

Psyche and Spirit: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry

Vol. 1 Issue 1 January 2012

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

www.religionandpsychiatry.com



WORLD PSYCHIATRIC ASSOCIATION

Contents	Page
Editorial	1
About the SRSP	2
Greetings from WPA's Secretary for Sections	4
Book review	4
New releases	6
Center for Spirituality, Theology and Health – Duke University, USA	7
Courses on Spirituality and Health	8
Research corner	8
Calendar of events	13
Meeting point	13
Open letter	13

Editorial

Welcome to issue 1 of Psyche and Spirit: The Newsletter of the section on Religion, Spirituality and Psychiatry. This newsletter aims to impart information and provide a forum for discussion about conferences, research and teaching activities in the rapidly growing discipline of Religion, Spirituality and Health. Please let us introduce ourselves. Alexander Moreira-Almeida is Professor of Psychiatry and Director of the

Research Center in Spirituality and Health (NUPES) at Universidade Federal de Juiz de Fora, Brazil. Simon Dein is an anthropologist and psychiatrist based at University College London and Durham University, England. Peter Verhagen is Chair of the WPA Section on Religion, Spirituality and Psychiatry and Secretary of the Dutch Foundation for Psychiatry and Religion, Netherlands.

We begin with the Chair's description of Section's history, including a profile its founders and its current chair and co-chair, as well as current achievements, including a new book Religion and Psychiatry: Beyond Boundaries edited by Peter J. Verhagen, Herman M van Praag, Juan J. López-Ibor, John L. Cox and Driss Moussaoui (2010) and details of two very successful meetings in Avilla and Buenos Aires. There follows greetings from the Secretary for Sections –Afsal Javeed. John Cox reviews a recent book Spiritual Healing: Scientific and Religious perspectives edited by Fraser Watts. Harold Koenig presents details of the Centre for spirituality, Theology and Health at Duke University.

In terms of teaching activities, three courses have been established recently in the UK focusing on religion, spirituality and health: MSc in Theology, Spirituality and Health at Durham University, MSc in Professional Practice in Spirituality, Health and Pastoral Care at the University of Staffordshire, and an Introduction to Whole Person Healthcare at University of Gloucestershire. We provide details below. The 'Research Corner' presents the abstracts of papers presented at Section's symposia at the last World Congress of Psychiatry. We would encourage you to send us details of any teaching or research that you are involved in. In our section 'Meeting Point' we will

publish your letters on issues related to spirituality and psychiatry.

We look forward to two important meetings in the USA in the 2012: a workshop on the implications of spiritual experiences to mind-brain relationship in Towards a Science of Consciousness conference in Tuscon, AZ in April, and a session on Analyzing the clinical significance of spiritual/anomalous experiences in the clinical setting at the 165th Annual Meeting of the American Psychiatric Association in Philadelphia in May.

We finish with a section's chair open letter to all WPA branches about the need of a WPA consensus on Religion, Spirituality and Psychiatry.

We wish you all a very happy and prosperous new year and hope you enjoy reading this issue.

Alexander Moreira-Almeida

Simon Dein

Peter J. Verhagen

News - Report of Section's activities

The WPA Section on Religion, Spirituality and Psychiatry

'Psychiatry , religion and spirituality' is a major field of interest in psychiatry worldwide. Not just because a number of religious minded psychiatrists and psychotherapists want to look at it that way, but because since (one of) the first review(s) was published by Allen E. Bergin, in 1984, the research data speak for themselves: there is a positive correlation between religion/religiosity and mental health. The effect sizes are not dramatic, not robust, but still moderate. However, it would be too narrow minded if it was because of these data. In that way the movement of 'psychiatry and religion' would just pay its tribute to the monopoly of the Randomized Clinical Trial as golden standard of evidence. The worldwide movement of 'psychiatry and religion' is far more congenial with other schools in medicine and psychiatry. To name a few important trends: transcultural psychiatry, person centered medicine and values-based medicine/psychiatry. Therefore, as

has been said time and again, 'Psychiatry and Religion' is not just about certain needs of patients, although these needs are paramount in psychiatry and religion, but concerns the very essence of psychiatry as a professional and scientific medical discipline. In other words, it is about the connection, and the way how they connect, between (non) religious visions, the way our knowledge and values are conceived based on upbringing, religious traditions that have come down to us and culture, and the way we live in our hopes and fears, with our moods and motivations. A (non) religious vision has its roots in daily life and experience, and has in its turn its influence on that daily lived reality. Let us by way of example pause for a moment to consider the notion vulnerability. Is it not the case that vulnerability not just in a technical sense (someone is given his family history genetically vulnerable to this or that disease), but also in a moral sense is an important reality, as part of our very nature as human beings, our patients, and not only they, facing pain, loss, fear have to come to terms with? Therefore it is a typical notion in which daily life and (non) religious views connect, conflict, or lose each other, as far as to religious/spiritual problems or even worse, or in the end embrace and transform each other.

'Psychiatry and Religion' as a theme is a very international one. Everywhere around the globe professionals, special interest groups and other professional connections and networks are active in various respects. To mention a few: the Spirituality and Psychiatry Special Interest group of the Royal College of psychiatrists in the United Kingdom is an interesting, active and productive group of British colleagues; the group was founded in 1999 and has grown to more than 2000 psychiatrists (www.rcpsych.ac.uk/spirit). Active and productive, not only given the publication of 'Spirituality and psychiatry', a worthy reading volume (Cook, Powell & Sims, 2009), but also given the production of a leaflet on 'Spirituality and mental health' (Royal College of Psychiatrists, 2006) that clearly demonstrates its person-centered view on the psychiatric patient. In The Netherlands and in many other countries we have

a lot of leaflets on nearly every psychiatric subject/disorder, but not on spirituality not even something that comes about. We have at least two Dutch participants in the 'Psychiatry and Religion' movement: the Dutch Foundation for Psychiatry and Religion (www.religionandpsychiatry.com) and the Christian Association for Psychiatrists, Psychologists and Psychotherapists (CVPPP, www.cvppp.nl). Both organizations are active in their international networks. There is also the Brazilian Research Center in Spirituality and Health (NUPES, www.ufjf.br/nupes-eng); Alexander Moreira-Almeida is the director. This group has produced several interesting clinical and socio-demographic studies. Fortunately there are far more research and clinical groups, more or less known, for instance in Geneva and Basle, but also in Buenos Aires, in Canada and in the United States. Therefore, we are very grateful that Harold Koenig, director of the Center for Spirituality, Theology and Health, Duke University, Durham, North Carolina was willing to contribute to our first newsletter; the center is certainly one of the leading institutes in the field.



Professor Herman M. van Praag

Last but not least I mention the (our) World Psychiatric Association (WPA) Section on Religion, Spirituality and Psychiatry, founded in 2003 (www.religionandpsychiatry.com). It was the well-known Dutch psychiatrist Herman H. van Praag who took the initiative in 2001 and who became the founding chair. In 2001 a symposium was held in



Professor Driss Moussaoui

Madrid at the WPA International Congress "New Commitments for Psychiatrist". Together with Driss Moussaoui, current president of The World Association of Social Psychiatry, and Peter J. Verhagen he organized the first section Symposium at the WPA international thematic conference "Diagnosis in Psychiatry: Integrating the Sciences" in 2003. The topic of this symposium read 'The Importance of Religious Variables in Psychiatric Diagnosis'. Many symposia and meetings followed since then.

All these meetings and stimulating contacts helped the section to build up a worldwide network, and made it possible to organize many symposia at WPA and other international conferences. In 2010 the section came up with the first WPA publication on 'Psychiatry and Religion' (see elsewhere in this newsletter); a major event. The book aims to inform and explain, as well as to be thought provoking and even controversial. We explored the interface between psychiatry and religion at different levels, varying from daily clinical practice to conceptual fieldwork.



A special event and high point turned out to be the International Symposium “Psychiatry and Religious Experience” in the famous and beautiful city of Ávila, Spain organized by the Spanish Fundación Juan José López-Ibor and the Section (November 2010). Juan J. López-Ibor Jr., past president of the WPA and co-editor of the WPA volume, suggested the idea and offered the means on behalf of the Fundación to make such a symposium possible. It was an experience! It is the hearty wish of this chair that we will be able to have such a symposium every three years. Hopefully the proceedings of the Ávila conference will be published in a special issue of the *Actas Españolas de Psiquiatría*.



l. to r. professor Juan J. López-Ibor Jr, professor Pedro Ruiz, Peter J. Verhagen

Of course the section was present in at the 15th WPA World Congress in Buenos Aires, September 2011; you will find the abstracts elsewhere in this newsletter. Yes, we did a lot of work and still a lot of work has to be done! The current board, elected in 2009, with John Cox (UK), past secretary general of the WPA, as co-chair and Nahla Nagy (Egypt) as secretary will go for it. And we welcome the contribution by Alexander Moreira-Almeida (Brazil) and Simon Dein (UK) as co-editors of this newsletter!

The purpose of the Section - sections are the scientific backbone of WPA- is a) to encourage and accelerate research, theory, and practice in the area of religion, spirituality and psychiatry, and related areas; b) to facilitate the dissemination of data on religious and spiritual issues, in relation to psychiatry and allied

domains; c) to develop and to stimulate educational and training programs and courses in order to improve knowledge, skills and professional attitude regarding religion and spirituality in psychiatric practice. Part of the success and the *raison d'être* of the WPA section and all these other organizations and groups is their connection with many other institutions in Europe and America and with colleagues everywhere, in North and South Africa, in Iran, in Israel, in India, in Japan and Thailand, in Australia.

It is gratifying to hear and to learn from all these initiatives and activities, and it will certainly be promising to intensify these networks in the years to come.

We really hope that this issue of *Psyche and Spirit* may contribute to the international debate on the interface between psychiatry (and psychology) and religion and spirituality.

Peter J. Verhagen, chair

Section's Executive Committee

Prof dr Herman M. van Praag, Netherlands (founding chair)

Dr Simon Dein, UK

Prof dr Harold Koenig, USA

Prof dr Ahmad Mohit, Iran

Prof dr Alexander Moreira-Almeida

Prof dr R. Srinivasa Murthy, India

Prof dr Ahmed Okasha, Egypt

Advisory Consultants

Prof dr Driss Moussaoui, Morocco (founding co-chair)

Prof dr Adamantios G. Avgoustidis, Greece

Prof dr Chris Cook, UK

Prof dr Gerrit Glas, Netherlands

Dr T. AlHabib, Saudi Arabia

Prof dr Michael King, UK

Prof dr Mohamed Omar Salem, United Arab Emirates

Prof dr Rael Strous, Israel

Dr Samuel Pfeifer, Switzerland

Greetings From WPA Secretary for Sections

It is a matter of great privilege for writing a message of greetings for the Newsletter of The WPA Section on Religion & Spirituality.

The WPA Sections are the scientific backbone of the WPA and they cover practically every aspect of psychiatry and enjoy a great degree of independence within the framework of the WPA Statutes and By-Laws. The broader purposes of the clusters of Sections are to promote and share scientific knowledge among the membership of WPA and I am pleased that over the years they have proved valuable additions to the scientific knowledge in psychiatry and allied fields.

WPA Section on Religion & Spirituality has a long tradition of contributing towards continuing medical education and keeping WPA membership updated about a number of issues in this particular field. Religion & spirituality are no doubt emerging as strong themes in our day to day clinical psychiatry and I am hopeful that this newsletter will serve an important purpose of information sharing and generating academic discussions in many important but neglected areas relating to religion, spirituality and mental health.

I also hope that during the current triennium, the Section will continue with its excellent work and exceptional contributions to the work of WPA

I on behalf of WPA and also on my personal behalf wish the office bearers of the Section and the editor of the Newsletter all the success.

Afzal Javed
WPA Secretary for Sections

Book Review

Spiritual Healing : Scientific and Religious perspectives. Edited by Fraser Watts. Published in 2011 by Cambridge University Press. 207 pages.

This book caught my attention for several reasons. Its cover image '*The healing of a lunatic boy*', by Stephen Conroy, is of a naked corpse-like figure surrounded by open-mouthed male healers provoked awareness that unregulated spiritual healings are increasingly a feature of modern life. The book title and its well edited boundary-crossing contributors suggested that scientists and theologians of calibre were at last engaged in an academic (yet intensely practical) dialogue of the utmost importance to members of societies that are increasingly incorporating spiritual practices and religious beliefs into their personal search for healing and cure. This book approaches the answer to both the 'how' as well as the 'why' questions in this complex field; and Fraser Watts has succeeded in assisting the serious reader to cross these boundaries and to move into novel areas of science and religion.

This Cambridge University book, which has less than 180 pages of text, is a quality production that emerged out of a three-day conference in 2004 chaired by Fraser Watts and Sarah Coakley and funded by the Templeton Foundation. The Editor has used maximally his track record as an eminent Cognitive Psychologist, Theologian and Anglican Priest in Cambridge to frame a discussion that successfully explores the science and theology of Spiritual Healing.

Fraser Watts sets the scene in Chapter One by outlining three meanings of Spiritual when applied to Spiritual Healing. (a) Healing in which spiritual practices play a role (e.g. prayer, meditation, laying on of hands) and can enhance medical and surgical interventions. (b) Healing when spiritual aspects of the person being healed are involved; Body, Mind and Spirit not being regarded as separate substances. And (c) Healing that occurs through spiritual processes (awareness of the Transcendent and the Spirit world and the source of Healing Power). The chapter considers the nature of Divine action in the Natural world and their complementarity. Fraser Watts points out that Science itself is changing its paradigms and enlarging its methods - and could therefore begin to ask questions as to how the Transcendent or Healing Power could affect bodily health. There is a case, he

concludes, for an 'emancipated natural science' and a broader version of physicalism.

The Biblical scholar Justin Meggitt (Chapter 2) searches for the historical Biblical record as to what Jesus actually did as a healer, and when and how he cast out demons. He refers favourably to the work of Moerman, who suggested that the healing brought about by Jesus occurred as a result of a 'meaning-response' in the subject that parallels the placebo. These healing events were however also regarded by the early church as Signs of Messiah-ship, and of the immanent Kingdom of God.

Central to the book's title is Philip Clayton's chapter on the theology of Spiritual Healing. For this reader this is a particularly refreshing boundary crossing as it engages the health professional - whether religious or secular - with relevant theological perspectives on spiritual healing. The chapter concludes with several guidelines for further thought - that there is nothing surprising in human healing energy since God is the creator, and that healing can optimally be regarded as a sacrament - an outward and visible sign of an inner reality. Clayton suggests that, for a contemporary theologian, there is a particular task to link these traditional beliefs to a modern world with different structures of plausibility; and to consider why, after the early years of Christianity, 'healing' was lost from the church in the fifth century, and was replaced by 'saving' until the rise of modern medicine.

Simon Dein in Chapter 4 draws on his own ethnographic research skills in a report of his study of Mystical Judaism, and in particular the use of religious texts for healing purposes among Hassidic Jews. Dein points out that within Judaism the power of words is preminent - the Torah for example is a Divine concept. There is no contradiction in Judaism between naturalistic and spiritual healing, and full collaboration with medical science is the norm, as well as practical emphasis on giving assistance to the sick.

Bourne and Watts compare and contrast Secular and Christian Healing (Chapter 5), noting that the Charismatic movement has revived interest in these forms of Christian healing and that there are many

recent books written from this perspective. Secular Healing texts however make little reference to this literature. The authors urge greater dialogue and suggest that these approaches have more in common than is expected. Interestingly, this chapter does not refer to the Spiritist Centres (which in Brazil manage a quarter of the mental hospitals), nor to the Christian Science Practitioners, who also use Biblical texts to complement their own discreet views of healing process.

The Analyst Bruce Kinsey crosses the bridge between the Psychoanalytic view of the world and Religious healing, and makes a convincing case that the previous antagonism between psychoanalysis and Religion can now be left behind - and that religious faith, which may be linked to unconscious processes, is no less plausible because of that. The analytic concept Flight into Health, for example, may not be a superficial fragile defence but could be a real and lasting transcendental transformation.

The remaining Chapters of this book include a very readable and well-illustrated summary of Paul and Hannah Gilbert's ideas on the protection and safety seeking attributes of human personality, and the place of meditation and compassion in reducing fear and increasing human connectedness. They interestingly make the case that the Bio-psychosocial model can be broad enough to include spiritual meanings - but this reviewer's preference is for a Biosocial/ psychospiritual model to ensure that these human dimensions are not lost to research or to clinical considerations.

Chapter 8 by the key Breast Cancer researchers Boivin and Webb review follow-up evidence and plausible psycho/immunological pathways - supported by brain imaging studies - that point to breast cancer being a 'Whole person' disorder, and that outcomes can be improved by giving attention to all these parameters. Their complex Figure 8.3 illustrates well this model that includes Spiritual as well as Psychological wellbeing in the measures of outcome.

Marilyn Schlitz, research scientist, anthropologist and Change consultant believes that there is a 'fresh

breeze' blowing through the corridors of medicine today (Chapter 9). She reviews as a scientist the cumulative evidence that distant healing can occur not only in the laboratory but in controlled studies with human subjects and that intercessory prayer can be effective, i.e. helpful - as well as harmful. As a change consultant she concludes her chapter with her heartfelt exhortation to the reader not only to consider an 'integral perspective' and to be a hospice worker for a dying paradigm, but also to be 'gentle with a system of medicine that is struggling for its very existence'. Arthur Kleinman, I recall, said much the same thirty years ago, and some would say that contemporary medical care as provided in national health services is more integral only in the sense of a virtual reality and an increase of choice for those who can pay. This chapter is however at a cutting edge, and it is of the utmost importance that this research agenda is being pursued.

The book's penultimate chapter by Leech provides some critical reflections on spiritual healing and science, with reference to the question as to whether parapsychology as part of an enlarged science would facilitate theological understandings about the direct effect of the Healing Spirit. He refers extensively to the work of Benz to represent a liberal-conservative perspective, and to H.H. Price, who is quoted as saying that if the evidence points to the limitations of materialistic science, then the claims made by religious people will not have been shown to be demonstrably false.

Fraser Watts concludes this fascinating scholarly book with a realistic list of fault lines that have yet to be conceptually overcome. Indeed some readers alas would regard them as deep conceptual crevasses that could only be spanned by new scientific knowledge and by unimagined new religious/spiritual paradigms. Crossing these boundaries would include: healing the rift between modernity and post-modernity; reconciliation between mainstream science and alternative science; deeper reconciliation between Theology and Science that engages with relationship between Divine and Human agency; and greater awareness of the totality of contemporary spiritual

healing that "transcends the split between religious and non-religious wings of contemporary culture".

This is a superb source book for the serious reader who is particularly interested in, and/or has personal knowledge of the Judeo-Christian faith traditions of religious healing.

The front cover of the next edition or of its companion volume could consider the use of Van Gogh's image of the Good Samaritan, to symbolise the spiritual healing that goes on in the ordinary routines of daily life and the taken for granted generic contributions of the churches, mosques and synagogues to Spiritual Healing. Public Health programmes and epidemiological sciences and their boundaries with Spirituality and Religious belief have yet to be more fully explored.

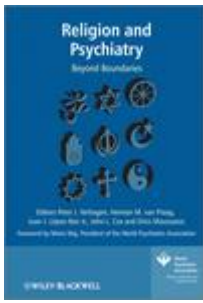


Professor John Cox

John Cox
Vice Chair, WPA Section of Religion, Spirituality and Psychiatry.
Visiting Professor, Centre for the Study of Faith, Science and Values in Health Care, University of Gloucestershire.

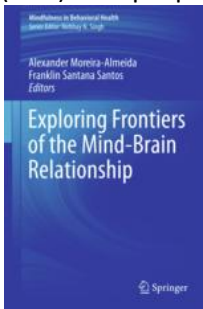
New Releases

[Religion and Psychiatry: Beyond Boundaries](#). Peter Verhagen, Herman M. Van Praag, Juan José López-Ibor, Jr., John Cox, Driss Moussaoui (Eds.). 680 p. Wiley-Blackwell, 2010, ISBN 978-0-470-69471-8.



A book produced by the WPA Section on Religion, Spirituality and Psychiatry with the collaboration of psychiatrists, psychologists and theologians from several parts of the world and from many different religious and spiritual backgrounds. The book describes the relationship of the main world religions with psychiatry; considers training, policy and service delivery, and provides powerful support for more effective partnerships between psychiatry and religion in day to day clinical care.

[Exploring Frontiers of the Mind-Brain Relationship.](#) Alexander Moreira-Almeida & Franklin Santana Santos (Eds.). 243 p. Springer, 2012, ISBN 978-1-4614-0646-4.



The book bridges philosophy of mind with science of mind to empirically examine the implications for the mind-brain problem of spiritual experiences such as mystic states, near-death experiences, mediumship, and past-life memories. Representing disciplines ranging from philosophy and history to neuroimaging and physics, and boasting a panel of expert scientists and physicians, the book rigorously follows several lines of inquiry and argues against the purely physical analysis of consciousness and for a balanced psychobiological approach.

[International Journal of Person Centered Medicine.](#) It was launched in 2011 as the official journal of the International College of Person Centered Medicine (ICPCM). Spiritual and religious care is among the major areas of publication of the IJPCM. The Journal welcomes learned submissions from doctors, nurses, the allied professions and all those clinical and non-clinical colleagues with an interest in, or responsibility for, the development and application of person-centred approaches to clinical care and public health.

Research Centers in Spirituality and Health



Purposes: In 1998, with support from the John Templeton Foundation, we established the Center for Spirituality, Theology and Health (hereafter referred to as either “the Center”) at Duke University Medical Center. The mission of the Center is to “(1) *conduct research on the relationships between religion, spirituality, and health, (2) train others to do so, (3) interpret the research for clinical and societal applications, (4) explore the meaning of the research findings within the context of theological positions, and (5) discuss how those theological positions might inform the design of future research.*” The Center has established links with similar centers across the United States and internationally. The connections between religion, spirituality and health remain largely unexplored and the potential discoveries bridging these areas are as yet untapped, so there is still much work to do. The Center is one of the only organizations devoted to doing and training others to do research on religion, spirituality and health, both within the context of a major research university and a world-renowned divinity school. The Center seeks to bring the study of religion, spirituality and health into the mainstream of medical science, to assist health professionals to apply the research findings to clinical practice, and to interpret what the research findings mean to the public. In moving ahead, the Center bases these research efforts on a firm grounding of theological reflection so that the results of that research may help to inform faith communities and enable them to more effectively meet their goals, while at the same time contributing positively to public health.

Current Activities: From a scientific perspective, researchers in the Center study the biological mechanisms by which religion and spirituality may affect physical health and medical outcomes, acting through psychological, social, behavioral and genetic pathways. From a theological perspective, we wish to

ground this research and interpret the findings within a range of theological perspectives, as well as consider how these theological perspectives might benefit from empirical research. We are building a strong team of junior and senior researchers from multiple disciplines (medicine, psychiatry, nursing, sociology, psychology, public health, theology, chaplaincy, and representatives of diverse faith communities) to generate new research ideas, write research grants, publish and disseminate research findings, train other investigators within Duke and outside of Duke (on a national and international level), and engage in and stimulate true interdisciplinary scholarship in this area.

Past Accomplishments: The Center has been actively involved in a range of academic activities, including conducting research on religion, spirituality and health from 1998 up through the present; educating others to conduct such research through our 5-day summer research workshops (since 2004); consulting on this topic to other educational institutions, private foundations, and government organizations (including NIH, NSF, U.S. Army, Center for Medicare and Medicaid services, etc.); serving the general public by acting as a First Source of information on religion, spirituality and health for media groups in the U.S. and around the world; and providing lectures and workshops across the U.S. and in Canada, Puerto Rico, United Kingdom, the Netherlands, Denmark, Switzerland, Austria, Hungary, Australia, New Zealand, Brazil, and Saudi Arabia. Between 2007 and 2010 the Center brought researchers together locally at Duke and surrounding universities in the Research Triangle as well as nationally through monthly seminars, community of scholars meetings, and yearly national/international conferences. The Center was also instrumental in establishing and operating the Society for Spirituality, Theology and Health in the U.S. from 2007-2010 and in founding the International Society of the Study of Religion, Spirituality and Health, in Switzerland in 2010-ongoing.

The research conducted by scientists with the Center during this time has included studies examining relationships between religious involvement and a host of psychological and physical health outcomes. The findings from this research has

been published in over 200 scientific peer-reviewed articles, three-dozen books, and presented at hundreds of conferences. Significant findings from the Center's research suggest links between religious involvement and lower rates of depression, faster recovery from depression, lower anxiety, greater well-being, improved coping with stress, positive personality changes, greater social support, lowered substance abuse (alcohol), reduced cigarette smoking, shorter hospital stays, shorter nursing home stays, better physical functioning, better cognitive functioning, lower blood pressure, less hypertension, better immune functions, and greater longevity. These findings have been published in peer-reviewed scientific journals ranging from JAMA to the American Journal of Psychiatry to the Archives of Internal Medicine and Journal of Family Practice. This research has garnered worldwide media attention from CNN, ABC, NBC, CBS, PBS, BBC (British), CBC (Canadian), and Korean PBS, and CSTH has been profiled in Time Magazine. Center scientists have presented religion and health research to the United Nations, the U.S. Senate, and the U.S. House of Representatives.

To learn more about the Center and its activities, go to website: <http://www.spiritualityandhealth.duke.edu/>, where those who are interested can sign up on our mailing list and received our monthly newsletter that provides updates on the latest research findings, news, events, and funding opportunities in the field of religion, spirituality and health.

Harold G. Koenig, M.D.
Professor of Psychiatry & Behavioral Sciences
Associate Professor of Medicine
Director, Center for Spirituality, Theology and Health
Duke University Medical Center, Durham, North Carolina
Distinguished Adjunct Professor
King Abdulaziz University (KAU), Jeddah, Saudi Arabia

Courses on Spirituality and Health

MSc Theology, Spirituality and Health. Durham University

<http://www.dur.ac.uk/theology.religion/postgrad/taughtdegrees/ma.msc.spirituality.theology.health/>

Introduction to Whole Person Healthcare. University of Gloucestershire

<http://www.glos.ac.uk/courses/professional/iwph/Pages/default.aspx>

MSc Professional Practice in Spirituality, Health and Pastoral Care. University Staffordshire

http://www.staffs.ac.uk/courses_and_study/courses/professional-practice-in-spirituality-health-and-pastoral-care-tcm4232218.jsp

Pre-Conference Research Workshop on “Religion, Spirituality and Health” with Harold G. Koenig. May 13-16, 2012 Langenthal, Switzerland

www.rish.ch

Research corner

The purpose of this section is to present a summary of important recent research in the field. For this first issue, we will present the Symposia organized by the WPA Section on Religion, Spirituality and Psychiatry at the last World Congress of Psychiatry, in Buenos Aires.

Symposium 1: PSYCHIATRY, RELIGION AND SPIRITUALITY: CLINICAL ASPECTS I

Science (Psychiatry) and Religion I

P.J. Verhagen

Psychiatrist, GGZ Centraal, Netherlands - verhagen.p@wxs.nl

Two statements will be discussed. 1) The World Psychiatric Association, indeed representing world psychiatry, needs to change its position toward religion and spirituality. It should do so by crossing narrow minded scientific boundaries based on reductionist and materialistic concepts. 2) Science and religion should not be regarded as opposing adversaries against each other, but as allies against superstition and nonsense. In this first symposium the argument will be centered on the first statement. It could be argued that the current view on religion and spirituality is one-sided because it is dominated by gathering evidence, mathematical modeling, systematic empirical testing, with the goal of providing the fullest and most reliable explanations for everything that occurs in the natural world. In fact this vision concentrates on the descriptive aspects of reality (so to say as a cosmology). However, the vision we need should offer an appropriate model of both

descriptive and prescriptive aspects of our reality: not only how the world is, but also how it should be, not only the real, but also the ideal. In other words we also need an axiology, a view of the values that should be realized. Religious and non-religious worldviews have both descriptive and prescriptive aspects. In ‘Science (psychiatry) and Religion’ it is necessary to analyze the cosmological aspects, that is the contribution science makes to our worldview, but it is also necessary to be aware of the moral, aesthetic or religious preferences. Our vision needs to combine both cosmological and axiological aspects.

Differential Diagnosis Between Spiritual Experiences And Mental Disorders

Moreira-Almeida, A; Menezes Jr, A.

Research Center in Spirituality and Health, School of Medicine, Federal University of Juiz de Fora (UFJF), Brazil - alex.ma@ufjf.edu.br

Objective: Spiritual experiences can be confused with psychotic and dissociative symptoms, being frequently a challenge for the differential diagnosis. We aimed to identify criteria for differential diagnosis between spiritual experiences and mental disorders. Method: 115 randomly selected spiritist mediums in spiritist centers in São Paulo, Brazil, were interviewed based on the Self-Report Psychiatric Screening Questionnaire (SRQ) as well as the Social Adjustment Scale (SAS). Those mediums identified by the SRQ as probably having mental disorders and a control group were interviewed using the Dissociative Disorders Interview Schedule (DDIS) and the Schedules for Clinical Assessment in Neuropsychiatry (SCAN). Results: Mediums reported high level of psychotic and dissociative, however these experiences were not correlated to other markers of mental disorders such as scores on social adjustment, other psychiatric symptoms, and history of childhood abuse. Features suggestive of a non-pathological experience: lack of suffering or functional impairment, short duration of the experience, critical attitude (to have doubts about the reality of the experience), compatibility with the patient’s cultural background, absence of comorbidities, control over the experience, and personal growth over time. Conclusion: Spiritual

experiences may be related to psychotic and dissociative experiences, which are not necessarily related to mental disorders. There is a scarcity of well-controlled studies in this important subject.

Twelve Year History of Depression, Image of God and Religious Coping: Results From the Longitudinal Aging Study Amsterdam

Braam A. [1,2], Schaap Jonker J. [3], van der Horst M. [2]. , Steunenberg B. [2], Beekman A.[2], van Tilburg W. [2] & Deeg D. [2]

[1] VU University Medical Centre, [2] Altrecht Mental Health, [3] Faculty of Theology and Religious Studies, University of Groningen, The Netherlands - a.braam@vumc.nl

Background: There is growing evidence that religiousness relates, in several ways, to depressive symptoms and depression in later life. Emotional aspects of religiousness, such as facets of the perceived relationship with God (god image), may be assumed to be crucial in the relationship with affective disorders, such as depression. **Aim:** To examine the association between depressive symptoms, previous minor and major depression in the past twelve years, and facets of god image in older adults in the Netherlands. **Methods:** In the course of the Longitudinal Aging Study Amsterdam (LASA, population based), an additional postal questionnaire was administered in 2005 to a subsample of 304 respondents (age 63-93). Depression was assessed using the CES-D and the Diagnostic Interview Schedule (DIS). The postal inquiry included the Questionnaire God Image on feelings to God and perceptions of God, and a version of the brief RCOPE designed by Pargament. **Results:** Depressive symptoms have a pronounced positive association with feelings of anxiety towards God and discontent towards God, and to a lesser degree with perceiving God as passive. A similar pattern emerges for a history of longer or recurrent minor depression, and for major depression. Modest, negative associations are found for positive facets of the god image. **Conclusions:** Affective aspects of religiousness seem to maintain a pervasive relationship with the vulnerability to depression in older adults. For those prone to depression, religious

feelings may parallel the symptoms of anhedonia, anxiety or dysphoric mood, as well as represent the experience of an existential void.

Understanding Geetopdesh: Enhancing Skills in the Practice of Psychotherapy

Malhotra Sameer

Head, Division of Psychiatry & Psychotherapy, Dept. of Neurosciences, Fortis Hospital, India - sameersankalp2003@yahoo.com

In today's age of globalization, growing materialism, unhealthy competition and distress, there is a felt need to explore the dimension of spirituality. Spirituality and values can work as a soul for the science. Revisiting scriptures and trying to understand the insights gained in the past era can add on to the knowledge and skills used in the practice of Psychotherapy. Utilizing spirituo-cultural knowledge, insights and skills shall indeed be quite useful, both for personal growth and that of the patient. With classificatory systems, now understanding and emphasizing on a 'person-centred' approach, the need to integrate cultural beliefs and attitudes cannot be understated. Today the challenge lies in inclusion, merging the cultural knowledge with current psychotherapeutic skills. The paper shall focus on values derived from 'Geetopdesh' ('Geeta', the Holy Book of the Hindus that incl. the preachings and guidance of Lord Krishna , an incarnation of the Administrator God Vishnu, to Arjun on the battlefield). It incorporates the philosophy of life and death, the never ending soul, cognitive psychotherapy, 'Karm' philosophy emphasizing on one's duties and responsibilities. Patients from different parts of the world can benefit from such insights and concepts that help in conflict resolution, enhancing motivation, self realization, increasing tolerance and acceptance, to reduce human suffering. It is of practical use in managing anxieties, phobias, fear of death, care of terminally ill and grief work. Combining relevant traditional approaches with the newer techniques is indeed a challenge in today's clinical practice of mental health professionals.

Symposium 2: PSYCHIATRY, RELIGION AND SPIRITUALITY: CLINICAL ASPECTS II

Science (Psychiatry) and Religion II

P.J. Verhagen

Psychiatrist, GGZ Centraal, Netherlands - verhagen.p@wxs.nl

Two statements will be discussed. 1) The World Psychiatric Association, indeed representing world psychiatry, needs to change its position toward religion and spirituality. It should do so by crossing narrow minded scientific boundaries based on reductionist and materialistic concepts. 2) Science and religion should not be regarded as opposing adversaries against each other, but as allies against superstition and nonsense. In this second symposium the argument will be focused on the second statement. Science plays an important role in the way we live, whether religiously or non-religiously. Religion plays a role in the way we live with science. And both religion and science are about the truth of ideas, and about the acceptance of religion in a science minded culture and about the acceptance of science in a religiously minded context. Although we want to make a positive stand for 'science and religion' we might be in danger to take a defensive position: against the secularizing impact of science that seems to make religion mistaken or irrelevant. We could also engage in 'science and religion' for another reason. Our concern does not need to be the future of science and religion but the persistence of superstition and nonsense. In that case our agenda and partnership would become completely different. Challenging superstition would require us to address the nonsense in our field. Therefore we need to attempt as good as we can to differentiate between genuine spirituality and superstition, between science and pseudoscience.

Obsessive Compulsive Disorder and Religion: a Reconnaissance

H.van Megen and P.J. Verhagen

Marina de Wolf Institute for Obsessive Compulsive and Anxiety disorders, The Netherlands - Harold.vanMegen@zonnet.nl

The first descriptions of the obsessive compulsive symptoms stem from religious nuns and priests in the 16th century. Important church fathers like Ignatius of Loyola (founder of the Society of Jesus; the Jesuit order) and Martin Luther (church reformer and founder of Protestant Christianity), both suffered from OCD. In addition Sigmund Freud suggested a relation between super-ego functioning and OC-

symptoms and religion. As a result of this, for decades, a relationship between obsessive compulsive disorder (OCD) and religion has been suggested. The question emerges however, as to whether this association is adequately founded on empirical evidence. Do religious people indeed suffer more frequently from OCD? And if there is indeed a relationship between them, does it hold for all forms of OCD or just for a OCD subcategory. In an attempt to shed more light on this issue, we first will discuss the historical background of OCD and religion. In addition, epidemical data will be presented, followed by an elaboration on cognitive strategies which are used in both OCD and religious people. Lastly, differential diagnostic issues and treatment of religious OCD will be critically reviewed.

Religiousness and Alcohol Use in the Brazilian Population

M.G.S. Nagib¹, A. Moreira-Almeida¹, I. Pinsky², M. Sanches³, R. Caetano⁴, R. Laranjeira²

1 Research Center in Spirituality and Health, Federal University of Juiz de Fora (UFJF); 2 Alcohol and Drugs Research Unit (UNIAD), Universidade Federal de São Paulo (UNIFESP), Brazil; 3 Ipsos Reid, Canada; 4 Southwestern School of Public Health. University of Texas, USA - alex.ma@ufjf.edu.br

Objective: A large number of studies point to the impact of religiousness on health and alcohol use. Yet, there is a paucity of studies with nationally representative samples in the literature. We investigate the relationships between alcohol intake and religiousness in the Brazilian population. Design & Method: Cross-sectional study of a representative sample of the Brazilian population (n=3,007) 14 years of age and older. We investigated frequency of attendance to religious services, how important for the individual religion is, and alcohol use patterns (lifetime use, binge drinking, dependence/abuse). Binomial logistic regressions controlling for sociodemographic variables were conducted. Results: Religious affiliation and attendance to religious services were significantly associated with lower alcoholic beverage use, binge drinking and abuse/dependence. Importance attributed to religion was associated with alcohol intake when other variables were controlled for in the model. Individuals who never attended religious services were twice as likely to present lifetime alcohol use, binge drink or develop abuse or dependence, when compared to those who attended religious services on a weekly basis. Evangelicals and Protestants were less likely to drink alcohol than Catholics. Not belonging to any religious denomination was associated with a greater

likelihood of alcohol dependence or abuse than being a Catholic (OR=2.4). Conclusion: Self-assessed importance of religion in the respondent's life was not significantly associated with drinking when controlled for demographic features and the two other religiousness dimensions. There was a strong and independent association of frequency of attendance to religious services and religious affiliation with alcohol use.

Judeo-Christian Religious Experience and Psychiatry:
The Legacy of William James

Dein S

University College London and Durham University, UK
- s.dein@ucl.ac.uk

This paper examines the relationship between Judeo-Christian religious experience and psychopathology. It builds on William James' Varieties of Religious Experience and more specifically his discussions of self, agency and the subliminal. Contemporary research on Christian conversion, mysticism, and its relationship to psychosis and mental health and healing are discussed. Future themes for research are proposed.

Symposium 3: PSYCHIATRY, RELIGION AND SPIRITUALITY: CLINICAL ASPECTS III

Psychiatry and Religion Dialogue: a Spotlight on Anthropologic Frameworks and Ethical Consequences

Uriel Heckert

Psychiatrist, Brazil - uriel@powerline.com.br

Psychiatry is achieving wider recognition among the medical sciences. Previously disregarded and classified as inefficient, now it has growing acceptance due to the indisputable advance of the neurosciences and psychopharmacology. Such solid progress may promote arrogance and a false sensation of omnipotence, and may cause other areas of human knowledge to be despised.

On the other hand, spirituality and religiosity are being rescued from their status of rejection, as they are showing great usefulness in helping people cope with particular contexts of life. Scientific researchers have found positive evidence that spirituality and religiosity are compatible with medical sciences progress. Therefore, a prejudiced approach has no longer place. However, the dialogue between science and religious faith must respect the specific scope of each field of human knowledge and action. There are

many points of intersection between Psychiatry and Medical Sciences, in one side, and Theology and Sciences of Religion, in the other side. Those points should be the ground for relevant insights that would spotlight both areas. An important advantage on such convergence should be the clarification of the anthropologic frameworks underlying each track of investigation, which should reveal the theory of personality arisen from this theoretical matrix. Finally, that will bring forth a discussion on ethical consequences for medical research and clinical praxis.

Content of Religious Delusions in Schizophrenia

Palmira Rudaleviciene¹, Thomas Stompe², Andrius Narbekovas¹

1 Mykolas Romeris University, Lithuania; 2 Medical University of Vienna, Austria;

palmirarudalev@yahoo.com

Content of religious delusions differs between males and females. We present the phenomenology of religious delusions in patients suffering from schizophrenia, determine parallels between personal religiosity and content of religious delusions, and describe the difference in content according gender. We have studied the content of delusions in patients with schizophrenia looking for religious themes using the 'Fragebogen für psychotische Symptome' (FPS) - a semi-structured questionnaire developed by the Cultural Psychiatry International research group in Vienna. 295 patients suffering from schizophrenia participated in this study at Vilnius Mental Health Center in Lithuania, among whom 63.3% reported religious delusions. The most frequent content of religious delusion in women was their belief that they were saints, and in men – that they imagined themselves as God. Univariate multiple logistic regression analyses revealed that four factors such as marital status, birthplace, education and subjective importance of religion were significantly related to the presence of religious delusions. However, multivariate analyses revealed that marital status (divorced/separated vs. married OR (odds ratio)=2.0; 95% CI, 1.1 to 3.5) and education (postsecondary education vs. no postsecondary education OR=2.3; 95% CI, 1.4 to 3.9), but not personal religiosity, were independent predictors of the religious delusions. We conclude that the religious content of delusions is not influenced by personal religiosity; it is rather related

to marital status and education of schizophrenic patients.

An Insanity Factory: Psychiatry and Spiritism in Brazil (1900-1950)

A.A.S. Almeida

Research Center in Spirituality and Health, School of Medicine, Federal University of Juiz de Fora, Brazil - angelica.almeida@ifsudestemg.edu.br

The history of the relationship between psychiatry and spiritual experiences has been inadequately explored, specially the conflict between psychiatrists and spiritists in regards to 'Spiritist Madness'. In Brazil, both, psychiatry and spiritism were seeking legitimation, through cultural, scientific, and institutional means within Brazilian society. These two social actors were related to urban, intellectualized classes, proposing different views and therapeutic approaches to the mind and madness. This conflict was expressed through constant quarrels between psychiatrists and spiritists. Physicians published academic theses, papers, and books about 'spiritist madness' and the need to oppose it through governmental control of spiritist groups, forbidding spiritist publications, fighting against charlatany allegedly practiced by mediums, and hospitalization of mediums, regarded as insane. On the other hand, spiritists also published books, wrote papers in spiritist periodicals, produced a thesis in medicine, and built dozens of spiritist psychiatric hospitals. A large number of articles about this subject were printed in large circulation newspapers. Conclusion: The resolution of this conflict is related to the achievement of social integration and legitimation by both spiritism and psychiatry, although in different fields. This conflict provided psychiatry with more social visibility and institutional power to treat mental disorders, and also influenced the Brazilian spiritist movement through its emphasis on the religious aspects of charity and spiritual consolation.

Calendar of events

April 2012

9-14 [Toward a Science of Consciousness](#). Tucson, AZ, USA. Workshop about the implications of spiritual experiences to mind-brain relationship.

30- [5th Geneva Conference on Person-centered Medicine](#). Geneva, Switzerland. Organized by the International College of Person-centered Medicine.

May 2012

5-9 165th [Annual Meeting American Psychiatric Association](#). Philadelphia, PA, USA. Symposium organized by SRSP: Spiritually integrated clinical psychiatric practice and psychotherapy.

17-19 3rd European Conference on Religion, Spirituality and Health, Bern, Switzerland, www.ecrsh.eu; contributions by Harold Koenig and Peter J. Verhagen

October 2012

17-21 WPA International Congress "Focusing on Access, Quality and Human Care", Prague, Czech Republic; two contributions by the section: a symposium and a workshop. Also a section meeting will be held.

Meeting point

Dear Colleagues,

In the section of Religion, Spirituality & Psychiatry, we have great interest in communicating with our colleagues besides our website. The first issue of our newsletter reflects promising activities of the section and this corner has the purpose of sharing ideas and experiences with the team working with psychiatric patients, including psychiatrists and other physicians, nurses, psychologists and traditional healers. 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

Dear distinguished colleagues,

Dear members of all WPA branches,

One of the fundamental tasks of national and international associations like the World Psychiatric Association (WPA) is to look for and to draw attention to questions and topics that are highly relevant to all aspects of psychiatry in general, and clinical psychiatry in particular. The Section on Religion, Spirituality and Psychiatry is well aware of this important task and challenge. It is for that reason that the board of the Section would like to call your attention to the topic of Religion, Spirituality and Psychiatry.

Why would it be important and even necessary to ask for your attention to the topic of Religion and Spirituality in relation to Psychiatry? Allow us to expand on the following aspects: 'importance of the topic', 'availability of scientific evidence', 'public visibility' and 'disadvantages of not having an expressed consensus on Religion, Spirituality and Psychiatry.

'Importance of the topic'

It is obvious that there is a growing awareness of the importance of religion and spirituality in clinical practice. According to some experts in this particular field one could even speak of a 'quiet revolution'. What this way of phrasing points at is a change in attitude from the side of psychiatrists towards religion and spirituality. It is a remembering or even rediscovering of what many time has been called the 'forgotten factor', the religious or spiritual commitment of psychiatric patients. For a long time we have been used to a rather critical, negative, even neglecting attitude, especially in the Western world, which has often been documented in literature. However, a change seems to be going on, probably due to different kinds of factors of different kinds of thinking and abstraction. To mention just a few of these factors, globalization and trans-cultural aspects, including religion and spirituality, play among other aspects an important role. Religion and Spirituality did

not disappear, on the contrary. And one of the issues in this regard is the undue medicalization of so-called unusual experiences that may lead to inappropriate or even harmful psychiatric interventions. The distinction between religious and spiritual experiences and pathological (not only psychotic) phenomena has always intrigued psychiatry, and it does intrigue professionals again, and in a new way. The same holds true for the meaning and effectiveness of religious and spiritual healing practices that are being practiced in all religious and spiritual traditions around the world. At the same time there are major differences in how these phenomena and practices are approached, interpreted and evaluated, depending on cultural and sub-cultural contexts and values, and available resources.

'Availability of scientific evidence'

Although there is a lot of research and data available, the relation between religion, spirituality and mental health is still a controversial one. Nevertheless there is slightly more evidence in favour of a positive relationship. However, it is still not decided how this (positive) relationship should be understood and explained. It is not unusual to differentiate the relationship into five possible relations. Religion and spirituality can: 1. cure the pathological by working as a therapeuticum; 2. repress the pathological by suppressing potentially deviant behaviour through religious socialization; 3. hide the pathological when religion or spirituality becomes a haven to the individual; 4. express the pathological in a religious form; 5. cause the pathological when it is the cause of mental insanity. Well designed studies have focused on topics as anxiety, depression, suicide, alcohol and drug misuse, self-esteem and treatment. Not all available data, to put it mildly, are based on evidence; there is still a lot of credulity. Besides that, most research was done in the Western part of the world, with its own proclivities and weaknesses. We need more research from other parts of the world, and from other than Christian (sub)cultural backgrounds. Research findings can help us to support the relevance of religious and spiritual issues in clinical practice. In connection with the five relations just

mentioned one could think for instance of patients who want clinicians to consider religious and spiritual issues, and how religious and spiritual commitments could be associated with health-enhancing or health-endangering behaviours and attitudes. Given the possible salutary effect of religious and spiritual commitments one should never close one's eyes to the possible pathological effects that can occur.

'Public visibility'

Religious and spiritual well-being is not mentioned in the WHO definition of health and well-being. In a political sense this is of course a highly controversial issue. However, in fact mental health professionals agree upon the idea that religious and spiritual well-being should be valued as a part of well-being and health, not for the sake of a definition, but for the sake of quality of life. Spirituality, religion and personal beliefs are one of the domains of quality of life. Religion and spirituality as source of ego support offer support and structure for coping with the complexities of life. They may also enhance positive experiences, such as hope and optimism. In addition to that religion and spirituality offer support for coping with common stressors as birth and death, life passages, marriage, child rearing, ageing, life meaning and life events. Religious and spiritual coping contribute to healthy coping, and religion and spirituality can serve a preventive role/purpose. For all these reasons mental health professionals should adopt a bio-psycho-socio-spiritual model when dealing with mental health problems.

'Disadvantages of not having an expressed consensus'

When we really want to see the person in a contextualized manner, as has been suggested in for

instance the WPA Institutional Program on Psychiatry for the Person, then religion and spirituality cannot be surbypassed. In fact it was a person-centred inspiration that extended the long-held Jewish tradition of 'care' for the (mentally) ill in the early centuries of our era. Religion and spirituality have their meaning/significance for conceptual, for diagnostic, for treatment and care and for public health aspects of a 'Psychiatry for the Person'.

Not having an expressed consensus on Religion, Spirituality and Psychiatry would endanger the efforts and concerns in response to many deficiencies in mental health including neglect of the spiritual and religious needs of real people. A disadvantage would also be the risk that psychiatry with its dominance of traditionalism, empiricism and hyponarrativity loses sight on a comprehensive view encompassing the real life aspects of such multifaceted constructs as religion, spirituality and mental health happen to be.

Based on these four fundamental considerations the Section on Religion, Spirituality and Psychiatry will continue its efforts in drafting a consensus formulation and will soon present such a statement, and will also ask you all for your approval and comments.

Yours sincerely,

Peter J. Verhagen, chair