Editorial

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According to Section’s Action plan for 2014-2017, some of the major goals are “Expand Section’s international profile” and “Organizing conferences, symposia and workshops (including joint activities with other WPA’s Sections) in national and international psychiatric conferences”. This year the Section has already promoted several symposia at APA Annual Meeting in Toronto and WPA International Conference in Bucharest. A report and a paper based on these participations are in this issue of Psyche & Spirit.

The Section will put special emphasis on three major meetings that will be held in three continents in the next three years. Members of the Section’s committee are involved in the organization of the first two, so Spirituality and Mental Health will have a major presence in the programs.

- Global meeting in Spirituality and Mental Health, during the 33rd Brazilian Congress of Psychiatry (Florianopolis, Brazil, 5-6 Nov 2015)
- 2016 WPA International Congress (Cape Town, South Africa, 18-22 Nov 2016)
- 17th WPA World Congress of Psychiatry (Berlin, Germany, 8-12 Oct 2017)

In this issue we provide detailed information about the Global meeting in Spirituality and Mental Health, that will include a diverse program with speakers from Americas, Europe and Africa.

This issue has also two papers. One by Dr. Simon Dean on ‘Mental health Implications of Prophetic Disconfirmation’. The other by Peter J. Verhagen on ‘Religion and Violence’. In the "Research Corner", Dr. Lucchetti presents a brief overview of recent studies on ‘Psychiatrists’ opinions on spirituality, religiosity and health’.

Psyche & Spirit brings to you several of the exciting developments of psychiatry and spirituality around
Much of the empirical work in the social sciences of religion examining failed prophecy has concentrated on cognitive dissonance and its resolution (Festinger 1956, Dein 2010, Stone 2013). The mental health implications of prophetic disconfirmation have been little researched beyond statements that those experiencing prophetic failure feel distressed. Furthermore little is said concerning the mental states of those experiencing disconfirmation of prophecy. While the literature on failed prophecy indicates that prophetic failure is often associated with profound distress and disillusionment, suicide in its wake is a rare phenomenon.

In some cases prophetic disconfirmation, although profoundly stressful, may result in little overt psychiatric disorder. Dein, a psychiatrist and anthropologist (2002, 2010, 2011) conducted ethnographic fieldwork in the UK Lubavitcher community for over ten years and has longitudinally examined their responses to prophetic disconfirmation. Members of this group maintained that their spiritual leader, the Rebbe, was Moshiach, the Jewish Messiah. Following his ‘unexpected’ death in 1994 from a stroke, his followers underwent a profound grief reaction but found little evidence of overt mental illness precipitated by this event. While outsiders predicted that there would be mass suicides, this did not occur. As the JTA tabloid (June 15, 1994) reports: ‘For all the criticism Lubavitch attracted from other Jewish movements for its messianism, when the unimaginable day came, it went with no mass suicides, conversions or violence’. It appeared that high levels of social support and the rapid provision of rationalisations after the Rebbe’s death (such as his immediate resurrection or the illusory nature of his death) provided sufficient coping strategies.

Much of the literature on cultic suicide has focused upon group suicide. The term doomsday cult is used to describe groups who believe in Apocalypticism and Millenarianism, and can refer both to groups that prophesy catastrophe and destruction, and to those that attempt to bring it about. Dein and Littlewood (2005) have discussed a number of new religious movements where, rather than face the possibility of the world not ending, adherents kill themselves en mass. I include here groups such as The People’s Temple, Heavens Gate, the Order of the Solar Temple, the Branch Davidians which have attracted much media attention and scholarly interest (see eg Chrissides and Zeller 2014; Tabor and Gallagher 1995 on Waco; Hall and Schyler 1997 on Order of Solar Temple; Hall, Schyler and Trinh 2000). While the circumstances leading to group suicide differed in each group, all had beliefs pertaining to the imminent apocalypse. Of course we cannot rule out the possibility that some of these individuals were murdered by other group members.

Another lesser known ‘doomsday’ movement was The Movement for the Restoration of the Ten Commandments of God in Uganda was an apocalyptic catalytic offshoot established in the 1980s after an alleged vision of the Virgin Mary ordering strict obedience to Ten Commandments. Characteristically members spoke very little and some had adopted sign language to avoid bearing false witness to their neighbour. As the year of the apocalypse drew nearer daily confession was encouraged and adherents sold off their possessions and work in the fields ceased. However, when the day of judgement failed to arrive, followers began to question their leaders so a second doomsday was announced for March 17th whereby all the thousands of followers, adults and children, were invited to celebrate their imminent salvation. This resulted in self immolation and poison.

In a recent incident in Brazil in 2012 police narrowly avoided mass suicide by a Brazilian doomsday cult where more than a hundred followers were about to commit mass suicide by drinking poisoned soup. Proclaimed prophet, Lewis Perera dos Santos, barricaded himself after predicting the world would end at 8 o’clock. He was known to his followers as...
Daddy Lewis. He claimed an angel visited four years before telling him the exact time the world was going to end. The 43 year old spiritual leader had instructed his 113 followers to leave their jobs, give the world their possessions and take their children out of school.

Dein and Littlewood (2000, 2005) postulate that several factors may be responsible for the suicides: a strong dualistic philosophy, a leader with total control over the movement, and relative isolation in the presence of apocalyptic teachings. Mass suicides are often undertaken by those who feel trapped within circumstances they cannot control or escape other than through death. They often have strongly apocalyptic theology with a charismatic leader whose doctrine is accepted as scripture. Although the apocalypse may be a good thing it will mean the destruction of the community at the hand of its enemies which might include death, imprisonment or spiritual slavery or being forced to accept ideas counter to those of the religious community.

The aftermath of Harold Camping

The next study relates to a recent prophecy by Harold Camping which ‘failed’. He first predicted ‘Judgment Day’ in 1994. When that date passed without incident, Camping invoked a common claim among doomsday prophets — his calculations had been erroneous, but the ultimate prophecy would still come to fruition. He then predicted a widely publicized Judgment Day in May 2011, which also failed to occur. After that failure, Camping claimed the Judgment Day had been "spiritual" in nature, not visible to the human eye, and that the world would still end several months later.

The prediction had a significant impact on believers’ lives. Despite three failed predictions by Camping he still maintained that the rapture would come imminently even though the prediction on the 21st May had not been fulfilled. Prior to this many believers had sold their homes and possessions and given their belongings to the poor. One man Robert Fitzpatrick of Staten Island spent over $40,000 on bus and subway ads warning about the end of the world. On June 9th 2011 Camping suffered a stroke and was hospitalised. He died on December 15th 2013 as a result of a complication of a fall. In March 2012 he admitted his predictions were an error. It is reported that the family stations spent more than $5 million on billboard advertising.

A newspaper report (Christian Post http://www.christianpost.com/news/fearful-teen-commits-suicide-on-eve-of-harold-campings-rapture-50542/) described a 14 year old girl from Russia, Nastya Zachinova, who became agitated on account of the May 21st doomsday and rapture prediction made by Harold Camping. She committed suicide through hanging on the same day choosing death rather than being among the ones suffering on the earth after the rapture. Camping maintained that believers would rapture to heaven before the apocalypse and those living on earth would suffer disasters until the world would finally end on October 21st. Evidence was provided through reading her personal diaries that she was terrified of the expected suffering. She believed she was not one of the righteous who go up to heaven.

“Whales are trying to beach themselves and birds are dying – it is just the beginning of the end,”

“We are not righteous people, only they will go to heaven, the others will stay here on Earth to go through terrible sufferings,” she wrote.

“I don’t want to die like the others. That’s why I’ll die now.”

When the prediction end of the world did not arrive as expected Camping himself mentioned that the world would change spiritually and argued that God was a loving God who would not allow people to suffer on earth. Subsequently in another alleged incident a mother attempted to kill herself and her two children because she believed in the teaching of May 21st doomsday.

Suicide after a secular prediction

While there were many newspaper reports of anxiety generated by the Mayan predictions of the world
ending at the end of 2012, and a few cases of teenagers who became suicidal, there were no actual suicides caused by this specific prediction. Fears of mass suicides, power cuts, a magnetic shift in the poles, and a collision with a previously unsighted planet rushing toward Earth appeared on the Internet as the day approached (http://www.telegraph.co.uk/news/worldnews/centralamericaandthecaribbean/mexico/9757830/Mayan-Apocalypse-world-survives-predicted-doomsday.html). However scholars dismissed these end of the world speculations, arguing instead that the 13th bak’tun in the civilisation’s calendar was simply the beginning of a new cycle.

Speculation persisted however, and authorities around the world took action to prevent suicides over rumours and planned gatherings. In China, nearly 100 people were arrested for spreading rumours about December 21st while authorities in Argentina restricted access to a mountain popular with UFO-spotters after rumours occurred that a mass suicide was planned. The mayor of Bugarach pleaded with fanatics to keep away from the small French village and police in the village banned two rave parties in the surroundings and blocked several people attempting to reach the peak of its 1,230m mountain.

Another tragic case relates to a British schoolgirl, Isabel Taylor, who pre-empted the destruction of humanity due to nuclear meltdown in 2012 by hanging herself having been convinced the world would end after researching doomsday scenarios on the internet (Mirror News http://www.mirror.co.uk/news/uk-news/teenager-kills-herself-because-she-feared-838155). The 16 year old had previously turned to Buddhism after becoming disillusioned with the complications and injustices of the modern world. However, while researching she found evidence that a nuclear reactor meltdown would end civilisation in the next few months. In a similar way the Daily Telegraph reported that in India a teenage girl killed herself after being traumatised by media reports activation of the large Hadron Collider in Switzerland could spark a big bang destroying the world. This girl drank pesticide.

Implications for mental health professionals

I have presented a number of cases of significant mental distress/ disorder subsequent upon failed prophecy. The triggers are either anxiety that the individual will not be one of the ‘chosen’, a wish to avoid the end times or extreme disillusionment following prophetic failure. There are details about these individuals which we may be unaware of relating to previous psychological health and other life stressors. Mental health professionals need to be aware of the belief systems of cultic groups and their patterns of leadership. A history of belonging to a new religious movement should alert professionals to enquire more deeply about the specific beliefs of that group. More specifically they should acknowledge that prophetic beliefs may have a significant impact upon patients’ lives and that disconfirmation of prophetic expectations may result in significant distress. Useful information about these groups can be obtained from INFORM which collects, analyses and publishes data on new religious movements and provides this information to the general public. While INFORM itself does not provide counselling, they are in contact with a number of individuals who can help; some of these are ex-members or relatives of members.

References

can be requested from the author.

Religion and violence

Based on a paper presented at the WPA International Conference in Bucharest 2015

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Conflicts, religion and values

At least four motives are basic to structural causes of (religious) conflict: difficult life conditions, problematic security, lack of self-determination and
lack social respect. In my view it is possible to connect these motives with prevailing values and religious traditions in societies. To show this we need to look at the so-called values maps. Based on the work of Ronald Inglehart, founding president of the World Values Survey Association (WVS-A), it is shown that the differences between advanced societies and low-income societies across a wide range of values can be plotted along two dimensions: traditional versus secular-rational values and survival versus self-expression values. These two dimensions explain more than 70 percent of the cross-national variance.

According to view of Inglehart & Baker (2000) on modernization the traditional versus secular-rational dimension reflects changes linked with the transition from an agrarian to an industrial society, associated with rationalization and secularization. The second dimension is linked with the level of existential security and linked with the transition from industrial to post-industrial or knowledge societies. When survival is less secure survival strategies are more in the foreground. When survival can be taken for granted other goals and values become important.

The figure shows the location of many nations on these two dimensions. The vertical axis corresponds to the traditional versus secular values, the horizontal axis depicts the survival versus self-expression values. It is clear that economic development has a powerful impact. You see a gradient from low income countries, lower left quadrant, to rich societies, upper right quadrant. The traditional versus secular-rational values dimension reflects the contrast between societies in which religion is still important and those in which it is not.

http://www.worldvaluessurvey.us/WVSContents.jsp?CMSID=Findings
In traditional societies God and religion (belief in heaven and in hell) are very important, absolute standards are emphasized (abortion, suicide, euthanasia, divorce are never justifiable) along with respect for authority and national pride. And people describe themselves as ‘religious persons’. Secular-rational values emphasize the opposite. The second dimension reflects the polarization between survival and self-expression values. Survival values are characterized by priority to economic and physical security over self-expression and quality-of-life. People who live survival oriented reject foreigners, homosexuals. Hard work is one of the most important things to teach children, imagination, tolerance and respect for others are not the most important things to teach children. And again, self-expression values emphasize the opposite.

Iglehart and Baker (2000) found evidence that orientations have shifted from traditional toward secular-rational values in almost all industrial societies. And when a society starts to become a knowledge society a new shift appears, from survival to self-expression values. Self-expression tends to interpersonal trust, tolerance, subjective well-being, and quality of life.

With regard to the motives basic to structural causes of conflict one can imagine that the areas on the left half of the picture are more vulnerable given the importance of the so-called survival values, with a stronger impact of religion in countries in the lower left quadrant.

No common ground. Dialogue is needed

However religion is able to facilitate world change and peace as well. Let me list values that can facilitate peace: 1) sanctity of life, 2) selfless love and compassion, 3) empathy, 4) suspension of judgment of others, 5) forgiveness, 6) humility, 7) interiority (emphasis on inner experience), 8) religious discipline, 9) the notion on interdependence (one is not alone in this world), 10) encouragement of non-violence, 11) vision of a more just human social order (Silberman, 2005). This list, I would say, sounds rather self-evident. However, it is not. That is to say, if one would take such a list as common ground to all religious traditions. Because it is not. There is not such a common ground, contrary to view presented e.g. by the famous British writer Karen Armstrong. We should be very careful. It is not possible to translate one religious way of saying things into another religious language. Words like sanctity of life, selfless love and compassion, empathy have different meanings because each of this words has meaning only within the broader system of its own religious language. The word compassion for instance has its typical meaning within the Buddhist context, and not in a Christian one. So saying that all religions speak about God or love is a banality (Knitter, 2002, 182). Don’t misunderstand me, this point of view is not meant to build new walls between religions but to preserve, honor and protect the real differences between the faiths. Therefore dialogue, especially inter-faith dialogue should be practiced. Dialogue to inquire and to learn not to tell, to sell, or to persuade; to unfold shared meaning, not to gain agreement on one meaning; to integrate multiple perspectives, not to evaluate and to select the best; to uncover and examine assumptions and not to justify or defend assumptions (Abu-Nimer et al., 2007, 8).

To conclude with:

The GA of WPA declared in 2005 with the issuance of the Cairo Declaration the important role of psychiatrists as healers and educators regarding the mental health hazards of violence!

According to the WPA Section Religion, Spirituality and Psychiatry psychiatrists should, whenever appropriate, work for a better understanding between colleagues and patients of different religions and cultures, bearing in mind that social harmony contributes to mental health and well-being.

References


Report from the American Psychiatric Association (APA) Caucus on Spirituality, Religion and psychiatry

by Alan Fung, MD, ScD, FRCPCH
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The American Psychiatric Association (APA) 168th Annual Meeting was held during May 16-20, 2015 in Toronto, Ontario, Canada. The theme of this year’s meeting was "Psychiatry: Integrating Body and Mind, Heart and Soul". At the meeting, seven scientific sessions (six symposia and one workshop) were related to the interface between spirituality/religion and mental health, which was unprecedented. These sessions included:

1) Spirituality and Religion in Global Mental Health
   Chair: W.L. Alan Fung, M.D., Sc.D.

2) Integration of Spirituality in Health Care: Research and Clinical Reports
   Chair: Alexander Moreira-Almeida, M.D., Ph.D.

3) The Mental Health and Faith Community Partnership: Where Should We Go From Here?
   Chair: John Peteet, M.D.

4) Facing Death in Research and Clinical Care
   Chair: Alexander Moreira-Almeida, M.D., Ph.D.

5) Varieties of Religion and Spirituality: What Should Clinicians Know?
   Chair: Chris Winfrey, M.D.

6) Caring for Clergy and Religious Professionals: Psychiatric, Vocational, and Family Considerations
   Chair: Mary Lynn Dell, D.Min., M.D.

7) Faith and Major Depressive Disorder: DSM-5, the Cultural Formulation Interview, and Tradition-Based Responses
   Chair: Abraham Nussbaum, M.D.

The full lists of presenters and presentation titles within each session are available from:

There was strong presence of the World Psychiatric Association (WPA) at this meeting. In addition to the two symposia above chaired by Dr. Moreira Almeida (Chair, WPA Section on Religion, Spirituality and Psychiatry), three of the five presenters at the 'Spirituality and Religion in Global Mental Health' symposium have held various leadership roles at the WPA. They include Dr. Moreira Almeida, as well as Dr. Dinesh Bhugra (WPA President) and Dr. Unaiza Niaz (Past Chair, WPA Section on Women’s Mental Health).

The APA Caucus on Spirituality, Religion and Psychiatry had its semi-annual meeting on May 17, 2015. The Caucus meeting was attended by individuals from various countries of the Americas, Europe and Asia-Pacific. Election for Caucus Executive members was held with the following results:

- President: John Peteet, MD
- Vice-President: Mary Lynn Dell, DMin, MD
- Secretary-Treasurer: Alan Fung, MD, ScD
- Member at Large: Francis Lu, MD

After the Caucus meeting, several members of the Mental Health and Faith Community (MH&FC) Partnership Steering Committee had a meeting with Former U.S. Congressman Rep. Patrick Kennedy to discuss about how the mental health and faith communities could work together in promoting mental health. Dr. Alexander Moreira-Almeida was also in attendance, representing the WPA. The MH&FC Partnership (www.psychiatry.org/faith) is a collaboration between psychiatrists and clergy aimed at fostering a dialogue between the two fields, reducing stigma, and accounting for medical and spiritual dimensions as people seek care. The
convening organizations are the American Psychiatric Association (APA), the American Psychiatric Foundation (APF) and the Interfaith Disability Advocacy Coalition (IDAC), a program of the American Association of People with Disabilities (AAPD). The Partnership was initiated in 2014 with the inaugural Partnership Steering Committee meeting held on July 11, 2014. Kennedy, who is also a member of the Steering Committee, commended the Partnership's recent publication of the 'Mental Health: A Guide for Faith Leaders' as well as the 'Quick Reference on Mental Health for Faith Leaders' (both freely available for download from the Partnership website). Kennedy also expressed his continued support for the Partnership's endeavors, and recommended further partnership efforts in the areas of addictions as well as mental health issues in correctional facilities.

On May 19, the Inaugural APA Conference on Mental Health for Faith Leaders - with the title "Equipping Faith Leaders to Respond to Mental Health Challenges" - was held at the Tyndale Seminary, Toronto, Ontario, Canada. The conference was sponsored by the APA Caucus on Spirituality, Religion and Psychiatry, and locally organized by the Toronto-based Working Group for the Promotion of Mental Health in Faith Communities. The conference was conceived based on the discussions on future directions from the July 2014 MH&FC Partnership Steering Committee Meeting - in terms of innovative models for enhancing the mental health and faith community partnership. The main objectives for the conference were to equip local clergy members/faith leaders with the knowledge and skills i) to provide care to those with mental health issues; ii) for faith leaders to attend to their own mental health and well-being. The conference was attended by around 100 participants from different parts of Canada - either in-person or online. The keynote speaker, Rev. Dr. Craig Rennebohm from Seattle, WA, USA, shared with the participants his 'pearls' for mental health ministry - based on his long-standing involvement with the Pathways to Promise initiative (www.pathways2promise.org). Other invited speakers included Dr. Mark Biddle, Dr. Mary Lynn Dell, Dr. Nancy Kehoe, Dr. John Peteet and Rev. Dr. Victor Shepherd. Dr. Alexander Moreira-Almeida served as both the special international speaker as well as the discussant. The conference was co-chaired by Dr. Alan Fung and Rev. Sheila Stevens, with Ms. Purple Yip as the lead organizer. Evaluation of the conference revealed very positive feedbacks from the participants. Planning is currently underway in making this conference an annual event - by having such a local conference on mental health for faith leaders at the city where the APA annual meeting is held - with the next conference to be held in Atlanta, GA, USA in May 2016.

During the APA annual meeting, various discussions were held among Dr. Moreira-Almeida and the Executive Committee members of the APA Caucus on Spirituality, Religion and Psychiatry with regards to further collaborative opportunities between the WPA and the APA in the interface between spirituality/religion and psychiatry. For instance, the MH&FC Partnership may serve as a model for enhancing such interprofessional collaborations in other countries. As well, Dr. John Peteet and Dr. Alan Fung, President and Secretary/Treasurer of the APA Caucus, respectively, are among the invited speakers at the 1st Global Meeting in Spirituality and Mental Health (supported by the WPA Section on Religion, Spirituality and Psychiatry) to be held in Brazil in November 2015. The APA Caucus looks forward to collaborating with the WPA Section as well as similar sections of other national psychiatric associations in promoting awareness of the instrumental roles of spirituality/religion in mental health care.
The "Spirituality and Religion in Global Mental Health" symposium during the APA 168th Annual Meeting, May 16, 2015
(From left to right: Dr. Alexander Moreira Almeida, Dr. Dinesh Bhugra, Dr. Alan Fung, Dr. Unaiza Niaz, Dr. T.Y. Wong, Rev. Dr. Victor Shepherd, Dr. Mlyn Leszcz).

Meeting of the APA Caucus on Spirituality, Religion and Psychiatry at the Royal York Hotel, Toronto, Ontario, Canada, May 17, 2015

(From left to right: Dr. Alan Fung, Dr. James Lomax, Dr. Nancy Kehoe, Rep. Patrick Kennedy, Dr. John Peteet, Dr. Francis Lu, Dr. Alexander Moreira-Almeida).

The Inaugural APA Conference on Mental Health for Faith Leaders, Toronto, Ontario, Canada, May 19, 2015
Psychiatrists' opinions on 'Spirituality, religiosity and health'

Giancarlo Lucchetti, Research Center in Spirituality and Health (NUPES), Federal University of Juiz de Fora (UFJF), Brazil

In psychiatry, the neglect of religious/spiritual issues were enhanced by the views of famous neurologists and psychiatrists in the 19th-20th centuries who suggested religion was a form of hysteria and neurosis. However, in the last decades, thousands of studies have shown a predominantly positive relationship between religiosity/spirituality (R/S) and mental health. In view of this evidence, the World Psychiatric Association, American Psychiatric Association, Brazilian Psychiatric Association and the Royal College of Psychiatrists have included sections dedicated to R/S.

Within this context, there are several studies addressing the views and opinions of psychiatrists concerning “Spirituality, religiousness and health”. In this article we are going to briefly summarize these articles:

- 896 primary care physicians and 312 psychiatrists.
- Two-thirds of Primary care physicians (63.3%-64%) and half of the psychiatrists (48.8%-52.6%) would refer to religious providers. Predictors included the following: patients regularly attend services and respondents were Christian (for psychiatrists).

136 South African psychiatrists
- 84% self-identified with a religion.
- Those who did not identify with a religion, were more likely to indicate that religion had 'little importance' in understanding the patient, and were more likely to indicate 'no' when asked if they would refer a patient for religious/spiritual counselling.

- 123 German psychiatrists.
- Most psychiatrists reported a positive view on the influence of religiosity/spirituality on patients' mental health (52.5% sometimes and 41.4% often). In addition, psychiatrists believe that their own beliefs have an influence on their practices and attitudes towards psychiatric patients.

- 896 US primary care physicians and 312 US psychiatrists.
- No evidence that psychiatrists were less likely to recommend religious involvement. However, primary care physicians were more likely to recommend that the patient get more involved in their religious community when the patient was more religiously observant.

- 1,144 US physicians completed the survey, including 100 psychiatrists. - Compared with other physicians, psychiatrists were equally likely to report that their religious beliefs influence their practice of medicine. Psychiatrists were less likely to be religious in general, less likely to attend to religious services and more likely to consider themselves spiritual but not religious.

- 100 Swiss patients with psychosis and 34 Swiss psychiatrists.
- Psychiatrists had a lower participation in individual religious activities, tended to consider less important spirituality in daily living and were less affiliated to a religion.

- 1204 Canadian psychiatrists and 157 patients were surveyed.
- Psychiatrists had lower levels of beliefs and practices than did patients and the general population. 47% felt there was "often or always" a place to include spirituality in psychiatric assessment.
Although only 27% reported a religious affiliation and 23% a belief in God, 92% felt that psychiatrists should concern themselves with the religious concerns of their patients.

These results show the complex relationship between spirituality, religiosity and psychiatry in many different contexts, highlighting some remarkable cultural differences and impacting how R/S are taught to psychiatrists and how these issues are addressed in different countries and psychiatric societies.


Calender of Events

The Section is supporting and co-organizing the 1st Global Meeting on Spirituality and Mental Health - 5-6 Nov 2015 – Florianopolis, Brazil.

This event will take place inside the program of the 2015 Brazilian Congress of Psychiatry. The 33rd Brazilian Congress of Psychiatry is one the largest psychiatric conventions in the world, gathering more than 6,000 attendees and will count with more than 20 international speakers.

The main goal of this Global Meeting is to present the state of the art in the field of spirituality and mental health, by putting together international leaders in the subject, and to foster exchanges and enable networking between clinicians, researchers and educators interested in spirituality and mental health.

Florianopolis is a beautiful touristic beach city in the South of Brazil, providing a pleasant environment for attendees.

The event is organized by the Committee of Studies and Research on Spirituality and Mental Health of the Brazilian Association of Psychiatry, and supported by the WPA Section on Spirituality and Psychiatry. There will be conferences, round tables, symposia and a course on the theme given by Brazilian and international specialists. Some highlights:

Conferences:
Spiritual and Religious Coping: Implications to Mental Health
Kenneth Pargament

Spirituality and Mental Health: What Research Says
Alexander Moreira-Almeida

How do I integrate Spirituality in Psychotherapy?
Kenneth Pargament

Course:
Spirituality in Clinical Practice
John R. Peteet; Kenneth Pargament & Lionel Corbett

Symposia:
Spirituality in Clinical Practice
Depression: John R. Peteet
Anxiety: Bernard van Rensburg
Person Centered Medicine: John Cox

Spirituality and Psychotherapy
Kenneth Pargament
Lionel Corbett
Anahy Fonseca

Research
Religiosity and Resilience: Bruno Mosqueiro
Religiosity and Suicide: Andre Caribe
Personality and Spirituality: Leticia Alminhana

Spirituality and Psychiatry 1:
Promoting collaborations between mental health professionals and faith leaders – Alan Fung
Religion and spirituality in prospective studies: a review - Arjan Braam

Spirituality and Psychiatry 2:
Spirituality and Violence – Homero Vallada
Psychiatry Residence – Quirino Cordeiro
Substance Abuse – Alexandre Rezende

Developing a Career and Creating a Study Group in Spirituality and Health
Sections in Spirituality and Psychiatry around the Globe:
John R. Peteet: APA’s Caucus on Spirituality, Religion and Psychiatry
John Cox: Royal College of Psychiatrists - Spirituality and Psychiatry Special Interest Group
Bernard Janse van Rensburg: South African Society of Psychiatrists (SASOP) Spirituality and Psychiatry Special Interest Group (S&P SIG)
Alexander Moreira-Almeida: WPA Section on Religion, Spirituality and Psychiatry
Quirino Cordeiro: Brazilian Psychiatric Association

Confirmed speakers from the Americas, Europe, and Africa:

Arjan W. Braam, M.D., Ph.D. head of the Psychiatric Residency Training, Altrecht Mental Health Care in Utrecht, endowed chair Religion and Psychiatry at the University for Humanistic Studies in Utrecht - Netherlands.

Lionel Corbett, MD – Professor at Pacifica Graduate Institute. Founder of The Psyche and the Sacred Program – USA.

John L. Cox BM BCh , DM (Oxon), FRCPsych - Past president of the Royal College of Psychiatrists, past Secretary General of the World Psychiatric Association. Visiting Professor of Mental Health at the University of Gloucestershire and the Institute of Psychiatry, London - UK.

Quirino Cordeiro MD, PhD – Associate Professor of Psychiatry, Faculdade de Ciências Médicas da Santa Casa de São Paulo (FCMSCSP). Committee member of the Section on Religion, Spirituality and Psychiatry of the Brazilian Psychiatric Association (ABP) – Brazil

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Alexander Moreira-Almeida MD, PhD - Associate Professor of Psychiatry, School of Medicine, Federal University of Juiz de Fora (UFJF). Chair of the Section on Religion, Spirituality and Psychiatry of the World Psychiatric Association (WPA) and of the Brazilian Psychiatric Association (ABP) – Brazil

Kenneth Pargament, PhD – Professor of clinical psychology at Bowling Green State University, editor-in-chief of the two-volume APA Handbook of Psychology, Religion, and Spirituality – USA

John Peteet, MD – Associate Professor of Psychiatry, Harvard Medical School. Chair of the Caucus on Spirituality, Religion and Psychiatry of the American Psychiatric Association (APA) – USA.

Bernard Janse van Rensburg MD, PhD – President-elect of the South African Society of Psychiatrists (SASOP), founder and director of SASOP’s Spirituality and Psychiatry Special Interest Group (S&P SIG). Secretary of the WPA Section on Religion, Spirituality and Psychiatry - South Africa.

Homero Vallada MD, PhD – Associate Professor of Psychiatry – Universidade de São Paulo (USP). Committee member of the Section on Religion, Spirituality and Psychiatry of the Brazilian Psychiatric Association (ABP) – Brazil

Registration:
http://www.cbpabp.org.br/english/?page_id=2491

About the 2015 Brazilian Congress of Psychiatry

http://www.cbpabp.org.br/english/
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

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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

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