

Psyche and Spirit: connecting psychiatry and spirituality

Newsletter of the Section on Religion, Spirituality & Psychiatry

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Editorial

Welcome to issue 4 Psyche and Spirit. The academic study of religion and mental health is rapidly growing across the world; alongside this there is increasing interest in the role of spirituality in health services provision. This is not limited to western spirituality; there is increasing attention given to non-Christian spiritualities. As one example a major conference

organised by BME Health in London focused on the social, anthropological and psychological aspects of spirit possession in Islam and was well attended with 160 delegates. Another recent conference run by the BPPA (British Pakistani Psychiatric Association) devoted considerable time to discussing the relationship between Islam and mental health including one outstanding talk by an ex terrorist on the religious factors causing him to leave the terrorist organization. At a time when mental health services across the globe are suffering from financial cuts and undergoing a process of increasing beaurocratisation, it appears that the existential and spiritual aspects of patients are being taken more seriously.

We begin with News from APA Caucus and events on the field at APA 2013. Then follows a paper where Valerie DeMarinis emphasizes the role of existential meaning making information in public mental health in her paper Cultural- and Existential Meaning-Making Information as Integral Dimensions in Public Mental Health Promotion Research in Sweden. In that way we also have the opportunity to learn more about the work of one of the new elected board members of the Section. In the second paper, Peter Verhagen presents a very useful overview of the relation between religion and mental health including studies from 1969 to 2013 indicating generally positive relationships between religion and mental wellbeing.

In this issue, we start a series with papers providing some views on Spirituality and Psychiatry from several WPA Sections. Simon Dein provides a perspective from Transcultural Psychiatry Section and German Berrios from the History of Psychiatry Section. Berrios explores the notion of alienism from an historical

perspective in his paper Psychiatry and its Lack of Molar Categories.

In the research corner, Giancarlo Lucchetti reviews some recent papers on a controversial issue regarding “spiritual but no religious” people. It discusses with the the associations with mental health of a spiritual understanding of life in the absence of an institutional affiliation and religious framework.

Another new heading in this fourth issue of our Newsletter is called ‘Bookmarker’. An interesting recent research paper is briefly reviewed (600-700 words). Readers are invited to contribute to this new heading!

In terms of future events there will be a symposium on research on spirituality the Brazilian Congress of Psychiatry which promises to be very interesting.

Finally we provide information on joining the section

We hope you enjoy reading this!

News



REPORT ON THE 2013 AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL MEETING IN SAN FRANCISCO **By John Peteet, M.D.**

The Oskar Pfister Award is co-sponsored by the APA and the Association of Professional Chaplains to honor an individual who has made outstanding contributions to the dialogue concerning religion, spirituality and psychiatry. This year’s recipient was Marc Galanter, M.D. of New York University, whose lecture entitled “What We Can Learn From Alcoholics Anonymous

About Addiction Treatment, Spiritually-Oriented Recovery, and Social Neuroscience” was well attended and elicited spirited discussion.

Albert Gaw, M.D.’s presentation on how spirituality can counteract stress related telomere shortening provoked even more vigorous discussion of his anecdotal examples of spiritual communities using weight loss to promote health.

The symposium “Implications of Spiritual Experiences to the Understanding of Mind-Brain Relationship”, chaired by Alexander Moreira-Almeida, M.D., Ph.D. and co-sponsored by the APA Caucus of Religion, Spirituality and Psychiatry (based on the book “Exploring frontiers of Mind-Brain Relationship”, Springer, 2012) discussed implications of spiritual experiences for the mind brain-relationship. It was so well attended that the almost 200 seats were full, and the floor space could not accommodate everyone who wanted access to the room. Saulo Araujo, Ph.D. presented on Metaphors and Analogies as (Pseudo) Explanations of Mental Phenomena: A Critique of Contemporary Materialism in Cognitive Neuroscience, Robert Cloninger, M.D., Ph.D. on Distinguishing Magical Thinking and Mature Spirituality in Mind-Brain Research, Dan Blazer, M.D., Ph.D. on Religion/spirituality and Mental Health: What Can We Learn from Empirical Studies?, Peter Fenwick, M.D. on Do Near-Death Experiences and Approaching Death Experiences Extend Our Understanding of Human Consciousness?, and Alexander Moreira-Almeida, M.D., Ph.D. on Research on Possession/Trance/Mediumship and the Mind-Brain Relationship. James W. Lomax, M.D. served as the discussant.

At its second meeting, the APA Caucus on Spirituality, Religion and Psychiatry elected officers (President John Peteet, M.D., Vice-President Dr. Walid Sarhan F.R.C.Psych., Secretary/Treasurer Mary Lynn Dell, M.D., Newsletter/Website Editor Stephen Mory, M.D., and Alan Fung, M.D., Representative at Large). The discussion focused on ways to move the agenda forward with further collaboration on symposia and workshops at the APA Annual and IPS Meetings (such as the one on Education in Spirituality and Religion in Psychiatry at the October 2013 IPS meeting in

Philadelphia), and with groups with related interests such as the APA Caucus on Integrative Medicine, Division 36 of the American Psychological Association, the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists in the U.K. and the WPA Section on Spirituality, Religion and Psychiatry. The Executive Committee now connects through monthly conference calls and encourages use of the Caucus's WordPress site <http://spiritualityreligionpsychiatrycaucus.com>

Cultural- and Existential Meaning-Making Information as Integral Dimensions in Public Mental Health Promotion Research in Sweden

Valerie DeMarinis

Professor in Psychology of Religion; Director of Public Mental Health Promotion Research Area, IMPACT Research Programme, Uppsala University, Sweden

Public mental health promotion research in Sweden is an area in a developmental phase. A new interdisciplinary research initiative with this focus is underway through the Well-being and Health Theme Area of the nationally-funded research programme: Impact of Religion –Challenges for society, law and democracy, at Uppsala University in Sweden. Research representatives from psychology of religion, public health, psychiatry, psychology, and other branches of medical and nursing sciences are included in the research forum. One distinguishing feature of the way this area is approached in this initiative is the inclusion of both cultural- and existential meaning-making information as integral dimensions in the understanding of and investigation of health in general and of mental health in particular (DeMarinis et al., 2011). These dimensions, especially when applied to clinical contexts, are not considered add-ons after all other diagnostic and information-gathering methods have created a case profile, but rather provide essential information for creating such a profile.

That this type of orientation could guide the development of public mental health promotion

research in Sweden and in other Scandinavian contexts may seem somewhat ironic in that Sweden is considered as one of the most secular countries according to the World Values Survey (Pettersson, 2002). However, the challenges for public mental health presented by a changing pattern of immigrant groups for whom religion is an essential part of meaning-making, and an ever-growing number of ethnic Swedes searching for spiritual sustenance exist at many levels. The variety of existential worldviews present in contemporary Sweden is wide, though research on this topic from a mental health research perspective is only in its nascent stage (DeMarinis, 2006). Not having an existential worldview (including beliefs, values, and special symbolic activities) or not being able to gain access to such can contribute to mental dysfunction (DeMarinis, 2008). There is very little currently offered in terms of education or training preparing mental health professionals to work with existential information in therapeutic contexts within the Swedish context. Yet, the need for such knowledge and training is becoming recognized by clinicians, as the excerpt from an interview with a mental health professional notes:

In a secularized society such as we live in here in Sweden, there is nothing that prepares us for understanding let alone making use of a way to tap into a patient's religious or other kind of existential system. I know things like religious rites or practices can be therapeutic sometimes, but I am at a loss of how to get to this. Should talking about this be a part of what I do? I sometimes wonder if by intentionally avoiding this area I am doing harm (DeMarinis, 2013)

Critically important mental health questions are now being raised both in academic and clinical settings, reflecting the wide range of societal and professional issues involved: What institutions are responsible for public mental health promotion?; Should existential- and cultural information be included in mental health assessments?; What type(s) of competency is needed for inclusion of existential- and cultural material in such assessments?; What professional group(s) should have this responsibility?; How best can cultural- and

existential information shape public mental health promotion and well-being?

The inclusion of both cultural- and existential meaning-making information (religious and spiritual information) as important assessment areas for public mental health has been argued for by Kalra and colleagues (2012). How these types of information are approached and incorporated in different cultural contexts and mental health systems is a research topic in itself. The choice of which terminology is used needs to be analyzed and understood in terms of the cultural context in which health care is being offered.

The way in which both cultural- and existential meaning-making information areas are approached in a growing number of Swedish and Scandinavian mental health contexts is as sources of information necessary for the therapeutic process with all patients. In an operational model applied to research in mental health and migration in Scandinavian contexts (DeMarinis, 2013) as well as addiction (DeMarinis et al., 2009) existential meaning-making information is incorporated in a larger cultural information framework:

As all persons have some way of making meaning, each person has existential information which goes to the core of what is most meaningful in his/her meaning-making. The importance of this information in the therapeutic process varies from case to case. It can be of relevance for identifying areas of dysfunction as well as function and resilience (DeMarinis et al., 2011)

This approach within the Scandinavian context allows for the mental health clinician and researcher to be prepared for hearing the narrative of any and every patient whatever the content of the existential worldview might be. This approach also allows for the building of a public mental health infrastructure with specially trained cultural- and existential brokers who can function within a para-therapeutic and extended mental health resource network. The selection of the term “existential meaning-making” over terms such as religious or spiritual, it should be noted, is also due to the fact that the translations of these terms into

Swedish does not work well and/or connotes associations that are too restrictive and thereby counter-productive to the task at hand. This was well expressed by a psychiatrist taking part in an ongoing research project on incorporating cultural and existential information into the therapeutic context:

Thinking about existential meaning and about the meaning-making process makes sense to me. The term religion seems too narrow and specific, and spiritual doesn't work well in this [Swedish] language. Think about existential meaning helps me to understand that it is a category of information I am after, rather than trying to tie it to a specific religious tradition. It gives me the possibility to hear this type of information and how well it functions or is not functioning for those who are religious as well as for those who have another source of meaning.

The public mental health promotion research area at Uppsala University has its focus on research related to all areas of mental health promotion both within Scandinavia and with research partners internationally. Projects and publications within or related to this research area currently include the following topics: migration and acculturation, addiction treatment, existential meaning and work-related stress, existential needs following abortion, cultural and existential information use for mental health workers, and mental health programme evaluation research. There are a number of international professional research and clinical networks to which the area is already linked. A special link to the Religion, Spirituality and Psychiatry section of the World Psychiatry Association is underway. Inquiries related to this research area can be addressed to the author at valerie.demarinis@teol.uu.se

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**Spirituality and mental health: four reviews
1969-2013**

Peter J. Verhagen

It is the aim of this short paper* to guide readers through the main lines of four reviews on religion, spirituality and mental health, published between 1969 – 2013.

REVIEW 1969 BY SANUA

One of the first reviews, but still in the pre-evidence based era, was published in 1969 by Sanua in the AJP. In fact he presented a quite original approach. He divided the studies he found according to five domains but he claimed that he had not been able to find any empirical support for the at that time common belief that religion would be a basis of sound mental health. However, it was a review from the pre-evidence based era, and therefore the interpretation appears to be more or less opinion based in our eyes today; no quantitative analysis of outcome measures,

no information concerning how and on which grounds studies were selected and included or not, and so one. Therefore this review seems quite questionable today.

REVIEW 1983 BY BERGIN

Bergin made it very clear that review of empirical data is not just an empirical matter! In the first place, values and ideology influence theoretical assumptions. For instance, main assumptions of dominant theories are naturalistic and humanistic rather than theistic and spiritual. That means that it might happen, and it obviously did happen, that ideological choices were taken as facts, which they certainly are not. Another influential aspect is the religious noninvolvement of mental health professionals in contrast with the substantial involvement of the general population in religion and spirituality. A third influential aspect Bergin brought out was that because of these conceptual and attitudinal biases religion and spirituality were excluded from measurement or included in such a way as to confirm prejudices with regard to religion and mental health. These three issues still deserve to be kept in mind when one studies empirical surveys on religion and mental health!

Bergin included 24 studies from 1951-1979 and also presented a quantitative sum of data. Therefore he included only studies that had at least one religiosity measure and one clinical pathology measure. On a total of 30 outcome measures only 7 (23%) showed a negative relationship between religion and health. 47% showed a positive relationship, and the remaining 30% showed a neutral relationship. He stated that he had not found support for the assumed overall negative relationship between religion and mental health, but he admitted at the same time that he had only found marginal support for the positive effect of religion. Part of the problem was the limitations of measurement and methodology.

Another important improvement made by Bergin was his attempt to reckon with the fact that religion is a multidimensional concept, and that different aspects of religiosity are related to different aspects of mental health, and that therefore religiosity is not just a

matter of healthy or unhealthy religiosity. Since Bergin's publication the results of reviews have confirmed his results. There always appear to be mixed results, but the overall finding is a positive correlation between religion, spirituality and mental health.

META-ANALYSIS: A REPRESENTATIVE EXAMPLE 2003 BY HACKNEY AND SANDERS

A majority of experts seem to agree that in general the relationship between religion, spirituality and mental health can be qualified as positive. However, one of the main difficulties and an arena for disagreement is the fact that researchers deploy diverse definitions of scales of religion, spirituality and mental health. Religion, spirituality and mental health are multidimensional constructs and we still wrestle with a lack of (scholarly) consensus on how to define these constructs. The authors especially looked at the way religion and mental health were defined in the studies they included (35 studies between 1990 and 2001) and developed a classification scheme along the following lines. Definitions found in these 35 studies that focused on the social and behavioral aspects of religion were coded as 'institutional religion'. Definitions that focused on beliefs involved in religious activity were coded as 'ideological religion'. Definitions that focused on personal, internalized devotion were coded as 'personal devotion'.

Hackney and Sanders coded also definitions of mental health or psychological adjustment. Definitions focusing on the unhappy aspects of mental health were coded as 'psychological distress'. Definitions that focused on positive feelings regarding the self and one's life in general were coded as 'life satisfaction'. Definitions of psychological adjustment focused on more growth oriented and humanistic aspects of mental health were coded as 'self-actualization'.

The results showed that variation in definition or type of religiosity is one systematic source of variation in the effect sizes. The results also showed that the main effect took the form of significant increases in mean effect size as one proceeds from institutional religiosity to ideology to personal devotion. Also the

variation in definitions of mental health is a source of systematic variation. The main effect took the form of significant increases in mean effect size as one proceeds from definitions centered on low psychological distress to life satisfaction to self-actualization.

To summarize, regardless any consideration of religiosity or mental health definitions religiosity may be said to have a moderate positive overall, helpful, salutary relationship with mental health; a consistent finding over the years. At the same time each position that has been taken in the debate is supported: positive relationships (between personal devotion and self-actualization), negative relationships (between institutional religion and psychological distress), and non-significant (between ideological religion and psychological distress).

REVIEW 2013 BY BONELLI & KOENIG

The fourth and most recent review I want to highlight was just published, written by Bonelli and Koenig (2013). They searched the period 1990-2010 and found 43 studies that met their criteria. They also used criteria for rating the quality of each study, which is an important addition and improvement given the usual criticism on studies on religion and mental health.

They divided the results according to diagnostic groups following ICD-10. Results: 72% of the studies reported a positive relationship between religious involvement and better mental health. Although more than 40 different measures of religion/spirituality were used in these studies, all assessed the degree of involvement. Regarding the diagnostics groups, all studies on dementia (2), suicide (3) and neurosis (3) found a positive association, 79% of the studies on depression (19) and 67 % of those on substance abuse (9). Most findings in schizophrenia (5) were mixed or positive, in bipolar disorder (2) mixed or negative.

According to their rating of the quality of studies before and after 2000 they found an improvement in quality of methodology and design.

The authors conclude that their findings are similar to those reported by earlier reviews, and that research has improved. That does not mean that there are no methodological issues left. To mention a few: Religion and spirituality are multidimensional constructs, and therefore it is necessary to specify with dimensions are assessed. Especially spirituality is a difficult concept if one wants to avoid an all too large similarity with religion or mental health. And what exactly is meant by nonreligiousness, atheism or agnosticism? Another issue is the fact the most studies are cross-sectional, therefore giving no indication about causality. Religious factors may function in different ways across the life span. And one should always realize that it is not always clear for what reason people are religiously involved, including reasons that have nothing to do with religious beliefs (e.g. 'risk avoidance').

CONCLUSION

To conclude with, empirical research improved over the years, and the quality of research syntheses improved as well. There is good evidence, that religious involvement is correlated with mental health in three major domains of psychiatry: depressions, substance abuse and suicide. There is some evidence for two other domains: stress related disorders and organic mental disorder. There is insufficient evidence for bipolar disorder and schizophrenia, and no evidence for a lot of other disorders, which of course means that more research is needed. However most important is the finding that at least in the last 20 years, but even longer, the findings are fairly consistent. The majority of studies do show positive associations between religious involvement and mental health. However one should not close his eyes for the fact that also mixed and negative results reappear every time.

Take home message: Religion and spirituality are a relevant aspect of patients' lives and should be taken into consideration by physicians when assessing and managing psychiatric patients. Further longitudinal studies are needed to determine the causality and therapeutic implications of findings.

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- See also:
- Verhagen, P.J. (2013). Psychiatry and religion: Values, Research Data and Professionalism. *Minerva Psichiatrica*, 54, 149-164.
- *Paper presented at the conference 'Spiritualità, Salute Mentale e Disabilità', June 7th 2013, Firenze (It).

WPA'S SECTIONS VIEWS ON SPIRITUALITY

TRANSCULTURAL PSYCHIATRY SECTION

This section has always taken a keen interest in spirituality as evidenced by the large number of conferences which include a symposium on religion, spirituality and mental health. Presentations have been included in Cairo, Buenos Aires, Bologna, Providence, Tel Aviv, Vienna and in numerous other geographical locations. Topics have generally focused around the role of religion/spirituality in coping with migration with one recent symposium in Bologna on spirituality and PTSD. There have been several symposia on religion and mental health generally with interesting data presented by Muslim delegates discussing the role of the Qur'an and prayer in healing. The 2012 Tel Aviv conference included a symposium on Current controversies in religion and mental health. One particularly popular symposium is on Freud's Jewish background and its relationship to psychoanalysis and contemporary Jewish healing.

Speakers include Prof Simon Dein, Dr Micol Ascoli and Prof Ron Wintrob . The WPA R/S symposia generally draw large numbers of delegates and provide stimulating discussions. We encourage readers to keep an eye on future WPA conferences and would value their active participation.

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WPA'S SECTIONS VIEWS ON SPIRITUALITY

HISTORY OF PSYCHIATRY

PSYCHIATRY AND ITS LACK OF MOLAR CATEGORIES

One of the interesting aspects of 19th century Alienism (the discipline that later was to be called Psychological Medicine or Psychiatry) was that *ab initio* it had at its disposal a veritably broad conceptual repertoire to deal with the phenomena of madness. This is not altogether surprising. Both as a theory of madness and as a social practice, Alienism was constructed during a period when there were two epistemological discourses available to its practitioners. From its birth Alienism had to straddle the language of the applied natural sciences (mostly anatomy, physiology, pathology and pharmacology) and the nascent narratives of the social sciences (sociology, geography, history, natural theology). As a result of this combination, Alienism was from its early stages conceptually bilingual, even if like Monsieur Jordain in Molière's *Le Bourgeois Gentilhomme* (1670), it did not know that it was speaking in prose!

Which of the various social science discourses available at the time was more influential depended upon culture and nationality. Given that during the first half of the 19th century France was the driving force in its construction, it is not surprising that Alienism was to absorb much of the Roman Catholic philosophical eclecticism of Victor Cousin (1792-1867). This is one of the reasons why 19th century alienists were able to muster a rich gamut of descriptive categories, including those which until then had been used to deal with the lofty concepts of

Soul and Spirit. In addition, given that at the time much of the care of the mentally ill patient was in the hands of religious orders, it was to be expected that the language of the theological virtues (Faith, Hope and Charity) was to become the linguistic and conceptual currency in which 19th century helpers offered Moral Treatment to their charges.

Faith, Hope and Charity can be considered as typical of what is called 'molar' concepts (more on this below) because they endeavour to capture some of the deepest and universal dialogical styles used by humans in their communication. Depending upon one's hermeneutic stance (i.e. whether it is theological, psychological or sociological) Faith, Hope and Charity can be interpreted as referring to the relationship between God and men, or when secularized, to positive and constructive interactions between men.

The theological virtues were once intimately connected with the Spirit that divine substance that together with the Soul and the Body constituted the ontological patrimony of man. Until well into the 19th century these three substances run together; indeed, during the first half of the 20th century the Spirit is still found as the central and highest ontological element in the work of some philosopher, for example, in the multi-layered model of man proposed by Max Scheler (1874-1928). Hence, to many a psychiatric patient, spiritual narratives based on the dynamics of Faith, Hope and Charity made (and make) a great deal of sense.

The secularization of the language of psychiatry, started during the early 20th century in response to the challenge of psychoanalysis, was completed after the Second World War by the predominance of the reductionistic approach of biological psychiatry. This caused a painful narrowing down of the communicational repertoire of the clinical psychiatrist who in the 21st century can do little more than recite the DSM-5 criteria. The view that other forms of psychiatric talk are invalid or not scientific enough has pauperized young trainees both from the conceptual and linguistic viewpoints. Running out of narratives is not an uncommon complaint by young trainees. One

wonders why the rich pastoral language of spirituality is being ignored.

As the alienists of yesteryear knew so well, Faith, Hope and Charity can be made to deliver important healing powers. Because spirituality was part of the metaphysical purview of the 19th century alienist, it was possible for him to resort to such powers in his effort to heal his patients. The theological virtues can be defined as molar categories, that is, as broad, qualitative concepts that endeavour to capture important regions of human behaviour. By abandoning molar categories - on account of the claim that there is little evidence to support their validity, Psychiatry has ended up losing its capacity to express itself in a language that ordinary human beings can understand.

And on the odd occasion when psychiatry has decided to opt for a molar category it has gone for the wrong choice. For example, much nonsense is spoken nowadays about 'Happiness' and this molar category has become the flavour of the year. Thus, an inordinate amount of funds is being allocated to research on happiness and one cannot help feeling that this is simply because it serves better some short-term economic interest, for example the possibility that psychopharmacology may soon develop a Happiness enhancer (like Aldous Huxley's 'delicious soma', 1932).

And yet faith is as relevant in a secular context as it is in a theological and religious one. Indeed, in our own time it is as much behind the belief in the absolute certitude of the natural sciences as in earlier times it was behind the belief in God and his revelations. Faith remains a powerful motivational tool whether inside or outside religion. In addition to providing the fundamental underpinning of belief, faith has a practical dimension in that it is a power to fuel and direct action. For example, Duns Scotus (1266-1308) wrote in the prologue of his *Opus Oxoniense*: "345. To the principal arguments of the first question. To the first [n.217] I say that faith is not a speculative habit and that to believe is not a speculative act, nor is the vision that follows believing speculative, but practical

...". From then on, whether in Spinoza, Kant or Kierkegaard Faith has remained an existential claim, a transformative force, an act which imparts direction to the life of the individual. Rudolf Bultmann (1884-1976), the great German theologian, went as far as asking to 'demystify' Faith, i.e. to separate it from the cosmological myths in relation to which it was developed within Christianity. Should a concept like this not be central to the narratives of psychiatry?

The same applies to Hope. One of the great Marxist social critics of the 20th century, Ernst Bloch (1885-1977) wrote an extraordinary important book about Hope (*Das Prinzip Hoffnung*, 1954-1959) where this power is considered as the central epistemological engine in the development of man. Influenced by the work of Bloch, Jürgen Moltmann (1926-) developed similar ideas in his *Theologie der Hoffnung* (1964) this time placing the idea of Hope in the context of the Resurrection. Whether as a theological or secular category, Hope should also be considered as an important molar concept in psychiatry. However, very little has been written on the importance of Faith and Hope to some forms of psychiatric therapy.

Jettisoning these molar categories has left psychiatry in a parlous state. It could be argued that without their theological context Faith, Hope and Charity have little meaning. This is unlikely to be so. As Bultmann showed in relation to Faith and Bloch to Hope, these concepts work well in a non-theological context. Hence, it is of the essence that they are integrated into a model of man that takes into account the Schelerian version of the spirit and makes open use of the healing powers and motivational force of Faith, Hope and Charity to help those suffering from mental afflictions.

Professor German E Berrios
Chair of the Section on History of Psychiatry

Research corner

The purpose of this section is to present a summary of important recent research in the field. For this issue, we will present some important papers published recently.

SPIRITUALITY OR RELIGIOUSNESS?

These two papers were published in 2013 and provide further evidence to the role of spirituality and religiousness in mental health. However, they have contrasting results.

King M, Marston L, McManus S, Brugha T, Meltzer H, Bebbington P. [Religion, spirituality and mental health: results from a national study of English households](#). Br J Psychiatry. 2013 Jan;202(1):68-73.

Farias M, Underwood R, Claridge G. [Unusual but sound minds: mental health indicators in spiritual individuals](#). Br J Psychol. 2013 Aug;104(3):364-81.

The first article (King et al.) investigated the associations between a spiritual or religious understanding of life and psychiatric symptoms and diagnoses. Authors evaluated 7403 people in England and found that 35% of the participants had a religious understanding of life, 19% were spiritual but not religious and 46% were neither religious nor spiritual. Religious people were similar to those who were neither religious nor spiritual with regard to the prevalence of mental disorders, except that the former were less likely to have ever used drugs or be a hazardous drinker. On the other hand, spiritual people were more likely than those who were neither religious nor spiritual to have ever used or be dependent on drugs, and to have abnormal eating attitudes, generalised anxiety disorder, any phobia or any neurotic disorder. They were also more likely to be taking psychotropic medication. They concluded people who have a spiritual understanding of life in the absence of a religious framework are vulnerable to mental disorder.

The second article (Farias et al.) compared modern spiritual individuals (n=114) with traditional religious believers (n=86). They found anxiety, depression, and insecure attachment were not significant predictors of spirituality or correlated with them. The results also showed that spiritual believers report high social support satisfaction and this variable predicts involvement in modern spirituality. Further, spiritual practices were negatively correlated with and negatively predicted by death anxiety scores. According to the authors, these findings strengthen

the association between modern spirituality, good mental health, and general well-being.

These contradictory results are not easily understandable. First, since both studies were conducted in the United Kingdom, cultural context do not seem to play a role in these studies. Second, because both studies did not follow the patients, they do not provide definite information about cause-and-effect relationships. Third, some important psychiatric outcomes such as depression and anxiety were addressed in both studies.

Nevertheless, there are also some remarkable differences. The instruments used were very different which could provide different results, the enrollment of patients were diverse (a nation-wide study versus a comparative one) and there are some psychiatric outcomes which were not assessed in both studies.

Against this background, other authors have also reported controversial results while comparing spirituality and religiousness.

Johnstone B, Yoon DP, Cohen D, Schopp LH, McCormack G, Campbell J, Smith M. [Relationships among spirituality, religious practices, personality factors, and health for five different faith traditions](#). J Relig Health. 2012 Dec;51(4):1017-41.

Peirano AH, Franz RW. [Spirituality and quality of life in limb amputees](#). Int J Angiol. 2012 Mar;21(1):47-52.

Leurent B, Nazareth I, Bellón-Saameño J, Geerlings MI, Maarros H, Saldivia S, Svab I, Torres-González F, Xavier M, King M. [Spiritual and religious beliefs as risk factors for the onset of major depression: an international cohort study](#). Psychol Med. 2013 Oct;43(10):2109-20.

In view of these findings, more research on this comparison is needed to fully understand the role of spiritual and religious beliefs in mental health including different settings and different cultural backgrounds.

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Bookmarker

In this section readers can contribute to the Newsletter by reviewing briefly (600-700 words) an interesting recent publication.

Peter J. Verhagen

The research group of the 'Mental Health and Psychiatry' department of the University Hospital of Geneva publishes regularly its findings on the meaning of religion and spirituality in the life of patients with chronic psychotic symptoms (schizophrenia) in high impact journals. Well-known members of the group are Silvia Mohr, PhD, and Philippe Huguelet, MD PhD. Review of their work can be read in 'religion and Spirituality in Psychiatry' (Huguelet & Koenig, 2009).

The newest paper is concerned with the meaning of the religious content of delusions in schizophrenic patients. Because of this special subject this study is worthwhile reading for several reasons (Rieben, Mohr, Borrás, Gillieron, Brandt, Perroud & Huguelet, 2013). First, this research group is very skilled and experienced in conducting research regarding religion and spirituality and this type of patients. That as such is quite unique. Research regarding religion and spirituality is far more conducted in relation to anxiety and depression, far less in relation to personality disorders or psychotic disorders. Another reason why this paper is interesting is because of its interest in the content of religious delusions; we are not very used to such an approach. In this research the central topic is the meaning of delusions with religious content for the religiosity or spirituality of these patients.

In previous studies the authors found that delusions with religious content can contribute to positive coping with illness. How? In the current study the authors wanted to learn how schizophrenic patients with delusions with religious content (n = 62) conceptualized and experienced their religiosity/spirituality. Beside demographic and clinical data and level of functioning (GAF) a spiritual history was taken including an assessment of the religious

content of delusions in the present (n = 38) or in the past (n = 24). A qualitative analysis was based on the principles of the grounded theory. Vignettes of three patients are presented in order to illustrate and to explain the findings.

Based on their analysis the authors found three categories or themes: spiritual identity, meaning of the illness, and spiritual/religious figures. In addition to that they formulated a hypothesis on the structural dynamics. The theme 'spiritual identity' means that the religious content of delusion contributes to the construction of a spiritual identity. That identity (single or plural) becomes leading in relationships with others. One of the patients said that he was a son of God. Often such a spiritual identity, as the result of the confrontation with (e.g.) depersonalization is unstable, permeable, and vulnerable. Often these patients show external attribution bias, an inclination to anomalous experiences, jumping to conclusions and deficits in understanding social interactions. In that sense religious delusions can be differentiated from healthy religious experiences. Meaning of the illness, the second theme, concerns the explanatory model of the patient; important regarding e.g. (non)adherence to treatment. The same patient said that his psychosis was a mystical conversion which allowed him to accept psychological treatment as a means to overcome terrible childhood experiences. In the third place patients described spiritual or religious figures they could identify with. The same patient mentioned two figures, a demon and God as father, doctor, who could heal and strengthen him.

The structural dynamics concern the constant reconstruction through interaction with the world and others. Closed dynamics (n = 18) refer to a complete rupture with others and the surrounding world. Open dynamics (n = 12) mean a constant reconstruction of beliefs through interaction with the world around. It is also possible that open and closed dynamics coexist (n = 32). These dynamics obviously play an important role in dealing with one's opinion about oneself, and also in managing issues like guilt and loneliness, issues that are quite common in religious delusions.

The authors conclude that these findings help us to understand the psychological function of religious delusions in our clinical work. Working on these functions may contribute to better therapeutic work. An instructive and useful piece of scientific work!

References

Huguelet, Ph. & Koenig, H.G. (eds.) (2009). Religion and spirituality in psychiatry. Cambridge: Cambridge University Press.

Rieben, I., Mohr, S., Borrás, L., Gillieron, C., Brandt, P-Y., Perroud, N., Huguelet, Ph. (2013). A thematic analysis of delusion with religious contents in schizophrenia. *Journal of Nervous and Mental Disease*, 201 (8), 665-673.

Calendar of events

October 2013

18-22 [XXXI Brazilian Congress of Psychiatry](#). Curitiba, Brazil. There will be a 2h symposium "Research in mental health, spirituality and religiosity: methodological challenges"

May 2014

3-7 APA Annual Meeting, New York. The Section submitted several contributions.

September 2014

14-18 16th WPA World Congress of Psychiatry, Madrid, www.wpamadrid2014.com. The Section is preparing several contributions, in collaboration with other sections as well, and including a course.

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

To join us it is free and easy, you just need to fill the form.

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