

PSYCHE AND SPIRIT: connecting psychiatry and spirituality

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Editorial

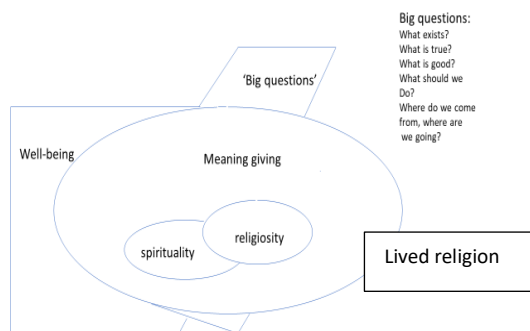
This issue of the Newsletter Psyche and Spirit has a special reason. The generic module 'Meaning and Spirituality in Dutch Mental Health Care' was recently published in the Netherlands (May 2023). A unique document that helps mental health professionals on their way to give meaning-making/giving (and religion and spirituality) a place in psychological care. To name the main themes: clarification of concepts, diagnosis ('slow questions'), treatment (verbal and non-verbal), prevention, implementation, professional profiles, the role of the spiritual care giver. All documented with

the latest analysis and empirical data. It is, in my view, a unique document because of its scope and concentration. It therefore has the status of a quality standard. In other quality standards, such as those on 'serious mental illness', 'recovery' and 'relatives', spirituality was already mentioned as an important point of attention but was not developed further. That makes this new module a welcome and helpful addition.

I myself was a member of the multidisciplinary working group chaired by former WPA SRSP Executive Committee member Arjan Braam. I note that the WPA Position Statement on Spirituality and Religion in Psychiatry has been one of the sources of inspiration.

From a Dutch social perspective, it is desirable to opt for the broader concept of meaning giving. To immediately address the question of the relationship of religion, spirituality and meaning giving to each other, the following. Spirituality or religion is not encompassing the other. Religion and spirituality are not the same, they do not exclude each other, but they do have a certain overlap. Both are encompassed by the broader field of meaning giving (or meaning making). In fact, meaning-giving is the encompassing framework, and within the domain of meaning-giving religion and spirituality have their overlapping share. Running through it is a field of existential questions (what is there? what is true? what is good? what shall

we do? where do we come from and where are we going?). The overlap between the field of existential, so-called big questions and the first three fields is large, but not complete, including agnosticism and atheism. And then, think of positive psychology, there is a large, but not complete, overlap with well-being. Think of aspects such as connectedness, self-compassion, these have their place in the religious/spiritual field and in the field of well-being. The picture thus sketched is clarifying, but there is yet no consensus on the demarcation and degree of overlap between the fields mentioned (Fig. 1; based on a Dutch draft by Hoenders & Braam, 2020). According to Murphy (2017) this lack of clarity and complexity, the variety of definitions shows that such academic and popular distinctions are no longer founded nor helpful. The many factors involved (health, social, cultural) necessarily ask for an interdisciplinary approach and paradigm. It also asks for more qualitative research methods. A new construct is proposed to surpass these difficulties: lived religion (Verhagen, 2022).



How do spirituality, religiosity, meaning giving relate?

Fig. 1

The world’s religious landscape is, and always has been, subject to great change, with tremendously increasing diversity. The Netherlands is secularising rapidly. What can we say about modern spirituality and meaning giving at the edge of or far beyond religious and spiritual traditions? The Netherlands Institute for Social Research recently analysed the Dutch Spiritual landscape and stated: ‘For modern-day spirituals, the most important thing is to develop and detach in order to come closer to their authentic core, whereas agnostics and atheists would rather ‘enjoy life’. Agnostics and atheists do (of course) also

experience meaningfulness and associate it more with giving than taking and in connecting with the greater whole. Compared with affiliates of traditional religions, both groups appear to be individualistic, saying they build their own meaningfulness framework rather than taking a lead from, say, religious authorities. There is a degree of tension here: on the one hand modern-day spirituals, agnostics and atheists stress the importance of building their own framework of meaningfulness, whilst on the other they also want to be part of a greater whole’ (SCB, 2023). However, mental health care is not just about the traditional, but diversity is its scope.

It is therefore with great pleasure that we present the summary of the generic module to the readers. Hopefully it will act as a source of inspiration.

Peter Verhagen

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Akwa GGZ Dutch Quality Alliance

Akwa GGZ, Dutch quality alliance in mental health care, works together with patients, relatives and professionals on continuous quality development in mental health care. In this way, patients receive the best possible treatment and care, based on their own preferences and those of their loved ones. Within mental health care there is a need for tools to better support people with psychological frailty with issues of meaning-giving in relation to their illness. From December 2020, experience experts, relatives

and professionals worked under the supervision of Akwa GGZ on the new generic module Meaning and Spirituality.

Relevant professional, specialty and patient associations have been asked to send delegates to the working group. The working group consisted of 16 persons representing 10 different disciplines and there was a representative of the patient perspective.

A generic module has the status of a quality standard; Quality standards provide general recommendations for preventing, recognizing, diagnosing and treating mental health complaints and disorders. They are based on scientific knowledge and experiences of patients and professionals. A general vision on care forms the starting point of all GGZ standards. The quality standards, together with documents such as professional codes and legislation, form the professional standard. They provide a solid basis for joint decision-making and optimal care. With the generic module Meaning and Spirituality, it is therefore said that meaning-giving, spirituality and religion are part of optimal care. This is not uncontroversial, but in this way a solid basis has been laid. There is no legal difference in the status of the different quality standards. A generic module describes a general (generic) topic that professionals in many treatments have to deal with, regardless of the specific mental health problems of the patient. A generic module describes what patients find important, what care is needed (per treatment phase) and how it is organized.

Hopefully this new generic module 'Meaning and Spirituality in Dutch Mental Health Care' can fulfill these functions optimally. Follow up will tell.

Peter Verhagen

World Council of Churches (WCC)

'Health and healing have always been important in the work of the WCC. In this publication, the focus is on a range of challenging health issues including women's health, disability, mental health, and health inequality, among others.' Recently published:

VOLUME III *Health-Promoting Churches*, Mwai Makoka & Gerald West (Eds.), [Health-Promoting Churches Volume III | World Council of Churches \(oikoumene.org\)](#)

The Section has an informative website!

[World Psychiatric Association – Religion, Spirituality & Psychiatric \(religionandpsychiatry.org\)](#)

You will find a lot of interesting material on the section's website, including the newsletter, discussion papers, videos!

If you are a member of a psychiatric society that is one of the WPA Member Societies, you are an individual member by de facto and you may join one of the WPA Sections.

If you are an individual in a country without a member society, you may be eligible for a Special Individual Membership.

If you are a member of the WPA and would like to join the section, you can complete and submit the form you will find on the section's website. The secretary for the section will contact you soon.

Book review

Acute Religious Experiences. Madness, psychosis and religious studies, by Richard Saville-Smith, London, Bloomsbury Academic, 2023, pp. 254, £ 76,50 (hardback) ISBN-9781350272910, £ 61,20 (e-book pdf) ISBN-9781350272927.

Those who want to become acquainted with mad studies reading of psychiatric and religious texts, and with deconstruction as a form of philosophical fieldwork and analysis can doubly well turn to this author!

See: *Mental Health, Religion and Culture*, <https://doi.org/10.1080/13674676.2023.2234303>

Spirituality and psychiatry (second edition), edited by Christopher C. H. Cook and Andrew Powell, Cambridge, Cambridge University Press, 2022, £39.99 [PB], ISBN978-1-911-62330-4.

See: *Mental Health, Religion and Culture*, <https://doi.org/10.1080/13674676.2023.2176839>

Meaning & Spirituality in Dutch Mental Health Care



Most patients and their family members/loved ones believe it is important to consider meaning and spirituality in the treatment of mental health problems. A focus on meaning and spirituality in diagnosis and treatment is fully in line with a recovery-oriented approach in mental health care. Therefore, the core recommendation in this module is for professionals to discuss meaning and spirituality with patients and their loved ones. In doing so, they touch on what is essential for the patient and contribute to their recovery. The starting point for these conversations is how the patient (and their loved ones) perceive meaning in life and spirituality.

Although a conversation about meaning and spirituality may not always be easy, that is no reason to avoid the topic. The conversation can itself be a meaningful experience for everyone involved. This mutual person-to-person contact can create energy and inspiration that is valuable to the patient, loved ones, and professional alike. It does not always need more time either; sometimes a small comment makes all the difference.

Core recommendations for professionals

Core recommendation is: talk about meaning with the patient and relative

1. Devote attention to the patient's, their loved ones, and your own sense of meaning in life and spirituality. The conversation about meaning and spirituality promotes recovery and makes your work more rewarding.
2. Discuss meaning and spirituality in your contact with the patient and their loved one(s). Then involve meaning and spirituality in treatment if the patient feels the need.

3. Create a safe, open, and inviting setting that fosters a trusting relationship with the patient. Listen closely and do not be judgmental.
4. Connect with the patient's and loved ones' beliefs and perceptions about meaning in life. Identify their perspective, needs, context, and cultural identity.
5. Sometimes you cannot or do not need to do anything right away because questions about meaning and spirituality rarely have a ready-made answer.
6. Be aware of your own worldview because that interferes into your thinking and actions as a professional.
7. Use any interventions or methods to explore, discuss, or examine questions and answers with the patient.
8. Pay respect to the patient's worldview. Do not use your position as a professional to try to convince a patient of or promote a worldview.
9. Collaborate, coordinate with, or refer the patient to other professionals who provide 'spiritual care', such as experts by experience, mental health and art(s) therapists, chaplains in mental health care, or religious/ideological organizations. Refer patients when you encounter limits yourself.

About meaning, spirituality, philosophy of life, and religion

Meaning making is the process by which people give direction to their lives based on what is most important or meaningful to them. Meaning and spirituality are different for everyone. For example, people find meaning in their relationships with family or friends, in work or hobbies, in religious or philosophical practices, or in contributing to a better world. Everyone needs to have meaning in their lives.

We use the terms meaning and spirituality in this module as an umbrella concept to which other concepts are related or overlap:

- Spirituality is closely related to meaning. Spirituality is the way in which people (individually or collectively) experience, express, and/or seek meaning, purpose, and transcendence, and the way they connect to the moment, to self, to others, to nature, to the significant and/or the sacred.
- Worldview (including religion) is a certain view or philosophical perspective of life that people may have.

Relationship between meaning and mental health problems

Meaning and mental health problems are related in three ways:

1. Sense of meaning and mental health influence each other reciprocally: they can promote or hinder each other. People who experience sense of meaning in life may develop fewer mental health problems or have a healthier trajectory when they face psychological problems. Thus, meaning and spirituality can contribute to recovery. A philosophy of life can also do the opposite: make a person vulnerable to psychological problems or partly or fully cause these problems or cause them to recur and/or persist. Patients may also have been harmed by spiritual or religious practices and institutions. And - finally - psychological problems may harm or enrich a person's sense of meaning or spirituality.
2. Mental illness can involve facets of philosophical or spiritual beliefs. For example, a patient having a psychotic episode may become convinced that he is Jesus or Mohammed. Such an experience can often mean a lot to patients and have lasting value.
3. Patients sometimes look to their worldview or spirituality to derive explanations for their mental illness

Full version of the practical guideline about meaning can be found in Dutch at ggzstandaarden.nl. Information for patients in Dutch can be found at thuisarts.nl

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or a perspective on their treatment. For example, a psychiatrist may recommend medication to mitigate psychological symptoms, while the patient may attribute their symptoms to possession or their recovery to a higher power.

Being mindful of meaning is a form of prevention for mental illness

Paying conscious attention to meaning and spirituality can normally be understood as a healthy lifestyle habit. Research shows that people who pay attention to meaning and their worldview generally have better mental health or fewer psychological complaints.

Thus, attention to meaning can be preventive and stimulated by such things as:

- public knowledge transfer. For example, in the media or by social organizations such as schools, voluntary organizations, or faith communities;
- exploring the theme of meaning and spirituality with the patient and explaining its connection to psychological symptoms. If necessary, the professional can refer the patient to community organizations, spiritual care, recovery academies, etc.;
- focusing on meaning and spirituality and preventing relapse, and alerting patients and loved ones to opportunities for contact with (for example) like-minded people.

Exploring meaning and spirituality during the diagnostic phase

Meaning is involved in the diagnostic process through 'exploration.' This creates an understanding of the role of meaning and spirituality in the patient's life, mental health issues, and recovery possibilities. The exploration consists of at least four parts:

1. The patient, their loved one(s), and the professional explore whether the situation involves questions about meaning and spirituality.
2. The professional identifies whether the patient's system of meaning making has stalled.
3. The professional and patient investigate whether the questions about meaning and spirituality interact with the patient's psychological symptoms
4. The results of the exploration - if relevant - become part of the treatment plan.

Consider the following in the exploration:

- Signal from the beginning that meaning and spirituality can be discussed. This is important because patients sometimes find it difficult to discuss such matters.
- Recognize that a conversation about meaning in life often can itself be a meaningful experience for the patient.
- If necessary, use tools to ask about meaning and spirituality (e.g., the Mount Vernon Cancer Network questions, the FICA Spiritual History Tool, the Diamond model or an assessment of meaning and purpose).
- Also pay attention to meaning and spirituality when considering or assessing suicidality.

Meaning and spirituality during treatment and recovery

It is recommended that every professional in mental health care pays attention to questions about meaning and spirituality. After all, these questions can play a role during treatment of mental illness: they can influence the onset of symptoms, their course, and the success of treatment. The professional

should not pathologize questions about meaning and spirituality unnecessarily; such questions are an ordinary part of human existence.

Considering these questions in the treatment may take the form of:

- using attitude and conversational skills (e.g., moving toward the pain, self-disclosure, discussing one's life story (narrative), awareness of asking 'slow questions' (existential questions about matters such as life and death or love and illness));
- employing interventions or methods that may have a positive effect on experiencing meaning and spirituality.

Working on meaning and spirituality can be seen as an inspiration for personal recovery. Recovery cannot be directed. However, professionals can use methods or approaches that support attention to meaning and spirituality in recovery. Support for recovery is also available outside formal mental health care settings, such as in recovery centers and centers for self-directed care, spiritual networks, and philosophical and/or faith-based communities.

Reintegration, rehabilitation, and participation

Meaningful participation in society is important for everyone. Similarly, work is an important source of meaning in life. However, it is not always a given that people with serious and long-term psychological problems can find meaningful ways to spend their days. They require a diverse range of activities that closely matches their values, interests, and abilities. Those activities might include centers for self-directed care, recovery academies, peer support, recovery support groups, the Active Recovery Triad (ART), Triple C, and experiential expertise.

Limits and risks

Professionals must be aware that focusing on meaning and spirituality can potentially have negative effects, such as the risk of spiritual struggle or countertransference through treatment. The professional should avoid persuading a patient to adhere to a particular or different worldview.

While focusing on meaning and spirituality, the professional may encounter certain limits:

- practical limits (e.g., insufficient time or an inappropriate (treatment) setting);
- personal limits (e.g., if the professional is struggling with a similar life question, or if their own worldview conflicts too much with that of the patient);
- professional limits (e.g., lack of expertise or competence).

Organization of health care

Considering meaning and spirituality is a task for every professional involved in care and thus not the exclusive task of one or a few professions. It may sometimes be desirable to collaborate with professionals from the same or another discipline. For instance, a patient may find it easier to connect with a professional colleague when it comes to certain interventions, a worldview, and/or a culture.

To ensure good care for meaning and spirituality, it is recommended that this theme be included in an organization's quality policy and that the organization or institute formulates a vision about such care. Training professionals to develop skills that allow them to consider meaning and spirituality in treatment is another prerequisite for providing good 'spiritual care.'

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