Hospitalized Psychiatric and Medical Patients and the Clergy

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ABSTRACT: Earlier research suggested that persons in a community with significant psychiatric disorders seek relief from their clergy as often as from trained mental-health professionals. In this research, contacts with clergy about current hospitalization by matched samples of inpatient psychiatric (N=51) and medical/surgical (N=50) patients were compared, as were responses to structured interviews about the importance of religion, religious affiliation, and participation, spiritual needs, and spiritual well-being. The findings suggest that the two groups were similar in demographics, the degree to which religion was a source of strength and comfort in their lives, and percentages reporting as having a clergy person; the group of hospitalized psychiatric patients was significantly less likely, however, than the sample of medical/surgical patients to have discussed their current hospitalization with their clergy persons. Possible causes for this difference as well as areas of further research are discussed.

Introduction

Inclusion of religious variables in medical and psychiatric research is rare (Larson, et al, 1986; Larson and Larson, 1991) notwithstanding research findings suggesting that clergy are often consulted by persons seeking relief from mental stress. In fact, two early surveys of somewhat over 2000 persons each provided significant comparison data for patterns of help-seeking in 1957 and 1976 (Veroff, Kulka and Douvan, 1981). In these samples, close to 40 percent sought help from clergy for mental-health-related concerns. The much larger Epidemiologic Catchment Area Study, with 18,500 informants (Regier, et al, 1984), further explored the issue and concluded that persons with serious mental illness were as likely to be in the care of the clergy alone or clergy and mental-health professionals as they were to be in the care of mental-health professionals alone (Larson, et al, 1988). A more recent study (Chalfant, et al,
1990) of 806 respondents in El Paso, Texas found that clergy were identified as potential sources of help 41 percent of the time, with physicians other than psychiatrists ranking second at 29 percent. Psychiatrists and psychologists combined were in third place at 21 percent.

The interface between utilization of the clergy and traditional inpatient psychiatric services has been largely unexplored. The pilot study described below was designed to explore several questions. Specifically, we asked 1) whether psychiatric and medical inpatients have notified their clergy persons about their current hospitalization; 2) whether hospitalized psychiatric patients differ from hospitalized medical patients in this regard, and lastly, 3) whether the two samples differ in their reported spiritual well-being (Paloutzian and Ellison, 1982; Ellison, 1983).

Method

A structured interview was constructed and included 1) demographic data; 2) questions from measures of self-reported spiritual well-being (Paloutzian and Ellison, 1982; Ellison, 1983), of self-reported religiousness (Idler and Kasl, 1991), and of spiritual needs (Martin, Burrows and Pomilio, 1978); and 3) the specific questions: Do you have a clergy person or spiritual advisor? and If yes, have you notified or talked with your clergy person or spiritual advisor about your current hospitalization? Spiritual well-being was measured with the Spiritual Well-Being Scale (SWB), a twenty-item scale developed by Paloutzian and Ellison (1982). The scale has two subscales, one measuring existential well-being (EWB), and the second measuring religious well-being (RWB).

Interviews were conducted with 51 adult psychiatric inpatients hospitalized at a midwest tertiary-care hospital. All patients hospitalized on the psychiatric units at the start of the study, who were competent (not confused), had physician approval, and themselves gave consent were interviewed. Additional subjects were recruited as they were admitted and stabilized. Interviews were then conducted with a group of 50 adult general medical/surgical patients from the same hospital and matched with the psychiatric sample on gender and age. The interviews were conducted by a second-year, female medical student.

Sample

Demographic variables

The average age of the patients in the study was 45.6 years. Although not part of the research design, the sample was almost equally divided by gender (52% women, 48% men). The psychiatric and medical/surgical sub-