

European Network of Research on Religion, Spirituality and Health

Newsletter Winter 2014 /15

Volume 9 • No. 3

Editorial

Dear colleagues, dear friends

How to deal with patients suffering from mental illness concerning their religious/spiritual needs and struggles? Prof. Arjan Braam, the Netherlands, is deeply involved in the international discussions on this topic. In this newsletter he gives an introduction in the ongoing process of developing guidelines for practitioners in a country that is highly secularized and religiously diverse.

In Switzerland we are planning a National Conference on Spiritual Care in 2015. We realized that there are many initiatives in academic and non-academic institutions on this topic. So we think it's time to bring people and institutions together and build a national network.

Announcements of new publications and recent events can be found at the end of this newsletter. Please let us know about your projects, conferences and publications. Just send us an e-mail: info@rish.ch.

*Stefan Rademacher, PhD
René Hefti, MD*

Topic

Towards a Multidisciplinary Guideline "Religiousness, Spirituality and Psychiatry": What do we need?

*Arjan W. Braam [1,2],
Carlo Leget [1],
Peter J. Verhagen [3]*

Guidelines in mental health care aim to assist clinicians and therapists in taking rational decisions, either evidence based, or best-practice-based. Guidelines may also imply an ethical evocation for the matter it addresses. A guideline on religion, spirituality, meaning in life and other closely related and overlapping themes will not escape questions from colleagues who are aware of the risk of boundary transgressions. The

philosophy of life and affinity with existential questions among the professionals is likely to be very heterogeneous: either religious (with a myriad of variations), spiritual (with a myriad of connections), a-religious, and / or humanistic. Patterns of convictions, experiences and values may conflict among professionals. Therefore, these patterns deserve, at least, mutual exploration, avoidance of unnecessarily extreme positions and, at best, consensus.

Mental suffering confronts the patient with existential questions. Religiousness and spirituality (R/S) aim to offer a perspective of hope, relief, coping, or meaning in life. Traditionally, this has been acknowledged by many mental health care Institutions: The field of mental health care harbors a long tradition of healthcare chaplaincy and spiritual counseling (SC). Due to secularization and emphasis on individual meaning making, the profession of chaplaincy is subject to change.

Furthermore, the role of R/S in psychiatry has received increasing attention from social scientists and epidemiologists in the past decades, leading to an 'epidemiology of R/S' (Koenig et al, 2012).

Although several scholars theorized about the psychology of religion over the past hundred years, the body of empirical, quantitative knowledge becomes substantial. How should we integrate the new research insights into clinical practice? What further research initiatives are necessary for further integration?

A Multidisciplinary Guideline on Religion, Spirituality (R/S) and Psychiatry will address: (1) organizing R/S consultation in contemporary patient care, (2) categorizing research findings, and (3) professionalism with respect to R/S in psychiatric practice and education.

In the poster presentation at the ECRSH conference in Malta in May 2014, as well in a symposium session at the World Congress of Psychiatry in Madrid in September 2014, the main chapters of a draft of multidisciplinary guideline have been presented. Contents are derived from brainstorm ses-

sions with key participants in the field of R/S and psychiatry in The Netherlands, the UK position statements on R/S and psychiatry (Cook, 2013) and the proposal for a consensus or position statement by the section on religion, spirituality and psychiatry of the World Psychiatric Association (Verhagen & Cook, 2010).

The following areas of particular attention are addressed:

(1) Principles with respect to R/S. These pertain to medical ethical values, countertransference and types of existential crises during psychiatric episodes.

(2) R/S in mental health care practice. The different phases of mental health care offer radically different themes, such as distortion of R/S during psychopathological episodes, exploration of R/S with respect to resources of hope or distress during the treatment phase, and further guidance during the phase of rehabilitation.

(3) R/S counseling. Within the mental health care departments and institutions, the SC offer their assistance for consultation for patients and staff. The SC, generally schooled as theologian or humanist counselor, is equipped with expertise on meaning-making and meaning in life and specialized for the target group of psychiatric patients.

(4) Collaboration. Mental health care professionals, the SC and the patient practitioner will collaborate in the different phases of care. Ways of external collaboration pertain to the need of mental health care consultation and possible ways of mental health referral by clergy members, religious leaders, and pastoral workers.

(5) Relationship to other guidelines. Further insights can be derived from themes on R/S included in other guidelines or professional standards, such as the guidelines on suicidal behavior and the guideline on spiritual care in palliative medicine.

Without a guideline, the clinical relevant aspects of R/S run the risk of being largely unaddressed in mental health care. With respect to value discussions, there is a rich

tradition of thought. For mental health care practice, there is some substance of empirical studies justifying the attention for R/S. Little research is available on the level of spiritual counseling practice and collaboration.

A guideline may help to identify for which advices and steps sufficient research is available, as well as update the research agenda in a meaningful way. The issue of R/S and psychiatry counts numerous theoretically conceptual challenges. Guidelines, however, should not reflect complexity, but aim to get an overview and good points of departure. Conciseness of the guideline and offering no affront are valuable requirements.

References

- Cook, C.C.H. (2013). RCPsych Recommendations on spirituality and religion. Position Statement PS03. London, UK, Royal College of Psychiatrists.
- Koenig, H.G., King, D.E., & Benner Carson, V. (2012). Handbook of Religion and Health. New York, NY: Oxford University Press.
- Leget, C., Staps, T., Geer, J. van de, Mur-Arnoldi, C., Wulp, M., & Jochemsen, H. (2010). Spiritual care guideline [Spirituele zorg; Landelijke richtlijn, Versie 1.0]. Utrecht: Vereniging van Integrale Kankercentra (www.palialine.nl, Dutch; www.oncoline.nl/spiritual-care, English).
- Verhagen, P.J., & Cook, C.C.H. (2010). Epilogue: Proposal for a World Psychiatric Association Consensus or Position Statement on Spirituality and Religion in Psychiatry. In: P.J. Verhagen, H.M. van Praag, J.J. López-Ibor, J.L. Cox, & D. Moussaoui, Religion and Psychiatry: Beyond Boundaries. Chichester, UK, Wiley-Blackwell, 615-631.

The Authors

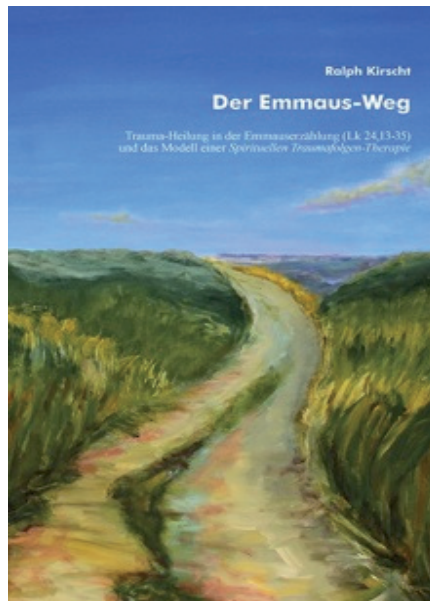
1. University of Humanistic Studies, Utrecht, the Netherlands, 2. Altrecht Mental Health Care, Department of Emergency Psychiatry and Department of Specialist Training, Utrecht, the Netherlands 3. GGZ Centraal, Harderwijk, The Netherlands

Address for correspondence:

Prof. A.W. Braam, M.D.
Altrecht Mental Health Care,
Department of Emergency Psychiatry
Lange Nieuwstraat 119
3512 PG, Utrecht
The Netherlands
E-mail a.braam@altrecht.nl

Announcements

Publications:



Der Emmaus-Weg: Trauma-Heilung in der Emmaus-Erzählung und das Modell der Spirituellen Traumafolgen-Therapie

Ralph Kirscht
(Uthlande Verlag, 2014)

Religion, Spirituality, and Positive Psychology

Thomas G. Plante (ed.)
(Praeger, 2012)

Religion as a Social Determinant of Public Health

Ellen L. Idler (ed.)
(Oxford University Press, 2014)

Meetings & Conferences:

Ethische Konflikte und Spiritualität in der Psychiatrie

Ev. Krankenhaus Königin Elisabeth/Evangelische Akademie zu Berlin/Evangelische Zentralstelle für Weltanschauungsfragen
March 2-3, 2015
Evangelische Bildungsstätte auf Schwanenwerder (Berlin-Nikolassee)
see: www.ezw-berlin.de/html/5_5344.php

1st Intentional Convention of Psychological Science

of the Association for Psychological Science
March 12-14, 2015
Amsterdam, The Netherlands
see: <http://icps.psychologicalscience.org>
Including "Religion Past and Present: Origins and Functions of Spirituality".

Treating the Religious Patient: Cross-Cultural Perspectives from Research and Practice

March 16-18, 2015
Jerusalem, Israel
see: www.religious-patients.com

7th Annual Muslim Mental Health Conference

March 26-29, 2015
East Lansing, Michigan, USA
Please contact:
MSUMMHConference@gmail.com

1st International Conference on Intercultural Spiritual Care and Counseling

May 31 - June 2, 2015
Institut für Praktische Theologie, Universität Bern / Haus der Religionen, Bern, Switzerland; see:
www.theol.unibe.ch/ipt/content/indexger.html

"RISH-Conferences":

(Conferences where the Research Institute for Spirituality and Health is involved)

National Conference on Spiritual Care (Spiritual Care in der Schweiz)

Fall 2015
Berne, Switzerland

5th European Conference on Religion, Spirituality and Health ECRSH16 and Research Workshop with Prof. Koenig

May 2016
Gdansk/Poland

More details will be published in the next newsletter and on the institutes's website.

Impressum

This Newsletter is published by the Research Institute for Spirituality and Health, Langenthal

Editorial board: René Hefti, Stefan Rademacher

Research Institute for Spirituality and Health RISH
Weissensteinstrasse 30
CH-4900 Langenthal / Switzerland
Phone +41 (0) 62 919 22 11
Fax +41 (0) 62 919 22 00
info@rish.ch / www.rish.ch