

PSYCHE AND SPIRIT: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry Vol. 3 Issue 2 December 2014

Editorial Board: Nahla Nagy, Simon Dein, and Peter J. Verhagen

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Contents	Page
Editorial	1
Elections results	1
Section Action plan 2014-2017	3
The new secretary Bernard Janse van Rensburg	4
WPA World Congress 2014 abstracts (a selection)	5
Developments in the German Speaking world by Samuel Pfeifer	10
Addressing spiritual and religious beliefs by Giancarlo Lucchetti	11
Training Course	14
Calendar of events	15
Meeting point	15

period was marked by the 16th WPA World Congress in Madrid. So you will read a lot of information about what our Section has been doing in Madrid. It seemed good to us as editors to offer you a selection of abstracts of presentations. And besides that in the run-up to the congress Section elections were held; the results are presented here again. And so a new section committee has started its activities. The section action plan for the coming three years is presented. A new committee means also some new faces. Therefore in this and the next issue new committee members will introduce themselves, this time the new secretary Bernard Janse van Rensburg. And there is more going on around the world. It is one of the aims of this Newsletter to notice discussions and developments anywhere and to notify the WPA communion around the world on this. Dr Samuel Pfeifer informs us about what is going on in the German speaking world with regard to psychiatry, psychotherapy and religion and spirituality. Addressing religious and spiritual issues is one of the major concerns. Dr. Lucchetti offers an interesting overview of difficulties and opportunities. As always, if you have any comments, suggestions or questions, please let us know. It should be easy to become a section member if you want to.

Editorial

'Psychiatry and spirituality not only share the language of distress and despair, they also share the language of hope and health. With our partners in this initiative, we can open an often overlooked door to mental health care and hopefully engage new resources for our patients and families', Paul Summergrad, APA president (2014)

It is a pleasure to introduce to you this second issue of the third volume of our Newsletter *Psyche & Spirit* at the last moment of this year. Of course the past

From Peter J. Verhagen (past chair of the WPA Section on Religion, Spirituality and Psychiatry)

Elections results

Dear members,

Goodbye: Looking back

As you all might know the 16th WPA World Congress was my last time as chair of the WPA Section Religion, Spirituality and Psychiatry. After founding the section together with past chair professor Van Praag and past co-chair professor Moussaoui I served the section as secretary and the last two terms as chair. It was really a pleasure and a privilege, especially the creation of a worldwide network was a very inspiring experience. We managed to connect many colleagues with various religious and spiritual backgrounds around the globe. The section and regular symposia we organized at many WPA occasions not only showed the interest of many in our field of inquiry, it also made clear that colleagues around the world are convinced of the importance of the issue of religious and spiritual needs in patient care, in training and in research. Our efforts resulted in the section Handbook Religion and Psychiatry, edited and written by WPA officers and section members (Wiley-Blackwell, 2010) and recommended by the then WPA president professor Mario Maj. In 2012 we were able to release our Newsletter *Psyche & Spirit: connecting psychiatry and spirituality* (Editors: Alexander Moreira-Almeida, Simon Dein & Peter J. Verhagen). Again and again we are told that the work of the section is very much appreciated by WPA!

One of the highlights of all symposia and conferences was certainly the International Symposium on Psychiatry and Religious Experience in Avila, Spain, November 2010, with reference to the publication of the handbook. A conference so well and most generously organized by the López-Ibor Foundation chaired by professor Juan J. López-Ibor, past president of the WPA. Papers presented at the conference were published in a special issue of the *Actas Españolas de Psiquiatría*, Vol. 40 December 2012. I certainly would have wished that we would have been able to organize such an international conference focused on psychiatry and religion once in the three or five years. However, we don't have the means. As we all know sections like ours do not have any funds, so we are dependent on other parties, but who knows what might be accomplished in the near future.

Now that I have to resign, a special word of thanks to the committee members I have been working with all these years, is appropriate. I would like to mention

especially professor Driss Moussaoui, who contributed a lot to the activities and the connecting work of the section. I would also like to mention professor John Cox. For professor Cox his membership of the section committee also came to end. Two other committee members, professor Mohit and professor Murthy, had to step down as well. We also would like to thank them for their efforts and lasting support.

Elections 2014: results

At the section business in Madrid on Tuesday September 16, 2014 the results of the elections were presented.

Eight members were nominated as committee members:

Professor Alexander Moreira-Almeida (Brazil), nominated as chair, second term as committee member;

Professor Nahla Nagy (Egypt), nominated as co-chair, third (last) term as committee member;

Professor Simon Dein (United Kingdom), nominated as co-chair, second term as committee member;

Professor Valerie DeMarinis (Sweden), nominated as co-chair, second term as committee member;

Professor Rael Strous (Israel), nominated as secretary, first term as committee member;

Professor Bernard Janse van Rensburg (South Africa), nominated as secretary; first term as committee member;

Professor Roy Kallivayalil (India), first term as committee member;

Professor Arjan Braam (Netherlands), first term as committee member.

After the necessary preparations and having informed all members on nominations and procedures the election process was started on Tuesday 2 September and concluded on Thursday 11 September. The Section had at that time sixty four members (who were invited to take part in the elections process); thirty one of them have given their votes (the

quorum, one third, was obtained). All nominees were elected. All 31 members supported the election of Alexander Moreira-Almeida as the new chair. However not all of these members voted for a new co-chair and secretary. We received 23 votes for the co-chair and 8 abstentions; Nahla Nagy and Simon Dein got the same number of votes; 10 votes. (Valerie DeMarinis got 3 votes.) After Simon Dein had pulled back Nahla Nagy became the new elect co-chair. For secretary we received 21 votes and 10 abstentions; Bernard Janse van Rensburg was elected as the new secretary.

I congratulate the new committee, especially the officers. I am sure we all can be proud on this strong committee, and I wish them good luck, inspiration and motivation, and of course a lot of pleasure in doing this work.

An although happy hitch arose. Professor Kallivayalil became the WPA elect secretary general. Executive Committee members are not allowed to hold other positions within WPA, so therefore he had to resign as a section committee member. We congratulate him with his election and of course he will stay as section member.

Goodbye: Looking forward

One thing we did not accomplish: agreement on a WPA position statement on psychiatry and religion. I really had hoped for such an important and in our view necessary step. Did we not succeed in WPA, the British Special Interest Group did a better job. Very important indeed, the SIG managed to get a position statement approved by the Royal College of Psychiatrists, called 'Recommendations for psychiatrists on spirituality and religion' (Royal College of Psychiatrists (2013; London: RCPsych). Our colleague and member of our Section professor Chris Cook, who worked with us on the WPA proposal, has the honor to have written the Royal College Statement. The Royal College document summarizes clearly and shortly all that is needed to formulate this conclusion: 'The evidence base and service user opinion suggest that spirituality and religion are of significance in clinical practice and research. Good clinical practice requires an awareness of the ethical

and professional boundaries associated with spirituality and religion in psychiatry and competence in managing them appropriately, respectfully and sensitively.' This vision on psychiatry and religion is much more recognized nowadays and fortunately in other countries initiatives took place, special groups were founded and positions are formulated. As an example, you will find information on what is going on in the German speaking world. And there are more initiatives like that, in Brazil, in Egypt, in South Africa, in Italy, in the Netherlands. This is all very promising. And I certainly hope that supported by these initiatives the new elected Section committee will be able to continue the work on a position statement.

Section Action Plan 2014-2017



Action plan for 2014-2017

WPA Section on Religion, Spirituality and Psychiatry

- 1- Expand Section's international profile
 - a. Contact all national psychiatric associations, informing about the Section and asking contact of potentially interested psychiatrists
 - b. Collaboration with R/S sections of national psychiatric associations (e.g.: USA, UK, South Africa, Brazil)
- 2- Improve Section's website
- 3- Improve the content and circulation of the newsletter Psyche & Spirit
- 4- Fostering transcultural research on Spirituality and mental health
 - a. Disseminate information about research methods and R/S scales on several languages
 - b. Network of researchers from different countries
- 5- Organizing conferences, symposia and workshops (including joint activities with other WPA's)

Sections) in national and international psychiatric conferences, especially at

- a. Global meeting in Spirituality and Mental Health (Florianópolis, Brazil, 4-7 Nov 2015)
- b. WPA International Congress (Cape Town, South Africa, 18-22 Nov 2016)
- c. 17th WPA World Congress of Psychiatry (Berlin, Germany, 8-12 Oct 2017)

6- Development of a WPA position statement on R/S

7- Publication of papers on R/S and mental health

8- Preparation of guidelines for

- a. Clinical implications of spirituality
- b. Including R/S in medical schools and psychiatry residences

Introduction

Bernard Janse van Rensburg, new secretary



By means of introduction, the following are a few facts about me and my professional involvement. I am currently an Associate Professor in the Department of Psychiatry of the University of the Witwatersrand and Helen Joseph Hospital in Johannesburg, South Africa. I qualified as a medical practitioner in 1983 and as a psychiatrist in 1996. I have initially worked in health planning and epidemiology and I have developed and rendered mental health services in public, private and academic sectors. I have experience in acute adult psychiatric care, long term psychiatric care, community psychiatric care and under and postgraduate teaching. My areas of interest include mental health care systems development, but in particular, spirituality and psychiatry.

Since my return to the academic sector in 2003, I became even more interested in the role that culture,

belief systems and religious convictions play in the local multi-cultural, multi-religious and spiritually diverse South African communities. This interest grew as it also became a question of how the public health care system may have to respond to this reality to anticipate the role of these factors in the presentation of psychiatric problems, in mental health care decisions and pathways to care, as well as in adherence to treatment. The significance of this topic developed further as it also became the focus of my PhD, completed in 2010, on the role of spirituality in South African specialist psychiatric practice and training. This inquiry aimed to contribute to the clarification of the theoretical aspects of this topic locally and also to develop a model which could be implemented in practical South African settings. The project may have contributed to clarify the local definitions to be used in clinical psychiatry for the constructs “spirituality” and “religion” and intended to establish some conceptual basis for further empirical studies.

I have also been involved for several years now with the local psychiatric association, the South African Society of Psychiatrists (SASOP) and have been the founder convener of the SASOPs’ Spirituality and Psychiatry Special Interest Group from 2009 to 2014. As such I was able to coordinate the development of the SASOP’s professional guidelines for the integration of spirituality in the approach to local psychiatric practice. My on-going work in public mental health and the local psychiatric profession continues to explore the integration of the role of culture, religion and spirituality in service provision and day-to-day clinical care and teaching. As such, I am also very excited to be involved as chair of the local organising committee in the current arrangements of a World Psychiatric Association International Congress in Cape Town, during November 2016. In addition to neuroscience, psychotherapy and social factors in mental health, this meeting is envisaged to also include the role of culture, religion and spirituality as a main thematic track. Finally, I have recently been nominated for and elected, as, Secretary of the WPA Section for Religion, Spirituality and Psychiatry’s (WPA-SRS&P) Executive Committee for 2014-2017. This is a task and an opportunity to collaborate with

international colleagues, which I am particularly excited and proud about and hope to work effectively, during this current term of office, to achieve the set goals and objectives with the other members of the WPA-SRS&P Committee.

With best regards

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**WPA 16th World Congress Madrid 2014 abstracts
(a selection)**

SSY305 CONSTRUCTS OF MEANING AND (RELIGIOUS) TRANSFORMATION

MEANING-MAKING AND WELL-BEING AS PUBLIC MENTAL HEALTH CONCERNS IN SCANDINAVIAN CONTEXTS

Valerie DeMarinis. Professor in Psychology of Religion
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Consulting Research Professor in Public Mental Health
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This presentation draws from both clinical research
and programme evaluation experience in psychiatry,
as well as ongoing mental health research with
refugee populations and clinical staff members in the
Swedish cultural context. The central focus here is
how constructs of meaning and of well-being related
to mental health are implicitly and explicitly expressed
or excluded with relation to cultural- and existential
information from the vantage points of care providers
and patients. The Swedish cultural context, one of the
most secularized and in many respects mono-cultural
in dominance, provides an important backdrop for
understanding organizational approaches of
avoidance or uncertainty related to including cultural-
and existential information in mental health
assessment. And also, for understanding the
concomitant challenges to well-being experienced not

only by patients for whom such information is vital for
their resilience strategies, but increasingly so for the
well-being of mental health staff members who are
feeling frustrated by not knowing how to access this
type of information in a way that makes sense to
them in their structured routines within the Swedish
context. This growing area of concern on both sides
has led to the development of a new inter-disciplinary
research area at Uppsala University on public mental
health promotion, and a clinical laboratory
programme in public Mental Health Promotion and
Existential Health in Norway. Attention is given to a
meaning-making information assessment and
treatment-planning model for inclusion in clinical
contexts, emerging from this research area, and which
is being tested to address just such challenges.

SOCIAL NETWORK, MENTAL HEALTH AND ADJUSTMENT IN IRAQI REFUGEES IN SWEDEN

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and ethics, Karolinska institutet, Stockholm, Sweden
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3. Public Mental Health Promotion Research Area, IMPACT
Research Programme, Uppsala University, Sweden

Objectives: The objective was to study changes in
social network in Iraqi refugees in Sweden related to
mental health and adjustment.

Methods: In a mixed-methods, two stage research
design study (Creswell, 2009), 50 Iraqi patients and
non-patients were interviewed with a semi-structured
interview including biographical network map and
scales concerning mental health (CES-D, PHQ-15,
MINI)) in Stage 1. Network maps were analysed
regarding changes over time, structure and
functioning, relation to existential meaning and self-
image and to mental health and adjustment. In Stage
2, a questionnaire was developed, including
standardized mental health instruments, on the basis
of findings from interviews and completed by 400
Iraqis. Analysis concerned degree, type, source and
continuity of social support related to mental health
and adjustment.

Results: Interviewees described severe losses and
weakening of daily network outside of family and
relatives. However, many interacted regularly with

transnational networks through the internet, describing interaction as both supportive and impeding integration in society. Difficulty in building new networks was related to trauma and mental ill-health concerns, both prior to- and after coming to Sweden. Underutilized resources for resilience were also identified. Central to improved mental health and resilience is an existential meaning-making process that helps to reframe challenges and to provide positive coping resources.

Conclusions: Social network issues, including existential meaning information, are important to assess and address in order to support mental health and adjustment, through identification of both risk and protective factors.

SSY 579 PHILOSOPHICAL AND PRACTICAL APPROACHES TO THE MANAGEMENT AND RESOLUTION OF CONFLICTS

The existence of conflict and the need to find effective resolutions for it on a personal, community, national and international basis remains an ongoing challenge for governments, social scientists and individual mental health care professionals. This symposium is presented with the collaboration of three WPA Sections: the WPA Section on Conflict Management and Resolution, the WPA Section on Philosophy and Humanities in Psychiatry and the WPA Section on Religion, Spirituality and Psychiatry. Drawing on the joint purpose and thrust of all three these Sections, the presentations in this symposium will focus on the philosophical, cultural and religious factors playing a role in the development of conflict, confrontation and violence on interpersonal, intercommunity and international levels. The symposium will also explore possible approaches to and principles for conflict resolution relevant to the context of individual clinical consultations with patients, as well to conflict resolution on a larger scale as part of regional, national and international public mental health programmes.

“Our own humble experience has shown that negotiated solutions can be found even to conflict that the world has come to regard as insoluble. It has taught us that such solutions emerge when former opponents reach out to

find common ground.” Nelson Mandela, 1918-2003.¹

CULTURAL AND RELIGIOUS CONFLICTS

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Objectives: Religious violence is a complex phenomenon that is not easily understood. The causes, dynamics, and resolution of many conflicts around the world are influenced by religion. However, there is also a growing interest in how religion can be used in conflict resolution.

Methods: Literature search on causes and resolutions.

Results: Obviously most conflicts are driven from clashes of communal identity, based on race, ethnicity and/or religious affiliation. Therefore an adequate theoretical framework is needed including the neurobiology and ethnology of aggression, insights in the cultural expressions of human violence, insight in the role of religious representations, and insight in the mechanisms whereby religion becomes an ally of violence. Religion can also play a role in the peace building process. Instead of war justifying aspects of sacred texts peaceful teachings are emphasized. Again, religious values and norms are central aspects of the cultural identity of many people involved in conflicts. Religion can bring social, moral and spiritual resources to the conflict resolution process. Spirituality can create a new sense of engagement and commitment to reconciliation and peace and to transforming relationships.

Conclusions: Interventions in the conflict resolution process must engage the three dimensions of the so-called ‘attitudinal-change triangle’: head, heart and hand. In other words, interventions should influence the parties’ thinking, engage them in corrective emotional experiences, and show them chances for action. In an interreligious setting spiritual aspects do not only refer to head, heart and hand, but also to a connecting link between these three.

Reference:

¹ Nelson Mandela. 1918-2013. *Speech at a banquet in honour of Palestinian leader Yasser Arafat, Cape Town, August 11, 1998. ANC Archives.*

Abu-Nimer, M. (2001). Conflict Resolution, Culture, and Religion: toward a Training Model of Interreligious Peacebuilding. *Journal of Peace Research*, 38 (6), 685-704.

SPIRITUAL DIMENSION OF CONFLICT AND CONFLICT RESOLUTION

Prof. Bernard Janse van Rensburg. Department of Psychiatry, University of the Witwatersrand. Johannesburg, South Africa. bernardj@gpg.gov.za

Objective; The objective of this presentation is to explore the options that spirituality may have for the resolution of personal, interpersonal and communal conflict.

Method: Comparing the distinguishing and overlapping features of the definitions of the constructs spirituality, religion and culture to explore how an added spiritual dimension to the existing bio-psycho-social approach to psychiatric practice and training may also offer solutions in conflict resolution.

Results: Spirituality, as opposed to religion, can be defined as a progressive individual or collective inner capacity, consciousness or awareness.¹ It also consists of relational aspects, or connectedness, and essentially exists as a process, representing growth, or a journey. This capacity, consciousness and connectedness provide the motivating drive for living and constitute the source from which meaning and purpose is derived.² Koenig, for example, reviewed the definition of these terms in the *Canadian Journal of Psychiatry*, 2009; 54(5):283-291, with the aim of research measurement, assessment and comparison. He alludes to *spirituality* that is more difficult to define and considered to be more personal, largely free of rules, regulations and responsibility, where religion is often viewed as being divisive and associated with conflict and war. **Conclusion.** Care must be taken not to oscillate in perspective between the constructs of “spirituality” and “religion”, not to use these terms interchangeably, or to treat spirituality as being synonymous with religion.

References:

¹ Janse van Rensburg ABR, Poggenpoel M, Myburgh C, Szabo CP. A Model for the Role of Defined Spirituality in South African Specialist Psychiatric Practice and

Training. *Journal of Religion and Health*. 2014; 53(2):393-412

² Sims A, Cook CH. Spirituality in Psychiatry. In: Royal College of Psychiatrists. *Spirituality and Psychiatry*. C Cook, A Powell, A Sims (Eds.) London: RCPsych Publications, 2009.

PHILOSOPHICAL APPROACHES TO CONFLICT RESOLUTION IN PRACTICE

Prof. Werdie van Staden – The Nelson Mandela Professor of Philosophy and Psychiatry. Department of Psychiatry, University of Pretoria, South Africa. werdie.vanstaden@up.ac.za

Objective: The objective is to give an exposition of philosophically derived ways towards conflict resolution in practice, specifically the ways of Values Based Practice (VBP).

Method: The tenets of VBP are described in relation to actions that address the values underpinning conflict among people. A lack of treatment adherence serves as an example.

Results: The philosophical distinction between values and the bearers of values (e.g., people) is important in understanding conflict and how it may be resolved. VBP champions this distinction by recognising and making the most of the point that an opposition of values does not preclude an apposition of the bearers of the values. Instead, it fosters an appositional attitude of partnership, through leadership and skills, by taking the differences of values seriously and accounting for them in a substantive communicative process. This approach of VBP contrasts with working towards consensus that seeks a convergence of values, a pursuit towards common ground. Notwithstanding the worth of consensus, VBP recognises the inability of consensus to account for prevailing conflicting values, and instead pursues accounting for both the uncommon ground (i.e., conflicting values) and the common ground (including the appositional attitude of partnership) in resolving conflict between people.

Conclusions: As pursued by VBP, practical resolution of conflict among people may be afforded through substantive communicative processes that account for both the shared and the conflicting values

SY252 CONSENSUS AND POSITION STATEMENTS ON PSYCHIATRY, RELIGION AND SPIRITUALITY

Objectives: Position statements are adopted by psychiatric associations to state the position on important issues related to psychiatry, policy, and/or research. Such statements have been formulated on psychiatry, religion and spirituality by the national associations in the USA and UK. A more specified example was adopted by the American Association on Intellectual and Developmental Disabilities (2010). The quintessence of what needs to be expressed in these statements are the rights of patients to be respected in their personal history, tradition and current preferences. At the same time mental health professionals should be aware of the meaning of their own personal history, tradition and current preferences with regard to religion and spirituality.

Methods: The available statements will be reviewed critically in order to get a clear picture of the key points needed for an appropriate statement.

Results: The WPA Section on Religion, Spirituality and Psychiatry will present a new proposal, to be adopted as a WPA Section Statement in collaboration with as many WPA Scientific Sections as possible.

Conclusion: The aim of official statements is to contribute to the improvement of the quality and accessibility of mental health care. The same holds true for religion, spirituality and psychiatry. Future evaluations are needed to verify the impact of such statements.

TOWARDS A MULTIDISCIPLINARY GUIDELINE RELIGION, SPIRITUALITY AND PSYCHIATRY: WHAT DO WE NEED?

Prof. Arjan W Braam [1,2] (& Carlo Leget [1], Peter J Verhagen [3])

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Objectives: The field of Mental Health care harbors a long tradition of Healthcare Chaplaincy and Spiritual Counseling. Due to secularization and emphasis on individual meaning making, the profession of chaplaincy is subject to change. A Multidisciplinary Guideline on Religion, Spirituality (R/S) and Psychiatry will address: (1) organizing R/S consultation in contemporary patient care, (2) categorizing research findings, and (3) professionalism with respect to R/S in psychiatric practice and education.

Methods: The following areas of particular attention are selected: (1) values with respect to R/S, (2) R/S in mental health care practice, (3) R/S counseling, and (4) collaboration. Contents are derived from two sources: brainstorm sessions with key participants in the field of R/S and psychiatry, and reviews of R/S guidelines in other settings or countries.

Results: With respect to value discussions (1), there is a rich tradition of thought. For mental health care practice (2), there is some substance of empirical studies justifying the attention for R/S. Little research is available on the level of counseling practice (3) and collaboration. The existing guidelines in palliative medicine offer valuable insights, but are not complete with respect to matters such as stigmatization.

Conclusions: Future steps include the verification of the core themes with specialists in the field, therapists, counselors, and patients.

References:

Leget, C., Staps, T., Geer, J. van de, Mur-Arnoldi, C., Wulp, M., & Jochemsen, H. (2010). Spiritual care guideline [Spirituele zorg; Landelijke richtlijn, Versie 1.0]. Utrecht: Vereniging van Integrale Kankercentra ([<http://www.palialine.nl>], Dutch; www.oncoline.nl/spiritual-care, English)

RESEARCH ON SPIRITUALITY, MENTAL HEALTH AND RESILIENCE IN CAREGIVERS: A REVIEW

Stefano Lassi [1,2], Elena Fondelli [2] & Daniele Mugnaini [2]

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Objectives: Mental health is a fundamental element of the resilience and positive adaptation that enable

people both to cope with adversity and to reach their full potential and humanity. The relationship between spirituality and resilience in caregivers has received relatively little attention in mental health. The aim of this study is to assess the influence of spirituality on mental health and resilience of caregivers.

Methods: The literature was searched using PubMed (1980-2013). We examined original research on religion, religiosity, spirituality, and related terms, mental health, psychiatry, resilience, coping, quality of life, caregivers and family published in the last 30 years.

Results: Among the 60 publications that met these criteria thirtyfive (58,3 %) found a relationship between level of religious/spiritual involvement and less mental disorders and higher resilience (positive), nineteen (31.7 %) found mixed results (positive and negative), and six (10.0 %) reported more mental disorder and lower resilience (negative).

Conclusions: Most studies (46,6%) focused on religion or religiosity in caregivers of people in end of life conditions. There is good evidence that religious involvement is correlated with better mental health and higher resilience in caregivers. Though resilience is a widely-used concept, studies vary substantially in their definition, and measurement and this makes the evaluation and comparison of findings extremely difficult. There is a need for further researches.

References:

Friedli L. (2009). Mental health, resilience and inequalities. Geneva, World Health Organization.
Lucchetti et al. (2013). Nursing home care: exploring the role of religiousness in the mental health, quality of life and stress of formal caregivers. *J Relig Health*. 2013 Jun; 52(2): 657-73.

CONFESS COLOUR: A NEW DRAFT FOR A CONSENSUS STATEMENT ON PSYCHIATRY, RELIGION AND SPIRITUALITY.

Peter J. Verhagen

Objectives: The WPA Section on Religion, Spirituality and Psychiatry holds the view that the topic of psychiatry and religion concerns psychiatry worldwide and that consequently a statement deserves priority. In this presentation a new draft for a Section

statement on Psychiatry, Religion and Spirituality will be presented.

Methods: The first and second draft, released in 2008 and 2010, will be discussed (see www.religionandpsychiatry.com). Especially attention will be given to the controversies and the reasons why presumably the first draft could not be presented at the meeting of the WPA General Assembly in Prague 2008.

Results: The transformation of religion instead of its disappearance and the place spirituality occupies are significant to psychiatry. Therefore based on the WPA criteria for consensus and position statements, and based on current evidence a new statement is formulated.

Conclusions: Part of the controversy can be solved by accepting the statement as a Section statement, supported by as many WPA boards, officials and sections as possible, and by international interest groups as well. However, the actual aims are: encouraging international dialogue, improvement of understanding between psychiatrists of different culture, spirituality and faith tradition, and last but not least improvement of better understanding between any psychiatrist and patient.

References:

Verhagen, P.J. & Cook, Ch.C.H. (2010). Proposal for a World Psychiatric Association Consensus or Position Statement on Spirituality and Religion in Psychiatry. In: P.J. Verhagen et al. (Eds.), *Religion and Psychiatry. Beyond Boundaries*. Chichester: Wiley-Blackwell.
Verhagen, P.J. (2013). A “complex” subject matter asks for a clear lead. *World Psychiatry*, 12 (1), 43.

CLINICAL IMPLICATIONS OF SPIRITUALITY TO MENTAL HEALTH: REVIEW OF EVIDENCE AND PRACTICAL GUIDELINES

Prof. Alexander Moreira Almeida
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Objectives: Despite the empirical evidence of religiosity/spirituality (R/S)'s relationship to mental health and the recommendations to clinically integrate these research findings by professional associations, the application of this knowledge to

clinical practice remains a challenge. This paper reviews the evidence available and provides evidence-based guidelines for spiritual assessment and for integration of R/S into mental health treatment.

Methods: Pubmed searches with relevant terms uncovered 1,109 papers. We selected empirical and review papers that addressed assessment of R/S in clinical practice, as well as controlled clinical trials of the effects of spiritual interventions on mental health outcomes.

Results: The most widely acknowledged and agreed upon application of R/S to clinical practice is the need to take a spiritual history (SH), which may improve patients' compliance, satisfaction with care, and health outcomes. We found 25 instruments for taking a SH, several that were validated and of acceptable clinical utility. Regarding integration of R/S in treatment, most trials found that spiritual interventions such as meditation, focal groups and spiritually oriented psychotherapies were superior to control conditions (or other interventions).

Conclusions: This paper concludes with practical guidelines for spiritual assessment and integration into mental health treatment, and suggestions for future research on the topic.

Recent developments in the German speaking world

Samuel Pfeifer, M.D., Senior Consultant in Psychiatry and Psychotherapy, Clinic Sonnenhalde, CH-4125 Riehen/Basel

The German speaking world has long lagged behind in addressing religious topics in psychiatry and psychotherapy. This is due to strong anti-religious feelings in a predominantly secularized profession, and partly due to an over-emphasis of separating psychotherapy and religion as an ethical guideline. However, in recent years there have been three paradoxical shifts which have softened this iron curtain between the two fields.

First there is the cultural shift in psychotherapy. With the influx of migrant workers with Muslim background and refugees from around the world, the German Association of Psychiatry, Psychotherapy and Neurology (DGPPN) issued a paper dealing with

cultural sensitivity in psychotherapy. Even secular therapists are now confronted with subcultural convictions, family structures, and causal attributions deeply rooted in religious traditions, which have to be viewed with respect and integrated into treatment. Through the backdoor of non-Christian religions there is a growing awareness that Christian religiosity is a cultural phenomenon that has to be integrated in a similar way.

Secondly, there is the spiritual shift in psychotherapy. With the broad acceptance of mindfulness based therapies, Buddhist traditions have gained increasing room in psychotherapy spilling over into the German speaking world. Now there is a growing body of evidence that Buddhism is not the only way to relax and to meditate on the meaning of life and transcendental matters. This is opening a perspective for integrating a wide definition of spirituality into therapy when patients ask for it. Moreover, the movement of *Spiritual Care* is gaining ground with several Master courses and professorships at renowned universities (e.g. Munich and Zurich).

Thirdly, there is a paradoxical shift towards *personalized* psychiatry. It is paradoxical, because its proponents are advocating genetic and neuro-biological markers as a basis for an individualized pharmacological treatment (without any psychodynamic or personalized intentions). While this dream is still unfulfilled, there has been philosophical criticism of this misuse of "person" in psychiatry with several books and seminal papers exploring the foundations of person centered psychiatry including many areas of personal existence including spiritual issues.

It is consequent, therefore, that in 2013 the German Association of Psychiatry, Psychotherapy and Neurology (DGPPN) has officially founded a special interest group "Psychiatry, Religiosity and Spirituality", headed by Berlin psychology professor Dr. Michael Utsch. The special interest group has about 20 members interested in the integration of professional psychiatry and psychotherapy with a broad understanding of spirituality, many of them active in research and publishing. At the upcoming annual congress of the DGPPN the special interest

group is hosting two symposia and one workshop on religious / spiritual issues.

Finally in the field of publishing, there are several academic books from mainstream publishers addressing the topic. Utsch, Bonelli and Pfeifer (2014) edited the first handbook of psychotherapy and spirituality, published by Springer. The authors represent the 3 major German speaking countries, Germany, Austria and Switzerland. The book is giving a broad overview of the field including the philosophical foundations, spiritual interventions, religious psychopathology and religious aspects in the existential experience of various diagnostic groups. While it draws from a broad body of literature, it is giving the field a genuine “German touch”, supporting the emphasis of cultural sensitivity in postmodern multicultural society.

Reference:

Utsch M., Bonelli R. & Pfeifer S.:Psychotherapie und Spiritualität. Mit existenziellen Konflikten und Transzendenzfragen professionell umgehen. Springer 2014. ISBN 978-3642025228.

Research corner

Addressing spiritual and religious beliefs: why is it so difficult?

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There is increasing evidence of the relationship between ‘Spirituality, religiosity and health’ and an impressive growth of the number of studies dealing with this relationship in the last decades [1].

At present, there are several university research centers entirely dedicated to this issue, and 95% of US medical schools, 59% of UK medical schools and 40,5% of Brazilian medical schools have courses or content on spirituality and health [2, 3].

In contrast to the idea that patients feel uncomfortable discussing spiritual and religious issues with their doctors, several studies have shown that, in fact, patients would like to have their spiritual issues discussed as a part of their health care (Table 1)[4].

Table 1

Would you like to discuss spiritual issues or your beliefs with your doctor?	Yes (%)
McCord et al.[5]	83%
Ehman et al.[6]	94%
Lucchetti et al.[7]	87%
Ellis et al.[8]	64%
Williams et al. [9]	41%

Likewise, most physicians are religious/spiritual persons and believe this issue is important in clinical practice (Table 2) [4].

Table 2

Should a doctor be aware of or address patients’ spiritual/religious beliefs?	Yes (%)
Monroe et al. [10]	84.5%
Ellis et al. [11]	58%
Curlin et al. [12]	55%
Berg et al. [13]	82%
Taylor et al. [14]	83%

However, clinicians usually incorporate spiritual discussion in only 10 to30% of consultations, as shown in table 3 [4].

Table 3

Has you doctor or health professional inquired about your spiritual needs or beliefs?	Yes (%)
Astrow et al.[15]	9%
Lucchetti et al. [16]	8.2%
Oliveira et al. [17]	13.1%
Williams et al. [18]	32%
Anderson et al. [19]	16%

Thus, why is it so difficult to discuss religious/spiritual beliefs with our patients?

There is no simple answer for that. Instead of trying to give philosophical and theoretical explanations (which are very important, indeed), I will briefly describe the current scientific literature on this issue. Based on the latest studies, table 4 identifies the most common

Table 4

Which barriers discourage you to discuss religion/spirituality with patients?					
Reason	Ellis et al. [11]	Lucchetti et al. [20]	Curlin et al. [21]	McCaughey et al. [22]	Tomaso et al. [23]
Lack of Knowledge	71%	34.7%	26%		14.9%
Lack of training		30.8%		69%	10.1%
Lack of time	59%	27.9%	48%	95%	23%
Uncomfortable with this issue		20.1%	24%	57%	14.2%
Fear of imposing religious beliefs		47.5%		51%	46.6%
Religion/spirituality are not relevant for medical treatment		7.7%			2.7%
It's not my job		10.4%			4.7%
Fear of offending the patients		35.8%	41%	57%	18.9%
Difficulty identifying patients who want to discuss	56%				
Low priority compared to medical issues				64%	
Disapproval of my colleagues		6.4%	4%	22%	3.4%

barriers to the spiritual care of these patients by health professionals and health students.

In view of these findings, these barriers can be divided into two main issues: 'lack of time' and 'lack of training'.

Concerning the first barrier 'lack of time', studies have shown that a brief spiritual history adds only 1 or 2 minutes to the consultation. The resulting information learned and the effect on the doctor-patient relationship, in terms of building trust, make this extra time well spent [24]. For more detailed information regarding how to take a spiritual history, see Puchalski et al. [25] and Lucchetti et al. [26]

The second barrier is 'lack of training'. The most common barriers, such as, 'fear of imposing religious beliefs', 'fear of offending patients', 'lack of knowledge', 'Difficulty identifying patients who want to discuss spiritual issues' and 'Religion/spirituality are not relevant for medical treatment' are all associated with lack of training. Therefore, there is urgent need for formal medical training/education in 'Spirituality and health' throughout the globe, in order to provide a more integrative, compassionate and person-centered medicine.

'Education is the most powerful weapon we can use to change the world' – Nelson Mandela

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Steering Committee:

Chairman: Peter Verhagen

Members: Prof. Nahla Nagy, Prof. John Cox, Prof. Simon Dien, Prof. Alexander Moreira-Almeida

Module 1: Overview of fundamental aspects of Religion, Spirituality in psychiatric practice.

Module 2: Addressing Religious and Spirituality issues in patient interview.

Module 3: Integrating Religious and Spirituality issues in different types of psychotherapy.

Module 4: Different practices across cultures.

Calendar of events

May 2015



AMERICAN PSYCHIATRIC ASSOCIATION
168TH ANNUAL MEETING
 Toronto, Canada • May 16-20, 2015

16-20 **APA 168th Annual Meeting.** Psychiatry: Integrating Body and Mind, Heart and Soul. Toronto, Canada. Three symposia on Spirituality (two proposed by our WPA Section):

- Spirituality and Religion in Global Mental Health
 - Relevance of spirituality/religion in global mental health (Wai Lun Alan Fung)
 - Spiritism and Mental Health: Theory and Practice (Alexander Moreira-Almeida)
 - Role of Hinduism on mental health (Dinesh Bhugra)
 - Judaism and Global Mental Health (Molyn Leszcz)

Facing Death in Research and Clinical Care

- Self-transcendence and Adaptation to Ultimate Situations: Clinical and Research Findings (Robert Cloninger)
- William James and scientific investigation of spiritual experiences related to death (Alexandre Sech)
- Anomalous experiences related to the experience of the departed (mediumship) – Clinical and research implications (Alexander Moreira-Almeida)

Training course

WPA Training Course for psychiatric Residents on Religion, Spirituality and Mental Health in clinical practice across cultures.

This program is designed to help in training psychiatric residents. The program is organized into several modules, the first of which is a core module which provides an overview of the importance of addressing religious and spirituality issues during patient management.

Each module contains:

- Pre and post test
- Slides
- Lecture notes for trainers
- Course syllabus and other handouts for participants
- Suggested reading list

- Helping the clinician be prepared for anomalous experiences during treatment of traumatic loss (James Lomax)

Integration of Spirituality in Health Care: Research and Clinical Reports

- Spiritual intervention effect in physical and mental health: a systematic review and meta-analysis (Homero Vallada)
 - Clinical implications of spirituality to mental health: review of evidence and practical guidelines (Alexander Moreira-Almeida)
 - Interest in spiritually integrated psychotherapy among acute psychiatric patients (David Rosmarin)
 - Depression and spirituality: clinical implications (John Peteet)
- Spirituality groups with the chronically mentally ill (Nanvy Kehoe)

20-23 8. Internationale Kongress für Psychotherapie und Seelsorge. im Congress Centrum Würzburg (Germany) statt.

Thema: DAS GUTE LEBEN - Sehnsucht und Verantwortung



Jetzt anmelden unter:
www.aps-kongress.de

June

24-27 [WPA Bucharest 2015 international Congress.](#)

Primary Care mental Health: Innovation and Transdisciplinarity. Bucharest, Romania.
The aforementioned course will be presented by Nahla Nagy and Peter J. Verhagen.

November

4-7 [Global Meeting in Spirituality and Mental Health](#) at the 2015 Brazilian Congress of Psychiatry. Florianópolis, Brazil. Confirmed speakers: Harold Koenig, Ken Pargament, John

Peteet, Chris Cook, Bernard Janse van Rensburg.

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

Co-chair Section Religion, Spirituality & Psychiatry
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 out the form [here](#).

www.wpanet.org/joinSection.php?section_id=11