

Report of the 2006 World Psychiatric Congress

'Spirituality: Uniqueness and Universality'

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The last World Psychiatric Association (WPA) International Congress, which was held in Istanbul for the period from 12-16 July, had the following theme, '*Psychiatry: Uniqueness and Universality*'.

This theme was true indeed, as the vast majority of the topics discussed in this congress were reflecting the two sides of the human experience. Regardless of universality, this uniqueness of every human being is the reason for applying the medical model, with its limitations, when dealing with psychiatric problems. Hence, it is important to consider the bio-psycho-socio-spiritual approach when addressing the human being, who should be considered as a whole.

The following is a summary of the major events of the congress related to Spirituality and Psychiatry:

Neuro-Theology and Religious Beliefs

This was the title of a symposium presented by the section of Religion, Spirituality & Psychiatry of the WPA. It started with an introduction about spirituality and psychiatry by Dr. Peter J. Verhagen, the secretary of the section, followed by a speech about the neurobiology of religion, and with the last presentation was made by Prof. Herman van Praag, the President of the section.

The symposium highlighted new scientific discoveries in the area of spirituality; some interesting correlations have been found between brain states and spiritual/religious experiences. Stimulation of certain brain areas generated spiritual/religious experiences. Furthermore, correlations have been established between the functioning of monoaminergic systems in the brain and susceptibility to spiritual/religious experiences and considerations. Also, new scientific evidence indicates that our inclination toward faith is at least in part hardwired into our genes, as molecular biologist Dean Hamer reveals in his book 'The God Gene'. Hamer outlines that he has scientifically shown that individuals who are able to consistently reach a transcendent spiritual mental state have a specific gene in common. And he believes there could be other gene combinations that bring about the same effect.

However, patients suffering from temporal lobe epilepsy may have peculiar religious experiences. Atheists have taken such neuro-theological data as the ultimate triumph of their viewpoint, considering religiosity to be nothing but a brain state. So, the question for the symposium was: are religious beliefs to be considered as no more than products of some hyper-excitabile brain areas? Or do these findings, on the contrary, reinforce the idea that religiosity is a fundamental component of the human personality, and that the presence of such specialised centres in the brain indicates its existence, and not vice versa? In this symposium both atheistic and deistic commentaries were heard. Prof. Praag

emphasised that religious needs originate on a psychological level, not in the brain. The brain enables one to generate the corresponding religious feelings. As an analogy: aesthetic feelings are made possible by the brain; they are not caused by the brain but by external stimuli. Neuro-theological data show that man has the capacity to conceive of a transcendental realm and communicate with it. Prof. Praag concluded his talk by asserting: 'Rather than a death blow to the deistic idea, neuro-theological data constitute its ultimate triumph'.

Collaboration with the WPA section on Religion and Psychiatry

The Congress afforded a good chance to have a meeting with Dr. Verhagen, the secretary of the WPA section of Religion, Spirituality and Psychiatry. We discussed the SIG Position Statement on Spirituality and Psychiatry, which had been submitted to the WPA. Dr. Verhagen remarked that the statement is very good and useful, but that he needs the opinion of his other colleagues of the Section. He is waiting for the launching of their Website to start a forum about the SIG position statement. He proposed to have a joint meeting between our SIG and his section during the next WPA meeting in Prague with the suggested theme of 'Collaborative Views towards Psycho-Spirituality'. During this meeting he proposed that the position statement would be discussed for a final approval, and once it found consensus agreement, it will be endorsed officially as a WPA document.

We also discussed the matter of cross-representation. He mentioned that SIG members are welcome to become members of his Section and can join by sending name and email address to him, with an expression of interest in joining. In return, Dr. Verhagen was invited to attend the meeting of the SIG Executive meeting in November and accepted the invitation.

Religion and Spirituality: Psychiatry Takes a New Look (D'Souza et al, Australia)

This workshop provided practical methods of spiritual assessment and incorporating religion and spirituality in clinical care through a Spiritually Augmented Cognitive Behaviour programme. Also, it discussed utilising faith communities to support patients and their families when appropriate in coping with mental illness.

Spiritual and Traditional Approaches to Treatment in Psychiatry (Nakasi, Uganda)

This was a qualitative study, with information gathered through focus group discussion. The author discussed the spiritual healing processes as practiced in Uganda and the views of patients and their relatives towards the causal factors of psychiatric illness. The diagnosis was much affected by their cultural beliefs; hence the treatment was a combination of exorcism practices, herbal treatment and medication at the various stages of the illness.

Spiritual Strategies in Psychotherapy

This was my invited personal presentation to the Section. After discussing the relationship between spirituality and mental health, the different ways proposed for spiritual interventions in psychotherapy were reviewed. Actually, most therapists use religious and spiritual interventions as part of an eclectic integrative approach that includes mainstream secular therapeutic perspectives and interventions. As such, it will not replace CBT, or hospitalization when necessary. It complements these other therapeutic traditions, uniquely enriches the understanding of the patient as a whole, and facilitates the therapeutic change. Various types of Spiritual Interventions were discussed, including *Spiritual Guidance* through a religious leader as a member of the multidisciplinary team and *Spiritual Support Groups*, aiming to satisfy the patients' spiritual needs through incorporating the spiritual component into the dynamics of a group therapy setting.

I then discussed the *Treatment Package approach* in which spiritual interventions are integrated into structured multi-component treatment plans. The classic example was the CBT with religious content proposed by Propst (1992). As a similar model, I presented the *Spiritually Focused Awareness programme* (SFA programme), which is a psychotherapeutic protocol to enhance spirituality within a CBT framework, consisting of a structured format given in 15 weekly sessions, with homework assignments in between the sessions. The homework assignments were in the form of supported self-help material appropriate to the patient's needs. The programme used the cognitive aspects of themes like: Forgiveness, Acceptance, Spiritual Surrender, Hope, Optimism and Meaning. The accompanied behavioural techniques were in the form of prayers, meditation and guided imagery to achieve serenity.

Understanding Spirituality and Treating Mental Disorders (Foulks, USA)

The author emphasized that, treating the 'whole person', body and soul, has been the aim of physicians since antiquity. During the past century, advances in biomedical science and technology have often shifted the focus of the clinician on to biological tests and treatments, sometimes neglecting the inner psychological experiences of suffering of the patient. Turning the clinical gaze once again on the bio-psycho-social-spiritual needs of the patient seems to be an inevitable emerging process, one that promises to enrich the experience of healing and recovery for patient and clinician, and offering both hope and meaning.

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