WORLD PSYCHIATRIC ASSOCIATION
Advance Psychiatry and Mental Health Across the World

Approved at the General Assembly in Vienna on 30 September 2023

WPA Position Statement on Spirituality and Religion in Psychiatry GA23.10.16
2023 Revision

Authors: Alexander Moreira-Almeida, Wai Lun Alan Fung, Avdesh Sharma*, Bernard Janse van Rensburg*, Peter J. Verhagen, Christopher C.H. Cook

This is a revised version of the WPA Position Statement on Spirituality and Religion in Psychiatry, originally published as Moreira-Almeida et al, World Psychiatry. 2016 Feb; 15(1): 87–88. Members of the revision committee are: Wai Lun Alan Fung (Chair), Alexander Moreira-Almeida, Peter J. Verhagen, Christopher C.H. Cook, Avdesh Sharma*

We are immensely grateful for the major contributions made to this Position Statement by Dr. Avdesh Sharma and Dr. Bernard Janse van Rensburg who have sadly passed away.

The WPA and the World Health Organization (WHO) have worked hard to assure that comprehensive mental health promotion and care are scientifically based and, at the same time, compassionate and culturally sensitive[1, 2]. In recent decades, there has been increasing public and academic awareness of the relevance of spirituality and religion to health issues. Systematic reviews of the academic literature have identified more than 3,000 empirical studies investigating the relationship between religion/spirituality (R/S) and health[3, 4].

In the field of mental disorders, it has been shown that R/S has significant implications for prevalence (especially depressive and substance use disorders), diagnosis (e.g., differentiation between spiritual experiences and mental disorders), treatment (e.g., help seeking behavior, compliance, mindfulness, R/S-adapted psychotherapy, compassion-focused and forgiveness therapies, engaging in R/S community activities for patients who have self-identified with a R/S tradition, complementary therapies etc.), outcomes (e.g., recovering and suicide) and prevention, as well as for quality of life and wellbeing[3, 4, 5, 6, 7, 8]. The WHO has now included R/S as a dimension of quality of life[9]. Although there is evidence to show that R/S is usually associated with better health outcomes, it may also cause harm (e.g., treatment refusal, intolerance, negative religious coping). Surveys have shown that R/S values, beliefs and practices remain relevant to most of the world population and that patients would like to have their R/S concerns addressed in health care[10, 11, 12].

Psychiatrists need to take into account all factors impacting on mental health. Evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation. However, few medical schools or specialist curricula provide any formal training for psychiatrists to learn about the evidence available, or how to properly address R/S in research and clinical practice[11, 13]. In order to fill this gap, the WPA and several national psychiatric associations (e.g.,

Brazil, India, South Africa, UK, and USA) have created sections on R/S. WPA has included "religion and spirituality" as a part of the "Core Training Curriculum for Psychiatry"[14].

Both terms, religion and spirituality, lack a universally agreed definition. Definitions of spirituality usually refer to a dimension of human experience related to the transcendent, the sacred, or to ultimate reality. Spirituality is closely related to values, meaning and purpose in life. Spirituality may develop individually or in communities and traditions. Religion is often seen as the institutional aspect of spirituality, usually defined more in terms of systems of beliefs and practices related to the sacred or divine, as held by a community or social group[4, 12].

Regardless of precise definitions, and whether or not they are explicitly labelled as such, spirituality and religion are concerned with the core beliefs, meaning making, values and experiences of human beings, and have been associated with hope and resilience for many[15]. A consideration of their relevance to the origins, understanding and treatment of psychiatric disorders and the patient's attitude toward illness should therefore be central to clinical and academic psychiatry.

. **Attention to R/S in clinical practice should show due attention to ethical and professional standards, should never be discriminatory on grounds of race, ethnicity, gender, sexuality, or religion, and should not in any way be allowed to detract from the usual biopsychosocial concerns of psychiatry[16, 17, 18].**In recent years there has been increasing recognition of the value of mental health and faith community partnerships[15, 19]. Such collaborations are facilitated by mutual respect and trust, and by recognition of the different languages and paradigms that psychiatry and faith communities use to address their common concerns about mental health and wellbeing.

In particular, the WPA proposes that:

1. A tactful consideration of patients' religious beliefs and practices as well as their spirituality should routinely be considered and will sometimes be an essential component of psychiatric history taking.

2. Religion and spirituality may be relevant for treatment planning, and when they are, should be supportive of other (e.g. physical, psychological and social) interventions. Psychiatrists should facilitate the utilization of evidence-based treatments, including those with R/S elements.

3. An understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment of psychiatric disorders across the lifespan should be considered as essential components of both psychiatric training and continuing professional development.

4. There is a need for more research on both religion and spirituality in psychiatry, especially on their clinical applications. These studies should cover a wide diversity of cultural and geographical backgrounds.

5. The approach to religion and spirituality should be person-centered. Psychiatrists should not use their professional position for proselytizing for spiritual or secular worldviews. Psychiatrists should be expected always to respect and be sensitive to the spiritual/religious beliefs and practices of their patients, and of the families and carers of their patients.

6. Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers, and others in the community, in support

of the well-being of their patients, and should encourage their multi-disciplinary colleagues to do likewise.

7. Psychiatrists should demonstrate awareness, respect and sensitivity to the important part that spirituality and religion play for many staff and volunteers in forming a vocation to work in the field of mental health care, as well as in promoting resilience.

8. Psychiatrists should be knowledgeable concerning the potential for both benefit and harm of religious, spiritual and secular worldviews and practices and be willing to share this information in a critical but impartial way with the wider community in support of the promotion of health and well-being.

REFERENCES

1. Bhugra D. *World Psychiatry* 2014;13:328. [PMC free article] [PubMed] [Google Scholar]

2. Saxena S, Funk M, Chisholm D. *World Psychiatry* 2014;13:107-9. [PMC free article] [PubMed] [Google Scholar]

3. Moreira-Almeida A, Mosqueiro BP, Bhugra D (eds). Spirituality and Mental Health

Across Cultures – Evidence-Based Implications for Clinical Practice. New

York: Oxford University Press; 2021.

4. Koenig HG, VanderWeele T, Peteet JR. *Handbook of religion and health*, 3rd ed. New York: Oxford University Press, 2023.

5. Cook CCH, Powell A (eds). Spirituality and Psychiatry, 2nd ed. United Kingdom: RCPsych Publications, 2022.

6. de Abreu Costa M, Moreira-Almeida A. *J Relig Health* 2022;61:443-466.

7. Captari LE, Hook JN, Hoyt W, Davis DE, McElroy-Heltzel SE, Worthington EL Jr.

J Clin Psychol 2018;74:1938-1951.

8. VanderWeele TJ, Balboni TA, Koh HK. *Am J Epidemiol* 2022;191:31-35.

9. WHOQOL SRPB Group . *Soc Sci Med* 2006;62:1486-97. [PubMed] [Google Scholar]

10. Pargament KI, Lomax JW. *World Psychiatry* 2013;12:26-32. [PMC free article] [PubMed] [Google Scholar]

11. Moreira-Almeida A, Koenig HG, Lucchetti G. *Rev Bras Psiquiatr* 2014;36:176-82. [PubMed] [Google Scholar]

12. Verhagen PJ, Van Praag HM, Lopez-Ibor JJ. et al (eds). *Religion and psychiatry: beyond boundaries*. Chichester: Wiley, 2010. [Google Scholar]

13. Hathaway D, Oliveira e Oliveira FHA, Mirhom M, Moreira-Almeida A, Fung WLA, Peteet J. *Academic Medicine*. 2022; 97:300-310.

14. World Psychiatric Association . *Institutional program on the core training curriculum for psychiatry*. Yokohama: WPA, 2002. www.wpanet.org. [Google Scholar]

15. Cook, CCH. (2023) Theology and Psychiatry. In: B. N. Wolfe et al., eds. St Andrews Encyclopaedia of Theology. University of St Andrews. Available at: https://www.saet.ac.uk/Christianity/TheologyandPsychiatry

16. Cook CCH. Recommendations for psychiatrists on spirituality and religion. Position Statement PS03/2011. London: Royal College of Psychiatrists, 2011. www.rcpsych.ac.uk.

17. Peteet J, Dell ML, Fung WLA (eds.) Ethical considerations at the intersection of psychiatry and religion. New York: Oxford University Press, 2018.

18. Dike C, Briz L, Fadus M, Martinez R, May C, Milone R, Nesbit-Bartsch A, Powell T, Witmer A, Brendel RW. Resource document on the interface of religion, spirituality, and psychiatric practice. APA Official Actions, American Psychiatric Association, 2022.

19. Fung WLA, Shepherd V, Chong KYA, Sharma SD, Sharma A. Fruitful collaborations with religious and spiritual communities to foster mental health on general society – an international perspective. In: Moreira-Almeida A, Paz Mosqueiro B, Bhugra D (eds). Spirituality and mental health across cultures. Oxford: Oxford University Press, 2021.