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).

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).

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

References

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


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


See: Mental Health, Religion and Culture, https://doi.org/10.1080/13674676.2023.2176839
Summary “Practical guideline Zingeving in de psychische hulpverlening”

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 be itself a meaningful experience for everyone involved. This mutual person-to-person contact can create energy and inspiration that is available 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: talk about meaning with the patient and relate

1. Devote attention to the patient’s, their loved ones, and your own sense of meaning 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). Involve meaning and spirituality in treatment if the patient feels the need.

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 their own experiences or 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 prevent 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:
- the patient’s loved ones, and the professional explore whether the situation involves questions about meaning and spirituality.
- the professional identifies whether the patient’s current meaning making has stalled.
- the professional and patient investigate whether the questions about meaning and spirituality interact with the patient’s psychological symptoms.
- the results of the exploration – if relevant – become part of the treatment plan.

Consider the following in the exploration:
- Ask 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, see 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).
- Ask about attention to meaning and spirituality when considering or assessing suicidality.

Meaning and spirituality during treatment and recovery

It is recommended that every professional who works 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 ask provocative 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 patient, self-disclosure, discussing one’s life story (narrative), awareness of asking “show questions” (existential questions about matters such as life and death or love and leisure),
- 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 directly achieved. 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 match their values, interests, and abilities. These activities might include centers for self-directed care, recovery academies, peer support, recovery support groups, the Active Recovery Trial (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 straitjacket or overidentification with 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 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 an aspect that every professional involved in care and thus not the exclusive task of a few. 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.’