ABSTRACT: Religious and spiritual issues in mental health are explored in the context of four conceptual models: the medical, the nursing, the humanistic, and the pastoral. This is done by looking at each model in terms of content, diagnostic focus, language and treatment goals, and primary qualities in the health provider. The models are illustrated by case studies gathered from a multidisciplinary setting. The discovery that each model can incorporate the religious and spiritual dimension in mental health care, but that each model does this in distinctive ways, is a key point.

Religious and health care institutions have not always been the uneasy bedfellows they are today. In fact, the history of most culture, including our own, reveals an integration of health activities with religious and ritual activities. Since ministerial and health care professions became formally distinct, however, there has been a varied relationship between them ranging from open hostility to cooperation and collaboration.

Religious and spiritual needs have been traditionally relegated to the clergy. Religious observances such as baptism, last rites, communion, and even prayer have been considered functions properly performed by the religious and ritual leaders. Yet most health care professionals have had the experience of being faced with a client’s spiritual questions such as those concerning the need for faith and forgiveness. At those times the health care professional has had the option of:

1) ignoring the spiritual dimension of the client;
2) referring the client to a clergy person without participating in that aspect of care;
3) cooperating with the clergy person so that relevant information is shared;
4) collaborating with clergy in an interdisciplinary mode, each contributing the unique skills of his or her discipline to address such problems.

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This paper explores the models used by different mental health care professionals in an ecumenical setting which provides a context and an idiom for religious concerns of the client.

We seek to explore the following questions: (1) Who (which professional disciplines) assess religious and spiritual needs, and how are these needs assessed by each profession? (2) Would an interdisciplinary approach increase the possibility for spiritual assessment and response to spiritual needs? (3) Is the assessment of spiritual needs important in making correct diagnoses? We make the assumption that spiritual care is a legitimate part of health care and that the spiritual needs of clients deserve attention from the entire health care team even though clergy persons have a specific and specialized role in this area. We also attempt to identify the key focus of different health care professionals’ responses to the spiritual condition of a person through an exploration of the model they use most typically, namely, the medical, the humanistic, the nursing and the pastoral models respectively. This is done by looking at each model in terms of content, diagnostic focus, language and treatment goals, and primary qualities in the health provider.

Before proceeding it will be necessary to define some terms.

Interdisciplinary is defined here as a process by which the solution of problems or completion of tasks requires the independent talents of different professionals, each contributing different aspects and different skills.

The terms religious and spiritual, though related, are not synonymous. Religion is defined as an organized body of thought and experience concerning the fundamental problems of existence; it is an organized system of faith. Spirituality deals with the life principle that pervades and animates a person’s entire being, including emotional and volitional aspects of life. Roman Catholicism, Judaism, and Buddhism are religions. The search for meaning and purpose through suffering and the need for forgiveness are elements of the spiritual life. Every person can be understood to have a spiritual life, although some persons do not subscribe to any established religion. Therefore, while it may be appropriate to refer certain religious issues of clients to clergy, spiritual concerns are a part of the concern for health and cannot be ignored by any professional in health care.

The setting

The pastoral counseling center described here is a small agency in a city of 220,000 in a larger metropolitan area of 900,000. Oversight of the program is provided by a pastoral counseling commission, a body of clergy and lay persons from various religious communities who are members of an ecumenical organization. The center provides approximately 3,000 hours of counseling for individuals, couples, and families. Sixty-five percent of the referrals come from pastors. The client population is varied.