More transparency of world view assumptions: Commentary on "Psychiatry and religion: Consensus reached!" (Verhagen, 2017)

Michael Utsch

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COMMENTARY

More transparency of world view assumptions: Commentary on "Psychiatry and religion: Consensus reached!" (Verhagen, 2017)

Michael Utsch

Psychology of Religion, Tabor University, Marburg, Germany

ABSTRACT
The commentary compares the WPA position statement with a similar paper published recently by the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN; Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde). These papers should be a starting point to foster R/S studies within the bio-psycho-social-spiritual framework, a thoughtful discernment of the psycho-spiritual mixture and more training opportunities for therapists to better integrate the spiritual dimension into treatment.

In his interesting review, Verhagen (2017) reflects on the origin and background of the WPA position statement on religion and spirituality in psychiatry. He starts at the roots in 2003 when the WPA section on religion and spirituality was founded. A remarkable step was achieved in 2012 when the first Newsletter *Psyche and Spirit* was released. For the profession of psychiatry, it is a milestone that after a period of neglecting the spiritual dimension, now all health-care workers are obliged to assess routinely the patients' religious and spiritual beliefs and practices. The intention of WPA position paper resembles to a large extent the position papers of professional associations in Great Britain (Cook, 2013) and Germany (Utsch et al., 2017).

The position paper is indicating a remarkable shift within the profession of psychiatry and psychotherapy reflecting on questions of ultimate concerns. Psychotherapists tend to be suspicious of religious beliefs because power is given to a "higher reality" instead of to self-control. Yet, the radical critique of religion of early psychoanalysis which tried to eliminate such "childish" beliefs has changed into psychotherapies integrating the spiritual dimension. Moreover, in transpersonal psychotherapies, healing effects of altered states of consciousness are propagated.

Today, many patients are seeking purpose, wholeness and meaning in life by consulting a psychotherapist, some are even looking for a guru (Caplan, 2011). Confronted with life-threatening illness, traumatic experiences or feelings of deep depression and meaninglessness, they raise existential questions. However, dealing with questions such as justice, suffering, truth, death, destiny or meaning in life, the therapist needs specific competencies to handle these questions professionally. Vieten et al. (2013) have described

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CONTACT Michael Utsch ✉ utsch@ezw-berlin.de

several spiritual competencies dealing with the spiritual dimension. First of all they point to appreciating religious and spiritual diversity and being aware of one's own beliefs. This open attitude is necessary to explore diverse beliefs and practices.

Nevertheless, a psychotherapist who methodically focuses on the clients' point of view cannot ignore the questions of truth and ontology. Is a "spiritual dimension" product of the human mind, or are their effects of a power independent of brain activity? For the science of psychology, the crucial questions are: How can the subjective experience of a secret relationship between mind and body, consciousness and brain, spirit and soul become object of a psychological investigation or be part of a therapeutic intervention? Still, the deep human longing to handle and control existential powers by using a "spiritual technique" produces a dilemma: by which method communication with the Absolute can be managed?

Unless practitioners encounter patients who believe in ghosts, pray compulsively, or have eschatological expectations, with an understanding of the patient's cultural and religious characteristics, they risk unknowingly violating religion-specific taboos and boundaries. Therefore, at the point of psychiatric diagnosis, differential diagnosis and evaluation of medical history factors like religiosity and spirituality should be considered.

The search for meaning through secular and religious-spiritual perspectives is based on one's personal world view and subjective values. Until now, these anthropological aspects have received too little attention in psychotherapy. Through the dissemination of mindfulness-based approaches, psychiatrists and psychotherapists have started to reflect differently on psychotherapeutic values and their ethics. For the purpose of adequately addressing spirituality, the therapist's values and basic assumptions as well as the implicitly mediated values within the respective psychotherapy should be reflected on.

Within the professional discussion on the inclusion of spirituality in psychotherapeutic treatment, one can find the following viewpoints: while some authors recommend spiritual treatment methods, i.e., the inclusion of religious or spiritual teachings and practices on the basis of empirical evidence (Anderson et al., 2015); others, like the Austrian Ministry of Health warns against boundary transgressions and the abandonment of scientific standards and forbids esoteric content, spiritual rituals and religious methods in psychotherapy (Österreichisches Bundesgesundheitsministerium, 2014)[1].

Whereas the religious criticism and pathological perspective on religion and spirituality, which prevailed in earlier years, is now no longer appropriate, this critical attitude, however, should not be replaced indiscriminately by an idealisation of this field. Psychiatry and psychotherapy can make an important professional contribution to the formulation of criteria for helpful religious or spiritual attitudes.

It is obvious that the consensus of the position paper by the WPA managed to balance between Scylla and Charybdis, e.g., nor to pathologise nor to idealise spiritual phenomena. Surely, it was not easy to reach common agreements throughout different cultural backgrounds in this sensitive matter. The project needed time to find a well-balanced position – it started already in 2006. Health professionals can be glad to build on solid ground. With this position paper, we now have a stable starting point for new activities and projects needed urgently to make medical care more to a person-centred enterprise. For me, four areas seem to be important:

- *Reflection and transparency of world view assumptions:* A constructive dialogue between religious and secular ways of meaning giving is needed in a pluralistic society. From a

perspective of secular sciences, Straub (2016) recently differentiated that in our time the conflict line that is mostly significant in society is no longer between religious believers and unbelievers, but between people who have reflected and integrated their world-view into their identity structure and those who have a totalitarian structure. In this per-spective, meaning can be found through a secular or a religious-spiritual worldview. Meaning is built on interpretative components out of subjective values. Until now, these aspects have received too little attention in psychotherapy. For the purpose of adequately addressing R/S, the therapist's values and basic assumptions as well as the implicitly mediated values within the respective psychotherapy should be reflected on.

In a recent study, approximately 50 therapists completed surveys that assessed self-identification in relation to spirituality, religion and/or world view (Peteet et al., 2016). The results show how relevant the world views of the therapists and their patients are concerning the therapeutic outcome. Clinical vignettes are showing the immense influence of values within the therapeutic process. While a minority of the therapists considered themselves religious, a majority indicated that they considered themselves moderately or very spiritual. When asked how they would respond to a series of clinical vignettes involving topics such as assisted suicide and encouraging the use of spiritual resources, responses varied significantly by world view.

- *R/S studies within the bio-psycho-social-spiritual framework*: If religiosity and spirituality (R/S) are regarded as anthropological universals or basic dimensions of being human we still need more research in this area. The *APA Handbook of Psychology, Religion and Spirituality* (Pargament, Exline, & Jones, 2013) makes a fascinating journey through the wide field of the psychology of R/S beliefs and practices. But because R/S is imbedded culturally we need more research projects in Europe because here secu-larisation is much more established than in the US. And we still need more specific infor-mation of the relations within the bio-psycho-social-spiritual model of the soul. Especially, the therapeutic consequences of the scientific insights needed to be explained.

- *Discernment of the psycho-spiritual mixture*: Medical and psychological explanations cannot feed every human need. In some areas facing specific human challenges, e.g., grief, fault, meaning, death, spiritual or religious answers are more appropriate. But attention: psychological and spiritual explanations are interwoven. To discern the spiri-tual and the psychological threads, we need more platforms where medical, psycho-logical, religious and spiritual experts can meet to get acquainted with the perspective of different viewpoints (Utsch, 2007). Integrational frameworks of spiritual soul care and psychotherapeutic relational care need better case documentations and better collaboration.

- *Training*: Many professionals in the psycho-social areas are still avoiding to reflect on existential questions because they soon become aware of the limits of psychological explanations. If R/S are identity forming in both the patient and the psychiatrist/psy-chotherapist, we need more space to explore this dimension in training and supervi-sion. We need the ability to talk about existential questions and feelings of holiness. A culture of dialogical openness between psychological and spiritual interpretations should be established.

Note

1. The discussion on esoteric methods in psychotherapy is ongoing within the EAP (European Association of Psychotherapy). They offer a translation of the guideline from the Austrian Federal Ministry of Health (2014) and a controverse discussion, see the special edition of their journal http://www.ijp.org.uk/docs/IJP_Special_Issue_Psychotherapy_vs_Spirituality_Part_1.pdf

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