



# European Network of Research on Religion, Spirituality and Health

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## Editorial

### Dear colleagues, dear friends

First of all I want to thank Erminia Colucci for her brilliant contribution to this newsletter on „Spirituality and Suicidology“ which brings up a very relevant topic in mental health care. I want to encourage you to read the full article that can be freely downloaded (see reference).

Second I invite you to use the newsletter as a platform to share your research projects and promote your publications. The European Network is growing constantly and „transcending“ European borders, as Erminia Colucci's contribution shows.

Thirdly I am happy to announce our 2<sup>nd</sup> European Conference on Religion, Spirituality and Health, which is going to take place in May 13-15, 2010 in Bern/Switzerland. The overall topic will be religious and spiritual coping, the international keynote speaker Prof. Ken Pargament. As a pre-conference there will again be the opportunity to participate in a 4-day research workshop with Prof. Harold Koenig. I warmly invite you to take part in both events and to submit your abstracts for the European Conference where we plan to launch a Young Researcher Award (further information see our webpage [www.echrsh.eu](http://www.echrsh.eu))

*René Hefti, MD*

## Topic

### Recognizing Spirituality in the Assessment and Prevention of Suicidal Behaviour

#### Introduction

In pre-modern times, concerns related to illness and healing were often encompassed within the wider domain of a religious worldview and, in many cultures, healing was a sacred art (Bathgate, 2003). Today,

(Western) Medicine, including Psychiatry, and in general Psychology, are secular disciplines. But, as observed by D'Souza (2002), in many parts of the world a holistic view of human being has survived. This is seen, for instance, in Chinese and Indian Medicine, in the healing arts of American Indians and among Indigenous Australian peoples. However, as Swinton (2001) points out in his *Spirituality and mental health care. Rediscovering a „forgotten“ dimension*, even though the idea of spirituality appears to belong to a surpassed era, in fact the latter part of the twentieth century has seen a noticeable rise in interest in spirituality within the Western world. But, as Swinton (2001) clarifies later, this does not refer to institutionalized religions which are becoming less popular.

The distinction between religion and spirituality has gained greater prominence since the 1960s (Dein, 2005) and, nowadays, there seems to be general agreement (e.g. Birnbaum & Birnbaum, 2004; Fetzer Institute, 1999; Oldnall, 1996) about the necessity to differentiate between these two concepts: religion and spirituality do not necessarily overlap for everyone and individuals may be spiritual without being religious (unreligious spirituality) and religious without being spiritual (unspiritual religiosity). Consequently, religion - defined more narrowly as a formal, ritualized and institutionalized system of beliefs - should not be treated as synonymous of spirituality but, eventually, as one form of spirituality (or the most common cultural representation of spirituality, in Eckersley's -2007- words).

After a brief discussion on the definition of spirituality, the article presents evidence from the literature that, in spite of the importance spirituality might have for mental health patients and suicidal people, it is still an overlooked area in Suicidology. Attention is also given to a central aspect of spirituality that has, with few exceptions, been neglected in suicide research, i.e. meaning and purpose in life. Suggestions for future research are offered in the closing section.

### What Should Not Go Neglected and How: Future Direction

The *Mental Health Foundation report (2006)* points out that, whilst there is recognition that there are differences between religion and spirituality, much of the research uses measures of religious practice as a proxy. But, as Swinton (2001) affirms, the significant thing to bear in mind is that spirituality may well be significant to many people with mental health problems, even though they may not express an interest in or adherence to an established religious tradition. For instance, Webb (2003) admits that a faith-based religious spirituality was not going to work for someone with a rationalistic and atheistic upbringing like his but that this form of sacred relationship with a religious God has been the key to the recovery of other suicidal patients. Therefore, research should attempt to discover those aspects of life that give meaning to individuals that are beyond the traditional parameters of religion (Mental Health Foundation, 2006). Consequently, the first suggestion for future direction in research is to focalize on the broader concept of spirituality, on the feeling of transcendence, on the personal and cultural ways of experiencing and expressing spirituality, and do so by increasing the use of qualitative methodology. Swinton (2001) is very critical of the use of quantitative methods to study religion and spirituality. One of the limits shown by quantitative studies of religion is that usually they are reductionistic, simplistic and treat religion and spirituality as if they are unidimensional constructs, often assuming that these can be adequately measured by a single variable. In fact, in the cross-cultural journals reviewed by Tarakeshwar, Stanton and Pargament (2003), the authors criticized that religious dimension was assessed through a few global indicators (such as church affiliation, church attendance and prayer) which do not reflect the multidimensional nature of religion<sup>1</sup>. Burkhardt (1989) supports the idea that spirituality

lends itself more to qualitative measures, where the subjectivity of response is valued. Perhaps, as suggested in the *Mental Health Foundation report* (2006), to gain a fuller understanding of the link between spirituality and mental health/illness, researchers need to use a combination of methodologies that allow the complexities of the field to be explored.

Another limitation of research in this field highlighted in the *Mental Health Foundation report* (2006) is that research focuses on the effects of spirituality on mental health problems whereas few studies address the mechanism through which spirituality may promote good mental health and wellbeing in populations without those problems.

A fundamental aspect of spirituality - meaning in life - needs to be addressed in more research on suicidal people (and not only) and more research is required to define which aspects of religiosity and spirituality are protective against suicide, because religious affiliation or simply attending church are not „necessary and sufficient“ conditions to prevent suicidal behaviour. In fact, following Allport's assertion (1950, in Hill & Pargament, 2003), it might be more important to ask „how“ a person is religious rather than „whether“ a person is religious. It would also be valuable to explore the meaning that people from diverse cultural groups, socio-economic background and life experiences attribute to religiousness and spirituality. For instance, as suggested by Miller and Thoresen (2003), it must be considered that the magnitude and direction of the effect of spirituality/religiousness on health, may vary widely across ethnic groups that differ with regard to the cultural centrality of religion (and, I add, the spiritual dimension). The need to examine the ways in which culture influences religion's expression of the spiritual has been underlined by Eckersley (2007) and until this happens, we risk asking the wrong questions to our patients and research participants and offering them wrong interpretations.

Larson and Larson (2003) also recommend more studies addressing religion/spirituality not only to understand better its importance as a coping strategy for mental health patients, but to clarify as well its less frequently found but clinically important harmful use (see Colucci & Martin, 2008).

In my opinion, it is crucial to introduce spirituality routinely into prevention and

intervention plans, given the importance it has for many people with (or without) mental health problems and, as recommended also by Miller and Thoresen (2003), to increase research on spiritually/religiously based prevention/treatment interventions. This may be particularly important in suicidal patients, where topics of meanings and purpose in life, sense of connection and coherence, systems of values and beliefs are all often central issues in their suffering.

### Conclusions

In the „spirituality revolution“ that is taking place during the post-modern era in Western societies - also found in Eastern countries - (Tacey, 2003), any branch dealing with mental health (Suicidology included) is called to recognize people's quest for meaning, that search for the sacred, for something higher; that request to fill that spiritual vacuum left by the „illuministic“ and secular society.

Webb (2003) argues, „suicidology cannot continue to turn a blind eye to the central role that spirituality often plays in the experience of and recovery from suicidality“ (p. 5). I believe that some small steps have been made and that contributions like his, this manuscript and others' can help to remind Suicidologists, other people in mental health and policy makers that there is more than body and mind in everyone of us and that that „more“ needs to be heard, nurtured and (re)considered in research, clinical practice and our daily life.

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### The full article reference is:

Colucci, E. (2008). Recognizing spirituality in the assessment and prevention of suicidal behaviour. *World Cultural Psychiatry Research Review (WCPRR)*, Special issue: Suicide and Culture, Vol. 3 (2), pp. 77-95.

It can be freely downloaded by  
[http://www.wcpr.org/index-03\\_02.htm](http://www.wcpr.org/index-03_02.htm)

Other references are published at [www.rish.ch/pdf/Newsletter 2009-References.pdf](http://www.rish.ch/pdf/Newsletter%2009-References.pdf).

1 One reason for the use of brief (generally single-item) indices is that, as also underlined by Hill & Pargament (2003), religion and spirituality have often been included only as add-on variables in the context of other research agendas.

## Announcements

### IAPR Congress

*August 23-27, 2009, Vienna/Austria*  
Organisation: International Association for the Psychology of Religion  
Information: [www.iapr.at.vu](http://www.iapr.at.vu)

### TASK Tagung

*Sept. 10-11, 2009, Bad Tölz/Germany*  
Organisation: Transdisziplinäre Arbeitsgruppe Spiritualität und Krankheit  
Info: [www.grp.hwz.uni-muenchen.de/task/](http://www.grp.hwz.uni-muenchen.de/task/)

### RPP Herbsttagung

*October 10, 2009, Vienna/Austria*  
Organisation: Institut für Religiosität in Psychiatrie und Psychotherapie  
Information: [www.rpp2009.org](http://www.rpp2009.org)

### 2<sup>nd</sup> European Conference on Religion, Spirituality and Health

*May 13-15, 2010, Bern/Switzerland*  
The Conference aims to enhance the interdisciplinary dialogue between medicine, neuroscience and theology, putting a special emphasis on religious coping. Experts will give comprehensive overviews, covering physical as well as mental health issues.  
Information: [www.ecrsh.eu](http://www.ecrsh.eu)

### Pre-Conference Research Workshop with Prof. Koenig

*May 9-12, 2010, Langenthal/Switzerland*  
Preceding the European Conference on Religion and Spirituality there will be the opportunity to participate in a 4-day research workshop with Prof. Harold Koenig.  
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### Impressum

This Newsletter is published quarterly by the Research Institute of Spirituality and Health, Langenthal, Switzerland.

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