. It is here that we start to take responsibility for ourselves and respond to the needs of others.
- However, at this stage we are certainly still under the sway of the more primitive instinctual drives, causing us worry and existential angst.

Keating's Transcendent Stages

- Intuitive
- Unitive
- Unity
- These stages are described in all the great religious and wisdom traditions of the world. For those dedicated to goodness and service, these stages may very well be inevitable.

The Great Challenge That Unites Spirituality and Modern Medicine

- Keating calls this the "Greatest Beatitude". Practically this means to accept others where they are at with kindness and compassion along with striving to serve them.

The Need

- An increasing number of adults are searching for ways to incorporate spirituality into their daily lives.
- 94 % of Americans believe in God
- 9 out of 10 pray
- 97 % believe their prayers are answered
- 2 out of 5 report having life changing spiritual experiences
- Therefore, it is not surprising that patients benefit from caregivers to incorporate the spiritual dimension in treatment.

The Spiritual Assessment

- Is spirituality/religion an important part of your life?
- Do spiritual beliefs influence your life?
- Are you part of a religious community?
- Are there any spiritual needs or concerns you would like addressed?
- We caregivers can get direction on how to care for emotional distress in our patients depending on these answers.

Case Examples

- Mr. L suffered from Alzheimer's disease. He fell and broke his hip and eventually was admitted to a long term care facility. The staff noted frequent crying. Because of his dementia, he could not relate specifics about what was bothering him. A physician was consulted and diagnosed depression. He started an antidepressant at a low dose. He also noted that Mr. L was an observant Jew and that his synagogue had not been notified about his condition. His rabbi came and made arrangements for him to have kosher food, attend synagogue with assistance, and have regular visits from his faith community. Staff documented immediate improvement in mood and progress in physical therapy.

Case Examples

- Mrs. J was a 93 year old nursing home resident with advanced dementia. She spent most of her day in her wheelchair making repetitive, incoherent vocalizations. One day, a music therapist brought Mrs. J into a class, despite complaints of other residents. The therapist noted that her vocalizations reminded him of a church hymn. Mrs. J, who had never spoken to staff or other residents, started singing the hymn in a clear voice and a bright look in her eyes with tears streaming down her face.

Case Example

- Mr. R was a 55 year old schizophrenic patient. For many years he refused any treatment. He was in a motorcycle accident which left him quadraplegic. He was admitted to a long term care center where he continued to refuse take part in any kind of treatment plan except the bare necessities. He developed multiple pressure ulcerations. His anger and delusional problems escalated to the point where it became difficult for anyone to care for him. One nurse would just come in with him and sit and listen to him, demanding nothing.
- Gradually, he allowed her to bathe him and change the dressing on his many wounds.
- His health deteriorated rapidly to the point that necrotic flesh melted off his bones.
- The smell was terrible. No one could enter without a mask; except for his one beloved nurse who never needed one. He continued to allow her alone to address his care.
- He died in her arms, looking gratefully into her eyes.
- This humble woman of faith had given him the ultimate spiritual gift; unconditional acceptance.

Implementation

1. Spiritual inventory as described
2. Accept people where they are
3. Enlist people from the patient's faith community to become involved.

Practical Activities

- Lectio
- Meditatio
- Oratio
- Contemplatio
