

First Draft

Revised Proposal for a WPA consensus or position statement on spirituality and religion in psychiatry

Whereas spirituality and religion have often been neglected in clinical and academic psychiatry, they are increasingly recognised as being of importance in the understanding of psychiatric disorders, and in the clinical assessment and treatment of patients. Both terms lack a universally agreed definition.

Spirituality is a distinctive, potentially creative, and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as relationship with that which is intimately “inner”, immanent and personal, within the self and others, and/or as relationship with that which is wholly “other”, transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth, and values.

Religion is usually defined more in terms of systems of beliefs and practices related to the sacred or divine, and definitions often refer to social institutions and communities within which such systems are agreed and held in common. However, the scope and variability of such definitions is enormous, with some people identifying spirituality and religion as virtually synonymous, or at least as overlapping concepts, whilst others see them as contrasting or opposed categories. Others would see religion as much more individual than social, and yet others would focus less on religion as being concerned with belief systems and more on its concerns with morality, praxis or faith.

In many western countries, both religion and spirituality are now often faced with the context of a secular society, in which most public discourse is conducted without reference to either religion or spirituality. In many other parts of the world religious tradition continues to provide a shared frame of reference for public life and discourse. Faith communities, and spiritual or religious practices, have the potential to influence the course of mental illness, and attitudes towards people suffering from mental illness, for good or ill.

Whatever disagreements there might be on definition, spirituality and religion are concerned with the core beliefs, values and experiences of human beings. A consideration of their relevance to the origins, understanding and treatment of psychiatric disorders should therefore be a central part of clinical and academic psychiatry. Spiritual and religious considerations also have important ethical implications for the clinical practice of psychiatry. In particular, it is affirmed here that:

1. Spiritual well-being is an important aspect of health.
2. Empirical evidence reveals a largely positive relationship between religiosity/spirituality and different indices of health. However, religious and spiritual beliefs are powerful forces and may impart harmful as well as beneficial effects.
3. A tactful consideration of patients' religious beliefs and spirituality should be considered as an essential component of psychiatric history taking.
4. An understanding of religion and spirituality and their relationship to the diagnosis, aetiology and treatment of psychiatric disorders should be considered as essential components of both psychiatric training and continuing professional development.
5. There is a need for more research on both religion and spirituality in psychiatry.
6. Psychiatrists should be expected always to respect and be sensitive to the spiritual/religious beliefs and practices of their patients, and of the families and carers of their patients, and not to use their professional position for proselytising or undermining faith.
7. Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers in support of the well-being of their patients, and should encourage all colleagues in mental health work to do likewise.
8. Psychiatrists should demonstrate awareness, respect and sensitivity to the important part that spirituality and religion play for many staff and volunteers in forming a vocation to work in the field of mental health care.
9. Psychiatrists should, whenever appropriate, work for a better understanding between colleagues and patients of different religions and cultures, bearing in mind that social harmony contributes to mental health and well-being.

World Psychiatric Association Section on Religion, Spirituality and
Psychiatry

Executive Committee of the Spirituality Interest Group (SIG),
Royal College of Psychiatrists

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See also:

Verhagen PJ, Cook CCH. Epilogue: Proposal for a World Psychiatric
Association Consensus or Position Statement on Spirituality and Religion
in Psychiatry. In: Verhagen PJ, Van Praag HM, López-Ibor JJ, Cox JL,
Moussaoui D (editors). *Religion and Psychiatry: Beyond Boundaries*.
Chichester: Wiley-Blackwell; 2010. pp. 615-631.