

# Psyche and Spirit: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry

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Editorial Board: Alexander Moreira-Almeida, Simon Dein, and Peter J. Verhagen

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WORLD PSYCHIATRIC ASSOCIATION

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## Editorial

I am really happy to introduce to the third Newsletter of the WPA Section on Religion, Spirituality and Psychiatry.

I would like to share some thoughts with you concerning two statements I have presented at the first Avila Conference on Psychiatry and Religious Experience in 2010 and afterwards at the WPA World Congress in Buenos Aires in 2011. These two statements run as follows:

1) The World Psychiatric Association, indeed representing world psychiatry, needs to change its position toward religion and psychiatry. It should do

so by crossing narrow-minded scientific boundaries like reductionist and materialistic boundaries.

2) Science and religion should not be regarded as opposing adversaries against each other, but as allies against nonsense and superstition.

Allow me to explain a misunderstanding. It seems very an ordinary way of thinking to assume that both religion and science are a matter, a realm of pure ideas. Scientific ideas are held to be impersonal knowledge of an object-like and value-free world. Religious ideas consist of beliefs, doctrines, and dogmas. And, the burden is placed on religious thinking to take the measure of scientific ideas; there is no corresponding challenge placed to scientific thinking. This common thought is due to a misunderstanding. Both science and religion are social practices. Distinctive for such practices are their aim, the methods used and the subject matter and content of in our case science and religion. In both psychiatry and religion as social practices practitioners have some ends in mind, try to achieve certain goals. In both practices methods and concepts are acquired, discussed and/or revised. Both practices are indeed about something, science one could say is about factual matters, religion about meaning and values. That means that if we want successfully understand how to relate science and religion we need to take into account the social structure of science and religion as social practices, the aims of both practices, the kind of epistemology they exhibit and their theoretical content.

Science, especially is not just object-like and value-free. Science is not just a matter of pure ideas. Science

is culturally, economically, financially conditioned science. And as such, science becomes more and more essential for human survival, control of nature and of ourselves. And it is exactly here that the ambiguity of science becomes heightened. Because human survival is not just about facts, but a matter of choices. Success will bring us further, failure means suffering or even death. And as we know there is no unambiguous success, since there are no unambiguous outcomes. Success and failure are woven together in the same fabric of outcomes. In 'Psychiatry and Religion' we are well aware of this fact. Repeatedly meta-analyses have shown these ambiguous outcomes. Many studies have been performed examining this topic and the results have been varied. Some have found religion to be positively correlated with adjustment, some have found it to be negatively correlated, and some have found no significant relationship at all. So the major reviews of the literature we know of did not all arrive at consistent conclusions. Although most supported the idea of a generally positive relationship between religiosity and mental health, others reported more ambiguity in their findings. Nevertheless it should be underlined without hesitation that the overall conclusion is that a majority of research indicates that religious individuals experience a transforming, a supportive, a health enhancing meaning of religion. Therefore these data have significance for mental health and quality of life. That means a great responsibility, and by saying that we move into the center of reflection for religion and science, not only because of that great responsibility but also because of the high levels of competence and reliability needed to come up to the mark.

Religion is not just theoretical thinking. It is not carried out for its own sake but rather for another purpose: to inform the discernment that seeks meaning, and to promote the common good. And by saying that, again we move into the center of reflection for religion and science. Religion and science will concern itself with the common good. As Hefner (2006) formulates: 'Religion's search to discern what is most important and science's struggle to

depict the world adequately come together in religion and science in a focus on knowledge that benefits the human community. Religion-and-science is neither complete nor faithful to its own nature as a practical discipline if it does not include reflection on the common good and what behaviours are required to maintain it.'

Science and religion have often been seen as enemies locked in mortal combat; an unnecessary and unfruitful stance. The locked position is clearly not acceptable and should therefore be changed. Science-and-religion, and in our case psychiatry-and-religion is not pure about description based on gathering evidence, systematic empirical testing and mathematical modeling. We need an approach of both descriptive and prescriptive aspects of our daily reality, not only how our world is, but also how it should be.

Therefore I call on WPA to reflect on its position on 'religion and science' in order to rephrase it terms of a creative mutual interaction for the sake of the common good. We invite you all to share your views on this topic of 'Science (Psychiatry) and Religion' with our readers. In the meantime you will find an interesting contribution to the discussion 'on the complex interplay between religion and mental health' written by Kenneth Pargament and James Lomax in the newest issue of [World Psychiatry \(Vol 12 n°1, Feb 2013\)](#). This review article is followed by nine commentaries. It highlights many of the issues at stake!

[www.wpanet.org/uploads/Publications/WPA\\_Journals/World\\_Psychiatry/Past\\_Issues/English/WP\\_Feb\\_2013.pdf](http://www.wpanet.org/uploads/Publications/WPA_Journals/World_Psychiatry/Past_Issues/English/WP_Feb_2013.pdf)

Peter J. Verhagen, WPA Section on Religion, Spirituality and Psychiatry, chair

For further reading

Hefner, P. (2006). Religion and science. In: Clayton, Ph., Simpson, Z. (Eds.), The Oxford handbook of Religion and Science. Oxford: Oxford University Press, pp. 562-576.

Verhagen, P.J. (2012). Controversy or consensus? Recommendations for psychiatrists on psychiatry, religion and spirituality. *Asian Journal of Psychiatry*, 5, 355-257.

Verhagen, P.J. (2012). Psychiatry and Religion: World Psychiatric Association beyond Boundaries. *Actas Españolas de Psiquiatría*, 40 (Supl. 2), 21-28 (in press).

## Section's election results

Dear distinguished readers,

On behalf of the Section committee I would like to inform on the following important topic.

The WPA Section on Religion, Spirituality and Psychiatry was founded in 2003 in Vienna, Austria. In 2006 elections were held for the first time.

Elections for Section Officers and Section Committee Members need to be held every 3 years, if possible during the World Congress of Psychiatry. As a minimal quorum of 1/3 of members present is required to hold elections. However, our elections do not run parallel to the year of the World Congress. Therefore an election needs to be held by mail ballot through the Internet (email) or regular mail. That is what we accomplished in November-December 2012. It is a pleasure to inform you on the results. We will inform the WPA Executive Committee on the new elected Section Officers and Committee Members.

### *Elections*

Every Section Committee is composed by no more than 8 members including the 3 Section Officers (Chair, Co-Chair, and Secretary). At least two out of the 3 officers must be qualified psychiatrists. No Section Officer can stay in the same position for more than 6 years and none can stay in the Section Committee for more than 9 years.

### *Previous and next committee members*

The former section committee members Professor H. G. Koenig, Professor A. Okasha and Professor H.M. van Praag (founding chair) were willing to resign from their membership of the section committee, but will continue their commitment to the section as members /advisors close to the section committee.

We are very grateful for their support from the beginning of the section until now, and are very happy with their willingness to continue to do so!

In their place Professor V. DeMarinis, Doctor S. Dein and Professor A. Moreira-Almeida were nominated.

The former section committee proposed the new committee nominations as follows:

Peter J. Verhagen, **chair** (Netherlands; last term)

Prof. Dr. John Cox, **co-chair** (United Kingdom; second term)

Prof. Dr. N. Nagy, **secretary** (Egypt; second term)

Prof. Dr. A. Mohit, member (Iran; last term)

Prof. Dr. R.S. Murthy, member (India; last term)

Prof. Dr. V. DeMarinis (Sweden; first term)

Dr. S. Dein (United Kingdom; first term)

Prof. Dr. A. Moreira-Almeida (Brazil; first term)

Professor Valerie DeMarinis is a psychologist by training and heading up the research program at Uppsala University in psychology of religion and cultural psychology. Through this program as well as the university-wide research program on the Impact of religion in society (including faculties of medicine, law and humanities) she is in charge of different projects in the mental health area. She is involved in fact in building the area of public mental health at Uppsala with links to both the public health and psychiatry institutions. Within this area the existential dimension will play a strong role. She is also involved in evaluating mental health programs in post-conflict or protracted refugee settings.

Dr. Simon Dein is psychiatrist and cultural anthropologist, University College Medical School London; he is editor of *Mental Health, Religion & Culture*; he is member of our section and the WPA section on transcultural psychiatry; he is co-editor of our newsletter *Psyche & Spirit*.

Professor Alexander Moreira-Almeida is professor of Psychiatry, School of Medicine, Federal University of Juiz de Fora (UFJF), Brazil. Director of the Research Center in Spirituality and Health (NUPES) at UFJF, Brazil. He is co-editor of our newsletter *Psyche & Spirit*.

**World Psychiatric Association  
International Congress 2012  
Focusing on Access, Quality  
and Humane Care**

Prague Congress Center, Prague, Czech Republic  
October 17-21, 2012

**SECTION SYMPOSIUM PSYCHIATRY AND RELIGION:  
AN INTEGRATIVE APPROACH**

Organized by Peter J. Verhagen (The Netherlands)

Educational objectives

According to the WPA Section on Religion, Spirituality and Psychiatry an understanding of religion and spirituality and their relationship to the diagnosis, aetiology and treatment of psychiatric disorders should be considered as important components of both psychiatric training and continuing professional development. There is enough evidence to make this view very reasonable.

This statement asks, in the first place, for a firm position. The section formulated a position statement with the aim to affirm the value of considering religion and spirituality as a part of good clinical practice and to provide guidance which will clarify and affirm the boundaries of good practice. The position statement will be presented and explained.

The statement asks, in the second place, for an integrative approach. The contributors to this symposium will explain and illustrate such an approach in the domain of (psycho)therapy.

At the end of this symposium participants will have a clear view on the necessity, the possibilities and the pitfalls of such an integrative approach.

**INTEGRATING SPIRITUALITY INTO PSYCHOTHERAPY**

Dein, S. L.

University College London and Durham University, UK  
Despite the prevailing antagonism of psychotherapy to discussing spiritual issues in therapy, there have been some attempts to incorporate religious and spiritual elements into the therapeutic process when working with clients from religious backgrounds. A number of texts exemplify this process: Kenneth

Another decision needed to be taken. According to the former committee it would be far better to have elections, as most of the other sections have, during the World Congress. At such an occasion it would be easier to have enough section members involved. So we would like to synchronize our elections with the World Congress, and for that reason organize our next elections in 2014. That meant that the new elected committee members had to accept, and the nominees all did, that this term would last two years (2012-2014), and not three.

**Results**

- We have a member list counting 66 members.
- The invitation to vote has been successfully relayed to 61.
- We received 1 abstention, 36 positive votes/approvals.

**That means that 36 members have given their approval, 1 member abstained from voting, 29 members did not respond.**

Two members offered their services for the next committee!

We have informed the WPA secretary of sections Dr. Javed and are awaiting final approval by the WPA Executive Committee.

Best regards,

On behalf of the section committee,

Peter J. Verhagen, psychiatrist

Chair of the WPA Section on Religion, Spirituality and Psychiatry

Secretary of the Dutch Foundation on Psychiatry and Religion

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Pargament's (2007) 'Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred'; Christopher Williams, Paul Richards and Ingrid Whitton's (2002) 'I'm Not Supposed To Feel Like This: A Christian Approach To Depression and Anxiety', and Stevan Nielson, W. Brad Johnson and Albert Ellis's (2001) 'Counseling and Psychotherapy with Religious Persons: A Rational Emotive Behaviour Therapy Approach'. This lecture focuses upon the potential problems, including ethical, and the benefits of incorporating Religion and Spirituality into psychotherapy, both psychodynamic and cognitive. It provides a critical overview of studies examining the efficacy of religiously based psychotherapy. I discuss how prayer, ritual and bibliotherapy can be deployed for patient benefits within psychotherapy. I describe my personal experiences of utilising religious perspectives in psychiatric practice.

#### PSYCHOTHERAPY AND RELIGION

Nagy, N.

Ain Shams University, Cairo, Egypt

All religions of the world adhere to the fact that there is superior power who controls the universe long with advice, forgiving and caring. Also, religion denotes an organized system of beliefs and practices and may give direct expression of spirituality in religious communities. During clinical practice psychiatrists come across a large variety of individuals who fall on various dimensions on the continuum of religion, from being atheists to God believers. The important goal for mental health practitioners is to install hope and motivate individuals to overcome their difficulties in thinking, feelings and behaviors. If someone is finding solace in religion especially in dealing with mental illness, it would be fruitful to use that in cognitive behavioral therapy provided you are not employing harmful means in the name of religion. This presentation will focus on scientific evidence for applying religion in psychotherapeutic measures and give spotlights on matters on abuse.

#### HEALING THE SCARS: A SPIRITUAL-COGNITIVE APPROACH

Malhotra, S.

Dept. of Neurosciences, Fortis Hospital, FHN, India  
Spirituality and values can work as a soul for the science. The paper shall discuss practical aspects of utilizing a spiritual approach and certain cognitive constructs to deal with the sensitive issues of sexual abuse and grief. The concepts of 'immortal soul', 'the soul cannot be harmed', 'the power to choose one's affect state' shall be discussed. Patients and people from different parts of the world can benefit from such insights and concepts that can help in the process of conflict resolution, self realization, and healing.

#### PSYCHIATRY AND RELIGION: WORTH LOOKING AT A POSITION STATEMENT

Verhagen, P. J.

GGZ Centraal, Harderwijk, Netherlands

According to the Section the topic of Religion and Spirituality in Psychiatry fulfils a number of criteria as formulated by the WPA to justify the formulation and wide acceptance of a position statement. These criteria are: the topic is significant, extensive research is available, it is of great public visibility, and the absence of such a statement could be harmful to psychiatry or psychiatric patients.

The current body of research on religion, spirituality and mental health and quality of life reveals a largely positive relationship between religiosity/spirituality and different indices of mental health; religiosity and spirituality have a positive impact on mental health. However, religious and spiritual beliefs are powerful forces and may impart harmful as well as beneficial effects.

At the conclusion of the presentation the participant should be aware of the necessity to be able to develop a comprehensive 'biopsychosocialspiritual' formulation based on assessment during a psychiatric interview. A position statement would provide powerful support for more effective partnerships between psychiatry and religion in day to day clinical care.

#### Reference

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Psychiatry: Beyond Boundaries. Chichester: Wiley-Blackwell.

## **SECTION WORKSHOP PSYCHIATRY AND RELIGION: A SURVEY AMONG PSYCHIATRISTS AROUND THE WORLD**

Organized by Peter J. Verhagen (The Netherlands)

### **Educational objectives**

The WPA Section on Religion, Spirituality and Psychiatry conducted a survey among psychiatrists around the world in order to get information on what colleagues know and experience in their clinical practice with regard to the topic of religion and spirituality in relation to psychiatric practice, education, and research. The aim of the workshop is to present and to discuss the results of this survey.

### **PSYCHIATRY AND RELIGION: A SURVEY AMONG PSYCHIATRISTS AROUND THE WORLD**

Verhagen, P. J.1, Nagy, N.2

1GGZ Centraal, Harderwijk, Netherlands

2Ain Shams University, Cairo, Egypt

There is emerging scientific evidence that religion and spirituality may impact positively on mental health and wellbeing. What are the implications for psychiatrists? There has been recent interest in psychiatrists' attitudes towards religious/spiritual enquiry in clinical practice. Although results are conflicting there is some evidence that mental health professionals are becoming less reluctant to ask their clients about these topics. Additionally recent studies suggest that incorporating religious aspects into therapy with religious clients may improve outcomes. Based on the above the WPA Section on Religion, Spirituality and Psychiatry wanted to explore current attitudes and practices in religion and psychiatry. The conducted survey aimed to assess the attitudes and experience of members of the WPA in relation to religion/spirituality in patient care. The results will be presented and will be used to inform future teaching and research in this area. Participants will have the opportunity to answer the questions relating to residency training, continuous education, clinical practice and research as well.



This is the largest psychiatric congress in Latin America, receiving more than 5.500 delegates. In addition to several poster presentations involving spirituality and psychiatry, there was a symposium:

### **ADDRESSING SPIRITUALITY IN PSYCHIATRIC PATIENTS**

Chair: Francisco das Chagas Rodrigues

#### **GENETIC AND SPIRITUALITY**

Homero Pinto Vallada Filho

#### **RESEARCH ON MENTAL HEALTH AND SPIRITUALITY**

Giancarlo Lucchetti

#### **IMPLICATIONS OF SPIRITUAL EXPERIENCES FOR MIND-BRAIN RELATIONSHIP**

Alexander Moreira-Almeida

#### **RELIGIOSITY, MOOD SYMPTOMS AND QUALITY OF LIFE AMONG BIPOLAR PATIENTS**

André Lúcio Pinto Coelho Stroppa

There was a special section called "Top Ten Cited RBP" dedicated to the most cited papers at Revista Brasileira de Psiquiatria/RBP Psychiatry. The paper most cited paper (81 citations at Web of Science) ever published at the journal was a review about spirituality and mental health:

[Moreira-Almeida A, Neto FL, Koenig HG. Religiousness and mental health: a review. Rev Bras Psiquiatr. 2006; 28\(3\):242-50.](#)

<http://www.scielo.br/pdf/rbp/v28n3/2277.pdf>

## Religion, Spirituality and Transcultural Psychiatry

Dr. Simon Dein

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By now there is a voluminous literature suggesting positive relationships between religion and mental health. The majority of this literature derives from mainstream psychiatrists and psychologists and there is little concerning the ways in which cultural and ethnic factors impinge on these relationships. Anthropologists have had little involvement in this domain of study. Through its emphasis on cultural diversity, transcultural psychiatry is in strong position to address this issue ie to examine how culture, religion and mental health interrelate. Mental illness presents a unique opportunity to examine explanatory models and healing processes and particularly the role of religious factors in these. It allows researchers to understand how individuals differentiate between normative religious beliefs and experiences and those which are labeled as deviant or pathological. There are a number of areas which are of concern to cultural psychiatrists.

First, when does a religious belief become pathological? A central concern of cultural psychiatry is the differentiation of religious beliefs from psychopathology. The term psychosis has widespread currency in the psychiatric and psychological literature and generally implies some loss of contact with reality. It is characterized by the presence of 'delusions' and 'hallucinations'. To make such a diagnosis mental health professionals make a judgment about the patient's experience in relation to what is defined as 'empirical reality'- something that is not always possible. For instance in paranoid delusions the health professional will occasionally encounter situations when he or she considers the possibility of persecution highly unlikely but lacks sufficient evidence to prove this.

According to the DSM IV a delusion is: A false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (e.g., it is not an article of religious faith). When a false belief involves a value judgment, it is regarded as a delusion only when the judgment is so extreme as to defy credibility. Delusional conviction occurs on a continuum and can sometimes be inferred from an individual's behavior. It is often difficult to distinguish between a delusion and an overvalued idea (in which case the individual has an unreasonable belief or idea but does not hold it as firmly as is the case with a delusion). (p 765)

Rather than emphasizing falsity of belief which in some cases is impossible to verify beyond doubt, recent approaches to delusional thinking have focused upon other measurable and distinct dimensions of delusions such as conviction, preoccupation, negative affect (emotional distress), and extension (the degree to which the delusion affects one's life). From this perspective delusions not viewed as categorical but rather as on a continuum with 'normal' beliefs. It is not necessarily the content, but rather the conviction and the efforts made to communicate it which result in distress and is the focus of clinical involvement.

The criterion of falsifiability clearly cannot be applied to beliefs which are non-empirical and this particularly applies to religious/spiritual beliefs. Unlike non-religious delusions which are potentially amenable to reality testing, this is not the case for religious beliefs which are super empirical and empirically unfalsifiable. Rather, for religious beliefs, it is the degree of acceptance by the religious community which can be substituted for falsability. A proponent of this view is Pierre (2001) who asserts that a religious belief's dimensional characteristics, its cultural influences, and its impact on functioning may be more important considerations in clinical practice. I concur with this assertion.

Second, similar issues arise in defining hallucinations. According to the Oxford English Dictionary an hallucination refers to 'The apparent perception (usually by sight or by hearing) of an external object when no such object is actually present'. Like delusions, in order to classify an experience as an hallucination requires that someone other than the percipient make a judgment about their perceptual experience in terms of its fit with reality. The term is associated with value judgments about what is real and what it is possible to know (see Wiebe 1997: 195 for a detailed discussion). Like delusions, Wiebe (2004) proposes that perceptual experience might lie on a continuum and hallucinatoriness might occur in degrees. This is well illustrated by 'normal hallucinations'. There is emerging evidence that 'hearing voices' occurs in the non – psychiatric general population (Romme and Escher 1989, Tien 1991, Poulton et al 2000) which renders the distinction between pathological hallucinations and normal experience somewhat blurred. Religious hallucinations are not amenable to empirical validation, and like religious delusions, their clinical importance must be assessed by the distress associated with them, their effects on functioning and the degree to which they are accepted by members of a specific religious community.

Third, studying the ways in which members of cultural groups cope with aspects of mental illness provides opportunities to assess which aspects of coping are universal and which culturally specific . Beyond Christianity and Islam, there is a dearth of literature documenting religious coping in other religious and cultural groups. Transcultural psychiatrists are well placed to study these processes and therefore to develop the literature in this area.

Finally, in many non- western cultural groups much of healing occurs in religious contexts. We understand little as to how professional psychiatry and religious healing relate together and whether or not such religious healing is efficacious. And it is not just among non – western cultures that appeal is made to religious and spiritual healing. Africans and Afro Caribbeans in the UK have high prevalences of

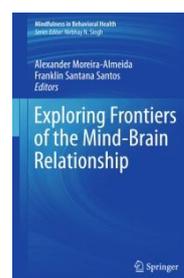
schizophrenia. We are aware that members of these groups demonstrate frequent attendance at Evangelical and Pentecostal Churches. Yet we know very little about the healing that occurs there and the relationship between biomedical and spiritual healing. This is an important focus for future work in transcultural psychiatry.

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## Book review

Alexander Moreira-Almeida, and Franklin Santana Santos (Eds), [Exploring Frontiers of the Mind – Brain Relationship](https://doi.org/10.1007/978-1-4614-0646-4). Springer. New York, 2012. 243 pages. ISBN 978-1-4614-6020-6  
[www.springer.com/psychology/cognitive+psychology/book/978-1-4614-0646-4](http://www.springer.com/psychology/cognitive+psychology/book/978-1-4614-0646-4)



## INTRODUCTION

This book is recommended as a 'must read' - not just because its editors represent the scientific, scholastic and spiritual traditions of Brazil, nor because AM-A is the editor of our Section Newsletter, but because its content summarises a raging controversy in this field and helps the reader to cross boundaries.

Several frontiers are explored. The first is between scientists with a rigorous reductive understanding that the brain is the sole basis of consciousness, and those who accept the scientific evidence for a 'quantum soul' and a non-bodily based mind. The second is between Cartesian Dualists, who can accommodate a non-corporeal consciousness, and the Materialist Monist. The book does not tackle frontiers between religious belief and the brain, nor artistic experience and the brain networks, but primarily it is about the conceptual underpinnings of, and the scientific evidence for so called 'anomalous experiences.' But why, this reviewer asks, are they regarded as anomalous- as most religious beliefs held by Homo Sapiens invoke the transcendent and the agency of the spirit-world. What is required, nevertheless, is the courage to investigate these beliefs using modern conceptual frameworks (including new scientific paradigms) and to utilise available mixed method research tools.

Those readers who want authoritative reviews of scientific studies of Near Death Experiences, Reincarnation and of Mediums who communicate with 'deincarnate' deceased persons- as well as succinct summaries of the philosophy of Descartes and of Quantum Theory- will not be disappointed.

For this reviewer however this 'large' book will take its place alongside two others that were equally influential. Ian McGilchrist's *The Master and the Emissary: the divided brain and the making of the Western world* and Fraser Watt's *Spiritual Healing; scientific and religious perspectives* as a trilogy that cogently summarised scientific evidence that the world can be perceived within an integrative framework- and that the Body- Mind- Spirit paradigm can open up new vistas of human understanding.

## SUMMARY OF CONTENT

The book emerged from an international symposium, supported by the Federal University of Juiz de Fora and the University of Sao Paulo, that brought together many of the eminent contributors in these fields.

The book begins with a personal Foreword by Robert Cloninger who, drawing largely on his own seminal work, reminds the reader that human beings have to adapt to five major types of human situations which include the spiritual, as well as the sexual, material, emotional and intellectual.

Then follows the editors' preface, which claims that for most of the twentieth century Existential questions, such as what makes us human or creative, were ignored, but that in the last two decades the scientific community has eventually started to investigate these fundamental questions. It is stated that much of the scientific world still regards the mind-brain problem as solved by a monist view that subjectivity is explained in toto by brain and by biological process. The editors, supported in more detail by Araujo (chapter 1), point out however that this seemingly novel 'promissory materialism' is in fact nothing new, and that several writers who were saying much the same thing in the 18th century.

In Part One, three chapters are put together under the general theme Philosophy and History. Araujo considers conceptual definitions of materialism with special emphasis on the current materialism that is linked to progress in the natural sciences. The historical section is particularly informative.

Robert Almeder (chapter 2) describes the core objections to Cartesian immaterialism. These objections include whether they can be testable and if testable are false; and that if testable they cannot explain anything. Then Carlos Alvarado gives the reader an overview of past discussions of psychic phenomena which support the separate existence of the mind and the spirit - or at least of some form of nonphysical principle in human beings.

Part Two is a stiff introduction to modern philosophy and physics. Chris Clark (chapter 4) provides the reflective reader with a well written overview. A science of the soul is regarded as possible by invoking modern theoretical quantum physics. The present softening of the dichotomy between mind and matter is outlined, and Clark shows how modern quantum theory can illuminate the parapsychological phenomenon described in later chapters. Quantum mechanics has 'transformed the world into a system that was nonlocal, non-deterministic and inherently opens to additional non-mechanistic processes. The world is no longer mechanical in the classical sense.'

Chapter 5 (Hameroff and Chopra) is directed to a specialist reader. Their quantum approach to consciousness is to connect brain processes (micro tubule quantum computations inside neurons) with 'fluctuating fundamental space time geography'- which suggests that physics is more open to explaining the immaterial and to taking into account the subjective experience of the observer - 'potentially even building a bridge between science and spirituality'.

In Part Three, the more familiar neuroimaging studies are reviewed, showing correlates with Meditation and Mindfulness (Chapter 6), and Emotional self-regulation with Spiritual Experiences (Chapter 7) supported by 10 pages of references.

The next four chapters will be for many general readers the most memorable. They describe, from within the modern scientific paradigm outlined earlier, the evidence for nonlocal mind, with reference to Near Death Experiences ( Fenwick), the cultural framework for death and dying (Chapter 9 - Santos and Fenwick), Mediumship (Chapter 10 - Moreira- Almeida) and give accounts by children in Lebanon and India of an awareness that they are reincarnated (Chapter 11 - Haraldsson).

#### SUMMARY REFLECTIONS

The editors having opened this Pandora's box in their preface have, wisely, in their concluding chapter left the lid open by recognising that scientific method

always considers competing paradigms. Yet For this writer the simplistic 'we must do away with Cartesian Dualism' slogan in Psychiatry seems now less cogent. Even my preferred model of a duality of qualities (brain and mind) but one substance cannot explain the phenomena described in this book - so I shall have to re-think these models. I expect that many readers will be challenged in a similar way – evidence of good value for money!

The world of the spirit – an increasingly familiar world in many modern as well as traditional cultures (including so called secular Europe)- should now be investigated from within the new scientific paradigms and with reference to Continental philosophy ( Merlau-Ponty, Buber), Values-based practice and Theology.

The Editors have done a good job in throwing down the gauntlet to the materialist researchers - although I had always assumed that these so called materialist scientists must know that there is more to the experience of great music than a sequence of notes, and that it remains an mystery as to how a biological process is transmuted into a conscious thought. Yet many clinicians are retreating to a narrow material physicalism, just at the time when new frontiers to the world of the Body/Mind and Spirit are being crossed, and when, as Fulford has suggested, psychiatry could be leading the way to a more routinely integrated clinical approach.

A true Body/Mind/Spirit paradigm, which contains new understandings of human connectivity, could therefore lead to a refreshing new science, as well as to more refreshed health professionals and to speedier recovery of our patients. This book will assist this process. There is nevertheless a need to explore other brain/mind frontiers from the world of the Arts, and from the religious insights of the Holy Books such as for example the dialogue at night between Jesus and the rationalist Nicodemus.

The cultural and scientific traditions of South America and of Brazil in particular, could again lead the way.

John Cox - December 2012

Given the growing interest by researchers and clinicians on the connections between Spirituality and Health, hundreds of papers on the topic have been published every year. From these, we highlight some of them published recently.

Miller L, Wickramaratne P, Gameroff MJ, Sage M, Tenke CE, Weissman MM. [Religiosity and major depression in adults at high risk: a ten-year prospective study](#). Am J Psychiatry. 2012; 169 (1):89-94.

([www.ncbi.nlm.nih.gov/pmc/articles/PMC3547523](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3547523))

Kasen S, Wickramaratne P, Gameroff MJ, Weissman MM. [Religiosity and resilience in persons at high risk for major depression](#). Psychological Medicine. 2012; 42:509-19.

([www.ncbi.nlm.nih.gov/pmc/articles/PMC3552391](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3552391))

These two papers describe a longitudinal study (up to 20 years follow up) on the impact of religiosity as a protective factor for mental. A group with high risk for depression (offspring of a parent with moderate to severe depression under treatment) was compared to a low risk group (offspring of parents with no history of mental disorders). Combining both groups, children who attended religious meetings at 10 years old (y.o.) showed half the chance of having mental disorders between 10 and 20 y.o. compared to those who had not attended. This effect size was even larger at the high risk group where attending religious services at 10 y.o. reduced in 64% the odds on a mental disorder in the next 10 years.

Specifically regarding depression, attendance to religious services at 10 y.o. was not associated to depression in the follow-up. However, children who at 10 y.o. reported that religion or spirituality was highly important to them that ¼ the risk of depression in the next 10 years compared to the others. In the high risk group, the risk for a depression episode between 10 and 20 y.o. for those reporting importance of religion at 10 y.o. was only 1/10 of those who did not. This protecting effect was verified mainly regarding depression recurrence.

Worthington EL, Hook JN, Davis DE, McDaniel MA: [Religion and spirituality](#). In: J.C. Norcross (Ed.), [Psychotherapy relationships that work](#) (2nd ed.) (402-419). New York: Oxford University Press, 2011.

([www.oup.com/us/catalog/general/subject/Psychology/Clinical/?view=usa&ci=9780199737208](http://www.oup.com/us/catalog/general/subject/Psychology/Clinical/?view=usa&ci=9780199737208))

This chapter reviews spiritually modified psychotherapies, provides clinical examples and presents data from a meta-analysis of 46 studies on the effectiveness such psychotherapies. The most used religious perspectives were Christianity, Islam and general spirituality. The most common theoretical orientations were cognitive-behavioral and mind-body-spirit. The conclusion was that spiritually modified psychotherapies have similar efficacy to conventional psychotherapies regarding psychological outcomes, but provided higher improvements in spiritual outcomes. Thus, according to the authors “for those patients and contexts in which spiritual outcomes are highly valued, R/S psychotherapy can be considered a treatment of choice” (p.415).

[Cobb MR, Puchalski CM, and Rumbold B \(Eds\). Oxford Textbook of Spirituality in Healthcare. Oxford: Oxford University Press, 2012. 501 p.](#)

([www.oup.com/us/catalog/general/subject/ReligionTheology/Spirituality/?view=usa&ci=9780199571390#Description](http://www.oup.com/us/catalog/general/subject/ReligionTheology/Spirituality/?view=usa&ci=9780199571390#Description))

This is a worth reading book where the editors managed to bring an impressive representation of experts together and to cover a broad range of the field. The handbook is divided in six divisions: Traditions, Concepts, Practice, Research, Policy and Education, and Challenges. I certainly fail to do justice to the authors if I just mention a few of the chapters. In my view the chapters of Section II (Concepts) on Belief, Hope, Meaning making, Cure and healing, Suffering, Culture and Religion make clear as Mark Cobb states at the end of his chapter on Belief that ‘What contributes to a person’s health and brings about healing does not simply imply pharmacological agents or clinical interventions but convictions made manifest in the humanity of care and our faith in that which gives our lives meaning and purpose.’ To mention just a few other equally important chapters: ‘Care of the soul’ (on the depths of the psyche, by

Kearney & Weininger) 'Next steps for spiritual assessment in healthcare' (by Fitchett); 'On the links between religion and health' (by Aby-Raiya and Pargament). Extensive information on policies, education and training, it is all there. It might be true that handbooks are at risk of coming behind the newest developments and views, which is not the case with this handbook, but the growing amount of articles in all sorts of journals makes it necessary and fruitful to bring all that material together in a comprehensive and authoritative overview. I have nothing but praise for this outstanding work.

## Calendar of events

### May 2013

18-22 [166<sup>th</sup> Annual Meeting – American Psychiatric Association](#). San Francisco, US. There will be a 3h symposium "Implications of spiritual experiences to the understanding of mind-brain relationship"

### June 2013

29-3 July [21st World Congress for Social Psychiatry](#). Lisbon, Portugal. Promoted by the World Association for Social Psychiatry. The main topic of the conference will be "The bio-psycho-social model: The future of psychiatry". The last congress' edition had more than 1,300 participants attended from 76 different countries. The Section submitted two workshops: 1) 'Psychiatry, Religion and Spirituality: improving skills' (Peter J. Verhagen, Sameer Malhotra). 2) 'When Religion becomes evil .....' (Peter J. Verhagen); Representative psychiatrists of different religious and spiritual traditions (including professor Roy Kallivayalil, Peter J. Verhagen) will be invited to give a few minutes statements to help the conversation get started.

## Meeting point

Dear Colleagues,

In the section of Religion, Spirituality & Psychiatry, we have great interest in communicating with our colleagues besides our website.

You are all invited to send your opinions about unmet needs in psychiatric teaching, training, and care concerning religion and spirituality, difficulties faced during practices, stories from different cultures and future research plans to improve our understanding of the links between psychiatry and spirituality as well as mental health care.

I am sure you will assist us in this coming effort by sending your contributions and comments.

Prof. Nahla Nagy

Secretary Section Religion, Spirituality & Psychiatry  
[nahlanagy64@yahoo.com](mailto:nahlanagy64@yahoo.com)

## Join the Section

### Join the WPA Section on Religion, Spirituality and Psychiatry!

If you are a clinician or researcher working with mental health and have an interest in spirituality, you can become a member of our section. It is free and would allow you to be in touch with peers that share your interests. Some benefits:

- You will be kept posted on the latest developments in Spirituality and Psychiatry around the globe!
- Possibility of contributing to the discussion and improvement of the understanding, scientific research, and clinical integration of spirituality in mental health care
- Networking with researchers and clinicians from all over the world

To join us it is free and easy, you just need to fill the form [here](#).

[www.wpanet.org/joinSection.php?section\\_id=11](http://www.wpanet.org/joinSection.php?section_id=11)